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**REPORTED  
"DECISIONS"  
OMITTING CLIENTS'  
AND/OR  
DEFENDANTS' NAMES  
ARE AS A RESULT OF  
REQUESTS FOR  
ANONYMITY.**

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**BABY DOE vs. HOSPITAL**

Ms. Doe enjoyed an uneventful pregnancy while expecting her second child. Near the end of her pregnancy she had been convinced by her obstetrician to attempt a vaginal delivery, despite the fact that her first labor never really materialized, resulting in her first child growing to ten pounds by the time of delivery.

When it came time to deliver Ms. Doe's second baby, her obstetrician induced labor, but then left Ms. Doe in the care of the nursing staff. The doctor checked on Ms. Doe only once during the day, and determined that all was well. Unfortunately, shortly after the doctor's visit, Ms. Doe experienced a bright red bloody show concurrent with a fairly drastic rise in the fetus's heart rate. This pattern continued for several hours without note or concern by the nursing staff and no telephone report to the doctor, who was still absent. Later in the afternoon, additional bloody show was discovered and the fetal heart tones became significantly disturbing. The doctor was finally called in, yet she chose to continue to administer Pitocin (the drug used to induce labor) and encourage the mother to push. Eventually, the baby ran out of reserves and he crashed intrauterine. An emergency c-section was ordered by the obstetrician, but neither an anesthesiologist or assistant surgeon was available for twenty minutes, further delaying the delivery. Baby Doe was eventually delivered in a severely compromised state.

