

## Dear Colleagues:

We are pleased to announce our live webcast of **Obstetrical Malpractice: A Survival Guide for 2023**

Our goal in organizing this program is to:

- *To review the management of common obstetrical problems in the context of medicolegal issues*
- *To provide an opportunity for discussion and learning around developing strategies in and for preventing and managing poor outcomes in obstetrics*
- *To provide a forum to discuss medicolegal issues amongst obstetrical caregivers and lawyers involved in this area*

Please plan to join us!

### Dr. Dan Farine

Professor, Dept. of Obstetrics & Gynaecology,  
University of Toronto  
Mount Sinai Hospital

### Dr. Sebastian Hobson

Assistant Professor, Dept. of Obstetrics & Gynaecology,  
University of Toronto  
Mount Sinai Hospital

## OB Malpractice Program

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8:20 Welcome and Opening Remarks  
Dr. Dan Farine

8:30 **Extreme Prematurity (22-24 weeks): Should They Get Steroids, MgSO<sub>4</sub>, CS, Cord?**  
Dr. Marina Vainder

**Q & A and Medicolegal Discussion with Tom Curry, Dr. Yenge Diambomba & Dr. Noor Ladhani**

*The Canadian guidelines to intervene and try to salvage extreme prematurity are only four years old. The frequency of extreme prematurity is very low. These two factors limit the scope on research for treating women with extreme premature labour. Perinatologists often extrapolate the treatment used at 25-28 weeks to this gestational without a solid evidence. Marina was able to collate the available data to allow us to decide on either the right therapy and/or direct future research. This is important not only to tertiary centers who end up treating these women and babies but also to the family doctors and obstetricians that can apply some of these treatment modalities before transfer.*

9:05 **Forceps Complications: Should They Change Our Outlook?**  
Dr. Sebastian Hobson

**Q & A and Medicolegal Discussion with Richard Halpern**

*There is a debate in the world on the use of obstetrical forceps. Many countries banned the use of forceps altogether. Canada is not one of them. The last CIHI data (that was published this year) looked at all Canadian births and found that 25% of patients undergoing forceps delivery had major complications. This data has prompted us to raise this issue again, critically review this paper and other data as it may be both a major medical and legal issue.*

9:45 **The Detailed Consent Form: Is It Helpful?**  
Dr. Lara Gotha

**Q & A and Medicolegal Discussion**

*The normal consent form has very few details. The issue to be discussed is if a more detailed consent outlining the known risks is superior in terms of covering all issues and protecting the caregiver. The alternative view is that it generates too much anxiety.*

10:15 Refreshment Break

10:30 **Shoulder Dystocia: It is Not the Pulling**  
Andrea Plumb and Dr. Rob Gratton

**Q & A and Medicolegal Discussion with Frank McLaughlin**

*There is data that has been used in Canadian courts this year, that traction on the fetal head is not as significant as previously thought. Both the medical and the legal information will be presented and discussed.*

11:30 **Genetics in Obstetrics: What is New and What are the Legal Pitfalls**  
Dr. Douglas Wilson

**Q & A and Medicolegal Discussion with Maria Damiano**

*The field of genetic testing in pregnancy is evolving on a yearly basis. There were ten such guidelines by the SOGC in the last few years. Dr. Wilson is the head of the Genetic Committee of the SOGC. He is probably the most qualified person to summarize these guidelines, explain the “do’s and don’ts” and will lead a discussion on an area that many care givers in pregnancy may be not be up to date.*

12:10 Refreshment Break

12:25 **Has the 30 Minutes Rule Changed to 15 Minutes?**

Dr. Jessica Green

**Q & A and Medicolegal Discussion with Dr. Randy Zettle**

*The rule of both the SOGC and ACOG are that a CS should start within 30 minutes of decision. There is lots of literature suggesting that there is nothing magic about this rule and the time frame outlined. In contrast, there are no guidelines on the need to deliver a baby within 15-18 minutes from the time of uterine rupture. There is not that much data but it is consistent that after such a time frame most babies will die or to have major morbidity. It implies that the CS in such a setting should be much faster and projects on time guidelines for CS. It may have a major effect on Institutional liability.*

12:55 **Managing the Impossible Patient**  
Dr. Jackie Thomas

**Q & A and Medicolegal Discussion with Gayle Brock**

*The impossible patient is the one who refuses to follow obstetrical advice in labour, and jeopardizes her health and more probably the baby’s health. There is not much literature on the topic. The views of an Obstetrician and a lawyer will lead to discussion with webcast participants.*

1:30 Closing Remarks

## Faculty

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### Gayle Brock

Brock Medical Malpractice Law PC - Owner

### J. Thomas Curry

Lenczner Slaght LLP – Partner

### Maria Damiano

Harte Law - Associate

### Dr. Yenge Diambomba

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Gluckstein – Senior Counsel

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### Frank McLaughlin

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### Dr. Douglas Wilson

Professor Emeritus, Dept. of Obstetrics & Gynaecology, University of Calgary and Alberta Health Services

### Dr. Randy Zettle

Family Physician and Lawyer (Borden, Ladner Gervais)