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

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.

It was also discovered that the mother's uterus had ruptured during labor.

Attorney Cal Warriner was able to demonstrate that the decision to attempt vaginal delivery in light of the prior history and present circumstances was ill-fated. Furthermore, the level of monitoring once that course was chosen was woefully inadequate. The bloody show and increase in fetal heart rate should have caused the nursing staff to cease Pitocin administration and call the doctor immediately. Had the doctor been aware of those findings, she would not have chosen to encourage Ms. Doe to push for over an hour, ultimately leading to the rupture in her uterus.

Fortunately, Baby Doe suffered virtually no cognitive deficits. Motor skills, however, were not spared. Although ambulatory, Baby Doe will require significant levels of physical and occupational therapy since his gait and coordination are significantly impaired. Mr. Warriner was able to successfully settle this case for \$3,500,000. ■