

## Case Report

# Medico-legal Aspect of Abruptio Placentae: A Case Report

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## ABSTRACT

Obstetric haemorrhage is one of the major causes of maternal death in developing countries. The term obstetric haemorrhage encompasses both antepartum and post-partum haemorrhage. Placental abruption is known to be a significant cause behind both antepartum and post-partum bleeding. Abruption is often an unanticipated emergency and a small bleed can suddenly evolve into a major abruption. Therefore, vigilance is very essential. Placental abruption often happens suddenly. Left untreated, placental abruption can lead to significant maternal and foetal morbidity and, ultimately, maternal and foetal death. Current understanding of coagulopathies and replacement of clotting factors along with increasing confidence in uterotonic agents have reduced the necessity to remove the couvelaire uterus to rare circumstances. But, the obstetric haemorrhage that remains unresponsive to medical and conservative management must be treated with hysterectomy sooner than later. The decision to proceed with a hysterectomy should take into account several factors. Obviously, mother's life is of paramount concern. It should be judged taking into account maternal safety, the urgency of situation, likelihood of success with other options and desires of a patient to have additional children. A case has been filed before the Gujarat State Consumer Dispute Redressal Commission on the issue of 'abruptio placentae' and finds doctor negligent and awarded compensation. Aggrieved doctor filed appeal before National Consumer Dispute Redressal Commission, New Delhi who found merit in the appeal and set aside the order of Gujarat, State Consumer Disputes Redressal Commission (SCDRC). The court finally found the doctor not guilty; however, various medico-legal issues related to duty of doctors, role of informed consent, need for referral, standard of practise and others have been discussed to clarify why there is no medical negligence in this case.

**Keywords:** Abruptio placentae, Medical record, IUD, Consent, LSCS, Hysterectomy, Clinical decision

## INTRODUCTION

Obstetric haemorrhage is one of the major causes of maternal death in developing countries. Placental abruption is known to be a significant cause behind both antepartum and post-partum bleeding. Abruption is often an unanticipated emergency and a small bleed can suddenly evolve into a major abruption. Therefore, vigilance is very essential. Placental abruption often happens suddenly.

Left untreated, placental abruption can lead to significant maternal and foetal morbidity and, ultimately, maternal and foetal death. Current understanding of coagulopathies and replacement of clotting factors along with increasing

confidence in uterotonic agents have reduced the necessity to remove the couvelaire uterus to rare circumstances.

But, the obstetric haemorrhage that remains unresponsive to medical and conservative management must be treated with hysterectomy sooner than later.

The decision to proceed with a hysterectomy should take into account several factors. Obviously, mother's life is of paramount concern. It should be judged taking into account maternal safety, the urgency of situation, likelihood of success with other options and desires of a patient to have additional children.

## FACTS OF THE CASE

The relevant facts are in brief that, on 17 October 1997, the complainant, 24-year-old woman during her pregnancy suffered pain and consulted the (Opposing Party) OP-1 at Kodi. The OP-1 after examination, informed her that, the bleeding was due to separation of foetus from placenta. According to the complainant, the doctor (OP-1) without giving any emergency treatment referred her to another doctor (OP-2)<sup>[1]</sup>.

As per the complainant, the OP-2 without examining her, informed about need of immediate operation and accordingly, the OP-2 performed Lower Sement caesarean section (LSCS) and took out the dead foetus.

The complaint alleged that, the consent was taken afterwards. Unfortunately, during the LSCS, the bleeding did not stop; hence, the doctor proceeded for hysterectomy operation without her and her husband’s consent. She was a young married woman and due to loss of uterus, her active life became pathetic.

### Case before SCDRC: Compensation Claimed/ Awarded

It was alleged that, the OPs acted negligently, it was a medical negligence and deficiency in service to remove the uterus, the complainant filed a complaint before State Commission and prayed for compensation of Rs. 530,000/- from OPs.

The State Commission, Gujarat partly allowed the complaint against OP-2 and dismissed the complaint against OP-1. The OP-2 was directed to pay Rs. 200,000/- and Rs. 50,000/- towards mental agony and Rs. 10,000/- as cost<sup>[1]</sup>.

### APPEAL BEFORE NCDRC

Aggrieved by the order, the OP-2 approached the National Commission (NCDRC) through the first appeal for setting aside the order passed by the State Commission, Gujarat.

### Observations of NCDRC

#### Issue of Emergency/Consent

The counsel for the doctor/appellant/OP argued that State Commission erroneously held that the consent was not taken prior to hysterectomy operation. It was a dire emergency as the patient was bleeding continuously,

uterus was atonic. At the time of surgery, the doctor contemplated that the hysterectomy was the lifesaving treatment. Therefore, the appellant/OP-2 conducted the operation to save the life of the patient. Hence, it was not negligence. It was also pleaded that Kodi was the small place, and the medical facilities were not adequate, up to the mark. Hence, the OP-1 referred the patient to OP-2 for further delivery and treatment.

Whilst examining medical records, a proper informed consent was found which was taken prior to LSCS.

### ISSUE OF MEDICAL RECORD

When the medical records were examined, it was found that the patient did suffer from abruption placentae and LSCS was performed for extraction of foetus (Figure 1). Unfortunately, patient landed into uncontrolled third stage haemorrhage and hence hysterectomy was required<sup>[1]</sup>.

### ISSUE OF MEDICAL LITERATURE

The counsel for the complainant argued that, as per the medical literature, there was no need of LSCS for the delivery of dead foetus, which led to haemorrhage leading to subsequent hysterectomy. The counsel quoted the literature stating ‘If the clinical signs are indicative of retroplacental bleeding and the infant is still alive and of reasonable viability, prompt abdominal delivery affords

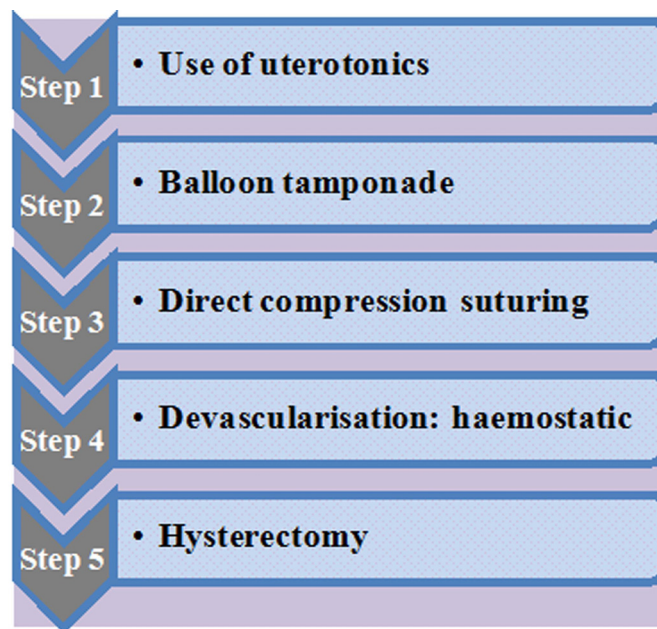


Figure 1: Steps for clinical decision-making in a case of ‘abruptio placentae’

the only sound prospect of a live birth. I believe there is virtually no place for caesarean section when the fetal heart is no longer audible'<sup>[1]</sup>.

## REVIEW OF LITERATURE

Placental abruption often happens suddenly. Left untreated, placental abruption can lead to significant maternal and foetal morbidity and, ultimately, maternal and foetal death. Post-partum haemorrhage should be anticipated in any women who have experienced abruption placentae. This is even more common in women who have landed into intrauterine death because of the associated magnitude of abruption and coagulopathies. Therefore, while managing any woman with abruption informed consent is of paramount importance. This involves counselling regarding the maternal and foetal risks and also the need for hysterectomy if the situation arises to save the life of mother. Maternal death is five times more common than overall and morbidity in the form of need for hysterectomy and Intensive care unit (ICU) admission is also increased. The availability of efficient uterotonics has decreased the need for resorting to hysterectomy. If uterotonics seem to fail, then one can resort to conservative procedures like balloon tamponade. If balloon tamponade is unsuccessful, the next action is to consider direct uterine compression suturing. If use of a simple compression suture does not control the bleeding, then stepwise devascularisation be tried next and is often effective haemostatic, before radical procedures like hysterectomy.

The decision to proceed with a hysterectomy should take into account several factors. Obviously mother's life is of paramount concern. It should be judged taking into account maternal safety, the urgency of situation, likelihood of success with other options and desire of the woman to have additional children<sup>[2,3]</sup>.

## FINAL DECISION

The NCDRC found that the doctor who performed the surgery was a qualified and experienced obstetrician and gynaecologist, his clinical decision was correct as per the standard of practise during the emergency. He made all efforts like blood transfusion, and medical management to arrest the bleeding, which remained unresponsive. Hence, his decision to conduct hysterectomy was not wrong, as obviously mother's life was of paramount

concern. Her life was saved by hysterectomy. The complaint was dismissed. No order as to costs was passed in favour of either party.

## CASE LAW REFERRED

NCDRC referred a case pronounced by Honourable Supreme Court of India Kusum Sharma vs. Batra Hospital (2010) <sup>[4]</sup> and observed that this case discussed several principles to decide negligence have been laid down, the relevant para is reproduced as: 'The medical professionals are entitled to get protection so long as they perform their duties with reasonable skill and competence and in the interest of the patients. The interest and welfare of the patients have to be paramount for the medical professionals'<sup>[4]</sup>.

While concluding the judgement, NCDRC had put more reliance upon the Bolam's test and the several judgements of Honourable Supreme Court on Medical Negligence, accordingly NCDRC does not find any negligence caused by the appellant/OP-2 who took proper decision at proper time to save the life of patient.

## SUMMARY AND CONCLUSIONS

1. The importance of informed consent cannot be under emphasised, all possible risks should be part of consent form.
2. Counselling of woman and the relatives before embarking on any surgical procedure is of paramount importance. This includes the indication and the alternatives to surgery and the complication which can arise during and after the procedure.
3. The clinical decision to proceed with a hysterectomy should take into account factors like mother's life is of paramount concern. It should be judged taking into account maternal safety, the urgency of situation, likelihood of success with other options and desire of the woman to have additional children.
4. A good record keeping always goes in the favour of the medical professional and also help in successfully defending the doctor in future litigation.
5. If the need arise, the doctor can act in favour of the woman to save her life if any untoward complication arise.

6. Referral of any woman with obstetric or any other complication needs to be taken seriously and proper treatment should be ensued and proper arrangement for a safe referral should be done.
7. Uterotonics and conservative surgical procedures like balloon tamponade, haemostatic brace suturing and stepwise devascularisation should be tried before radical procedure like hysterectomy.
8. ICU backup facility to deal with anticipated/unanticipated life threatening emergency and need for critical care should be made available.

## REFERENCES

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