# Labor & Delivery: Pitocin Was Continued, Hyperstimulation Causes Hypoxia, Cerebral Palsy.

The family's pediatric neurology expert testified in court that the fetal brain sustained a parasagittal injury due to compressive forces that decreased blood flow in the watershed distribution as intracranial pressure exceeded the fetus's mean arterial pressure, resulting in hypoxic ischemic encephalopathy.

The compressive forces on the fetal head resulted from misuse or overuse of Pitocin by the physicians and nurses, causing hyperstimulation of the uterus in relation to the fetus's status within the womb.

The fetus's head was large and the pelvic opening unusually small, referred to as cephalopelvic disproportion, data known from the mother's last prenatal assessment before entering the hospital.

Further, the fetus's head was lodged in the persistent occiput posterior position for a number of hours, with no progress in labor, diminished variability and tachycardia on the monitor before contractions and persistent high resting tone, while the Pitocin was continued.

COURT OF COMMON PLEAS HAMILTON COUNTY, OHIO May 19, 2008 The jury in the Court of Common Pleas, Hamilton County, Ohio awarded the parents more than \$24,000,000 from the hospital where their baby was born, compensation for the profound deficits their child, now ten years old, faces from cerebral palsy from hypoxic birth in juries.

## **Nursing and Medical Negligence**

The parents' case hinged on medical testimony linking improper use of Pitocin to hyperstimulation of the mother's uterus which caused excessive and prolonged downward pressure on the fetus's head against the floor of the mother's pelvis.

# Prenatal Care Cephalopelvic Disproportion

The mother was twenty-two years old at the time and gravida one. At her last prenatal appointment, eight days before entering the hospital for cervical ripening and induction, she was diagnosed with a large baby and a narrow pelvic outlet.

#### Non-Emergency Cesarean Not Offered

After many hours of non-productive labor the infant was eventually delivered by cesarean, after the ob/gyn finally confirmed that the head was wedged above the pelvis and was not going to move any farther, period.

The mother, however, despite her known risk factors, was reportedly never offered the option of a planned cesarean.

## Fetal Monitor

### **Intrauterine Pressure Catheter**

According to the family's medical experts, the nurses and physicians attending to the labor failed to appreciate what the monitors had to say, that the uterus was hypertonic and the fetus was in distress. Instead of moving ahead with an emergency cesarean the Pitocin was continued, and that only tended to compound the problems the fetus was having.

The jury apparently discounted testimony for the ob/gyn that the catheter the hospital was using at the time was notoriously unreliable and could be ignored. Grow v. Yang, 2008 WL 2736691 (Ct. Comm. Pl. Hamilton Co., Ohio, May 19, 2008).