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THE CAUSES AND IMPLICATIONS OF OBSTETRIC MALPRACTICE

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Abstract

Obstetrics and Gynaecology (O and G) are among the fortes at high gamble of negligence claims. Specifically, obstetric negligence draws in high occurrence of cases as birth wounds are typically serious and destroying. Victims are deprived of years of enjoyment, independence, and productivity as a result of their injuries, which typically result in disabilities and malformations that last a lifetime. The victims typically incur enormous costs for medical care because these injuries occur so early in life. As these forces upsetting and significant weight on the relatives, they will generally depend on prosecution as method for securing financial remuneration. The largest quantities of clinical carelessness cases in Malaysia include obstetric wounds and six to seven-figure court grants are currently turning into the pattern for remunerating obstetric misbehaviour casualties. In any case, demonstrating obstetric negligence is certainly not a simple undertaking with long periods of prosecution, which at last may not furnish casualties with money related remuneration if fruitless. Further, the expansion in obstetric prosecution has set off higher charge for clinical repayment protection making many specialists leave the subspecialty. Despite the fact that the specialist toward the end may not be tracked down liable yet the injury of being sued made them endure troubles in getting back to their work.

Keywords: *Obstetric Malpractice; Causes; Implications; Compensation; Litigation Problems.*

Introduction:

Obstetrics and gynaecology (O&G) are a subspecialty concerning the conveyance of clinical and careful attention to ladies. This field is a blend of two strengths: " obstetrics, which centres around the consideration of ladies previously, during, and after labour; and gynaecology, which deals with the diagnosis and treatment of problems with the female reproductive system, breasts, and the conditions that come with them. In particular, obstetrics is unique among many other medical specialties because it deals with pregnancies and childbirth, two events that are regarded as the most intimate and joyful in a patient's life. Patients frequently expect that their obstetric excursion would end in the introduction of an ideal child and the mother in similarly great wellbeing. By the by, regardless of being a characteristic cycle, extreme entanglements can happen during labour, requiring fast and exact reaction by the obstetrician in control. A solitary mix-up though a straightforward one could quickly change a blissful event into an overwhelming one, not exclusively to the existence of the anticipating guardians, yet additionally to the vocation of the obstetrician. The majority of obstetric injuries are severe, often permanent, and emotionally draining. Subsequently, triggers numerous long stretches of court case with high measure of financial pay.

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Methods and materials:

The exploration has utilized subjective examination technique in particular, Happy Examination, which covers a survey of the pertinent writing on issues pertinent to obstetric misbehaviour. Essential sources incorporate case regulations while auxiliary sources remember surveys for course books, diaries, paper articles, and periodicals.

Results:

The innate troubles in laying out obstetric negligence and the dangers of prosecution have set off the transition to track down elective strategies in making up for birth wounds. The execution of a no-shortcoming pay conspire explicitly for birth-related wounds has been seen as a feasible option in contrast to case as it can diminish the fault culture and deal speedier pay to harmed casualties in a less ill-disposed way. The insurance market is stabilized by removing birth injuries from the operation of tort, which provides a practical solution to the problem of medical insurance and redress for its consequences, such as the rising cost of obstetrical care as a whole and the decreasing number of practicing obstetricians. Such plan likewise advances a better connection among patients and obstetric supplier and somewhat reduce the episode of "protective obstetric".

Discussions:

Obstetrical Negligence happens when mischief is caused to the mother or infant because of careless direct of the clinical professional/obstetrician whenever from the beginning phase of pre-birth course, through work and conveyance, and during the prompt aftercare of conveyance (neonatal). Mistakes made by medical staff in the maternity ward, inadequate medical care in the labour room, and poor hospital management throughout the entire birthing process are all examples of obstetric malpractice. Obstetrical negligence doesn't ensnare just the obstetricians, however all clinical staff and the medical clinic giving obstetric consideration. Obstetrical misbehaviour is known for its high level of guarantee and enormous remuneration grants, particularly while the subsequent injury is deep rooted and super durable. With the end goal of the paper, conversations on obstetric negligence will be reduced to "objections brought against clinical experts and emergency clinics charging that a newborn child has supported a cerebrum injury coming about in, for instance, cerebral paralysis, epilepsy, or mental hindrance, from supposed activities or oversights of the professionals engaged with the pre-birth and perinatal consideration of the mother and baby" or all the more famously known as the "terrible child claim".

1. Types of obstetric malpractice :

As indicated by Crico Systems' 2010 Yearly Benchmarking Report: Negligence Dangers in Obstetrics, the most regular obstetrical misbehaviour case types are birth asphyxia, which represents 27% of obstetric negligence cases, shoulder dystocia 18%, intrauterine fatal passing 6%, and maternal drain 4%. Meanwhile, a 2012 survey by the American Congress of Obstetricians and Gynaecologists (ACOG) found that "neurologically impaired infant" was the most common primary claim for obstetric injuries, making up 29% of all claims. Stillbirth or neonatal demise comes in runner up as the most successive essential obstetrical case (14%). Electronic fatal monitoring (21%) and shoulder dystocia/brachial plexus injury (15%) were two of the most common associated primary factors in obstetric claims, according to the same survey.

a) Birth asphyxia

Asphyxia, in basic words, implies absence of oxygen. A condition known as "when a baby's brain and other organs do not get enough oxygen before, during, or right after birth" is referred to as "birth asphyxia" or "perinatal asphyxia." Babies who have been

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asphyxiated are born limp, pale, and do not respond to normal efforts to resuscitate them. The level of damage to the suffocated children relies heavily on how long and how serious the time of asphyxia is, and the way that rapidly the right treatment is given. In the event that gentle suffocated children are given prompt and precise treatment, they might have an opportunity to recuperate. For those encountering longer hardships of oxygen might experience the ill effects of long-lasting harm to their mind, heart, lungs, kidneys, guts or different organs and may likewise bring about stillbirth or neonatal passings. They may also have neurological problems and malformations like cerebral palsy, mental retardation, nerve problems, and problems with their hearing and vision. Birth asphyxia can occur for a variety of reasons; and are undeniable and an area because of broken clinical consideration and disappointment by the obstetrical group to respond to suffocated children in a right and convenient design.

b) Shoulder dystocia

Shoulder dystocia is characterized as "a vaginal cephalic conveyance that requires extra obstetric moves to convey the embryo after the head has conveyed, and delicate footing has fizzled". It is a physical issue which happens when the infant's shoulder is stuck at the birth trench during a vaginal conveyance, which requires quick and fitting obstetric manoeuvres and legitimate neonatal aftercare by the obstetrical group dealing with the conveyance, falling flat of which would bring about wounds both to the mother (post pregnancy discharge, perineal tears, vaginal slashes, cervical tears, bladder break, uterine burst, symphyseal division, sacroiliac joint separation and horizontal femoral cutaneous neuropathy) and the infant (Brachial Plexus injury (BPI), cracks of the humerus and clavicle, pneumothoraxes and hypoxic mind harm). Brachial Plexus injury (BPI) is viewed as one of the most widely recognized serious fatal confusions of shoulder dystocia, where the nerves in the child's neck, known as the brachial Plexus which control the capability of the arm and hand are briefly or forever harmed, causing huge and long-lasting inability. Shoulder dystocia accompanied by BPI is the most common cause of shouldering dystocia-related litigation and the second or third most common type of obstetric litigation. NHS Prosecution Authority (NHSLA) detailed that 46% of such wounds were related with unacceptable consideration".

c) Cerebral Palsy and neurological impairment

Neurological impairment is one of the most feared outcomes of obstetric malpractice and the one that receives the most compensation. Neurological debilitation" is a general term portraying "any issues originating from harm to the mind which influence control of engine capability, ability to learn, and other neurologic capabilities". Instances of such issues might incorporate epilepsy or seizures, mental impediment, different learning incapacities and cerebral paralysis. Cerebral Paralysis is an ""umbrella" term for problems of developments and stance, bringing about impediments of action because of non-moderate aggravations that happened in the creating mind". Neurological disability and cerebral paralysis are frequently connected with occasions previously or during birth, especially the event of birth asphyxia or/and fatal pain. Different elements incorporate "rashness, intrauterine disease, fatal coagulation problems, various pregnancy, antepartum drain, breech show and chromosomal or innate irregularities". Side effects of cerebral paralysis are not quite the same as a person to another and could change as kids and their sensory systems mature. While certain kids with gentle cerebral paralysis show just slight clumsiness without the requirement for unique help, some others with serious instances of cerebral paralysis are totally incapacitated and require deep rooted care and help.

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People who need care for the rest of their lives often sue the obstetrician for any future costs. As a result, claims for cerebral palsy and neurological impairment caused by birth account for almost one third of all obstetric malpractice claims and receive the largest damages awards from the courts.

2. Causes for obstetric malpractice:

There are several causes that could lead to obstetric malpractice. Among them are as follows:

a) Ineffective communication and co-operation between the obstetrical team consisting of multi high-risk specialty

Obstetrics is a one-of-a-kind specialty in which experts from a variety of fields collaborate as a team. An obstetrical group might contain the obstetrician, yet additionally the anaesthesiologist, the perinatologist, the neonatologist, the paediatrician, the birthing assistants, the attendants, and all the clinical staff including straightforwardly or by implication with the conveyance cycle. A fruitful obstetrical system comprises of these people from multi-disciplinary mastery cooperating and helping each other collectively. Labor, in spite of being a characteristic cycle, tends to guilefully decay into emergency where serious confusions happen with minimal advance notice and requiring brief reaction. In this manner, "precise understanding, organized correspondence, and shared dynamic prompting convenient and viable mediation are vital". Ineffectual correspondences and absence of cooperative conversations between colleagues are frequently referred to as reasons making disappointment of the group distinguish fatal pain and as needs be act in an ideal style.

b) The increased usage of advanced perinatal technology

The expanded utilization of cutting-edge perinatal innovation in emergency clinics is one more variable claimed to add to the rising gamble of obstetric mix-ups and misinterpretations prompting obstetric misbehaviour. Technology plays a significant role in current obstetric practices, which may inadvertently lead to more issues than they solve. In one sense, high-risk pregnancies may legitimately justify the use of advanced perinatal technologies. However, issues arise when technology intervention is rushed into use even in low-risk routine pregnancies and applied imprudently to all patients without taking individual needs into consideration. For instance, it was contended that the standard utilization of IV and fatal checking gadgets restricts the versatility of the mother, making hardships for the embryo drop down the birth channel, and thusly slow down or delay work. The equivalent likewise ruins the child from situating itself in a typical situation for work and hence, increment the gamble of caesarean segment or forceps conveyance.

c) Improper management of prenatal and postnatal care

In order to ensure a smooth obstetrical journey for both the patient and the medical team in charge, obstetrical care outside of the labour room is essential. Blunder of such would prompt gamble of confusions during work and injury to both mother and youngster, thusly, uncovering the whole clinical group to the danger of obstetric misbehaviour case. " Negligence cases are, truth be told, seldom incited by a solitary demonstration or oversight by one person. All things being equal, they commonly mirror a progression of slips up and misused choices by a group of doctors and medical caretakers who quietly met past the point of no return for cure". Instances of unsatisfactory consideration during pre-birth stage are inability to get important clinical history of the patient in deciding prior chance of complexities, inability to perceive and distinguish any dangers or confusions creating all through pregnancy and request fitting antenatal test, inability to appropriately decipher test results or

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analyse the presence of hazard and prescribe or start fundamental treatment to oversee entanglements. These disappointments, either uniquely or in blend might prompt entanglements which are past the time to cure, making injury either the mother or the child or both. This thusly sets off obstetric misbehaviour suit.

d) Substandard care during labour/ intrapartum period

The majority of obstetric malpractice claims are based on poor care and erroneous decisions made during the active labour or the postpartum period. It is common knowledge that the most perilous journey a person can take is the one through the birth canal. "The baby ventures a distance of around 30 cm during work and, strangely, the most noteworthy obstetric cases emerge because of occasions turning out badly during this extremely short excursion". NHS Litigation Study found that mismanagement during labour was the most common type of obstetric malpractice within ten years of obstetric claims. Delay is the most common accusation of substandard care during this time. In a review including 177 Swedish kids with extreme work-related asphyxia, it was found that carelessness in fatal observation happened in 98% of the pregnancies, and inability to act in an opportune style on unusual cardiotocograph (CTG) followed in another 71% of the pregnancies. One more audit of 110 instances of obstetric prosecution for cerebral paralysis presumed that 70% of cases additionally concerns anomalies of the CTG and its translation. Poor clinical choice in season of crises or deficient specialized ability to deal with complexities during work is another component prompting obstetric misbehaviour suit.

e) Poor communication and relationship between patient and doctor/obstetric staff

A healthy relationship and clear lines of communication between the patient in need of medical care and the doctor in charge of providing that care are crucial to its success. Communication between the patient and the obstetrician or doctor must remain clear and effective as patient autonomy expands. In order for the patient to make an informed decision regarding the treatment options that are available, she needs to be well-informed about the state of her pregnancy as well as any potential complications. Allegations that patients consented or declined to a particular treatment based on inadequate information are the basis for a number of obstetric malpractice lawsuits. Patients who assert that they were not fully informed of the potential risk of a complication in their pregnancy and thus consented to vaginal birth oblivious to the existence of such a risk or were not offered the option of caesarean section following such a risk are examples of such situations. Positive doctor-patient relationships, according to University of California research on obstetric patients, reduce patients' intentions to file malpractice claims against both the doctor and the hospital, increase patients' perceptions of the doctor's competence, and reduce patients' perceptions of the doctor's responsibility for an adverse medical outcome.

3. Implications of obstetric malpractice

Obstetric misbehaviour is much of the time cited as the most regular and most costly kind of clinical negligence prosecution. This is because of the idea of obstetric wounds, which will generally be serious and dependable, in light of the fact that they happen from the get-go throughout everyday life and the casualties need to live with their handicaps for a long time to come. Youngsters with obstetric injury will the majority of the times need "costly, thorough clinical consideration and frequently require deep rooted care and help", in this way forcing a significant monetary and profound weight on the group of the distressed kid, provoking them to start obstetric misbehaviour case, generally to decrease the monetary weight and simultaneously ease the close to home agony related

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with the episode. Obstetric wounds additionally deny survivors of good personal satisfaction, as most obstetric wounds are extremely durable and without fix. The costly expense of really focusing on an impaired youngster puts huge weight on the impacted families ended up being hindering to both their physical and mental prosperity. The majority of disabled children were now being cared for at home with their families, despite the fact that some of these financial expenses were previously supported by public funds through institutionalization. According to a study conducted by the Centres for Disease Control and Prevention (CDC) in the United States, "the average lifetime costs for persons with mental retardation were estimated at $1,014,000, the average lifetime costs for persons with cerebral palsy were $921,000, the average lifetime costs for persons with hearing loss were $383,000, and the average lifetime costs for persons with vision impairment were $601,000." This figure does not take into account out-of-pocket expenses, visits to the emergency room, lost wages of family members who Really focusing on a youngster with incapacity because of obstetric wounds had likewise taken a profound, physical and mental cost for the family, particularly the mother of the caused kid. The recurrence of obstetric negligence and wounds had likewise impacted the local area at large whereby part of the expense of really focusing on a youngster incurred with obstetric injury is expected by the local area through establishments, government bodies, local area based and noble cause associations devoted to offer help for the government assistance of kids with handicaps. According to a report published by the Centres for Disease Control and Prevention (CDC) of the United States, the nation's financial burden is anticipated to total "$1.9 billion for persons with hearing loss, $2.6 billion for persons with vision impairment, and $51.2 billion for persons born in 2000 with mental retardation." The number of medical malpractice lawsuits filed and the amount of money awarded against doctors can significantly raise the price of their liability insurance. Insurance agency see the field of Obstetrics as a high-risk specialty hence expanded the charges to cater for the costly conceivable negligence suit, which thus caused numerous obstetricians leaving work on prompting decreased accessibility of Obstetric consideration. Wenstein (2009) saw that; " According to a survey conducted in 2006 by the American College of Obstetrics and Gynaecology, 70% of OB-GYNs have altered their practices as a result of a lack of affordable medical liability insurance, while 65% have altered their practices as a result of the risk or fear of liability claims or litigation. The typical age at which doctors quit rehearsing obstetrics is currently 48, an age once thought to be close to the midpoint of an OB-GYN's expert vocation".

Conclusion:

Obstetric wounds, explicitly mind harmed child cases including neurological injury and Cerebral Paralysis were singled out from the activity of misdeed in specific nations, with an end goal to answer the emergency of negligence protection. This work is made because of developing worries among policymakers about the future accessibility of responsibility protection, as insurance agency imploded because of the great recurrence and costly expense of obstetric misbehaviour cases, and thusly, the future accessibility of obstetric administrations whenever exhausted obstetricians was to stop practice in obstetrics because of the absence of accessible and reasonable obligation protection. They were likewise worried about the increasing expense of obstetric administrations, as to take care of for the increasing expense of protection, obstetric specialists needed to give this expense for their patients. " As a result, society bears the ultimate

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cost of our ineffective and expensive tort system in the form of higher medical costs and fewer health care providers. Obstetrics are additionally one of the fields of medication, which are profoundly impacted by protective medication, especially inferable from Obstetricians' apprehension about suit as it is demonstrated to be hindering to their profession. Due to their fear of being sued for obstetric malpractice, some obstetricians had chosen to ignore their medical prudence and knowledge and performed an unnecessary procedure that was not in their patients' best interests. Other obstetricians had chosen to refuse high-risk patients despite being well-versed in the subject. The American School of Obstetricians and Gynaecologists (ACOG) does intermittent reviews of its individuals on proficient risk issues, including the act of guarded medication. In ACOG (2012), when found out if ob-gyns had made any training changes since January 2009 because of the gamble or apprehension about proficient responsibility cases or prosecution, "of the 9,006 reactions, 57.9% detailed having made at least one changes to their training", of which "27.4% diminished the quantity of high-risk obstetric patients; 23.8% announced expanding the quantity of caesarean conveyances, and 18.9% quit offering and performing VBACs. In addition, the number of deliveries decreased by 11.5 percent, and 6.2 percent stopped providing obstetrical care altogether. Protective Obstetrics which includes undertaking superfluous methodology add to the rising expense of Obstetric consideration, as these pointless systems includes the utilization of apparatuses, for example, Electric Fatal Checking in spite of uncertain information in regards to the advantages of such electronic observing and extra investment spent pointlessly on the patient. A few techniques were likewise embraced for decreasing the chance of case regardless of the wellbeing of the patient, for example, pointless caesarean segment in spite of realizing that it is best that conveyances occurred being pretty much as regular as could be expected. Kim (2007) noticed; "When in doubt, cut it out" is the philosophy of many OB-GYN doctors, which encourages C-sections whenever the doctor is concerned that a vaginal delivery may put an infant's health at risk. Eliminating obstetric services for high-risk pregnant women in order to reduce the likelihood of litigation would be detrimental to these women, particularly low-income patients and rural residents who would be forced to rely on public health facilities. As a result, they would have a negative impact on the population's overall quality of health care and would go against the fundamental and actual purpose of medicine.

References:

Association of American Medical Colleges. Obstetrics and Gynaecology: Overview. https://www.aamc.org/cim/specialty/list/us/336850/obstetrics_and_gynecology.html.

Chandraharan E,Arulkumaran S. Medico-legal problems in obstetrics. Current Obstetrics & Gynaecology 2006; 16:206–210. http://dx.doi.org/10.1016/j.curobgyn.2006.05.003.

Franklin WP, Williamson WW. Bad Baby Lawsuits: Defending Brain-Damaged-Infant Claims. The Brief 1993; 22: 55-64.

CRICO Strategies. Annual Benchmarking Report: Malpractice Risks in Obstetrics, 2010, Cambridge. http://www.rmfstrategies.com/~/media/Files/Strategies/Reports/2010_annual_benchmark.pdf.

The American Congress of Obstetricians and Gynaecologists. Medical Liability Climate Hurts Patients and Ob-Gyns: Survey Reveals Continuing Trend. ACOG News

ISSN–2278-5655

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OPEN ACCESS Original Research Article

Release 2012, September 5. http://www.acog.org/About_ACOG/News_Room/News_Releases/2012/Medical_Liability_Climate_Hurts_Patients_and_Ob-Gyns.

Seattle Children's Hospital Research Foundation. Airway, Breathing and Lung Conditions: Birth Asphyxia. http://www.seattlechildrens.org/medical-conditions/airway/birth-asphyxia/.

Jasper P, Arulkumaran S. Perinatal Asphyxia: An Overview. In: Arulkumaran S, Jenkins HML, Editors. Perinatal Asphyxia. Chennai, India: Orient Longman Ltd; 2000, 1-20.

Hankins DV, Koen S, Gei AF, Lopez SM, Van Hook JW, Anderson GD. Neonatal organ system injury in acute birth asphyxia sufficient to result in neonatal encephalopathy. Obstet Gynecol 2002; 99: 688-691. http://dx.doi.org/10.1016/S0029-7844(02)01959-2.

Spector JM, Daga S. Preventing those so-called stillbirth. Bulletin of the World Health Organization 2008; 86, 4: 241-320. http://dx.doi.org/10.2471/BLT.07.049924.

[10] Leigh S, Granby P, Turner M, Wieteska S, Haycox A, Collins B. The incidence and implications of cerebral palsy following potentially avoidable obstetric complications: a preliminary burden of disease study. BJOG 2014; 121: 1720–1728. http://dx.doi.org/10.1111/1471-0528.12897.

Cavanaugh MA. Bad cures for bad babies: policy challenges to the statutory removal of the common law claim for birth-related neurological injuries. Case Western Reserve Law Review 1993; 43, 4: 1299.

Royal College of Obstetricians and Gynaecologists. Shoulder Dystocia. RCOG Green-top Guideline No. 42, 2012. http://www.rcog.org.uk/files/rcog-corp/GTG42_25112013.pdf.

Lerner H. Shoulder dystocia: facts, evidence, and conclusions. Shoulder Dystocia Info, 2004. http://www.shoulderdystociainfo.com/shoulder_dystocia.htm.

Duff DG. Compensation for neurologically impaired infants: medical no-fault in Virginia. Harvard Journal on Legislation 1990; 27, 2: 391-452, at p. 394.

Talic A, Honemeyer U. Cerebral Palsy: state of art. Donald School Journal of Ultrasound in Obstetrics and Gynaecology 2010; 4, 2: 189-198, at p. 189.

Gibson CS, Maclennan AH, Goldwater PN, Dekker GA. The antenatal causes of Cerebral Palsy: genetic and viral associations. Fatal and Maternal Medicine Review 2008; 19, 3:181-201, at p. 182.

National Institute of Neurological Disorders and Stroke. Cerebral Palsy: hope through research. http://www.ninds.nih.gov/disorders/cerebral_palsy/detail_cerebral_palsy.htm.

Sieradzki DL. Throwing out the baby with the bathwater: reforming the system for compensation obstetric accidents. Yale Law & Policy Review 1989; 7, 2: 538-566.

Cavanaugh MA. Bad cures for bad babies: policy challenges to the statutory removal of the common law claim for birth-related neurological injuries. Case Western Reserve Law Review 1993; 43, 4: 1299.

Apfel D. Clinical markers establishing a causal relationship between birth asphyxia and

ISSN–2278-5655

AMIERJ Aarhat Multidisciplinary International Education Research Journal

Volume–XII, Issue– IV *July – August, 2023*

OPEN ACCESS Original Research Article

Cerebral Palsy: A primer for trial lawyers. American Journal of Trial Advocacy 1997; 21, 1: 1-66.

NHS Litigation Authority. Ten years of maternity claims: An analysis of NHS litigation authority data. London, United Kingdom: NHS Litigation Authority; 2012.

Moore PJ, Adler NE, Robertson PA. Medical malpractice: the effect of doctor-patient relations on medical patient perceptions and malpractice intentions. Western Journal of Medicine, 2000; 173: 244-250. http://www.drmed.org/medical_errors/pdf/medical_malpractice.pdf. http://dx.doi.org/10.1136/ewjm.173.4.244.

Centres for Disease Control and Prevention. Economic Costs Associated with Mental Retardation, Cerebral Palsy, Hearing Loss, and Vision Impairment – United States, 2003. The Morbidity and Mortality Weekly Report 2004; 53: 57-59.http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5303a4.htm.

Eddy LL, Engel JM. The impact of child disability type on the family. Rehabilitation Nursing, 2008; 33,3: 98-103. http://www.rehabnurse.org/pdf/rnj287.pdf. http://dx.doi.org/10.1002/j.2048-7940.2008.tb00212.x.

Reichman NE, Corman H, Noonan K. Impact of Child Disability on the Family. Maternal and Child Health Journal 2008;12, 6: 679-683. http://www.medscape.com/viewarticle/581577_2. http://dx.doi.org/10.1007/s10995-007-0307-z.

Sajedi F, Alizad V, Malekkhosravi G, Karimlou M, Vameghi R. Depression in mothers of children with Cerebral Palsy and its relation to severity and type of Cerebral Palsy. Acta Medica Iranica 2010; 48, 4: 250-254.

Manuel J, Naughton MJ, Balkrishnan R, Smith BP, Koman LA. Stress and adaptation in mothers of children with Cerebral Palsy. Journal of Pediatric Psychology 2003; 28, 3: 197-201. http://jpepsy.oxfordjournals.org/content/28/3/197.full.pdf+html. http://dx.doi.org/10.1093/jpepsy/jsg007.

Wenstein SL. Medical Liability Reform Crisis 2008. Clinical Orthopaedics and Related Research 2009; 467, 2: 392–401. http://dx.doi.org/10.1007/s11999-008-0603-y. [32] Bobbitt JD, O'Connor MK, Easley HA. North Carolina's proposed birth-related neurological impairment act: A provocative alternative. Wake Forest Law Review 1991; 26, 4:837-878.

Klagholz J, Strunk A. Overview of the 2012 ACOG Survey on Professional Liability. The American College of Obstetrics and Gynaecology, 2012. https://www.acog.org/About_ACOG/ACOG_Departments/Professional_Liability/~/media/Departments/Professional%20Liability/2012PLSurveyNational.pdf.

Kim B. The impact of malpractice risk on the use of obstetrics procedures. Journal of Legal Studies 2007; 36: 79-116. http://dx.doi.org/10.1086/520069.

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