DMC/DC/F.14/Comp.3324/2/2024/ 04th June, 2024

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a representation from Police Station Safdarjung Enclave, New Delhi, seeking medical opinion on a complaint of Smt Pushplata w/o Shri Chandan, r/o- D-2/259, Harsh Vihar, Hari Nagar Extn. Part III, Jaipur, Badarpur, Delhi, alleging medical negligence on the part of doctors of Safdarjung Hospital, in the treatment administered to complainant and her new born baby, resulting in death of new born baby.

The Order of the Disciplinary Committee dated 02nd May, 2024 is reproduced herein-below:-

The Disciplinary Committee of the Delhi Medical Council examined a representation from Police Station Safdarjung Enclave, New Delhi, seeking medical opinion on a complaint of Smt Pushplata w/o Shri Chandan ,r/o- D-2/259, Harsh Vihar, Hari Nagar Extn. Part III, Jaipur, Badarpur, Delhi, alleging medical negligence on the part of doctors of Safdarjung Hospital, in the treatment administered to complainant and her new born baby, resulting in death of new born baby.

The Disciplinary Committee perused the representation from police, copy of complaint, post mortem report No. 147/2019 dated 25.02.2019, final opinion as to cause of death in respect of post mortem report No. 147/2019 dated 25.02.2019, written statement of Dr. Prem Kumar Addl. Medical Superintendent of Safdarjung Hospital enclosing therewith joint written statement of Dr. Anita Yadav, Dr. Harish Chellani, Dr. Neha Goel, Dr. Rani Gera, written statement of Dr. Anjali Dabral, Dr. B. Manjeera Siva Jyothi, written submission of Dr. B. Manjeera Siva Jyothi, copy of medical records of Safdarjung Hospital, post mortem report no. 147/2019 and subsequent opinion dated 17.8.2020 in respect of the post mortem of Maulana Azad Medical College & Lok Nayak Hospital and other documents on record.

The following were heard in person:-

1) Shri Chandan Husband of the complainant

2) Dr. Harish Chellani Former HOD, Department of Paediatrics,

Safdarjung Hospital

3) Dr. Anita Yadav Associate Professor Paediatrics,

Safdarjung Hospital

4) Dr. Neha Goel Senior Resident Paediatrics, Safdarjung

Hospital

5) Dr. Rani Gera HOD Paediatrics, Safdarjung Hospital

6) Dr. B. Manjeera Siva Jyothi Former Senior Resident, Safdarjung

Hospital

7) Dr. Anjali Dabral Professor & HOD, Obst. & Gynae.,

Safdarjung Hospital

8) Dr. Md. Ehtesham Ansari Former Senior Resident, Safdarjung

Hospital

It is noted that the police in its representation has submitted that on 20th February, 2019, the complainant Shri Chandan S/o Shri Tej Prakash R/ D-2/259, Harsh Vihar, Hari Nagar Etn. Part-III, jaitpur, Badarpur, Delhi made a PCR Call vide DD No. 20 A at Police Station Safdarjung Enclave, New Delhi regarding death of a new born child at Labour Room, Gynae Ward Safdarjung Hospital. On receipt of above mentioned information, IO/ASI Kishore Kumar went to the Hospital. During preliminary enquiry, it was informed by the complainant that his wife Smt. Pushplata was got admitted in Safdarjung Hospital vide MRD No. 19-9597, dated 18th February, 2019 in pregnancy state for delivery. It is further alleged that on 20th February, 2019, his wife delivered a baby boy at 10.50 a.m. in department of Gynecology of Safdarjung Hospital by vaginal delivery but after delivery baby did not respond and was having low heart beat. Later on, baby was declared dead by the examining doctor. The complainant has alleged that death of his new born child has occurred due to medical negligence of the treating doctor. Therefore, he has requested for necessary action into this matter. It is further submitted that on receipt of above mentioned complaint, dead body of deceased baby of Smt. Pushplata was got preserved in the mortuary of Safdarjung Hospital. All treatment papers were collected from Safdarjung Hospital, New Delhi. Further, request was sent in the office of GNCT, Delhi for constituting a Medical Board to conduct autopsy of deceased baby of Smt. Pushplata. Accordingly, a medical board was constituted and post mortem of baby was conducted at Maulana Azad Medical College & Lok Nayak Hospital, New Delhi vide PM No.147/19. During post mortem examination tissue samples for histopathological examination was preserved and final cause of death was kept pending in want of result of histopathological examination. Thereafter, histopathological examination of tissue has been got conducted through pathology lab of Safdarjung Hospital vide report No. Path PM No. 06/19. Final opinion about cause of death has been obtained from Maulana Azad Medical College & Lok Nayak Hospital, New Delhi wherein doctor has opined that death in this case occurred as a result of Cranio-cerebral injuries due to forceps assisted vaginal delivery. In view of above facts, it is requested that in the interest of justice and also to obviate any unforeseen legal/administrative complication, a committee of doctors may kindly be constituted in this matter to examine the issue of medical negligence, if any on the part of examining doctors of Safdarjung Hospital and report of Committee be provided as soon as possible.

The complainant Smt. Pushplata in her complaint stated that she was got admitted in Safdarjung Hospital vide MRD No.19-9597 dated 18th February, 2019 in pregnancy state for delivery. It is further alleged that on 20th February, 2019, she delivered a baby boy at 10.50 a.m. in the department of gynaecology of Safdarjung Hospital through vaginal delivery but after the delivery, the baby did not respond and was having low heart-beat. Later on, the baby was declared dead by the examining doctor. The complainant has alleged that the death of her new born child has occurred due to medical negligence of the treating doctor.

Dr. B. Manjeera Siva Jyothi, Former Senior Resident, Safdarjung Hospital averred that the complainant Smt. Pushplata was received by her in advanced labour. She detected fetal distress at this advanced labour where already the presenting part was at +3 station. So, there was no point of doing a cesarean section. So, she had applied forceps and delivered the baby. Heart rate was around 100 and there were two loops of cord around the neck and the liquor was clear. She informed the paediatrics intern before applying forceps that she needs to call a senior person. Inspite of her calling, none reached till 15-20 minutes. Meanwhile, resuscitation was started by the obstetrics team and there was a weak cry in between. Resuscitation was continued till paediatric person arrived and they intubated the baby. Initial intubation was esophageal intubation (done by fist year paediatrics PG). They ventilated with esophageal endotracheal tube (ET) for one-two minutes and then they identified that it was a wrong intubation and then re-intubated by the same paediatrician and the senior resident was not called for help. The initial golden minute was missed by the paediatrician, as they came late and wrongly intubated the baby. It was an acute fetal distress which was managed correctly by her. There was not even meconium-stained liquor, which rejects the possibility of chronic asphyxia. All the events which happened, were documented in the file and a written complaint was given by her against the paediatrics team to then HOD, Obst. & Gynae, Dr. Rupali Deewan.

Further, in her written submission Dr. B. Manjeera Siva Jyothi, Former Senior Resident, Safdarjung Hospital stated that she alongwith her team received the patient Smt. Pushplata w/o. Shri Chandan in advanced labour with a diagnosis of Primi at 36+3 weeks with preterm labour. A CTG was done on receiving her at 9.30 a.m. on 20th February, 2019 which was normal. At 10.30 a.m., there was fetal distress with FHR-100bpm and O.T. was already busy with the following cases:

1. Patient 1 – Primi at 37+2 weeks and fetal distress in labour emergency LSCS. Baby delivery time was 20th February, 2023 at 10.35 a.m.
2. Patient 2 – G3 P2L2 at 37 weeks and previous 2 LSCS in labour emergency LSCS. Baby delivery time was 10.44 a.m.

Smt. Pushplata was fulfilling all the criteria of operative vaginal delivery. On per abdomen there was no fetal pole palpable and on per vaginum she was fully dilated and effaced with station at +3 and rotation was complete. In order to prevent an Intra Uterine Death, she applied forceps in view of second stage fetal distress with poor maternal bearing down efforts. Subarachnoid and subgaleal hemorrhage are rare but known complications of forceps delivery (effect of mode of delivery in nulliparous women on neonatal intracranial injury. New England Journal of Medicine and more so, in preterm deliveries (such as this patient). It was very unfortunate that the parents had to lose their baby and had to undergo such emotional trauma, but she acted in the best interest of her patients and her unborn child in the best of her conscience, she had done everything in her power to provide best possible outcome for her patient.

Dr. Neha Goel, Senior Resident Paediatrics, Safdarjung Hospital averred that she was posted in the labor room as academic junior resident first year. She was informed by the obstetrician about a delivery of a mother who was primigravida with 36 weeks +3 days gestation (late preterm), planned for assisted vaginal delivery in view of fetal bradycardia and poor bearing down efforts of the mother. Antenatal USG was suggestive of two loops of cord around the neck. Since, it was a high-risk delivery, she informed the Senior Resident Dr, Md Ehtesharn Ansari (Senior Resident, Department of Pediatrics), on call for emergency in the nursery, about the case, after which, he came to labor room and reviewed the file. Meanwhile, the baby was born on 20th February, 2019 at 10:50 a.m. The baby did not cry immediately at birth and was limp and cyanosed. Immediately, the cord was cut and she shifted the baby under radiant warmer and initial steps were performed as per NRP guidelines. They dried the baby from head down, airway positioning was done, secretions were suctioned and stimulation was done. The baby was not having respiratory efforts and bradycardia, despite initial efforts, after which, the child was intubated and was started on positive pressure ventilation with FiO2 of 21%, which was gradually increased to 100% and chest compressions were initiated in view of persistent bradycardia and poor respiratory efforts. In view of no improvement in the respiratory efforts and bradycardia they gave injection Adrenaline (l:10000) @ 0.01 mg per kg dose and was repeated thrice at an interval of five minutes, as per NRP guidelines 2015. APGAR score at 0/5/10/20 minutes was l, l, 1 and 0. Despite the best efforts, the baby could not be revived and they declared the death on 20th February, 2019 at 11.35 a.m. The cause of death was severe birth asphyxia.

Dr. Md. Ehtesham Ansari, former Senior Resident, Safdarjung Hospital averred that he was on emergency duty in the nursery and was informed of this case by the Junior Resident (Academic). The case sheet was reviewed and he learned that counseling was done regarding poor outcome by his obstetric colleagues. At 10.50 a.m. on 20th February, 2019, the baby was delivered, attended by his paediatric team in labour room. He was called, as it was a high-risk delivery. After the delivery, the baby did not cry after the birth and was limp cyanosed. The baby was immediately taken to the newborn care corner warmer in labour room and they started resuscitation as per neonatal resuscitation guidelines started from initial steps. The baby had no respiratory effort and bradycardia; hence, positive pressure ventilation was initiated with bag and mask. Heart rate stayed below 60/minute, so despite effective ventilation, they intubated the baby and started chest compressions. The baby never had any spontaneous respiratory efforts and occasional heart beat was auscultated after one full minute of coordinate ventilation and chest compression with one hundred percent oxygen, so they continued with latter and first dose of injection Epinephrine was administered by umbilical venous route. The baby had no response with no auscultable heart beat and no spontaneous respiratory efforts, so they gave repeat dose of epinephrine and continued with chest compressions and tube and bag ventilation, air entry was equal bilaterally in chest. There was no response no ascultable heartbeat, no spontaneous respiratory effort and the baby was given coordinate chest compressions with effective bag and tube ventilation with one hundred percent oxygen and third dose of epinephrine was administered. The family was counseled regarding the efforts to resuscitate. Extended APGAR at twenty minutes was 0 indicating severe perinatal insult. Despite of best possible effort, the baby could not be resuscitated and declared dead at 11.35 a.m. on 20th February, 2019. The cause of death was “Severe perinatal asphyxia”.

Dr. Harish Chellani, Former, HOD, Department of Paediatrics, Safdarjung Hospital reiterated the stand taken by Dr. Neha Goel and Dr. Md. Ehtesham Ansari.

Dr. Anjali Dabral, Professor & HOD, Gynae & Obst., Safdarjung Hospital averred that the patient Smt. Pushplata MRD 15860 came to Safdarjung Hospital emergency on 18th February, 2019 at 9.50 p.m. as 36+2 weeks pregnancy with labour pain. She was admitted to ward for observation. The patient had shown in ANC OPD on 2 occasions. First on 9th August, 2018 when she was 8 weeks pregnant and then at 28 weeks pregnancy on 20th December, 2018. She had her investigation done which were normal. Her last Ultrasound was done on 12th February, 2019 which showed that average gestational age of baby was 36 weeks and placenta was posterior away from os with a baby weight of 2884gm. She was observed in ward. Her non stress test was done which was reactive and next day on 19th February, 2019 routine investigations were ordered. On 19th February, 2019 at 9.45 p.m. the patient started having regular contractions and cervix was 3 cm dilated, bag of membrane was felt. Her Fetal heart was regular. She was sent to Labour Room. In Labour Room, she was monitored with 1/2 hourly Fetal heart monitoring and her labour progress. On 20th February, 2019 at 10.30 a.m., she became fully dilated with FHS droping to 100-110/ minutes, the patient was not bearing down. At 10.30 a.m. decision to apply forceps was taken. Forceps was applied at 10.50 a.m. P/V finding at time of application of forceps were cervix fully dilated fully effaced, vertex +3, caput, moulding 2+, sagittal suture in AP diameter FHS was 100/ minutes. There were two loops of card around neck which were slipped out and cord was cut then baby was delivered. Heart rate of baby was 100/ minutes but baby did not cry and was handed to paediatrician. The treating gynaecologist was a Senior Resident, Dr. B. Manjeera, MD Obst. & Gynae, DMC No. 85545. Timely action without delay was taken by Dr. B. Manjeera. She has completed her Senior Residency on 7th August, 2021.

In view of the above, Disciplinary Committee makes the following observations :-

1. It is observed that the complainant Smt. Pushplata, a 28 years old female, was a primigravida at 36+3 weeks with labour pains was admitted in Safdarjung Hospital on 18th February, 2019 at 10.07 p.m. She was examined and routine investigations were carried out. She was taken up for pre term vaginal delivery with episiotomy (forceps assisted vaginal delivery), the indication for the same was mentioned in the records of Safdarjung Hospital as 2nd stage fetal distress and poor maternal bearing down efforts. The delivery was conducted by Dr. B. Manjeera Siva Jyothi, Senior Resident, Obst. & Gynae. Per-operatively two loops of cord around the neck were noted. A male baby weighing 3 kg was delivered at 10.50 a.m. on 20th February, 2019. The baby did not cry immediately at birth and was limp and cyanosed. Resuscitation measures were initiated. However, the baby could not be revived and declared dead at 11.35 a.m. on 20th February, 2019.

The cause of death as per the subsequent opinion in respect of post mortem no. 147/2019, was death as a result of Cranio-cerebral injuries due to forceps assisted vaginal delivery.

1. It is observed that because of second stage fetal distress and poor maternal bearing down efforts, the use of forceps was indicated for conducting the pre term vaginal delivery. The Cranio-cerebral injury due to forceps, is a rare, but a known complication of instrumental deliveries.
2. The baby at birth had bradycardia and was limp and cyanosed which required resuscitative measures. As per the hospital records resuscitation of the baby was done as per standard guidelines, unfortunately he could not be revived.

In light of the findings made herein-above, it is the decision of the Disciplinary Committee that no medical negligence can be attributed on the part of doctors of Safdarjung Hospital in the treatment of the complainant or her new born baby.

Matter stands disposed.

Sd/: Sd/:

(Dr. Maneesh Singhal) (Dr. Alok Bhandari)

Chairman, Delhi Medical Association,

Disciplinary Committee Member,

Disciplinary Committee

Sd/: Sd/:

(Dr. Ashok Kumar) (Dr. A. P. Dubey)

Expert Member Expert Member

Disciplinary Committee Disciplinary Committee

The Order of the Disciplinary Committee dated 02nd May, 2024 was confirmed by the Delhi Medical Council in its meeting held on 08th May, 2024.

By the Order & in the name of

Delhi Medical Council

(Dr. Girish Tyagi)

Secretary

Copy to :-

1. Smt Pushplata w/o Shri Chandan, r/o- D-2/259, Harsh Vihar, Hari Nagar Extn. Part III, Jaipur, Badarpur, Delhi.
2. Dr. Harish Chellani, Through Medical Superintendent, Safdarjung Hospital, Ansari Nagar East New Delhi-110029.
3. Dr. Anita Yadav, Through Medical Superintendent, Safdarjung Hospital, Ansari Nagar East New Delhi-110029.
4. Dr. Neha Goel, Through Medical Superintendent, Safdarjung Hospital, Ansari Nagar East New Delhi-110029.
5. Dr. Rani Gera, Through Medical Superintendent, Safdarjung Hospital, Ansari Nagar East New Delhi-110029.
6. Dr. B. Manjeera Siva Jyothi, H.No.15-73/1, Near HP Gas Agency, Ramjee Nagar, Mummidivaram, EGdt, Andhra Pradesh-533216.
7. Dr. Anjali Dabral, Through Medical Superintendent, Safdarjung Hospital, Ansari Nagar East New Delhi-110029.
8. Dr. MD Ehtesham Ansari, Through Medical Superintendent, Safdarjung Hospital, Ansari Nagar East New Delhi-110029.
9. Medical Superintendent, Safdarjung Hospital, Ansari Nagar East New Delhi-110029.
10. S.H.O., Police Station Safdarjung Enclave, South West District, New Delhi-110029- (w.r.t. Dairy No.813/SHO/SJ Enclave dated 17.06.2021)-**for information & necessary action**.

(Dr. Girish Tyagi)

Secretary