Labor & Delivery: Lawsuit Faults Nurse, Failed To Alert Other Physicians First-Year Resident Was "In Way Over His Head."

A complex obstetrics malpractice law-suit filed in the Superior Court, King County, Washington was settled for \$3.2 million on the recommendation of a retired judge who was called in to serve as the mediator on the case.

Medical Malpractice

A first-year resident physician with only minimal obstetric experience attempted vaginal delivery. The mother's prenatal history pointed to a cesarean. Unsatisfactory fetal monitor tracings during labor should have confirmed the need for the staff obstetrician to do a cesarean. He was readily available to assess the progress of labor and to take over if the resident asked.

The baby finally appeared with the umbilical cord wrapped around its neck, which would seem to explain the signs of fetal distress seen on the monitor tracings.

The resident waited five more minutes before calling a second-year resident and the chief resident. He later charted that shoulder dystocia had been the hold-up.

The family's lawsuit alleged malpractice by the first-year resident and alleged that the hospital's system for supervising its residents was wholly inadequate.

Nursing Malpractice Failure to Advocate for Patient

The experienced labor and delivery nurse, the lawsuit alleged, could plainly see from the fetal monitor that the fetus was in deep distress.

When the baby appeared with a nuchal cord and the resident still did not know what to do, it was clearly time for the nurse to take decisive action.

The nurse was faulted for failing to summon a more experienced resident physician or the staff obstetrician or a nursing supervisor when it was obvious to the nurse that the first-year resident's incompetence was posing a grave threat to the patient. Baby Doe v. (Confidential) Hospital, 2007 WL 1576360 (Sup. Ct. King Co., Washington, January 30, 2007).

The experienced labor and delivery nurse could plainly see that the first-year resident was not competently handling the mother's latestage labor and the start of her delivery.

More experienced physicians were standing by in the department, literally only a few footsteps away.

The fetal monitor strips had become very worrisome, showing intermittent decelerations with diminished variability after pitocin was given to stimulate uterine contractions.

Then the fetal monitor tracing was lost altogether. There was no fetal heartbeat. The first-year resident physician seemed not to realize this was an extreme emergency.

The baby finally appeared with the cord wrapped around the neck. The resident froze. He obviously did not know what to do.

The resident should have asked for help. When he did not, the nurse should have stepped in and summoned more experienced people.

SUPERIOR COURT, KING COUNTY WASHINGTON January 30, 2007