Tragic Results for Newborn Due To Hospital Miscommunication

n November 1998, a young mother suspected she was pregnant and sought obstetrical care from Dr. B, who had provided medical care during her first pregnancy. Although she had experienced some difficulty with her prior pregnancy, which necessitated a caesarean delivery, the young mother's pregnancy this time was uneventful. On May 27, 1999, three days after an ultrasound was performed, Dr. B informed the mother that her baby was not in a breech position and that she could be delivered via VBAC (vaginal birth after caesarean).

By the beginning of June, the mother had reached full term and was ready to deliver. On the morning of June 2, she was admitted to Hospital C, where Dr. B induced her labor with the use of a drip Pitocin. The dosage of the drug was increased incrementally throughout the day. An epidural was administered around 3:30 p.m., after which an irregularity began in the baby's heartbeat. Nevertheless, Dr. B continued to increase the dosage of Pitocin, and by 7:00 p.m. the mother was completely dilated. Unfortunately, neither Dr. B nor the nursing staff recognized the irregularity of the baby's heartbeat, a crucial test for fetal distress, despite the fact that the condition was evident on the fetal heart monitor strips used to monitor the yet unborn baby.



During the afternoon, Dr. B made at least four attempts to deliver the baby using a vacuum device. The baby was finally delivered at 9:38 p.m. Tragically, she was described as floppy at birth and in need of aggressive resuscitation, including chest compressions and intubation. Baby I was born severely depressed and required significant medical intervention to save her life. Despite aggressive and intensive resuscitative efforts, Baby I was left a permanently and severely brain-injured child who will require virtually every type of interventional therapy, as well as around-the-clock nursing care,

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(Continued from page one.) The mother retained attorneys Chris Searcy and Greg Barnhart to investigate the facts and circumstances surrounding her daughter's profound and tragic brain injury. The investigation of the care rendered to the mother during the labor and delivery revealed that the nurses in the delivery room had inaccurately interpreted the fetal heart monitor strips and then reported the erroneous findings of the baby's fetal heart tracings to Dr. B. The doctor then relied upon the incorrect documented and stated information and allowed the labor to continue with continual titration of Pitocin, which caused further risk of harm to the unborn baby. Dr. B later testified that, had she received a correct



assessment of the fetal heart monitor strip, she would have intervened on an emergency basis. She would have discontinued the Pitocin, provided intrauterine resuscitation, and performed a caesarean section if necessary to rescue the baby from the hostile environment that had been created. Further, Dr. B testified that the inaccurate report of the baby's well-being gave her a false sense of assurance of the child's ability to withstand a vaginal delivery with use of a vacuum suction device, rather than undergoing a prompt caesarean section.

Prior to suit being filed, Dr. B's insurance company tendered her policy limits of liability coverage of \$250,000. The hospital and nurses, however, defended the case primarily by blaming Dr. B and by relying on causation defenses. The hospital and nurses also defended the case by challenging the future economic damages claim and by arguing that the baby's profound injuries would yield a significantly shortened life expectancy.

The litigation became further complicated when one of the hospital's liability insurance companies declared bankruptcy while the case was pending. The insurance company was forced into fiscal rehabilitation in the Commonwealth of Pennsylvania, which significantly complicated and delayed the progress of the case.

As a result of the arduous prosecution of this case, Chris Searcy and Greg Barnhart were able to reach a settlement agreement with the hospital for an amount exceeding \$17 million. These funds ensured that Baby J would have intensive therapies and care required for further developmental and other medical needs, thus allowing her to live as full a life as possible.