

2016

## Case No. 16 - Maternal Death in a Patient who had Rheumatic Heart Disease

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### Recommended Citation

New York Law School, "Case No. 16 - Maternal Death in a Patient who had Rheumatic Heart Disease" (2016). *Patient Safety Project*. Book 18.

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MATERNAL DEATH IN A PATIENT WHO HAD RHEUMATIC HEART DISEASE

On February 14, 1996, Luci and Frank Green were married. They wished very much to have children. Luci had for many years been under the care of Dr. West, who was an internist. Luci had rheumatic fever as a child and as a consequence had rheumatic heart disease (RHD). Over the years Dr. West had periodically sent Luci for echocardiograms performed by a cardiologist and Dr. West had reported the results to Luci.

The RHD in Luci's case involved a defect in her aortic valve and as a consequence some of the oxygenated blood that was pumped out of the left side of her heart would leak back into the heart, thereby making her heart pumping less efficient. As a consequence her heart over time "compensated" by increasing in size and efficiency. There could, however, come a point in time in which Luci's heart could no longer compensate causing a patient such as Luci to evolve into decompensation which could produce heart failure, cardiac arrest and death.

When and if a transition is occurring from compensation to decompensation, it is a point in time that customarily a heart valve replacement operation is performed. The primary criteria for determining whether or not the valve replacement surgery is indicated relates most importantly to an assessment as to what changes are occurring over time with regard to the serial echocardiograms.

Luci, who was having no symptoms such as shortness of breath and unusual fatigue (which can go along with congestive heart failure), assumed that if there was something to be done Dr. West would tell her.

Dr. West had no idea what the criteria were for heart valve replacement and assumed that if Luci had any symptoms he would then refer her to a cardiologist.

On April 9, 1996, Luci was referred by Dr. West to Dr. Peters, who specialized in obstetrics and gynecology. The purpose of the referral was to help Luci get pregnant and then for Dr. Peters to manage the pregnancy.

Because Luci was having difficulty getting pregnant, she was

admitted to the hospital on December 9, 1997 by Dr. Peters for a surgical procedure to assist in achieving conception. Dr. West was asked to clear Luci for the surgery and did so by writing a report that noted that while she had RHD there was no contraindication to the surgery.

The February surgery worked and Luci became pregnant. Neither Dr. West nor Dr. Peters spoke to one another as to whether Luci should become pregnant with RHD and whether or not valve replacement surgery should be accomplished before she became pregnant.

The issue with pregnancy in a young woman who has RHD is that over the course of the pregnancy there is a progressively increasing blood volume so that by the third trimester a young woman such as Luci would be pumping about 1-1/2 times the amount of blood that her heart would normally be pumping so as to accommodate the ever increasing needs of her growing fetus. Consequently, as Luci's pregnancy did progress toward term, there was a day-by-day increasing burden on her heart.

On February 23, 1998, Luci went to the office of Dr. West and he confirmed that she was pregnant. Dr. West claimed that he then told Luci that she should have an abortion because carrying the pregnancy was too dangerous. Dr. West claimed that Luci refused. There is no documentation of this issue and no documentation of any coordinated plan to anticipate the pregnancy danger.

On March 13, 1998, Luci had her first prenatal visit for the pregnancy with Dr. Peters. Dr. Peters acknowledged that in a discussion with Luci that she was morally against abortion and therefore genetic tests for the baby were unnecessary since even if the baby was "defective" she would not agree to an abortion.

As such, once the pregnancy was established, voluntarily termination of the pregnancy was no longer an option based on Luci's moral and religious beliefs.

Dr. Peters stated that he along with Dr. West would continue to manage this pregnancy. Dr. Peters stated that he believed that the risks to Luci and her baby were "minimal."

Dr. West claimed that since Luci had told him to "mind his own business," he intended to continue to function as her primary

care internist, but would not "interfere" any further. Neither Dr. Peters nor Dr. West communicated with one another or with Luci as to whether now that the pregnancy was an accomplished fact a cardiologist should evaluate Luci's current condition with an up-to-date echocardiogram to compare the up-to-date information with the prior echocardiograms.

On September 9, 1998, Luci was referred by Dr. Peters to the Atlantic General Hospital for the purpose of having testing concerning fetal well being and also to assess fetal growth and maturation. The Atlantic General Hospital had an agreement with a group of high-risk obstetricians (perinatologists) called Perinatal Associates. On that day a perinatologist named Dr. Hall, employed by Perinatal Associates made the assessment.

Dr. Hall found that Luci's pregnancy was then at 33 weeks gestation and the estimated fetal weight was about 5 pounds and that the fetus was still vigorous and healthy. Had Dr. Hall been asked about the feasibility of delivery at that time he would have advised that the risk of harm to the baby from complications associated with a 33-week preterm delivery of a baby estimated to be about 5 pounds is relatively small.

Had Dr. Hall been asked he would have also advised that if there was any significant threat to mother or baby at 33 weeks one could accomplish a delivery with relatively small risk to the baby. Dr. Hall did not, however, volunteer this information to either Luci or Dr. Peters who referred Luci or anyone else.

During the September 9, 1998-visit, Dr. Hall observed that Luci was short of breath and she had other complaints which he recognized was consistent with congestive heart failure.

Dr. Hall ordered, on his own initiative, an echocardiogram which was obtained by a technician but there was no cardiologist present to interpret the information. Dr. Hall arranged for Luci to see a cardiologist and an appointment was made with Dr. Lane on September 14, 1998. Dr. Lane saw Luci on September 14, 1998 and he diagnosed congestive heart failure in a patient who had a history of RHD but Dr. Lane did not have the results of either the recent echocardiogram report or any of the prior echocardiogram information. Further, Dr. Lane did not have any information as to when the pregnancy could be safely terminated by means of delivery and Dr. Lane made no efforts to obtain this information.

Dr. Lane prescribed to Luci diuretics to help relieve the symptoms of the congestive heart failure and then wrote a letter to Dr. Peters expressing his opinion that Luci could safely deliver at term and after the pregnancy Luci should have a heart valve replacement.

Dr. Peters did not receive Dr. Lane's letter until September 24, 1998. When Dr. Peters read Dr. Lane's report, Dr. Peters decided that he should send Luci back to Dr. Hall to get an answer to the following two questions:

1. Does the prescription of the diuretic threaten either mother or baby during pregnancy and is the dose for the pregnancy correct?

2. What is the feasibility of delivering before term?

Dr. Peters advised Luci to call and make an appointment with Dr. Hall to get these answers and anticipated that Luci would get an appointment with Dr. Hall within 7 to 10 days. Luci called and made an appointment which was scheduled 8-days thereafter for October 2, 1998.

When Luci arrived on October 2, 1998, she was placed on an examining table after telling the nurse that she was having difficulty breathing since the prior evening. Before Dr. Hall ever saw Luci she began gasping for breath and then had a cardiac arrest. Resuscitative efforts were initiated. Luci was transferred to the OR of the nearest hospital and an emergency caesarean section was performed. Luci, age 36, died during the c-section and her baby named Mary, born in critical condition, died 15-days later.

Autopsy established that the cause of Luci's death was heart failure producing a cardiac arrest and Mary's death was due to her mother's arrest and lack of blood flow to the uterus.

TIME LINE

- 2/14/96 - date of Luci and Frank's marriage.
- 4/9/96 - referral by Dr. West to Dr. Peters.
- 12/9/97 - operation by Dr. Peters ("cleared" by Dr. West) to help Luci become pregnant.
- 2/23/98 - visit by Luci to Dr. West confirming the pregnancy.  
(Alleged advice by Dr. West that Luci have an abortion).
- 3/13/98 - first prenatal visit to Dr. Peters who assessed that risks were "minimal."
- 9/9/98 - visit with Dr. Hall at Atlantic General Hospital.  
(Pregnancy then 33 weeks/estimated fetal weight - 5 lbs.)
- 9/14/98 - visit Dr. Lane (gestation age 33 weeks - 5 days).
- 9/24/98 - Dr. Peters receives Dr. Lane's report. (Gestational age approximately 35 weeks).
- 10/2/98 - Luci's return visit to Dr. Hall at Atlantic General  
(gestational age approximately 36 weeks) fatal cardiac arrest.