

## VERDICT IN BRACHIAL PLEXUS CASE IS \$2,400,000.00\*

### *Medical Malpractice Trial Report*

#### **BIRTH INJURY Medical Malpractice Lawsuit: Excessive Traction Results in Permanent Brachial Plexus Injury**

Mom was admitted to the hospital at 5:47 a.m. under the care of a nurse midwife. At 6:16 a.m., she was fully dilated, +2 station. She was noted to be having strong contractions and very active pushing. The baby progressed to crowing, with audible FHR at 120 to 140. Delivery of head was accomplished at 6:29 a.m. and shoulder dystocia was determined. The baby was suctioned and initially no cord was palpated. Nurse Wright attempted to delivery the shoulders in usual manner with difficulty; backup was called per her request 20 to 40 seconds after attempting to delivery shoulder.

The nurse midwife continued with attempts at delivery, the head of bed was lowered, both legs were hyperflexed, maneuvers was employed and a loose nuchal cord was noted and easily reduced. Suprapubic pressure was applied with Mom on her right side. Despite these efforts, delivery of the shoulder was unsuccessful.

The obstetrician arrived at 6:31 a.m. and took over maneuvers. The doctor noted that “anterior shoulder undeliverable with traction on head and suprapubic pressure Unable to corkscrew baby. Unable to deliver posterior arm. No tissue dystocia posterior although no episiotomy to this point. Pediatrician was present, Anesthesia Attending and a few nurses were also present. Nurse Fein assisted with maneuvers.”

Another obstetrician arrived within one to two minutes of delivery. A median episiotomy was cut and an attempt to deliver the anterior arm which was unsuccessful. Delivery of the posterior arm and delivery of the infant was accomplished at 6:37 a.m., after 8 minutes.

The newborn weighed 10 pounds, 9 ounces. He was limp without spontaneous cry. The newborn was suctioned and intubated. Heart rate was absent. He was bagged via ET-tube and chest compressions were initiated. Phenobarbital was given for seizure activity noted on arrival to the NICU. Neurology was consulted on September 23rd secondary to the patient’s hypoxic injury at birth and the right brachial plexus palsy. Neurological exam was within normal limits with the exception of a right Erb/Klumpke palsy.

At five months of age, the baby showed little recovery. He was noted to have persistent Horner’s with inability to extend his wrist and actively fire his biceps. Give his age, his prognosis for spontaneous recovery was considered poor and microsurgical exploration and nerve grafting was recommended and carried out at age six months.

The child remains with physical limitations related to the brachial plexus injury and Horner's syndrome suffered at birth

After trial a verdict in the amount of \$2,400,000.00 was returned.

\* As reported in Massachusetts Lawyers Weekly.