



**MEDICAL MALPRACTICE:  
FISIOLOGIA  
E PATOLOGIA DELLA CTU**

Presidente  
Prof. ARNALDO MEGLIORINI

**Venerdì 24 ottobre 2014 ore 8,30  
Aula Magna Università degli Studi di Milano  
MILANO - Via Festa del Perdono 7**



# ***La voce degli specialisti Ginecologia e Ostetricia***

***Patrizio Antonazzo***



UO Ostetricia e Ginecologia

Università degli Studi di Milano

Dipartimento Materno Infantile – Azienda Ospedaliera L Sacco, Milano

# Il Rischio in Sala Parto



Emergenza

Normalità

Escalation  
di eventi



Alta

## Sistemi Complessi



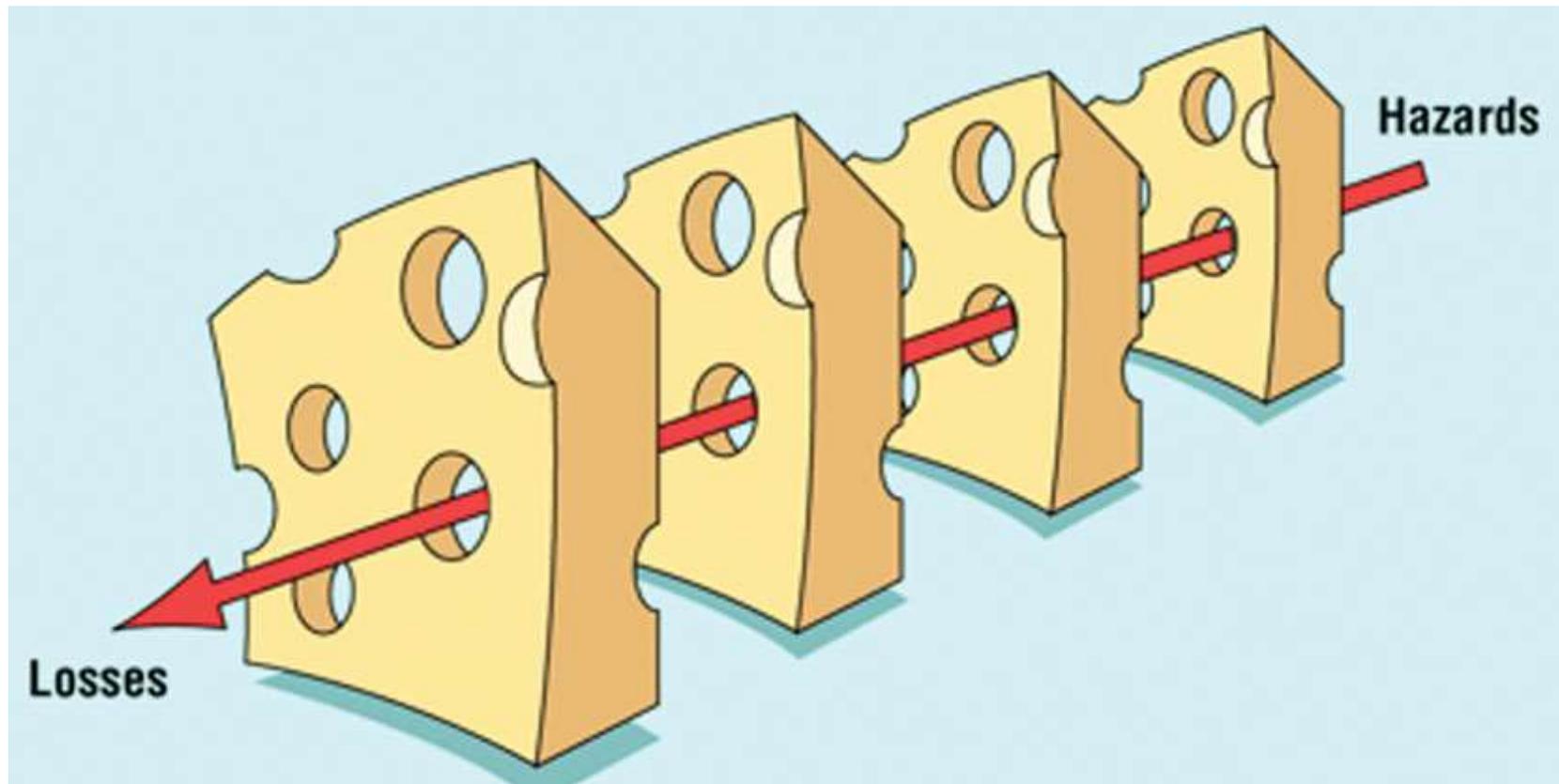
Rischiosità

Incontrollabilità

Alta



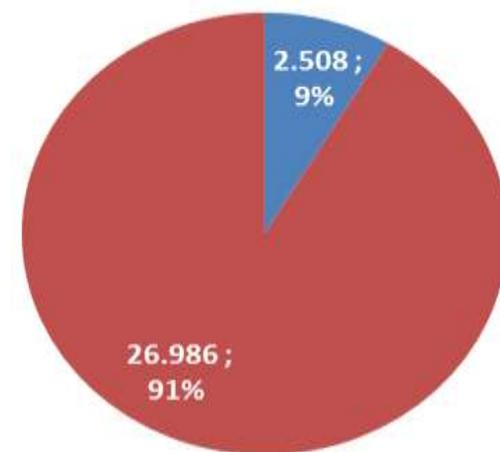
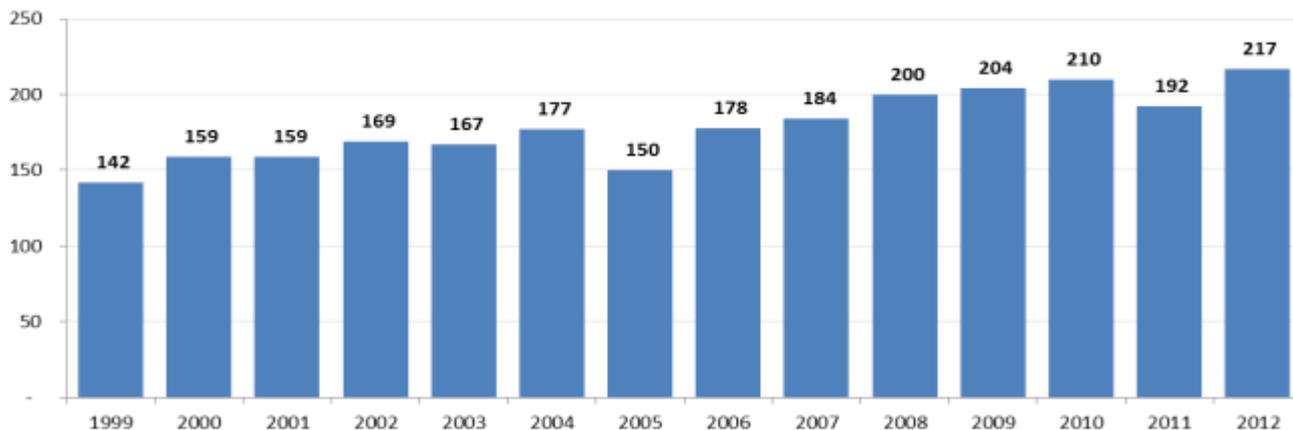
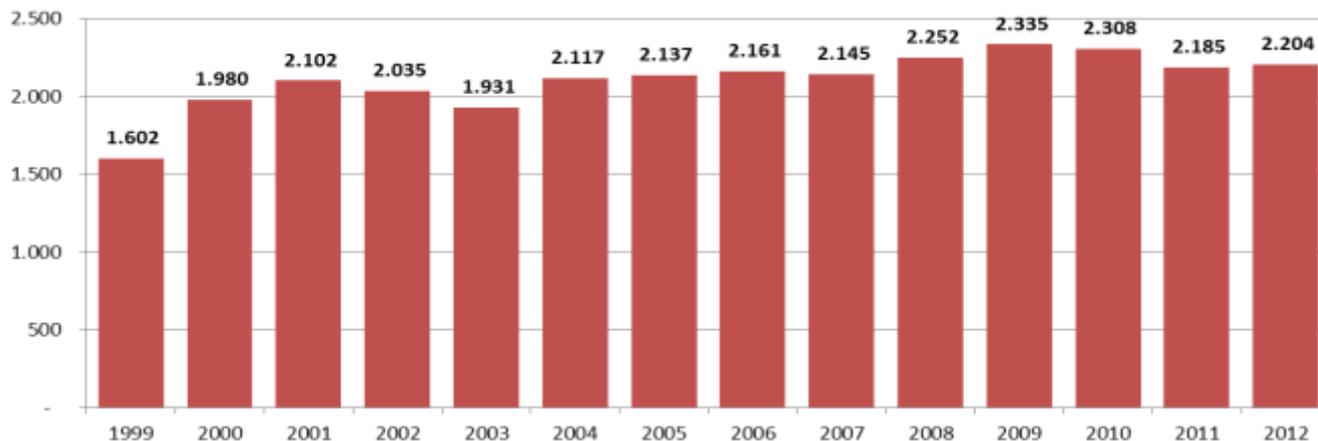
*H.W.Heinrich Proportion (Industrial Accident Prevention, McGrawill 1959)*



La distocia di spalle si può associare a serie complicanze fetali (lesioni del plesso brachiale - con esiti transitori e/o permanenti, fratture ossee, encefalopatia ipossico-ischemica, morte fetale) e materne (lacerazioni III e IV grado, emorragia post-partum)  
**anche quando viene gestita con appropriatezza.**

# CONOSCERE IL RISCHIO - LA PUNTA DELL'ICEBERG

## Le Richieste Danni nel SSR Lombardo: la dimensione del fenomeno

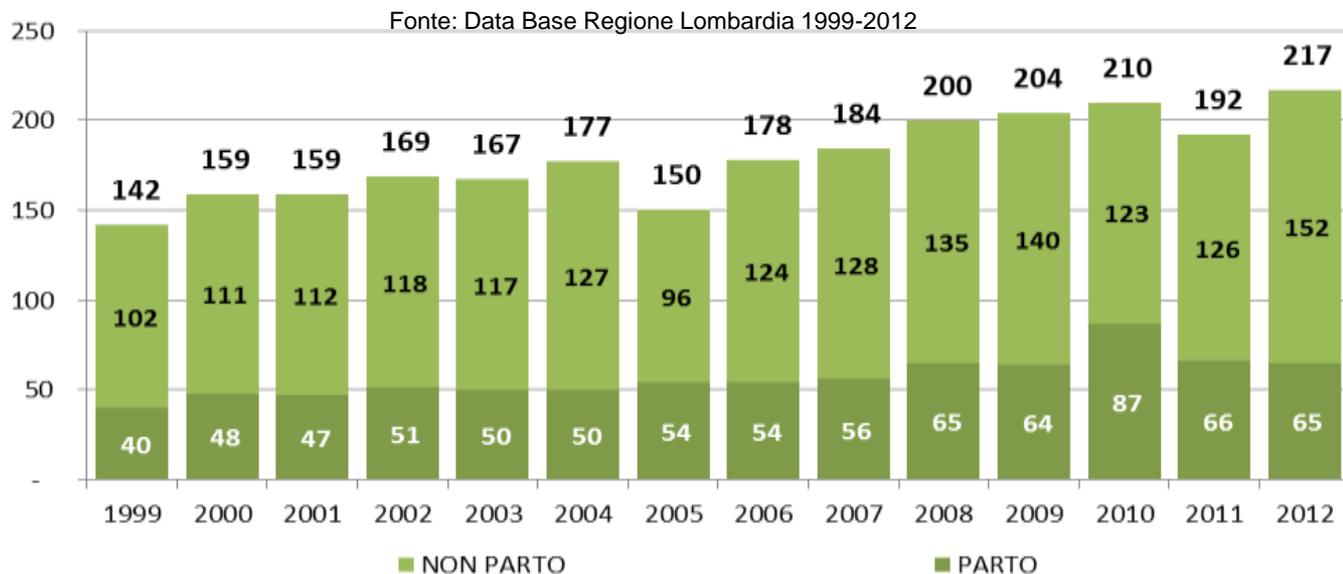


■ SPEC- Ost. E Gin. ■ Altre SPEC

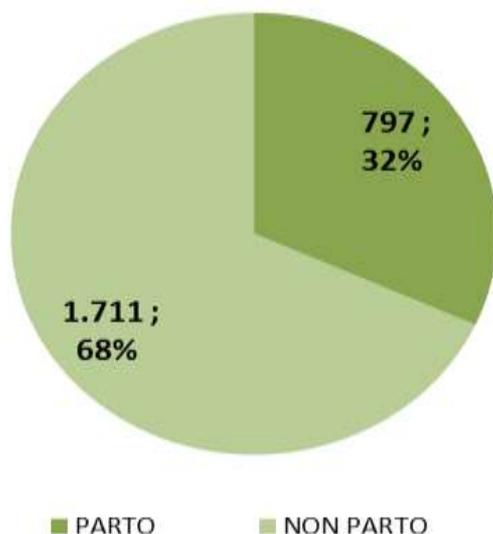
Fonte: Data Base Regione Lombardia 1999-2012

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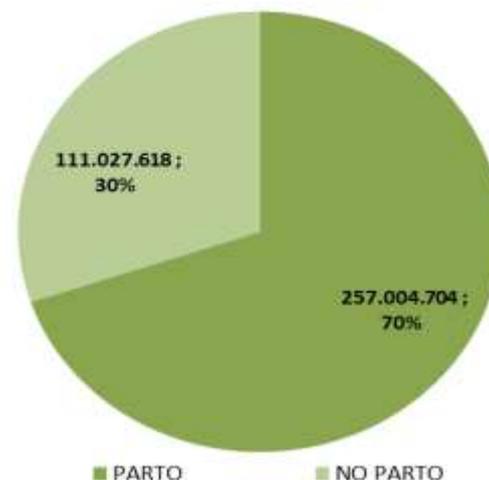
## Le Richieste Danni nel SSR Lombardo: la dimensione del fenomeno



**1/3** del numero di richieste di risarcimento in Ost+Gin. è relativa al **PARTO**

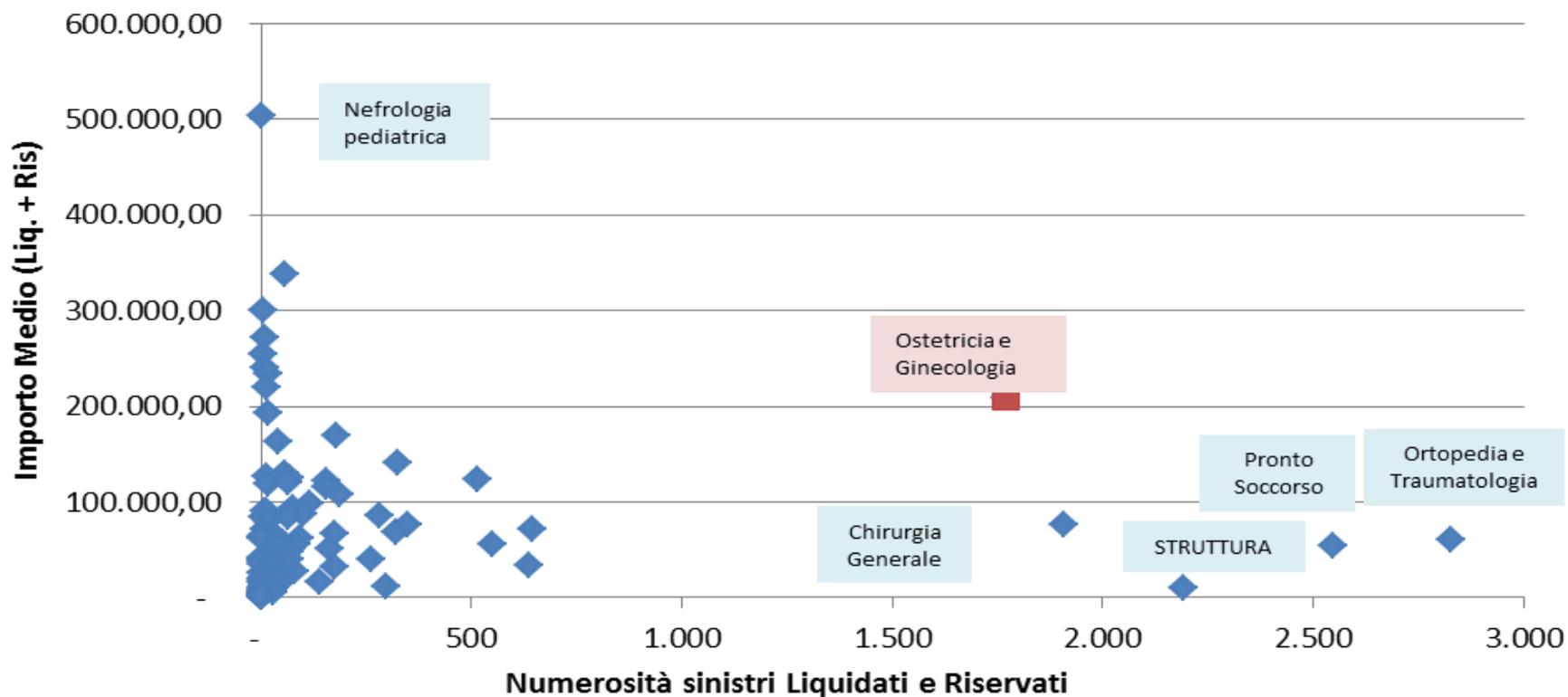


Più di **2/3** dei risarcimenti (€) in Ost+Gin. sono relativi al **PARTO**



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## Le Richieste Danni nel SSR Lombardo: la dimensione del fenomeno



Importo medio <b>Regionale</b>	oltre	75.000 €
Importo medio in <b>Ostetricia e Ginecologia</b>	circa	208.000 €
Importo medio in <b>OG</b> relativo ai <b>PARTI</b>	circa	428.000 €

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## Le Richieste Danni nel SSR Lombardo: quali eventi?

L'analisi della sinistrosità regionale attraverso l'uso di «**Parole Chiave**» relative a **potenziali eventi avversi / eventi avversi** ... ha permesso di riqualificare i sinistri contenuti nel database regionale secondo i seguenti criteri ...



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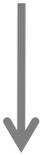


# Perinatal and maternal mortality in a religious group avoiding obstetric care

Andrew M. Kaunitz, M.D., Craig Spence, M.D., T. S. Danielson, M.D., M.P.H.,  
Roger W. Rochat, M.D., and David A. Grimes, M.D.  
*Atlanta, Georgia, and Indianapolis, Indiana*

December 1, 1984  
Am J Obstet Gynecol

355 nati



21 morti perinatali



12 nati morti

9 morti neonatali



5 normopeso  
Non malformati  
Asfittici

**1.4%**

# Influence of maternal, obstetric and fetal risk factors on the prevalence of birth asphyxia at term in a Swedish urban population

IAN MILSOM<sup>1</sup>, LARS LADFORS<sup>1</sup>, KLARA THIRINGER<sup>3</sup>, AIMON NIKLASSON<sup>3</sup>, ANDERS ODEBACK<sup>1</sup> AND EVA THORNBERG<sup>2</sup>

*Acta Obstet Gynecol Scand* 2002; 81: 909–917

→ **0.2 ‰** danno neurologico permanente da asfissia intrapartum

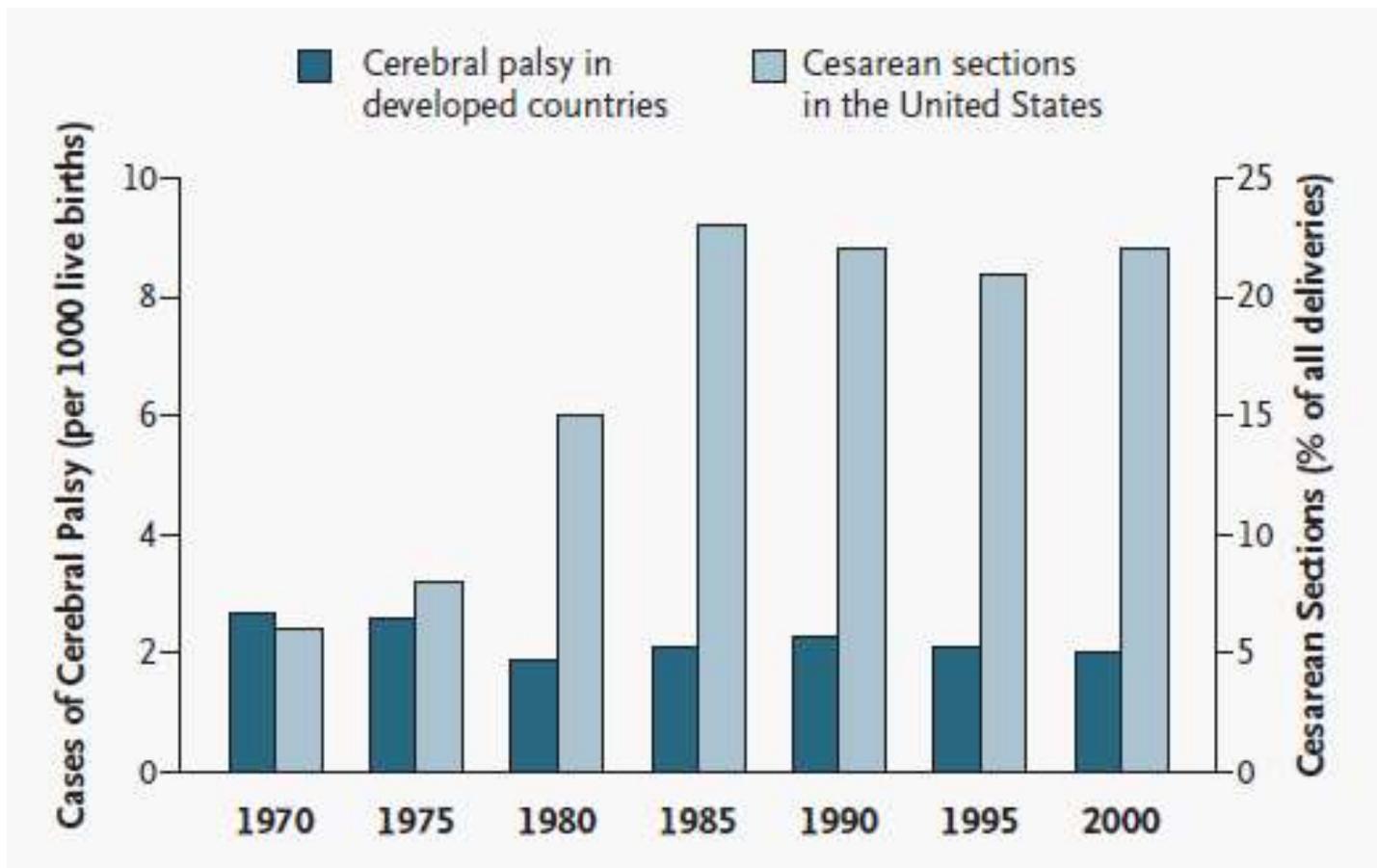
→ **0.2 ‰** morti neonatali da asfissia

→ **2 ‰** encefalopatia ipossico ischemica

→ **5 ‰** APGAR < 7 a 5'

# Can We Prevent Cerebral Palsy?

Karin B. Nelson, M.D.

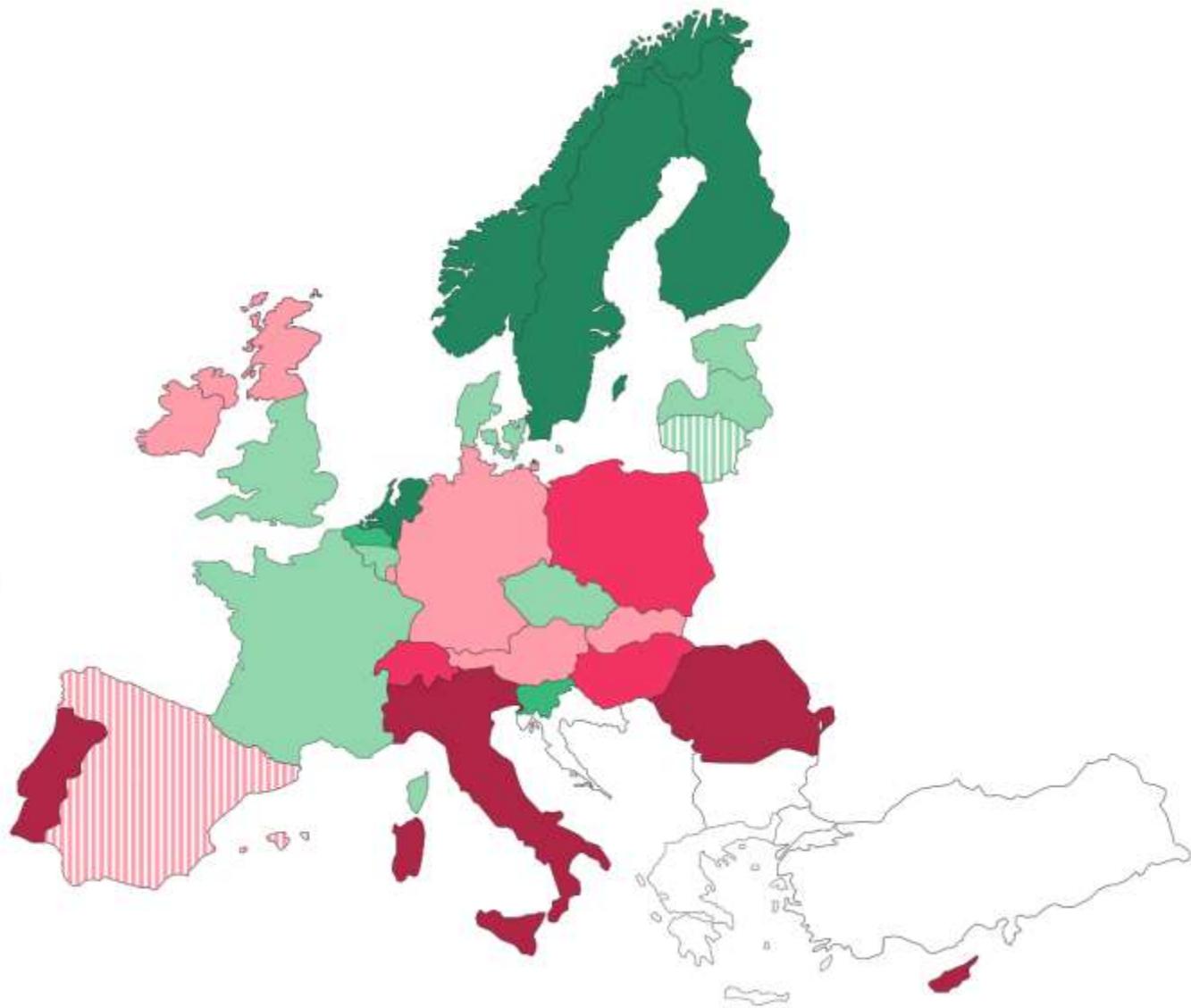
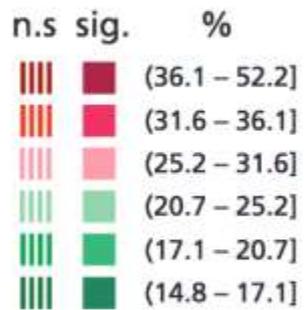


**Figure 1.** The Prevalence of Cerebral Palsy and the Rate of Cesarean Delivery in Developed Countries.

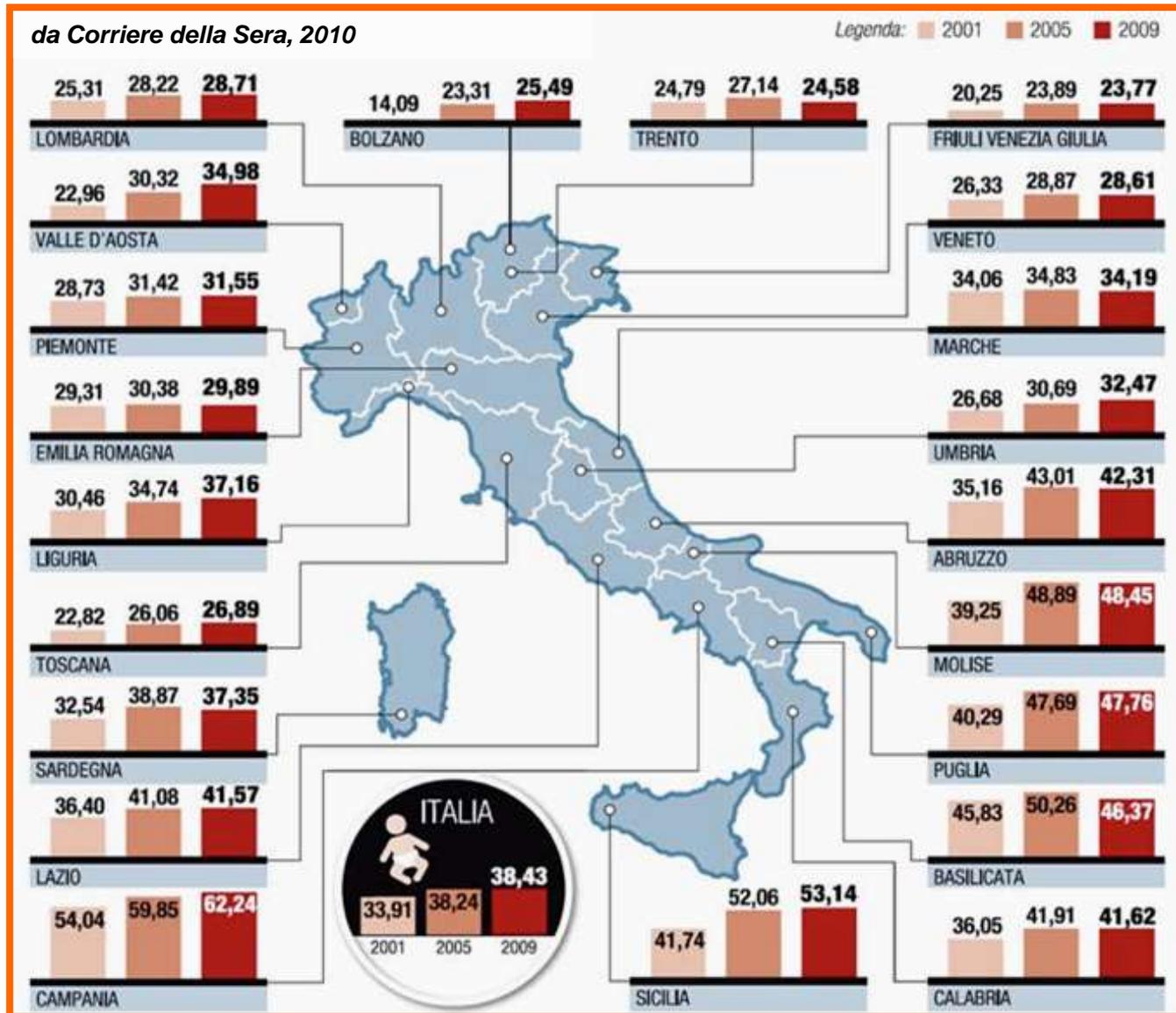
Pooled data are from Australia, Canada, Denmark, England, Ireland, Norway, Scotland, Sweden, and the United States. Adapted from Clark and Hankins,<sup>23</sup> with the permission of the publisher.



**EU-MEDIAN: 25.2%**



# mappa dei cesarei in Italia - % del totale parti



Agenzia nazionale per servizi sanitari regionali, 2010

# Preventing the First Cesarean Delivery

Summary of a Joint Eunice Kennedy Shriver National Institute of Child Health and Human Development, Society for Maternal-Fetal Medicine, and American College of Obstetricians and Gynecologists Workshop

Catherine Y. Spong, MD, Vincenzo Berghella, MD, Katharine and George R. Saade, MD

(Obstet Gynecol 2012;120:1181-93)



O CHE NON HAI  
LO CHE AVRESTI  
DOVUTO FARE

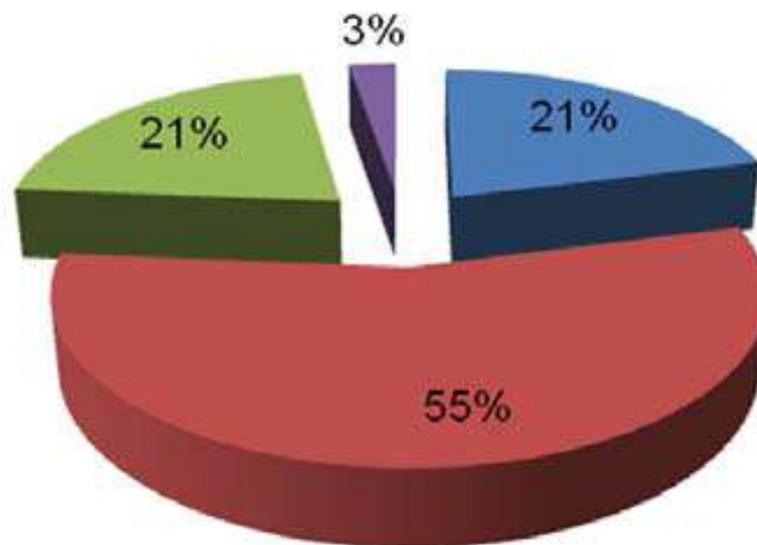
# Defensive Medicine among Obstetricians and Gynecologists in Tertiary Hospitals

Elad Asher<sup>1\*</sup>, Shay Dvir<sup>2</sup>, Daniel S. Seidman<sup>2,3</sup>, Sari Greenberg-Dotan<sup>4</sup>, Alon Kedem<sup>3</sup>, Boaz Sheizaf<sup>5</sup>, Haim Reuveni<sup>6</sup>

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**Do you feel that part of your work, as an OB-GYN, is not only influenced by medical concerns, but also by the concern of legal demands?**

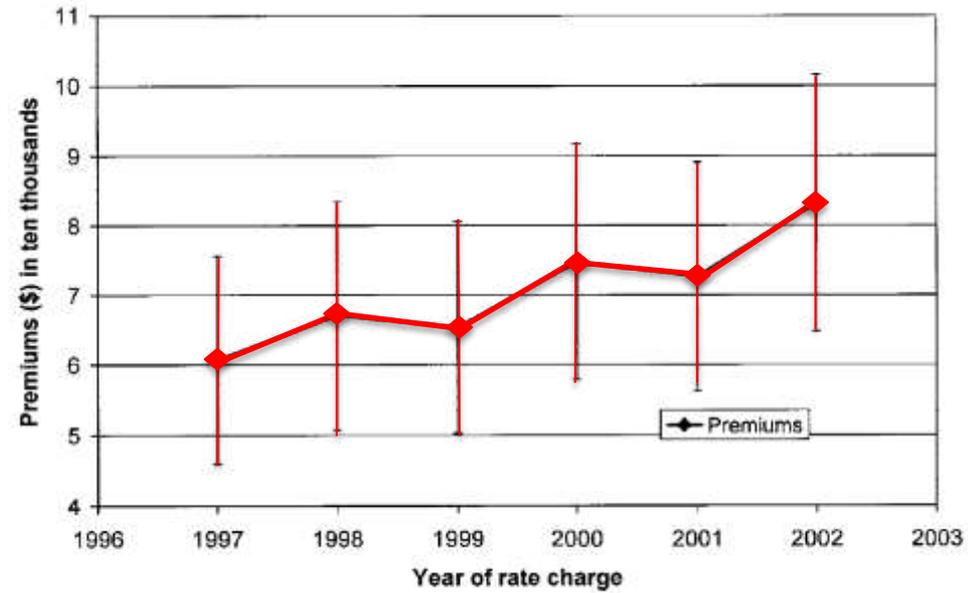
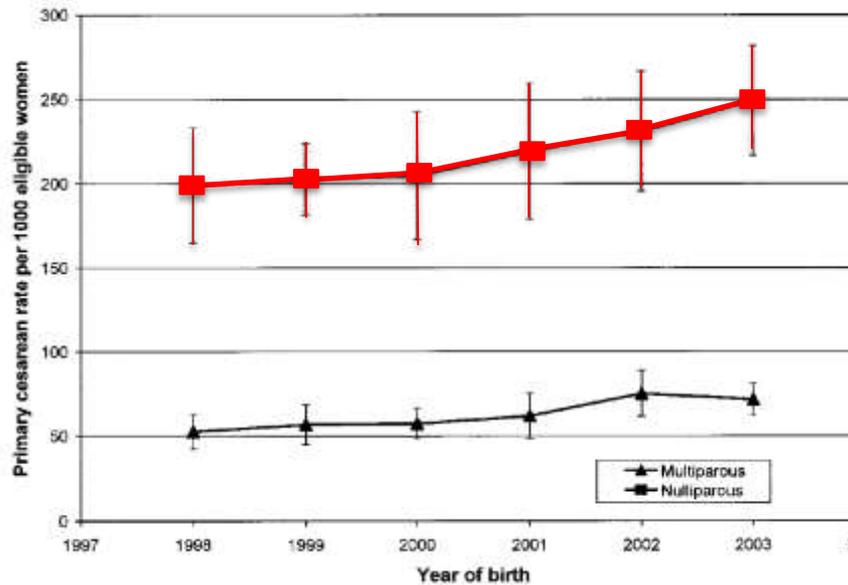
■ I do, very much ■ I do ■ I do, a little ■ hardly at all



# Association Between Rising Professional Liability Insurance Premiums and Primary Cesarean Delivery Rates

Karna Murthy, MD, William A. Grobman, MD, MBA, Todd A. Lee, PhD, and Jane L. Holl, MD, MPH

(*Obstet Gynecol* 2007;110:1264–9)

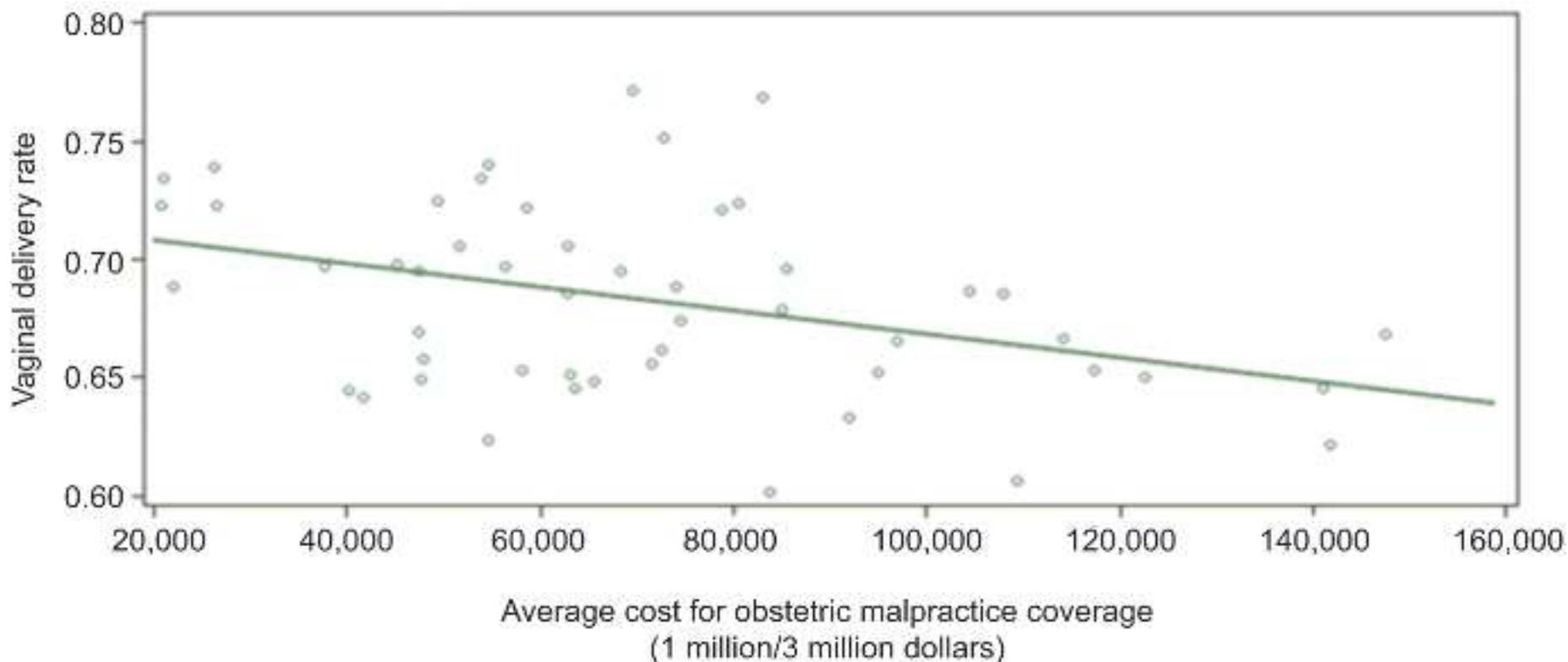


# The Nationwide Relationship Between Malpractice Rates of Vaginal and Cesarean Delivery

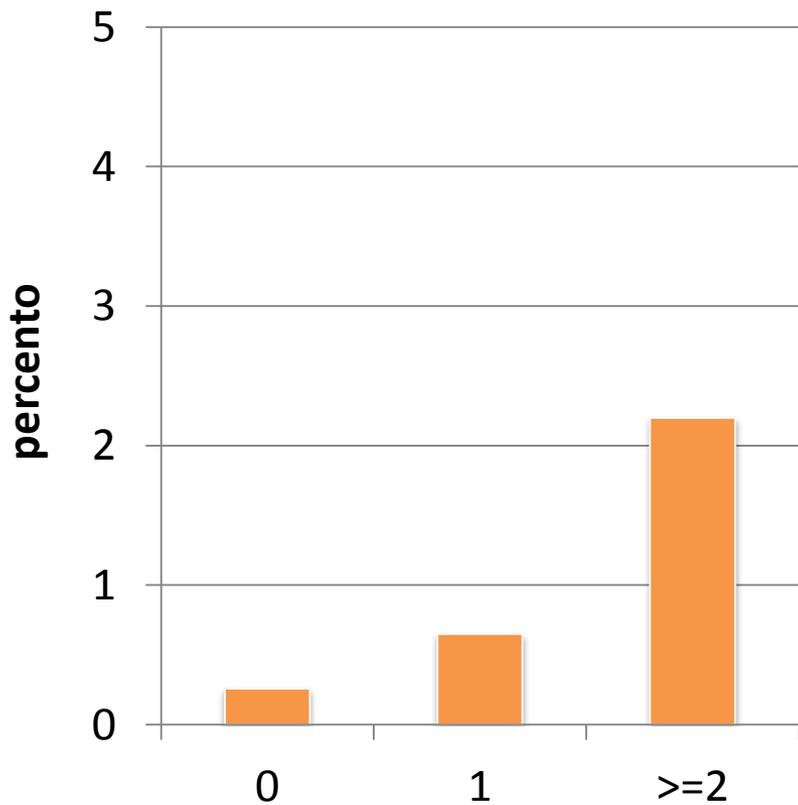
Clark T. Johnson, MD, MPH

Johns Hopkins School of Medicine, Baltimore, MD

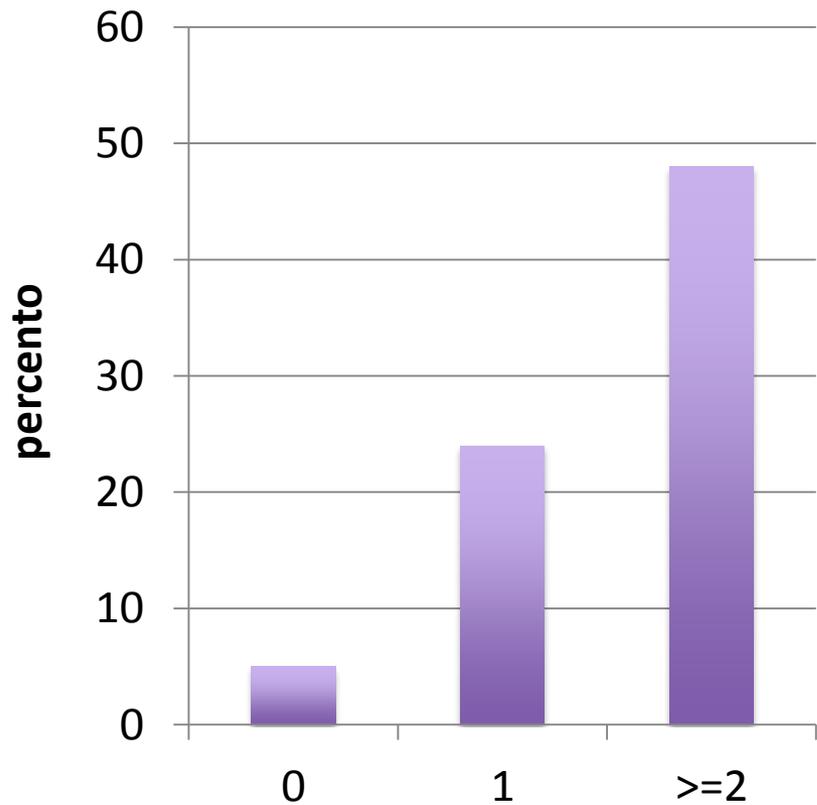
Erika F. Werner, MD



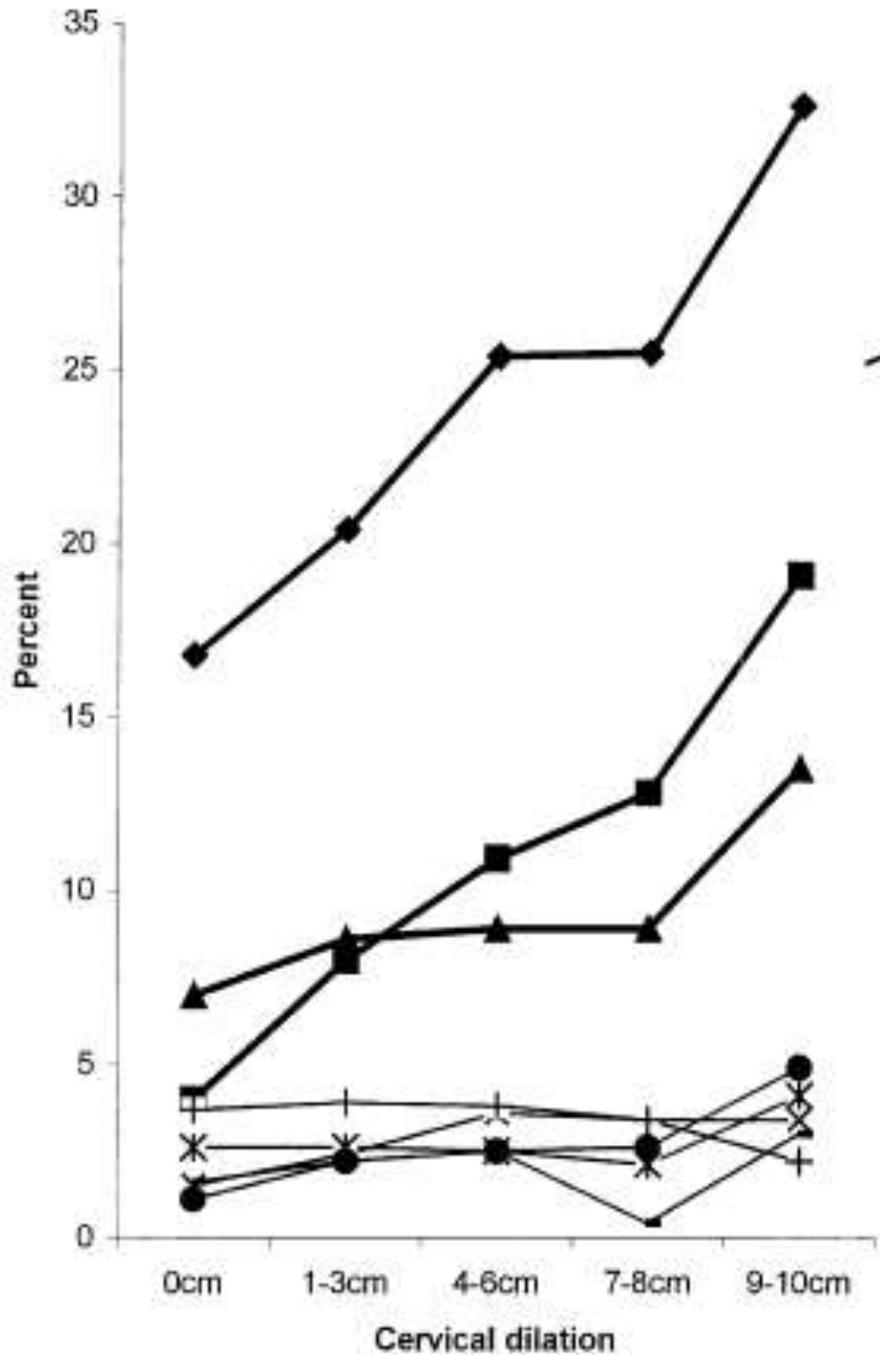
### Placenta Previa & precedente TC



### Placenta Accreta & precedente TC



# TC: complicazioni



- ◆ Totale
- Intraoperatorie
- ▲ Emorragia
- X Infezione della ferita
- \* Cistite
- Endometrite
- + Ematoma
- Reintervento

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## OBSTETRICS

# Birth by vacuum extraction delivery and school performance at 16 years of age

Mia Ahlberg, RNM; Cecilia Ekéus, PhD; Anders Hjern, PhD

**OBJECTIVE:** The aim of the present study was to investigate cognitive competence, as indicated by school performance, at 16 years of age, in children delivered by vacuum extraction.

**STUDY DESIGN:** This was a register study of a national cohort of 126,032 16 year olds born as singletons, with a vertex presentation, at a gestational age of 34 weeks or older, with Swedish-born parents, delivered between 1990 and 1993 without major congenital malformations. Linear regression was used to analyze mode of delivery in relation to mean scores from national tests in mathematics (40.2; scale, 10-75; SD, 14.9) and mean average grades (223.8; scale, 10-320; SD, 52.3), with adjustment for perinatal and sociodemographic confounders.

**RESULTS:** Children delivered by vacuum extraction ( $-0.51$ ; 95% confidence interval [CI],  $-0.76$  to  $0.26$ ) as well as by nonplanned cesarean section ( $-0.51$ ; 95% CI,  $-0.82$  to  $-0.20$ ) had slightly lower

mean mathematics test scores than children born vaginally without instruments, after adjustment for major confounders. Mean average grades in children delivered by vacuum extraction were  $-1.05$  (95% CI,  $-1.87$  to  $-0.23$ ) and  $-1.20$  (95% CI,  $-2.24$  to  $-0.16$ ) in children delivered by nonplanned cesarean section compared with children born vaginally.

**CONCLUSION:** Children delivered by vacuum extraction had slightly lower grades at age 16 years compared with those born by noninstrumental vaginal delivery but very similar to those delivered by nonplanned cesarean. This suggests that vacuum extraction and nonplanned cesarean are equivalent alternatives for terminating deliveries with respect to cognitive outcomes.

**Key words:** cesarean section, cognitive development, mode of delivery, school grades, vacuum extraction

Asfissia Perinatale (morte fetale o neonatale, sequele neurologiche)

Lesioni traumatiche neonato (parto strumentale, parto podalico)

Diagnosi Prenatale/Ecografia

Sequele materne (emorragia post-partum, isterectomia ostetrica, mortalità materna, complicazioni chirurgiche)

Altre