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NOTE: The accounts of recent trials, verdicts and settlements contained in this newsletter are intended to illustrate the experience of the firm in a variety of litigation areas. Each case is unique, and the results in one case do not necessarily indicate the quality or value of any other case.

Omitting clients' names and/or defendants' names are the result of requests for anonymity.

Woman Loses Life After Birth of Child

In 1996, Mr. and Mrs. B arrived for the pre-scheduled cesarean section delivery of their first child together. After a long courtship, Mr. and Mrs. B had recently been married, and both had two older boys. The fact that this was to be their first and only child together was well known to the doctors, and, in fact, Mrs. B intended to have her tubes tied once the baby was born. Tragically, Mrs. B's son would never know his mother as she died shortly after giving birth.

Early in her pregnancy, Mrs. B was diagnosed with a thin uterine wall and suspicion of a condition called "placenta previa." Nevertheless, Mrs. B's pregnancy was uneventful. However, having had two prior children by cesarean section, Mrs. B was not a candidate to undergo traditional labor with this child. Her age, coupled with her history of cesarean section deliveries, would have put her at risk for placental abnormalities had a traditional course of labor been allowed. Consequently, the cesarean procedure was scheduled in advance of Mrs. B's due date.

The procedure began at approximately 7:30 a.m., and Baby B was born shortly thereafter at 7:53 a.m. Almost immediately, Mrs. B's doctors confirmed the presence of a "placenta accreta," an abnormality in which the placenta abnormally adheres to the wall of the uterus. Further study revealed that Mrs. B's placenta had actually grown through the uterine wall and adhered to her bladder. Principles of obstetrics define such a circumstance as a surgical emergency. Furthermore, attempting to debride, or cut away, the placenta from the uterus typically results in massive bleeding, and so obstetrical standards dictate that the uterus in such circumstances should be removed.

During the cesarean procedure, Mrs. B began bleeding profusely, and although her condition seriously declined, no pulse or blood pressure values were documented for a significant period of time. The medical chart did reveal that

blood replacement was ordered and transfused, and in turn Mrs. B's vital signs seemed to improve. However, despite later testimony that a cesarean hysterectomy was begun immediately after delivery, the total procedure time seemed excessive.

Mrs. B. made it through both the delivery and subsequent hysterectomy, and was then transferred to the intensive care unit (ICU). Unexpectedly, a nurse there recorded her temperature at only 88.9 degrees. Shortly thereafter, Mrs. B experienced cardiac arrest and was unresponsive to resuscitation efforts.

Discovery in this case revealed that Mrs. B's hysterectomy did not begin shortly after delivery. In addition, it was learned that the obstetrician spent a significant period of time trying to debride the placenta from the uterus, which is contrary to standard practice. Finally, despite testimony from the hospital staff to the contrary, it was determined that the blood replacement infused in Mrs. B was never warmed, but rather was given to her cold. As trial approached, it appeared that Mrs. B. died from profound hypothermia.

All the defendants in the case vehemently claimed that Mrs. B died of acute anaphylaxis of pregnancy. This syndrome, known as "amniotic fluid embolus," formed the basis of a formidable defense for the doctor and nurses in the case. Death frequently results in such cases, and little, if any, evidence of the event remains once the patient dies.

At attorney Chris Searcy's request, attorney Cal Warriner handled this case through its investigation, pre-trial preparation, and eventual mediation. The case settled for a confidential amount, believed to be the largest medical negligence tort settlement in the history of the county where the action was brought. The recovery will provide financial security for Baby B and his older brothers, and will also compensate Mr. B for the loss of his wife and mother of his child. ■