## Labor & Delivery: Large Settlement Paid For Infant's Cerebral Palsy.

The court settlement, paid to a bank as trustee for the infant injured at birth, apportioned liability 80% to the hospital and 10% each to the nurse midwife who was present during the delivery and the nurse midwife's supervising obstetrician who was not present and in fact was out of the country at the time.

## Fetal Distress Compressed Umbilical Cord Vaginal Delivery

The mother was admitted to the hospital in labor at 2:10 a.m. The labor and delivery nurse saw a decrease in the fetal heart rate at 7:14 a.m. and again at 7:56 a.m. and notified the nurse midwife.

The nurse midwife did a vaginal exam at 8:06 a.m. and then phoned the obstetrician who was substituting for the nurse midwife's supervising obstetrician who was out of the country.

At 9:20 a.m. the mother was fully dilated. The nurse midwife had her start pushing. The fetal heart tracing disappeared. When it reappeared fourteen minutes later it was slower than it should have been. The nurse midwife applied fundal pressure to speed up vaginal delivery of the infant.

The infant experienced at least fifteen minutes of oxygen deprivation right before birth and is now a quadriplegic with profound developmental delays.

Had the case gone to trial in the Circuit Court, Cook County, Illinois, the family's nursing and medical expert witnesses were prepared to testify that the nurse midwife and the labor and delivery nurse, when umbilical cord compression was evident from the fetal heart tracings, should have started intrauterine resuscitation and turned the case over to an obstetrician instead of going ahead with vaginal delivery.

Major fault was also found with the hospital for failing to have a system in place to provide readily-available obstetrician support to a nurse midwife practicing at the hospital in the event a problem delivery was encountered. <u>Private Bank v.</u> <u>Sherman Health Systems</u>, 2010 WL 2470540 (Cir. Ct. Cook Co., Illinois, April 15, 2010).

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