

Quarterly Electronic News Flash – April 2019

In 2017, the infant mortality rate in the U.S. was 5.8 deaths per 1,000 live births.

In Focus: Obstetrics

In 2017, the infant mortality rate in Florida was 6.1 deaths per 1,000 live births.

Maternal morbidity may include unexpected outcomes of labor and delivery that result in significant consequences to a mother's health. Maternal morbidity has been increasing in recent years and has been widely publicized, but the reason for this increase is not clear. There have been notable changes in the overall health of this population which may contribute to the complication rate, including increased maternal age, obesity, and chronic medical conditions. Understanding the increase in maternal morbidity along with studying actual events and interventions to improve the quality of maternal care are essential to reducing these events.

The infant mortality rate also assists in identifying potential opportunities and tools for enhancing patient safety in Obstetrics. In fact, infant mortality is a key measurement for the overall health of a geographic area. In 2017, the infant mortality rate in the United States was 5.8 deaths per 1,000 live births. In Florida, the infant mortality rate is 6.1 deaths per 1,000 live births, equating to 1,358 deaths in 2017. This data includes some of the leading causes of infant mortality, that are birth defects, preterm birth and low birth weight, and maternal pregnancy complications.

In one closed case study, the mother was 24 weeks gestation when she was involved in a motor vehicle accident. She was sent directly to Labor and Delivery, bypassing the Emergency Department. She reported lower abdominal pain associated with the seat belt and constant contractions immediately following the accident, but otherwise felt well, had no pain, and no other symptoms. She also reported good fetal movement. Tests performed did not indicate any concern and the mother was sent to the ED for clearance. The mother complained of occasional abdominal tightness and there was spontaneous fetal movement with a slightly low heart rate. She was sent back to Labor and Delivery, and about 20 minutes later reported the fetus was not moving. An ultrasound confirmed fetal demise. This closed case was resolved with compensation.

For recent jury verdicts see:

<https://www.lexisnexis.com/jvsubmission/default.aspx>

To read more and for other case studies by SIP:

<http://flbog.sip.ufl.edu/case-studies/>

To learn more about patient safety and medical error prevention:

<http://flbog.sip.ufl.edu/continuing-education-online/>

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❖ **For other case studies:**

<https://www.rmfm.harvard.edu/Clinician-Resources/Podcast/2016/Case-OB-Distraction>



Distraction, Poor Planning for OB Patient

By Tom A. Augello, CRICO, Thomas Beatty, MD



❖ **For associated guidelines created with the Academic Medical Center Patient Safety Organization:**

<https://www.rmfm.harvard.edu/Clinician-Resources/Guidelines-Algorithms/2017/OB-Guidelines-Home-Page>