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June 20, 2023

Law, LLC
123 Street
Minneapolis, MN 12345

Re: ***** case

Per your request, I have reviewed the provided medical records of *****. It is my understanding that ***** is claiming that her child, *****, was injured during her birth on 1/2/2023. I have included my comments and recommendations for your consideration.

On January 1, at 10:01 a.m., the Plaintiff, a 23 year-old woman presented to the hospital at 38+6 weeks gestation with complaints of contractions. Her estimated due date was January 2. She had gestational diabetes mellitus type 2 and her admitting glucose level was 143. On her initial physical examination, she was noted to have had a 25 pound weight gain, her fundal height was 40 centimeters and the estimated fetal weight was 4000 grams by ultrasound. A sterile vaginal exam showed that she was 3-4 centimeters dilated, 100% effaced and at -1 station. Throughout the afternoon and evening, the Plaintiff was maintained on Pitocin with labor progressing. The obstetrician at that time noted that the overall tracing was Category 1 (reassuring/normal) and indicated that the NICU team would be present for delivery because they suspected macrosomia.

On January 2, at 12:24 a.m., the Plaintiff started pushing. At 12:51 a.m., the infant had descended to +3 station when a shoulder dystocia was encountered. With the Plaintiff already in McRoberts, an attempt to deliver the anterior shoulder was unsuccessful. The obstetricians

then applied suprapubic pressure with downward pressure but the shoulder did not deliver. A Rubin's maneuver was unsuccessful and the posterior arm was reduced anteriorly across the chest and delivered, followed by the anterior shoulder. The obstetricians noted that the shoulder dystocia lasted 40 seconds, and the Plaintiff sustained a 2nd degree perineal laceration.

At birth, the baby's left arm was noted to be limp. Her Apgar scores were 5 and 9 and her birth weight was 4610 grams (10 pounds 2 ounces). On January 3rd, she was evaluated by a physician from the brachial plexus team who diagnosed her with a perinatal brachial plexus palsy and instructed her mother to follow-up in the Brachial Plexus Clinic. The child continues to have limited mobility in her left arm with minimal improvement over time.

In my opinion, this case is meritorious due to the brachial plexus injury and the resulting ongoing mobility restriction.

My recommendations are as follows:

- Obtain records from prenatal visits. Was counseling provided on the importance of blood glucose control during pregnancy? Were the risks (macrosomia) of uncontrolled diabetes in pregnancy discussed? Was diabetes education provided? Were glucose monitoring supplies administered to the patient?
- Obtain obstetrical history. Does ***** have a history of macrosomic infants? Has she had complications with past births?
- Investigate what counseling was provided to the patient. Was the suspected macrosomia discussed with the patient? Was she offered a cesarean delivery? Were the risks of shoulder dystocia discussed?
- Obtain hospital policy on suspected macrosomia management. Was policy followed?

- Locate expert witnesses - high risk obstetrician, brachial plexus injury specialist/neurologist and gestational diabetes endocrinologist

The defense will likely argue that the shoulder dystocia was managed properly and in adherence to standard of care. Ultrasounds are not reliable indicators of estimated fetal weight. The infant had an excellent 5 minute Apgar score of 9.

Chronology report and supporting research evidence available upon request.

Thank you for the opportunity to assist in evaluating this case. Please contact me if you have any questions, desire additional information or would like assistance in obtaining expert witnesses.

Sincerely,

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