

# **MEDICO-LEGAL PROBLEMS IN GESTOSIS. HOW CAN WE REDUCE OUR RISK?**

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In Australia, as in most developed Countries, the incidence of litigation is ever increasing, with the expectation of patients being to always expect a normal and satisfactory outcome, and if something goes wrong, someone must have made a mistake. Most Obstetricians are now paying up to \$100,000 dollars per year, to insure themselves against such, often unwarranted, litigation.

The commonest reasons for litigation in Obstetrics are listed as follows:

- Failure to give or advise of the need for genetic counseling advice.
- Shoulder dystocia with the production of an Erb's palsy in the baby.
- Unexplained FDIU.
- Failure to monitor adequately in labour, resulting in a baby being born in a hypoxic state.
- Caesarean Section done to late.
- Poorly performed instrumental delivery- forceps, ventouse.
- Failure to screen for GBS infection to prevent neonatal GBS infection.
- Allowing the second stage to be prolonged, resulting in rectal and urinary problems.
- The performance of hysterectomy for primary PPH when all other methods of treatment have failed.

Where patients have had gestosis in the past, or develop it in the current pregnancy, there are special aspects of care which should be mandatory, if we are protect ourselves from attack. This includes the following:

## **1. Care in a pregnancy where a previous pregnancy has been complicated by gestosis.**

- Routine care in pregnancy including routine tests, maternal serum screening, ultrasound
- Additional tests if these have not already been done- RFT, LAC, anti-cardiolipin antibody, platelet count etc
- If all tests are normal, advise the patient that the risk of recurrence is about 33%, with the disorder usually developing later than it did in the previous pregnancy, and usually being less severe.
- If there is evidence of an underlying cause, including hypertension or renal disease, the risk of recurrence is much higher and the severity may be worse.
- Extra assessments required during the pregnancy- more frequent visits for antenatal care, repeated RFTs and uric acid levels, platelet counts, ultrasound assessment of fetal growth in the third trimester, other investigations.
- In all instances, adequate documentation of the matters discussed MUST be recorded, as "failure to record" is taken by the Court to indicate "it was not done".
- Decide whether antenatal fetal monitoring is required depending on the progress of the Pregnancy, but usually apply continuous CTG monitoring in labour.

## **2. Care where gestosis develops during the pregnancy, having no past history of this condition.**

Under these circumstances, the patient needs to be warned of the following potential problems and care instituted to reduce the likelihood of complications to an absolute minimum.

Investigate for an underlying process which predisposes to gestosis- multiple pregnancy, hydatidiform mole and fetus, underlying renal or other medical disease. Usually none will be found.

Advice as to what is going to be needed in terms of care and the likely outcome needs to be given, with this being different in different individuals depending on the severity of the gestosis and the gestation at which it is occurring. This could include

Premature delivery- spontaneous or iatrogenic

Use and effects of various drugs used- hypotensive agents, MgSO<sub>4</sub>, steroids.

Extra investigations required- ultrasound, fetal monitoring, blood tests  
(RFT, platelets, LFTs, coagulation profile).

Increased risk of placental abruption.

Increased risk of IUGR.

Mode of delivery- increased incidence of Caesarean Section.

We are living in an era where patients, and their partners, expect more information to be given to them, and to be involved in the decision making processes regarding their care. They therefore need to have been fully informed, especially when complications occur at the time or later, or litigation is highly likely if an adverse outcome results.