

*Patient Name*

*DOB: MM/DD/YYYY*

**Expert Medical Opinion - XXXX**

**DOD: 12/14/YYYY**

**Summary of merit:**

We reviewed the available medical records and with a reasonable degree of medical certainty, we opine that there was deviation in the standard of care provided to Ms. XXXX in Cesarean section procedure. Post-delivery the available records do not show any evidence of Oxytocin being administered for uterine contraction. The documentation was also very poor during the hospitalization which by itself a deviation in the standard of care.

Ms. XXXX had a history of spontaneous vaginal delivery in YYYY and C section in YYYY. She did not have any significant medical history. On 12/03/YYYY, Ms. XXXX was admitted in Ministry of Health Hospital for delivery. She was previously diagnosed to have severe preeclampsia and the baby was in breach presentation. Hence, it was planned to take the patient emergently for cesarean section. Labetalol and Methyldopa were given for BP control and Misoprostol was administered for induction. The patient was taken to the OR on 12/03/YYYY and C-section was performed. Post-delivery records do not show any evidence of Oxytocin being given for uterine contraction. In usual practice the standard of care is to administer Oxytocin post-delivery – vaginal/C-section to quicken uterine contraction. In Ms. XXXX Oxytocin was not administered.

There was also poor documentation during the hospital stay. The following day after the C-section Ms. XXXX presented with bleeding PV and clots. Her BP was unreportable. She was found to have a massive hemoperitoneum. She was taken immediately to the OR for exploration. It was noted that she was bleeding from the incision site in the uterus that was causing the hemoperitoneum. The physicians had to perform a transabdominal hysterectomy with left salpingo oophorectomy.

Ms. XXXX was not monitored adequately. Vitals were not routinely checked. When the bleeding PV was identified, she was already in a state where her BP was not recordable.

Later she was resuscitated with fair amounts of fluids and 4 liters of blood. Despite the treatment she again developed bleeding which required another laparotomy procedure to arrest the bleeding. She was found to have coagulopathy. She was given fresh frozen plasma and cryoprecipitate. The patient remained intubated after the second surgery. Her condition worsened requiring dialysis for renal protection and she

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was given 3 dialysis sessions during the hospitalization. Adequate blood and fluid resuscitation was given and the patient remained in the ICU. She never regained her consciousness. Later, it was found that she was brain dead and was placed on DNR after discussing with the family. On 12/14/YYYY her condition deteriorated and she passed away.

The patient had severe preeclampsia and developed HELLP syndrome and coagulopathy after delivery. We believe the patient suffered what is known as a post-partum hemorrhage which is a rare but a dreaded complication post-delivery. Usually, Oxytocin is administered post-delivery to ensure uterus contracts and does not bleed. Moreover, Ms. XXXX was not carefully monitored despite her severe preeclampsia.

**Q&A:**

**1. What were the deviations in the standard of care?**

- Failure to adequately document
- Failure to administer Oxytocin post-delivery
- Failure to adequately monitor the patient
- Failure to quickly identify post-partum hemorrhage

**2. Who owed the duty of care?**

The XXXX team who was attending Ms. XXXX in XXXX owed the duty of care.

**3. What were the damages?**

- Unnoticed post-partum hemorrhage
- Massive hemoperitoneum
- Two exploratory laparotomy procedures
- Need for lot of fluid and blood resuscitation
- Need for ICU care
- Need for dialysis
- Prolonged hospital stay
- Financial implications
- Death of the patient as a result of the damages

**4. What was the cause for the patient's death?**

- Post-partum hemorrhage
- Hypovolemic shock
- Massive hemoperitoneum
- Disseminated intravascular coagulation
- Severe preeclampsia
- HELPP syndrome (Hemolysis, Elevated Liver enzymes Low Platelets)

**5. Were the damages directly caused by the deviations in the standard of care?**

Yes. The damages were caused by the deviations in the standard of care provided to Ms. XXXX in XXXX.

**6. Was the treatment after the identification of post-partum hemorrhage appropriate?**

The treatment per say after the post-partum hemorrhage was identified was appropriate and up to the standard of care.

**7. Weakness in the case:**

Though a rare and a dreaded life-threatening complication of pregnancy, we cannot entirely say that post-partum hemorrhage could have been prevented if Oxytocin was given or meticulous monitoring was done. We cannot say death was entirely preventable in this case.

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