

CALIFORNIA

CHILDBIRTH

Failure to Diagnose — Wrongful Death

Mother died day after child's birth; family blamed doctor

VERDICT	Defense
CASE	Samuel Elias Guandique, Henry De Jesus Guandique, Moises Alberto Guandique, by and through their guardian ad litem Maria Herenandez; Ariana Hernandez v. Anita Kriplani, M.C., No. BC197880
COURT	Superior Court of Los Angeles County, Central, CA
JUDGE	Jon M. Mayeda
DATE	6/22/2006
PLAINTIFF ATTORNEY(S)	Eric Bryan Seuthe, Seuthe & Matussek, Beverly Hills, CA
DEFENSE ATTORNEY(S)	N. Denise Taylor, Taylor Blessey LLP, Los Angeles, CA

FACTS & ALLEGATIONS In the early morning hours on October 17, 1997, plaintiff's decedent Martha Hernandez, 34, presented to Good Samaritan Hospital in early labor complaining of back and chest pain. Her OB/GYN diagnosed her with severe preeclampsia, a hypertensive condition characterized by high blood pressure that can occur in pregnant and post-partum patients. Hernandez delivered a healthy baby boy around noon that day without complications.

About an hour after the delivery, Hernandez suffered a post-partum hemorrhage of about 1100 ccs. She then developed tachycardia and tachypnea, and her back and chest pain returned and worsened. Blood work revealed that she was anemic from the hemorrhage. She was put on an IV and, due to poor urine output, became fluid overloaded. Her OB/GYN called in specialists in maternal fetal medicine (perinatology) and pulmonology that evening.

The following morning, Hernandez was seen by the attending perinatal physician. Aware that the patient's hemoglobin and hematocrit were falling, the perinatologist indicated that she might need a transfusion.

That morning, Anita Kriplani, a critical care specialist, was called with a request for pain medication. She prescribed Demerol and a stat chest X-ray, and her associate James Brooks, a pulmonologist, who had seen the patient the night before, saw her at noon and reviewed the X-ray, which showed a new pleural effusion.

The physicians believed that the tachycardia and tachypnea, as well as her pain, were due to fluid overload from the preeclampsia, and they ordered Lasix.

At 2:50 p.m., a nurse called Kriplani to report that the patient was having another "pain attack." Kriplani ordered another dose of Demerol over the phone. She did not go to the patient's bedside. Hernandez's pain continued to increase and her hemoglobin and hematocrit levels dropped further. The nurse contacted the perinatal attending physician and staff, who saw Hernandez and decided to transfer her to intensive care.

At about 6:00 p.m., about half an hour after she was transferred to the ICU, Hernandez suffered cardiac arrest and died. The cause of death was found to be a perforation of the vena cava which caused her to bleed to death, with preeclampsia as a contributing cause of death.

The decedent's minor children sued Kriplani for medical malpractice. They alleged that the standard of care dictated that Kriplani should have evaluated Hernandez in person when she received the nurse's report at 2:50 on Oct. 18 that Hernandez was having another "pain attack."

The plaintiffs' critical care expert and pulmonology expert, Thomas Boylen, testified that Kriplani should have gone to the patient's bedside, obtained a stat chest X-ray, thoracotomy, chest tube placement, and a surgical consult. As a critical care specialist, Kriplani was in a better position than the perinatologists to provide the appropriate treatment. Also, thoracic surgery expert Arthur Golding testified that Kriplani should have diagnosed Hernandez with hemothorax-accumulation of blood between the lungs and chest wall-which would have required surgical care of the perforated vena. To a reasonable degree of medical probability, the patient would have survived, in Golding's opinion.

Kriplani denied the allegations. Defense pulmonology and critical care expert Harvey Brown testified that Kriplani was not required to go to Hernandez's bedside at the time of the 2:50 call, as Hernandez's condition had not significantly changed from the time that she had been evaluated in person two and a half hours earlier by Kriplani's associate, Dr. Brooks, and the consulting pulmonologist, who was managing the blood loss issue and the hemoglobin and hematocrit levels. Brown further stated that had Kriplani gone to the patient's bedside, she would not have suspected a hemothorax.

The defendant's cardiothoracic surgery expert, Robbin Cohen, testified that a perforated vena cava with no known trauma is extremely rare in a postpartum patient, and it was therefore unlikely that competent physicians could have made this diagnosis prior to the patient's cardiac arrest and death. Based on the autopsy, the vena cava was so damaged that there was only a very small chance she would have survived surgery had it been undertaken. Cohen further stated that although the perforation likely occurred during labor, it did not actually rupture through the chest cavity until shortly before the cardiac arrest at about 6:00 p.m. Thus, the Kriplani could not have altered the course of Hernandez's condition even if she had diagnosed it after the 2:50 call.

The case was first tried in November 2001 with additional defendants including the pulmonologist, James Brooks, as well as perinatologist Deborah Wing and OB/GYN Georgina Makabali. Wing and Makabali were dismissed on motions for

nonsuit and Brooks received a defense verdict. A plaintiffs' verdict was awarded against Kriplani in the amount of \$789,000, after which Kriplani moved for a new trial and her motion was granted.

INJURIES/DAMAGES *death*

The plaintiffs claimed the loss of income and household services of the decedent, who was a housekeeper without documented wages but who, they alleged, made about \$10,000 a year. The plaintiffs' economic expert, Karen Smith, testified that the plaintiffs' damages from loss of the decedent's income and household services totaled \$457,490. The plaintiffs also sought noneconomic damages for loss of support.

The defendant's economic expert calculated the plaintiffs' total economic damages as \$246,598.

RESULT The jury rendered a defense verdict, finding that Kriplani was not negligent.

DEMAND \$100,000
OFFER none

TRIAL DETAILS Trial Length: 15 days
Trial Deliberations: 2.5 days
Jury Vote: 11-1 on causation

**PLAINTIFF
EXPERT(S)**

Thomas Carl Boylen, M.D., critical care,
Los Angeles, CA
Arthur Golding, M.D., thoracic surgery,
Los Angeles, CA
Karen Smith, M.A., economics,
San Marino, CA

**DEFENSE
EXPERT(S)**

Harvey Brown, M.D., pulmonology,
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Robbin Cohen, M.D., cardiothoracic
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Ted Vavoulis, M.S., economics,
Los Angeles, CA

EDITOR'S NOTE Plaintiffs' counsel did not respond to a faxed draft of this report or a phone call.

—Lisa Braunstein