Obstetrics

Claims Data Snapshot

2025

MedPro Group

MLMIC

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Introduction

This publication begins with insight into frequency and financial severity profiles by specialty. Then follows an analysis of aggregated data from clinically coded cases opened between 2014-2023 in which Obstetrics is identified as the primary responsible service.

Keep in mind…

A clinically coded malpractice case can have more than one responsible service & allegations, but the “primary responsible service” is the specialty that is deemed to be most responsible for the resulting patient outcome.

Our data system, and analysis, rolls all claims/suits related to an individual patient event into one case for coding purposes. Therefore, a case may be made up of one or more individual claims/suits and multiple defendant types such as hospital, physician, and other healthcare professionals.

Cases that involve attorney representations at depositions, State Board actions, and general liability cases are not included.

This analysis is designed to provide insured doctors, healthcare professionals, hospitals, health systems, and associated risk management staff with detailed case data to assist them in purposefully focusing their risk management and patient safety efforts.

Specialty benchmarking

Specialties have different frequency and financial severity profiles which combine to produce differing risk levels.

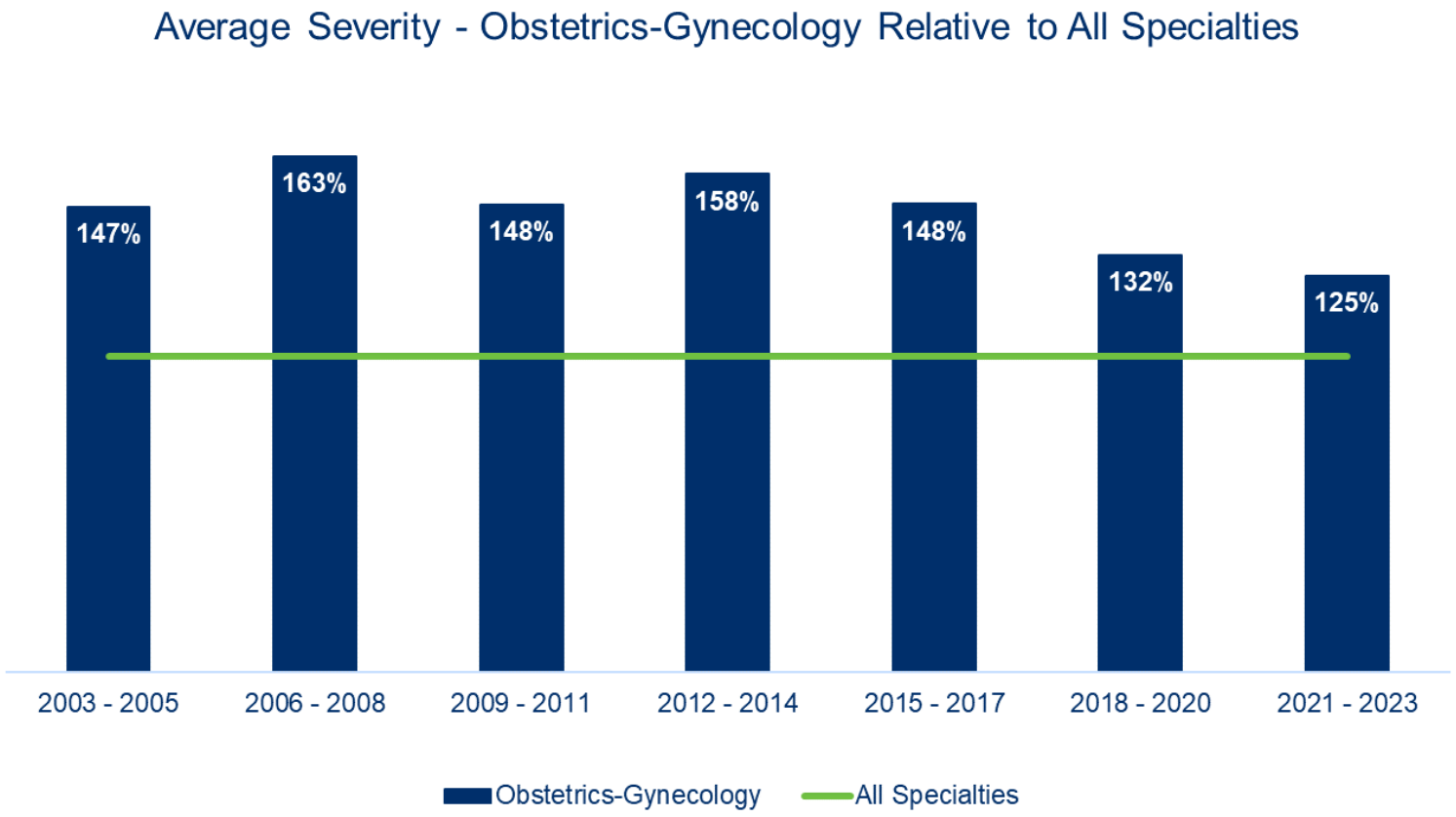
Severity Tier	Low Frequency	Medium Frequency	High Frequency
High	Hematology/Oncology, Pathology, Pediatrics	Anesthesiology, Neurology	Emergency Medicine, Neurosurgery, OB/GYN
Medium	Family Medicine, Nephrology, Physiatry, Urgent Care	Cardiology, ENT, Gastroenterology, Internal Medicine	Cardiovascular Surgery, General Surgery, Orthopedic Surgery, Radiology, Urology
Low	Allergy, Dermatology, Occupational Medicine, Psychiatry, Rheumatology	Ophthalmology, Plastic Surgery, Pulmonology	Hospitalists

Frequency Tier

Source: MedPro Group Physician & Surgeon Claim Experience & Analysis

Specialty trends – Obstetrics-Gynecology

Obstetrics-Gynecology has a higher financial severity per case and a higher claim frequency compared to all specialties.



Frequency Tier
High
Medium
Low

Source: MedPro Group Physician & Surgeon Claim Experience & Analysis

Key Points - Clinically Coded Data

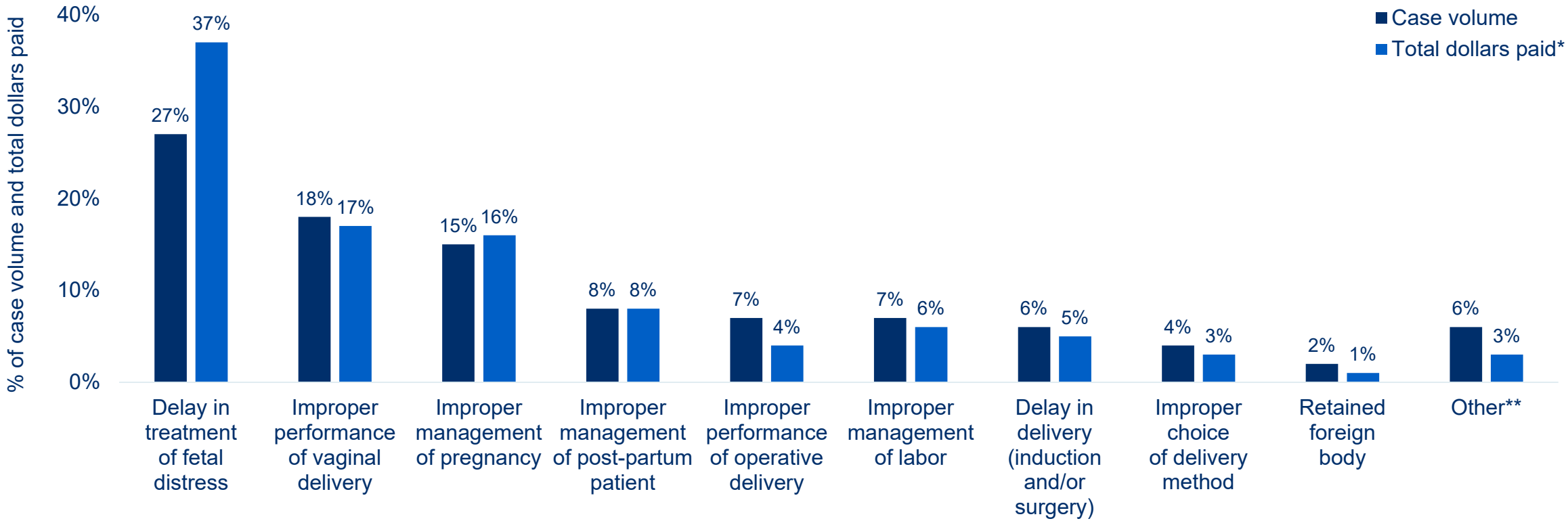
- The previous two specialty slides reference combined Obstetrics-Gynecology frequency and severity profiles. However, the clinically coded data section of this analysis – in all subsequent pages – is reflective only of cases involving Obstetrics as the responsible service.
  - Included in Obstetrics is the OB-Hospitalist specialty. Case volume is very limited (N=32), and therefore there is no separate focus provided for the OB-Hospitalist cases.
  - Also included in Obstetrics is Midwifery. 12% of the case volume reflects Midwifery in a responsible service role. See page 12 for a comparison of allegations between Obstetrics and Midwifery.
- Obstetrics-related allegations account for 89% of cases; these allegations are the sole focus of this analysis. Diagnostic and medical treatment/procedure allegations comprise the majority of remaining case types.
- Delays in the treatment of fetal distress, improper performance of vaginal deliveries and improper management of pregnancy are the three most commonly noted allegations, accounting for 60% of case volume and 70% of total dollars paid*. Midwifery cases are similar, however they do reflect a higher proportion of cases involving management of fetal distress.
- Contributing factors, which are multi-layered issues or failures in the process of care that appear to have contributed to the patient's outcome, and/or to the initiation of the case, provide valuable insight into risk mitigation opportunities. Clinical judgment and communication factors, specifically inadequate patient assessments, narrow diagnostic considerations, and team communication failures, are key drivers of clinical Obstetrics case severity. Events arising during night shift hours are noted in almost one-third of cases.

MedPro Group + MLMIC cases opened 2014-2023, Obstetrics as responsible service & OB-related allegations (N=1107); *Total dollars paid = expense + indemnity

Major Allegations & Financial Severity

Each case reflects one major allegation category. Categories are designed to enable the grouping and analysis of similar cases and to drive focused risk mitigation efforts. The coding taxonomy includes detailed allegation sub-categories; insight into these is noted later in this report.

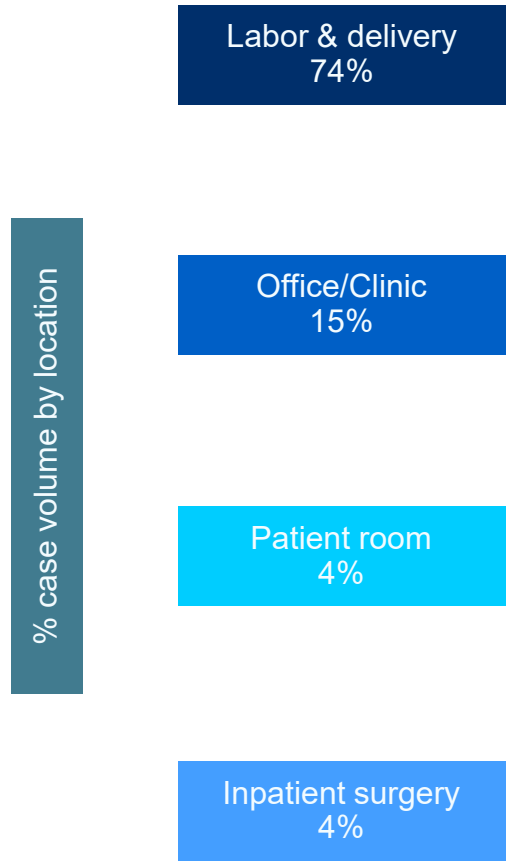
For Obstetrics, 89% of all case volume reflects Obstetrics-related allegations, therefore, the focus of this report will be on those allegations. In addition, a focus on Midwifery cases is included on page 12.



MedPro Group + MLMIC cases opened 2014-2023, Obstetrics as responsible service & OB-related allegations (N=1107); *Total dollars paid = expense + indemnity; **Other includes scenarios not represented by any other allegation category; examples include procedural performance error during an antepartum procedure or no prenatal or labor/delivery issues identified baby is born with low APGARS requiring intubation

Clinical Severity* & Most Common Locations

Clinical severity* categories	Sub-categories	% of case volume	Definitions
LOW	Emotional Injury Only	**3%**	Mental distress or suffering that is generally temporary; includes HIPAA violations, discrimination, involuntary stay
	Temporary Insignificant Injury		Lacerations, contusions, minor scars, rash; no delay in recovery
MEDIUM	Temporary Minor Injury	**19%**	Infection, fracture set improperly or a fall in the facility, where recovery is complete but delayed
	Temporary Major Injury		Burns, drug side effect; recovery delayed
	Permanent Minor Injury		Loss of fingers or loss or damage to organs; includes non-disabling injuries
HIGH	Significant Permanent Injury	**78%**	Deafness, loss of limb, loss of eye or loss of one kidney or lung
	Major Permanent Injury		Paraplegia, blindness, loss of two limbs or brain damage
	Grave Injury		Quadriplegia, severe brain damage, life-long care or fatal prognosis
	Death		Death
		26%	**% of cases resulting in fetal, newborn or mother death**



MedPro Group + MLMIC cases opened 2014-2023, Obstetrics as responsible service (N=1107); *Severity codes reflect National Association of Insurance Commissioners (NAIC) injury severity scale

Contributing Factors

Despite best intentions, processes designed for safe patient outcomes can, and do, fail.

Contributing factors are multi-layered issues or failures in the process of care that appear to have contributed to the patient's outcome, and/or to the initiation of the case, or had a significant impact on case resolution.

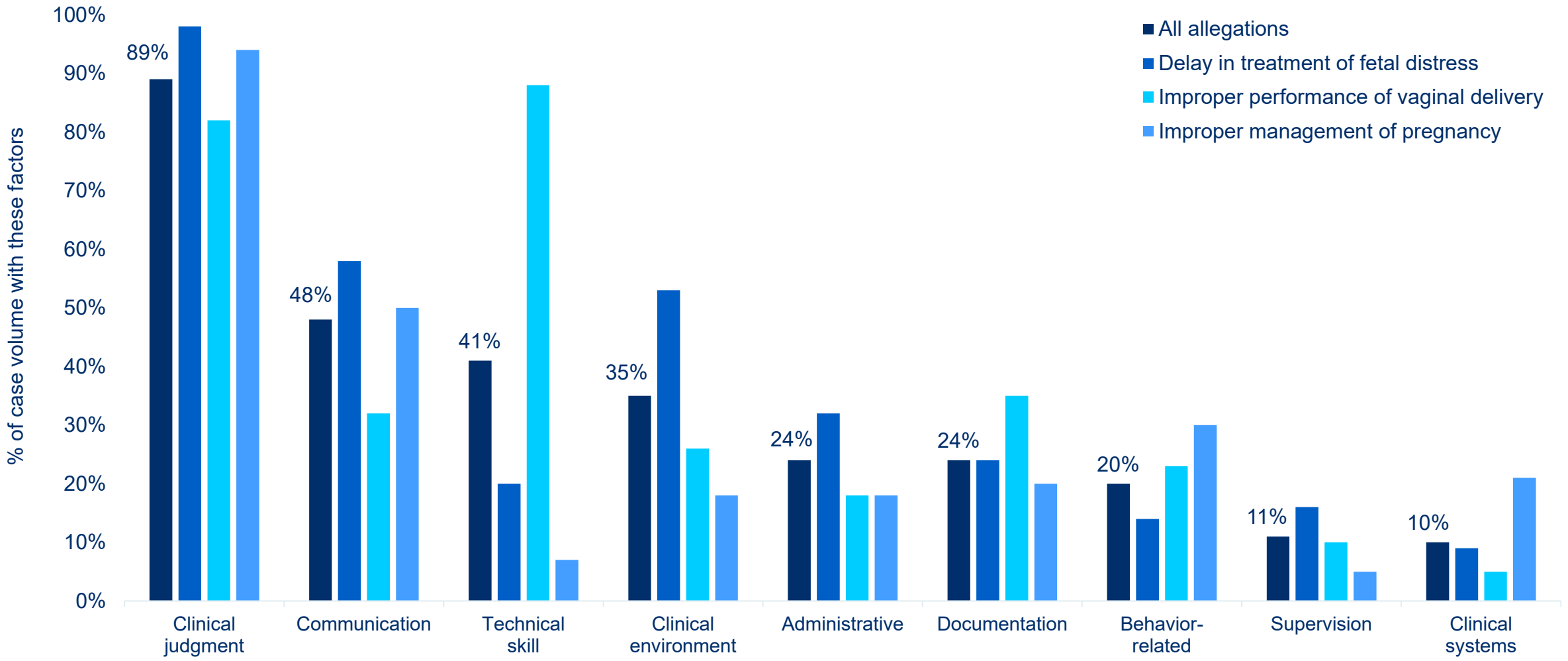
Multiple factors are identified in each case because generally, there is not just one issue that leads to these cases, but rather a combination of issues.

Administrative | Behavior-related | Clinical environment | Clinical judgment | Clinical systems | Communication | Documentation | Supervision | Technical skill

Contributing Factor Category Definitions

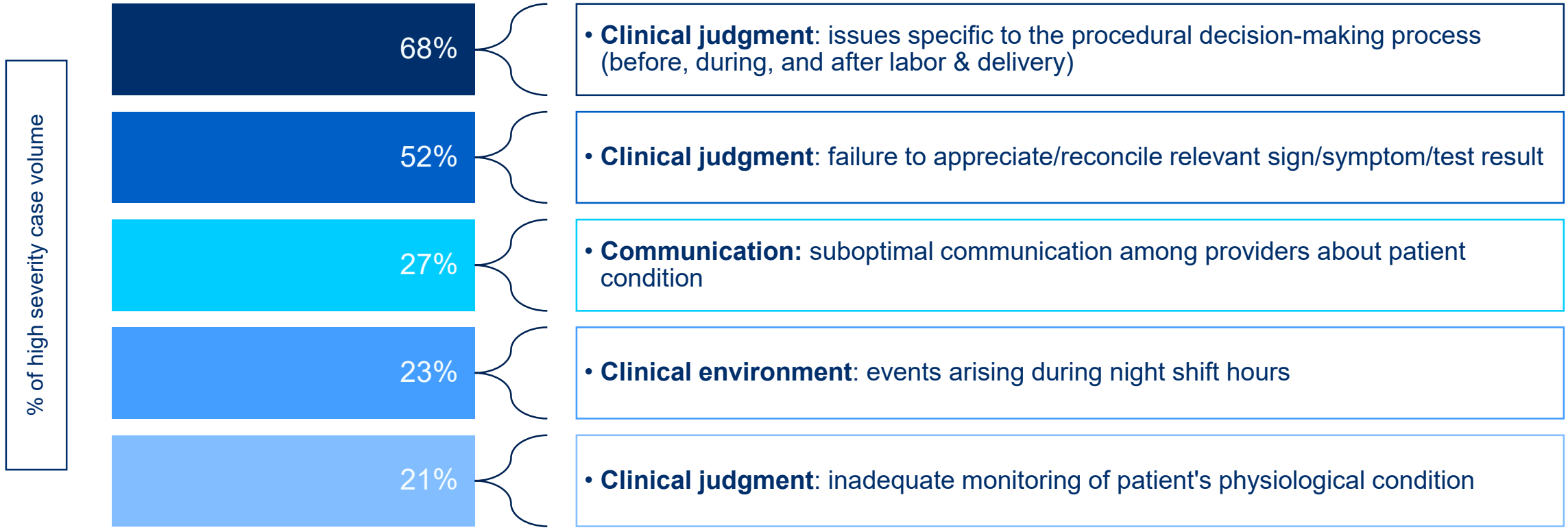
Administrative	Factors related to reporting of adverse events, adequacy of staffing, staff education/training, ethics, failure to follow and/or need for policy/protocols
Behavior-related	Factors related to patient nonadherence to treatment or behavior that offsets care; also, provider behavior including breach of confidentiality or sexual misconduct
Clinical environment	Factors related to workflow, physical conditions and “off-hours” conditions (weekends/holidays/nights)
Clinical judgment	Factors related to patient assessment, diagnostic decision-making, selection and management of therapy, patient monitoring, failure/delay in obtaining a consult, failure to ensure patient safety (falls, burns, etc.), choice of practice setting, failure to question/follow an order, practice beyond scope
Clinical systems	Factors related to coordination of care, failure/delay in ordering test, reporting findings, follow-up systems, patient identification, specimen handling, nosocomial infections
Communication	Factors related to communication among providers, between patient/family and providers, via electronic communication (texting, email, etc.), and telehealth/tele-radiology
Documentation	Factors related to mechanics, insufficiency, content
Supervision	Factors related to supervision of nursing, house staff, advanced practice clinicians
Technical skill	Factors related to improper use of equipment, medication errors, retained foreign bodies, technical performance of procedures

Most Common Contributing Factor Categories by Allegation



MedPro Group + MLMIC cases opened 2014-2023, Obstetrics as responsible service & OB-related allegations (N=1107); More than one factor per case, therefore totals >100%

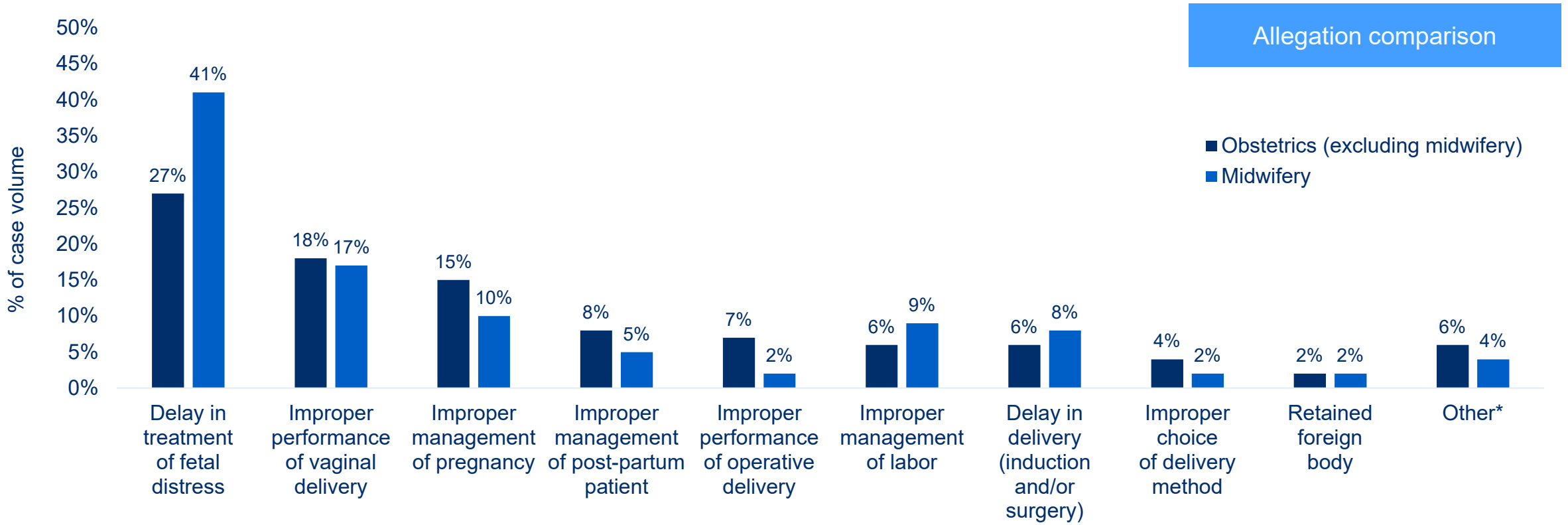
Focus on Most Common Drivers of Clinical Severity



Clinical judgment and communication factors, specifically inadequate patient assessments, narrow diagnostic considerations, and team communication failures, are key drivers of clinical Obstetrics case severity. Events arising during night shift hours are noted in almost one-third of cases.

MedPro Group + MLMIC cases opened 2014-2023, Obstetrics as responsible service & OB-related allegations (N=1107); More than one factor per case, therefore totals >100%

Focus on OB-Related Allegations Involving Midwifery



Overall case volume for midwifery is low, however, with the exception of cases involving fetal distress, the distribution of allegations is similar to that of obstetricians. The distribution of contributing factors in high clinical severity cases is also similar.

MedPro Group + MLMIC cases opened 2014-2023, Obstetrics as responsible service (N=1107), Midwifery in responsible service role (N=127) & OB-related allegations, *Other includes allegations for which no significant case volume exists

Risk Mitigation Strategies

- **Conduct an appropriate and thorough assessment of the patient, screening for risk factors and incorporating patient and family medical history.**
  - Carefully consider repeated patient complaints or concerns when making clinical decisions about patient care and additional diagnostic testing.
- **Communicate with each other.**
  - Focus on team training, which encourages clear communication across all providers, even during shift changes and evenings/weekends during lesser-staffed hours.
- **Recognize that inexperience with high-severity situations can be mitigated with situation-specific drills and team training.**
  - Ongoing evaluation of procedural skills and competency with equipment is critically important.
- **Be aware of the potential impact to patient care during ‘off-shift’ times including evenings/nights, weekends and holidays.**
- **Document. Verify that documentation covers all clinically significant information, including the clinical rationale for the method of delivery.**
  - Be aware that lack of access to outpatient prenatal records, containing documentation of maternal risk factors such as pre-eclampsia, as well test results for congenital fetal conditions, can significantly impact the decision-making of the inpatient team during labor and delivery.
- **Enable a culture where ‘chain of command’ policies are routinely followed in both the labor and delivery unit and in the OR, and acted upon in the event of delayed response from the managing physician/surgeon.**
  - Focus on repetitive drills for managing fetal distress so that next steps in the escalation of care are well-established.

MedPro Group & MLMIC Data

MedPro and MLMIC are partnered with Candello, a national medical malpractice data collaborative and division of CRICO, the medical malpractice insurer for the Harvard-affiliated medical institutions.

Derived from the essence of the word candela, a unit of luminous intensity that emits a clear direction, Candello's best-in-class taxonomy, data, and tools provide unique insights into the clinical and financial risks that lead to harm and loss.

Using Candello's sophisticated coding taxonomy to code claims data, MedPro and MLMIC are better able to highlight the critical intersection between quality and patient safety and provide insights into minimizing losses and improving outcomes.

Leveraging our extensive claims data, we help our insureds stay aware of risk trends by specialty and across a variety of practice settings. Data analyses examine allegations and contributing factors, including human factors and healthcare system flaws that result in patient harm. Insight gained from claims data analyses also allows us to develop targeted programs and tools to help our insureds minimize risk.