DMC/DC/F.14/Comp.2804/2/2024/ 24th July, 2024

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a representation from Police Station, Dwarka South, New Delhi, seeking medical opinion on a complaint of Shri Mohit Yadav, r/o- Village Bagdola, Sector-08, Dwarka, New Delhi-110077, alleging medical negligence on the part of Dr. Ritu Garg and Maharaja Agrasen Hospital, Sector-1, Dwarka, New Delhi-110075, in the treatment administered to the complainant’s wife Smt. Priti, resulting in her death on 31.03.2019.

The Order of the Disciplinary Committee dated 12th June, 2024 is reproduced herein-below :-

The Disciplinary Committee of the Delhi Medical Council examined a representation from Police Station, Dwarka South, New Delhi, seeking medical opinion on a complaint of Shri Mohit Yadav, r/o- Village Bagdola, Sector-08, Dwarka, New Delhi-110077 (referred hereinafter as the complainant), alleging medical negligence on the part of Dr. Ritu Garg and Maharaja Agrasen Hospital, Sector-1, Dwarka, New Delhi-110075 (referred hereinafter as the said hospital), in the treatment administered to the complainant’s wife Smt. Priti (referred hereinafter as the patient), resulting in her death on 31.03.2019.

The Disciplinary Committee perused the representation from police, complaint of Shri Mohit Yadav, written statement of Dr. Mamta Jain, Medical Superintendent of Maharaja Agrasen Hospital, enclosing therewith written statement of Dr. Ritu Garg, written statement of Dr. Pallavi, Dr. Rajeev Nayan and Dr. Dinesh Kumar Mukheja, copy of medical records of Maharaja Agrasen Hospital, copy of complaint of Shri Mohit Yadav and other documents on record.

The following were heard in person:-

1) Dr. Ritu Garg Consultant, Maharaja Agrasen Hospital

2) Dr. Anuradha Singh ICU Incharge, Maharaja Agrasen Hospital

3) Dr. Rajiv Nayan Senior Consultant Surgeon, Maharaja Agrasen Hospital

4) Dr. Dinesh Kumar Mukheja Consultant Anaesthesia, Maharaja Agrasen Hospital

5) Dr. Pallavi Prasad Senior Consultant, Obst. & Gynae, Maharaja Agrasen Hospital

6) Dr. Sanjay Shrivastava AMS, Maharaja Agrasen Hospital

7) Dr. U. N. Shahi Consultant, Maharaja Agrasen Hospital

8) Dr. Sangeeta Singh DMS, Maharaja Agrasen Hospital

The Disciplinary Committee noted that the complainant Shri Mohit Yadav failed to appear before the Disciplinary Committee, inspite of notices. In view of the fact that the matter has been referred by the Police; the Disciplinary Committee decided to proceed with the matter, in order to determine it on merits.

The complainant Shri Mohit Yadav in his complaint alleged that his wife Priti (the patient) was pregnant and she was under treatment/observation of Dr. Ritu Garg, Consultant, Gynaecology of the Maharaja Agrasen Hospital, for delivery of the child since December, 2018. On 18th March, 2019, Dr. Ritu Garg advised his wife and him for admission of his wife in the Maharaja Agrasen Hospital in the afternoon on 30th March, 2019 for conducting elective LSCS to give birth of a child. As per the said advice of Dr. Ritu Garg, he and his Aunt Smt. Sangeeta took his wife to the hospital and attended the emergency ward, from where his wife went to the labour room on her feet in proper health condition alongwith a staff member of the hospital. A nurse from the labour room had obtained the documents of the treatment/observation of his wife, for conducting the operation of LSCS for delivery of child. At about 05:15 p.m., Dr. Ritu Garg came to the labour room where she told him that they have to conduct the operation of his wife soon for delivery of the child. At about 05:30 p.m., his wife was shifted from the labour room to the operation theatre. Around 05:45 p.m., a nurse came out with a baby boy in her hands and she informed them that his wife had given birth to the said baby boy. He was asked to get the new born baby registered as baby of Priti at the reception desk of the hospital. Suddenly, at about 06:40 p.m., he was called by the O.T. staff and informed that his wife was in critical condition due to excessive bleeding. Dr. Ritu Garg informed him that the placenta of his wife was adherent to the uterus wall and it was necessary for them to remove the uterus of his wife for her safety. One of the staff members of the O.T. got his signature on a paper, on which, it was written that the uterus of his wife was to be removed by the doctors because of her excessive bleeding. Till about 09:30 p.m., he, his family members and the relatives present in the hospital, were in panic due to the serious condition of his wife but the O.T. staff did not inform about the prevailing condition of his wife in the O.T. The Doctors and staff members of the hospital were going in and out from the O.T. anxiously. They made efforts to know the actual situation of his wife from the O.T. staff but nobody replied in this regard. At about 10:00 p.m. when his wife was being shifted from O.T. to the ICU, they noticed that his wife was unconscious on the stretcher. He alongwith his family members and the relatives made efforts to know from his wife about her condition but there was no response from her, as she was unconscious and could not speak to tell anything to them. Dr. Ritu Garg contacted him and informed that the condition of his wife was critical but there were signs of her recovery soon. Thereafter, they made a lot of efforts to know the actual condition of his wife but no staff member of the hospital informed them about her condition till next morning on 31st March, 2019. At about 10:00 a.m. on 3lst March, 2019, he, his family members and the relatives in the hospital made efforts to know the condition of his wife in the ICU of the Hospital but the staff members of the ICU did not inform them about the condition of his wife. Thereafter some time, the dead body of his wife was taken by the staff members of the hospital on stretcher from ICU to the ambulance on the ground floor of the hospital. The hospital staff did not tell him, his family members and the relatives, the cause of death of his wife. The dead body of his wife was handed over by the hospital staff to his family members/relatives for cremation. Thereafter, his family members and the relatives were engaged in the process of cremation of the dead body of his wife and other customary activities. The complainant and his family members made several attempts to collect the Discharge/Death Summary of his wife from the Hospital. The hospital staff handed over the Discharge/Death Summary File of his wife on 05th April, 2019 to them. The Discharge/ Death Summary of his wife revealed that the doctors and the hospital staff who conducted the operation and looked after his wife during the delivery of her child, have committed grave negligence while conducting the operation procedure negligently and in not taking the appropriate steps to revive the deteriorated critical condition of his wife to the normal condition, due to which, his wife died in the hospital. He submits this complaint against Dr. Ritu Garg and her team, staff members of the hospital and Maharaja Agrasen Hospital, Sector- l, Dwarka, New Delhi- 110075, who conducted operation of his wife for the delivery of her child negligently and looked after her negligently and; hence, committed grave negligence during the operation of his wife, due to which, she died in the hospital, and this act amounts to the commission of criminal offence.

Dr. Ritu Garg Consultant Obst. & Gynae., Maharaja Agrasen Hospital in her written statement averred that the patient Smt. Priti, wife of the Complainant Shri Mohit Yadav, was under follow-up on OPD basis. Her all routine workups were done on OPD basis and the patient was keeping well and pregnancy was progressing well. Since the patient had history of previous LSCS and her scar thickness was thin on USG scans, the patient was planned for elective LSCS and was informed about the same well in advance including all the complications and risks associated with the surgery. The patient’s party had consented for the said surgery. The patient and family were made aware of understanding of procedure and its complications before getting admitted for procedure. The USG scan done at 32 weeks of pregnancy, as ANC workup, did not show any sign of placental abnormality. The patient was advised admission on 30th March, 2019 and was admitted in afternoon on request of the family for some auspicious reasons. Their request was accommodated and the patient was admitted for elective LSCS in Maharaja Agrasen Hospital, Dwarka New Delhi in its gynaecology unit 1 in view of G2P1L1 with previous LSCS and thin scar at 37+3 weeks POG (period of gestation). The patient and family were explained in detail, the risks associated with LSCS including bleeding, sepsis, embolism, anaesthesia complications, bladder and bowel injury coagulopathy. They had consented to the procedures to be undertaken. The patient was prepared and shifted to OT(Operation Theatre) after evaluation of all pre-op investigations, detailed physical examination and proper and detailed informed consent. The procedure was started at 05:30p.m. under spinal anaesthesia. A male child weighing 2.86 kg was extracted out at 05:39 p.m. on 30th March, 2019. The newborn baby cried immediately after birth and was handed over to paediatrician for further care. Partial extrusion of placenta was started after uterotonic drugs were given but further extrusion did not occur due to dense adherence of placenta to fundus and uterus remained refectory contractions. Bleeding started from placental bed, as uterus was not contracting because of placental adherence, and clinical diagnosis of morbidly adherent placenta? Placenta accreta leading to atonic postpartum haemorrhage (PPH), was made. The attending anaesthetist (Dr. Dinesh, Sr. Consultant Anaesthesia) was informed about the complication and immediate call was sent for second gynaecologist and the surgeon. Blood products (PRBC and FFP) were ordered. Bi-manual compression alongwith wet mops was continued. Uterotonic medications were already given in an attempt to achieve haemostasis. Dr. Pallavi (Sr. Gynaecologist, Gynaecology Unit II) joined in OT and was briefed about the situation. The patient was converted from spinal anaesthesia to general anaesthesia by the anaesthetist and was placed on mechanical ventilator. The uterine artery ligation was done but did not help. The blood transfusion was started, as the patient was bleeding continuously. The patient’s family was informed about the complication and the consent for emergency hysterectomy was taken, after explaining the criticality of the situation and risk to life of the patient. High risk consent for the procedure was signed by complainant at 06:00 p.m. after he was informed in detail by her (Dr. Ritu Garg) about the risks including blood loss, shock, septicaemia, ventilator support, DIC, acute renal shutdown, cardiorespiratory failure and thus risk to life. The complainant was also informed about the loss of future fertility. The Patient was haemodynamically unstable and was being managed by anaesthetist with inotropic support. Critical care team from the ICU was also called in for help. Central venous line was placed and inotropic support and blood transfusion was continued (Hb level dropped to 4.2 gm%). Dr. Rajiv Nayan (Sr. Surgeon, Maharaja Agrasen, Dwarka) joined in OT and was briefed about the situation. After mutual consensus of all three surgeons, emergency hysterectomy was started, with consent of the patient's family, as all the conservative measures to control PPH had failed. During the procedure, the bladder was also found adherent and had to be separated thus prolonging the procedure. All stumps were extremely friable and haemostasis was difficult to achieve but was done with appropriate handling. The vaginal vault was closed with interrupted sutures after complete haemostasis. Abdominal drain was placed and was dry and urine colour was clear, giving no sign of any on-going bleed. Uterus was sent for HPE (histopathological examination). The report of HPE was released on 3rd April 2019 and showed placenta increta with chronic cervicitis. Operative procedure was completed at 08.20 p.m. and the patient was shifted to the ICU. The patient’s family including the complainant and four-five other family members, were updated about critical condition of the patient after operation by the team of the doctors (Dr. Ritu Garg, Dr. Pallavi, Dr. R Nayan). While being shifted from OT to the ICU, the patient was on mechanical ventilator via ET tube, sedatives and inotropes so the patient could not communicate with the family but the patient’s family was given chance to see the patient and condition of the patient was explained in detail to the patient party including the complainant. In the ICU, further blood transfusion was done and urgent routine investigations were sent. Chest x-ray did not show any signs of pulmonary oedema. Haemoglobin level was reported to be 11.7 gm%, so further blood transfusions were stopped. The abdomen was soft and abdominal drain remained NIL and there was no sign of on-going bleed. The patient was managed in ICU on multiple inotropic support and mechanical ventilator support by critical care team. The physician reference was sought and advise was followed. The patient’s family was repeatedly updated about the critical condition of the patient in ICU including risk to life. The patient was kept sedated and paralyzed and was conscious in between and showed signs of self-effort and eye opening. The complainant was again allowed in the ICU to see the patient opening eyes and having self-efforts. The patient’s party expressed the wish to shift the patient to other hospital. The risks in shifting out of the ICU, were explained (as the patient was on multiple inotropic support and mechanical ventilator support) and adequate co-operation from the hospital and the doctor’s side was assured to the family to shift the patient but the patient’s family, finally decided to stay in Maharaia Agrasen Hospital Dwarka with their own wish. The condition of the patient was being updated repeatedly with the family. Despite all best clinical interventions and efforts of multiple doctors and critical care team, the condition of the patient kept deteriorating in the ICU and the patient developed bradycardia followed by cardiac asystole at 08:40 a.m. on 31st March, 2023. The CPR was started according to ACLS protocol. The patient’s family was again updated about the situation. The patient could not be revived and was declared dead at 09:30 a.m. on 31st March, 2019. It is further submitted that the family of the patient was repeatedly updated about the poor condition of the patient by her (Dr. Ritu Garg) and other attending team members throughout the night. The patient’s family was told in clear words that the condition was poor and there was significant threat to life of the patient. The complainant was also given opportunity to see the patient opening eyes and moving limbs in the ICU on mechanical ventilator. There were about twenty members from the patient’s family by early morning of 31st March, 2019 in the hospital and the patient’s family was constantly updated and few members were allowed in the ICU in-between to see the real-time condition of the patient and to see the efforts being undertaken, when the patient’s demise was informed to the patient’s family at 09:30 a.m. on 31.3.2019, few of the family members got aggressive in the hospital and started shouting and other patient’s family members had to intervene to pacify them. As some of the family members were alleging criminal negligence on part of the doctors and the hospital, option of post mortem examination and formal complaint was, offered to the family but family of the patient denied for both and requested for early release of body. The family denied to wait even for the Death Summary to be printed or bills to be prepared and cleared. On humanitarian grounds, the body was released with death note and the family was requested to collect the formal Death Summary later that day. The family also requested to keep the newborn baby in the hospital’s nursery for the time and the request was accommodated. The baby was kept in nursery under care of paediatrics team and was discharged later on 03rd April, 2019 in stable condition. The patient had placenta increta which was proven on biopsy but was unknown pre-operatively, so that proper extensive arrangements, could have been made. Also, even if known, adhered placenta has a high mortality rate (up-to 30% mortality rate). Despite unexpected complication, all the emergency measures were provided to the patient at the earliest. The blood products were arranged in time for transfusion and the surgeon help was arranged in earliest time. The caesarean hysterectomy was done and the patient was shifted to the ICU, but unfortunately, the patient did not survive despite all best collaborative efforts and timely interventions of the surgeons, clinician and critical care team. The attendants/ family members were explained the prognosis and the condition of the patient on time-to-time basis. The treatment of the patient and post-trauma care taken inclusive of controlling and managing the PPH were as per standard medical protocol and the practice standards as well as with most humble human approach. ln view of the detail submissions stated above, it is submitted that the complaint by the complainant Shri Mohit Yadav deserves to be rejected.

On enquiry by the Disciplinary Committee, Dr. Ritu Garg stated that in the antenatal period she had advised ultrasound to the patient for scar thickness in her consultation of 04th February, 2019. As per her OPD prescription dated 22nd February, 2019 she had recorded the scar thickness to be 3.2. Subsequently, she had again advised ultrasound pelvis for the fetal well being on 06th March, 2019. However, the patient did not comply with her direction and thus in her consultation on 18th March, 2019 did not produce the ultrasound as advised. Further, on 18th March, 2019 the decision was taken for elective LSCS and the patient was advised to get admitted for elective LSCS on 30th March, 2019 at Maharaja Agrasen Hospital. She further submitted that the LSCS procedure was undertaken by her with assistance of a staff nurse only as at that time no assistant surgeon was available to assist in the LSCS procedure.

Dr. Pallavi Prasad, Senior Consultant, Obst. & Gynae, Maharaja Agrasen Hospital in her written statement averred that on 30th March, 2019, an emergency call was received by her from O.T. of Maharaja Agrasen Hospital in the evening at 05.55 p.m. (approx) for an ongoing LSCS with PPH. As she was in the hospital for evening rounds she reached the O.T. soon at approx 06.00 p.m. The LSCS was in progress, baby had been delivered out and the uterus was not contracting. All uterotonics (Inj. Syntocinon, Inj. Methergin, Inj. Prostodin) and Inj. Tranexa had already been given. Warm compresses and bimanual massage was being given. All the conservative management had been done according to protocol. After assessing the blood loss, and the condition of the uterus, it appeared that all the conservative measures had failed. So decision of emergency caesarean hysterectomy was taken. The condition of the patient was explained to the patient's husband by Dr Ritu Garg and subsequently high risk consent for emergency caesarean hysterectomy was taken from the husband. Hysterectomy was started, bladder was uplifted & adherent to LUS. Dr Rajiv Nayan (Surgeon) joined. Adhesiolysis between bladder & LUS was done by the surgeon. After achieving homeostasis, the procedure was completed at 08.20 approx. Post OP vitals- GC-Sick. Temp- Afebrile, Pulse Rate- 140/min, Blood Pressure-140/90, PA- Soft, Urine Output- 400 ml (clear) in urobag. Drain- nil. The patient was shifted to ICU.

Dr. Rajiv Nayan, Senior Consultant Surgeon, Maharaja Agrasen Hospital in his written statement averred that he was called for assistance in operation theatre for an emergency situation on 30th March, 2019 around 06.00 p.m. and he informed the OT staff of his journey time and managed to reach the OT by 6:20 p.m. Dr. Ritu Garg had started LSCS on the patient Smt. Preeti but after the delivery of baby it was found that placenta could not be separated or delivered due to the presence of adherent placenta (? Placenta Accreta). This was causing severe PPH due to atony of uterus. Additionally, the bladder was adherent to previous LSCS scar and making dissection difficult. Gynae team had taken decision to perform whatever surgery they deemed appropriate in best interest of the patient's life and wellbeing. When he reached the OT, he realized that the patient had already been on the operating table for about an hour and after an oral briefing by OT staff and operating team he decided to join the Gynae team to control the PPH. At this point, her parameters as per records showed tachycardia, Blood Pressure of systolic 110 mm of hg and good calibre venous line on flow. The steps for doing Caesarean Hysterectomy had already been initiated by Gynae team and the help needed for freeing all vesical-uterine adhesions was undertaken. Also, the extremely challenging task of Caesarean Hysterectomy in such situations was accomplished. There was meticulous attention to the control of bleeding and securing all vascular stumps. At the end of Surgery, the pelvic area was clear with no evidence of oozing or active bleeding. Urine flow was of normal colour and adequate volume (about 600 ml till the end of surgery). They had placed an abdominal drain #32 in the pelvis to detect any post operative oozing and then closed the abdomen. There was clear urine and no drainage in abdominal drain in post operative period and as Blood Pressure was being managed adequately it was evident that the objective of controlling the haemorrhage had been achieved and there was good control of bleeding. The notes for this procedure were transcribed under his supervision and his own surgical notes are part of the record. The patient was shifted out of the OT to ICU around 09.00 p.m. The ICU team which was already in the OT was briefed about the surgery and condition of the patient. The patient and case sheet was handed over to them for further management in association with the Gynae team.

Dr. Dinesh Kumar Mukheja, Consultant Anesthesiologist, Maharaja Agrasen Hospital in his written statement averred that the patient Smt. Priti, 29 years old female was admitted on 30th March, 2019 at 04:11 p.m. under Dr. Ritu Garg, Senior Consultant, Obstetrician and Gynecology for LSCS. Smt Priti 36 weeks with previous LSCS (2017) and thin scar, Preanesthetic check up was done, the patient was taken for necessary anesthesia under ASA II mild anemia with previous LSCS with thin scar. At 05:30 p.m., the patient was taken inside the OT. Good IV access-18 G (Intra cath) in left upper limb. Preloaded with 400 ml of R.L. Multipara monitoring was started. Premedication was given. At 05:35 p.m., spinal (SAB) anesthesia was given. Level of analgesia was adequate. LSCS was started. Male child was extracted at 05:39 p.m., attended by pediatrician. I/V syntocin 5 IU stat slowly, I/V methargin 0.2 mg stat slowly, I/V syntocin 10 IU in R. L., I/V syntocin 15 IU in N.S., I/M prostidin, I/V fentanyl 50 mcg were administered: All these medicines were given after extraction of baby. At 05:35 p.m., surgeon told that uterus was not contracting. There was excessive bleeding from surgical site. Blood clot +++. LSCS hysterectomy, high risk consent was taken by Dr. Ritu Garg. General anesthesia was given. Two peripheral I/V line was maintained. CVP line was introduced and monitoring was started. Triple lumen certofix (18 G) introduced by seldinger technique in right internal jugular vein. ICU doctors called for help. Adequate fluid replacement with both crystalloids and colloids was done. Blood and FFP transfusion was given. lonotropic infusion was started. Intra-operative investigations were sent. ABG was being corrected. CVP monitoring and urine output per hour monitoring was started. Blood loss was being monitored. Surgical intervention finished at 08:20 p.m. The patient was shifted to Intensive care unit. In ICU, the patient was kept on Elective ventilator Support on controlled mechanical ventilator. Patient was being sedated. Within an hour, the patient starting improving. At about 01.00 a.m. to 01.30 a.m., Hb and TLC improved. ABG revealed improved metabolic and respiratory status. X-ray chest had normal study. PT with INR=WNL (1.1). Adequate urine output was monitored per hour. Vitals were stable except sinus tachycardia. The patient was having spontaneous eye opening with self respiratory efforts. Gradually decrease of inotropic support and FIO2 was started. Patient was seen by medical specialist Dr. Uday Nath Shahi and the patient was managed by ICU team.

Dr. Mamta Jain, Medical Superintendent of Maharaja Agrasen Hospital in her written statement averred that Maharaja Agrasen Hospital, Dwarka is a multispecialty hospital, having accreditation NABH. It is bounden duty obligation of the civil society including family of the patient to ensure that the medical professionals are not unnecessary harassed or humiliated, so that they can perform their professional duties without fear and apprehensions.

In light of the above the Disciplinary Committee makes the following observations:-

1. It is observed that the patient Smt. Priti, was a 29-year-old female, with a history of G2 P1, a previous Lower Segment Cesarean Section(LSCS) and a thin scar, was admitted to Maharaja Agrasen Hospital for an Elective LSCS on 30th March, 2019 due to her pregnancy being at 37+3 weeks. The patient underwent pre- anesthesia check-up and thereafter, the LSCS procedure was performed on 30th March, 2019, under spinal anesthesia by Dr. Ritu Garg, and the anesthesia was administered by Dr. Dinesh Kumar Mukheja. The patient delivered a male baby, weighing 2.86 kg at 5:39 p.m. During the procedure, it was found that the placenta was adherent to the fundus of the uterus. The patient developed atonic Post-Partum Hemorrhage (PPH), as her uterus did not contract despite medical measures, bimanual compression, and uterine artery ligation.

Despite efforts to manage the PPH, including intubation, mechanical ventilation, administration of blood products, help of Senior Gynecolgist Dr Pallavi Prasad was called and a decision was taken to perform a hysterectomy due to the non-contracting uterus and persistent PPH.

The family was counseled and High Risk consent for Hysterectomy was taken. Meanwhile, Dr Rajiv Nayan, Senior Surgeon joined in the OT and hysterectomy was conducted and homeostasis was achieved. Intra-haemoglobin was noted to be 4.2 and three units of PRBC were given along with 4 units of FFP. Poor condition of the patient and guarded prognosis were explained to the family.

The patient was shifted to the ICU in a critical state with high inotropic support, but her vital signs remained unstable. Despite further transfusions and medication, she suffered sudden bradycardia followed by asystole. CPR was initiated but the patient could not be revived and was declared dead at 9:30 a.m. on 31st March, 2019.

1. Given these observations, it appears there were significant challenges in managing Smt. Priti's case, including unexpected complications during surgery and difficulties in controlling postpartum hemorrhage. The medical team made efforts to stabilize her condition, including prompt involvement of senior gynecologists and surgeons, but unfortunately, her condition continued to deteriorate rapidly, resulting in a fatal outcome.
2. It is noted that the Histopathology report of Maharaj Agrasen Hospital of uterus with placenta bits with right adenexa-A-817-2019 gave the impression of Chronic cervicitis, and placenta increta with perforated myometrium in the lower uterine segment.

Dr. Ritu Garg's admission regarding the potential antenatal diagnosis of placenta accreta/increta through ultrasound examination suggests that while such a diagnosis is feasible, it was not indicated by the ultrasound done during Smt. Priti's antenatal care and thus the placenta increta in this patient was an unexpected finding encountered on the OT table

The Committee noted that Dr. Ritu Garg had indeed recommended ultrasound examinations for fetal well-being (FWB) and scar thickness during antenatal consultations.

In the antenatal consultation on 4-02-17, Dr. Ritu Garg advised ultrasound examination for FWB and scar thickness. Ultrasound obstetrics was subsequently conducted at Anjeevani Dwarka path lab, which reported a posteriorly located placenta in the upper segment, with a clear retroplacental area and grade II placental maturity. The scar thickness was reported as 3.2 mm. Dr. Ritu Garg acknowledged this ultrasound report during her consultation with the patient on 22-02-19.

Additionally, during the consultation on 6-03-19, Dr.Ritu Garg recommended a pelvic ultrasound for FWB. However, it is not clear from the records whether this ultrasound was performed by the patient.

It's worth noting that the complainant, Shri Mohit Yadav, who is the husband of the patient, did not participate in the proceedings nor provide the ultrasound films/reports of the patient.

1. It is observed that Postpartum Hemorrhage (PPH) is a recognized complication of a Lower Segment Cesarean Section (LSCS) procedure. Despite efforts to manage PPH appropriately, as demonstrated in the case at hand, it remains a serious concern with a guarded prognosis.

PPH can occur due to various reasons, including uterine atony, retained placental tissue, or abnormal placentation, among others. In this case, the patient developed atonic PPH, which persisted despite medical interventions such as uterine massage, uterotonics, and bimanual compression. The decision to proceed with a hysterectomy was made due to the failure of the uterus to contract and control bleeding, indicating a severe and refractory case of PPH.

Despite prompt and aggressive management, including the involvement of senior gynecologists and surgeons, administration of blood products, and attempts to stabilize the patient in the ICU, the outcome was unfortunate, with the patient succumbing to complications.

It's essential to recognize the complexity and severity of PPH as a potential complication of LSCS and to implement appropriate measures to address it promptly. Despite these efforts, the prognosis for patients experiencing severe PPH remains guarded due to the rapid and unpredictable nature of the condition.

1. The medical team appears to have followed standard protocols and procedures in managing the case, including prompt recognition and intervention for complications such as atonic Postpartum Hemorrhage (PPH). Senior gynecologists and surgeons were involved in the management of the patient, indicating a proactive approach to addressing the complications encountered during the procedure. Decisions such as proceeding with a hysterectomy were made in a timely manner based on the clinical situation, indicating a proactive approach to managing the patient's condition. The documentation suggests that the patient and/or her family were informed about the severity of the situation and the decisions made regarding her care.

Top of Form

Bottom of Form

In light of the observations made hereinabove, it is the decision of the Disciplinary Committee that no medical negligence can be attributed on the part of the doctors of Maharaj Agrasen hospital in the treatment of the patient Smt. Priti, as the medical team acted diligently and in accordance with accepted medical standards in the management of the case.

Matter stands disposed.

 Sd/: Sd/: Sd/:

(Dr. Maneesh Singhal), (Dr. Alok Bhandari) (Dr. Vishnu Datt)

Chairman, Delhi Medical Association, Expert Member,

Disciplinary Committee Member, Disciplinary Committee

 Disciplinary Committee,

Sd/:

(Dr. A.G. Radhika)

Expert Member,

Disciplinary Committee

The Order of the Disciplinary Committee dated 12th June, 2024 was confirmed by the Delhi Medical Council in its meeting held on 24th June, 2024.

 By the Order & in the name

 of Delhi Medical Council

 (Dr. Girish Tyagi)

 Secretary

Copy to:-

1. Shri Mohit Yadav, r/o- Village Bagdola, Sector-08, Dwarka, New Delhi-110077.
2. Dr. Ritu Garg, Through Medical Superintendent, Maharaja Agrasen Hospital, Sector-1, Dwarka, New Delhi-110075.
3. Medical Superintendent, and Maharaja Agrasen Hospital, Sector-1, Dwarka, New Delhi-110075.
4. Station House Officer, Police Station, Dwarka South, New Delhi-w.r.t. letter No. Dy. No. 6174/C/DWD/ dated 23.04.2019-**for information.**

 (Dr. Girish Tyagi)

 Secretary

Top of Form

Bottom of Form

Top of Form