Craig Mannarino and Amanda Brasfield Obtain $19.2M Verdict in a Medical Malpractice Wrongful Death Case

A Cook County Jury awarded $19.2M in a medical malpractice wrongful death case for the death of a couple’s first child, who died from birth injuries related to meconium aspiration syndrome.

On May 28, 2011, a woman who was then 39 weeks pregnant with her first child presented to VHS of Illinois, Inc. d/b/a Mac Neal Hospital in labor.  When the obstetrician performed an artificial rupture of membranes 8 hours later, the amniotic fluid was clear.  During those first 8 hours at the hospital, the fetal heart rate tracings were reassuring and, although slow, the mother’s labor was progressing.  After approximately 11 hours, the fetal heart rate tracings began to show signs of fetal distress (variable and late decelerations).  Subsequently, the leaking amniotic fluid became meconium stained, further evidence that the baby was stressed and had passed meconium in response to the stress.  Despite the fetal distress and failure to progress, the obstetrician allowed the mother to labor another 4 ½ hours.

Because the baby had been at minus 1 station for 7 hours and the mother had not dilated past 8 centimeters despite 11 hours of active labor, Pitocin (a drug which can make contractions stronger, longer, and cause incomplete relaxation of the uterus between contractions) was ordered and started. Within 17 minutes of the nurse starting Pitocin, the baby responded with a prolonged fetal heart rate deceleration.  In response, the nurse stopped the Pitocin.  About an hour later, that nurse went off shift.  The incoming nurse restarted the Pitocin within minutes of taking over.  After the Pitocin was restarted the baby responded almost immediately with a 7-minute prolonged fetal heart rate deceleration.  Despite this evidence of fetal distress and evidence that the uterus was not fully relaxing between contractions, this nurse continued the Pitocin for another 2 hours, and even doubled the dose after a little over an hour.  The baby continued to show tracings suggestive of distress (including repeated variable and late decelerations and tachycardia), during which time the aspiration took place.

Within 5 hours of delivery, the baby suffered 3 pnemothoraces from the meconium aspiration, resulting in further lung damage and respiratory failure.  Despite mechanical ventilation and treatment with ECMO (heart/lung bypass) the baby never recovered and died of meconium aspiration syndrome and its complications at 18 days of life.