

# Lawyer tackles Lagos hospital over wife's death

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A grieving lawyer, Justice John, has accused Gynoscope Specialist Hospital, Ikate Elegushi, Lekki, Lagos, of negligence over the death of his wife, Akudo John, who died hours after childbirth.

Speaking at a press conference on Tuesday, John described his wife's death as sad, painful and completely avoidable, alleging medical negligence, poor emergency response and conflicting explanations by the hospital.

He said he and his wife registered for antenatal care at the hospital in the 13th week of her pregnancy and attended consistently until delivery, paying N450,000 for antenatal services, excluding additional tests conducted at other facilities on the hospital's advice.

According to him, all test results showed his wife was healthy, with no underlying medical conditions before or during pregnancy.

John said concerns were raised during the third trimester about the baby's size, prompting him to ask about safer delivery options, including an elective Caesarean section, but these concerns were dismissed by the consultant gynaecologist, whose assurances formed the basis of their confidence in the hospital.

He said, "On Monday, 1st December 2025, my wife began experiencing mild contractions. On Tuesday, 2nd December 2025, we arrived at the hospital, where the medical officer on duty examined her and confirmed she was 2cm dilated.

"Consequently, she was admitted. By the morning of Wednesday, 3rd December 2025, she was moved into the labour ward, having dilated to 5cm. The consultant gynaecologist induced labour by artificially rupturing the amniotic membranes. My wife went into labour, and I was present the entire time.

"My wife delivered via Spontaneous Vaginal Delivery. We paid N1.1m, plus an additional N98,500 for SVD pre-tests. The consultant performed an episiotomy (surgical cut), and our baby was delivered at about 12 noon on Wednesday, 3rd December 2025.

"The baby weighed 4.2 kg—a size medical experts consider to be foetal macrosomia (larger than average for gestational age). Immediately following delivery, I observed the M.O. nervously severing what I believe was the placenta from my wife's body."

John said his wife later complained of a heavy internal flow of liquid, a concern that was initially dismissed as piles.

Unsatisfied, he said he escalated the matter to the consultant, who, after examining her, reversed the medical officer's position, noting that "the vulva was unusually swollen and the sutures were too tight." His wife was then taken back to the labour ward, where the consultant resutured her.

According to John, after the second procedure, his wife "looked lifeless, pale, and unconscious for hours," while the bleeding continued. He said the consultant admitted she was bleeding internally but took no steps to refer her to another facility or involve an expert surgeon, despite what he described as the severity of the situation.

He said there was "a clear 15-hour window between the delivery of our baby and my wife's eventual passing," during which five pints of blood were transfused without first identifying the source of the bleeding.

"It appeared the blood was flowing out as fast as it was being infused," he said, adding that the consultant showed neither urgency nor proactiveness, repeatedly insisting that her blood pressure and pulse were stable.

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John further alleged that at about 3:00 a.m. on Thursday, December 4, 2025, his wife complained of discomfort and began convulsing, at a time when “no medical personnel were in sight.”

He said doctors and nurses only arrived minutes later after he screamed for help, noting that there was no oxygen in the ward and that the response was marked by “sudden, uncoordinated panic.”

“I insisted my wife be moved to another facility, but the consultant initially refused. Minutes later, he agreed. This led to the most disheartening episode of the night,” John added.

When the hospital eventually agreed to transfer his wife for further examination, John alleged that the evacuation process was marked by serious lapses.

He stated, “Firstly, the hospital brought a stretcher without side guards or straps to evacuate my wife. While moving her, she fell off the stretcher onto the tiled walkway of the 3rd floor. I challenge the hospital to release the CCTV footage of the 3rd floor from that day to the public. I rushed to help lift her back up.

“The staff seemed confused about whether to use the stairs or the elevator, thereby wasting valuable time during such an emergency.

“Secondly, upon reaching the ground floor, I expected the ambulance to be positioned at the entrance of the hospital door, ready to receive her.

“Sadly, the ambulance was stationed about 80 metres away, still covered in a tarpaulin, showing no readiness. Only then was the cover removed. When I asked the driver to open the ambulance, I heard the most shocking statement: the keys were with the human resources manager.

“It took considerable time to retrieve the keys. When the driver finally opened the bus, he stated he needed to connect the battery. Throughout this chaos, my wife lay in the open on a stretcher, unattended and without oxygen.

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“Thirdly, the ambulance finally took off. I insisted that the consultant accompany her as the most experienced personnel available. I drove behind the ambulance, which stopped twice on the way.

“Upon reaching Lagos Island from Ikate —a trip of about 15 minutes, given the time of the night —I noticed the ambulance appeared lost. I overtook them to inquire, and a nurse informed me they were heading to Marina.

“Suspecting they meant a government hospital on Broad Street, I then led them to Lagos Island Maternity Hospital, where my wife was pronounced dead on arrival. LIMH issued a note for her body to be deposited at the General Hospital mortuary.

“Gynescop Specialist Hospital reluctantly issued a death certificate claiming the cause of death was cardiac arrest. However, my wife’s body was taken to the Lagos University Teaching Hospital for an autopsy as part of the Coroner’s Inquest.

“LUTH has now issued a death certificate clearly stating the cause of death to be haemorrhagic shock, directly contradicting the hospital’s claim.”

Responding to the allegations in a telephone interview with our correspondent on Tuesday evening, the proprietor of Gynescop Specialist Hospital, Prof. Jude Okohue, described the incident as “very unfortunate” but denied claims of negligence, insisting that Mrs John did not die from vaginal bleeding.

“Nobody wished for this. She delivered here, and everything initially went well,” he said.

He explained that doctors became alarmed by unusual symptoms, adding, “There was no excessive vaginal bleeding. What concerned us was a rising pulse rate and the discovery of black blood in the stool. In 29 years of practice, I have never seen a woman who delivered normally bleeding from the anus.”

Okohue said the total vaginal blood loss was within normal limits and that the bleeding was internal.

“She delivered at our facility, and everything initially went well. I need to be careful not to disclose confidential patient information.

“After delivery, concerns were raised about bleeding, but it was not immediately clear where it was coming from. At that point, there was nothing alarming enough to warrant extensive examination, so she was returned to the ward.

“About one to two hours later, she took some soup brought from home. Shortly after, she began complaining of chest pain. When her pulse rate started rising, that became a major concern.

“There was no visible external bleeding, but the pulse kept increasing, so the decision was taken to transfuse blood to stabilise her.

“Subsequently, blood was noticed in her stool. This was deeply concerning because it is highly unusual for a woman who delivered normally to pass blood through the anus.

“The blood was black, which medically suggests it was coming from deep within the gastrointestinal tract, not from the vagina. Because her pulse continued to rise, a blood transfusion was maintained while efforts were made to understand what was happening.

“From the onset of these symptoms to the critical stage, the entire episode lasted about five to six hours. The blood that killed her did not come from the vagina. The maximum vaginal blood loss was about 450 millilitres.”

He also denied claims that the patient fell from a stretcher during evacuation or that the hospital abandoned her.

“I am not aware that she fell from a trolley, and I have investigated that. The only reported collapse was when she attempted to go to the restroom in the ward,” he said.

On the decision not to carry out a Caesarean section, Okohue said there was no medical indication for it.

“She delivered within 20 minutes of full dilation. There was no obstructed labour. We do not perform Caesarean sections simply because a baby is big,” he said.

He added that the hospital supported the autopsy process and rejected claims of a cover-up, saying, “I welcomed the autopsy because I wanted to know what really happened. It is unfair to conclude that this was due to negligence. Sometimes, tragic medical events occur despite all efforts.”

Meanwhile, the Chairman of the Nigerian Bar Association, Lagos Branch, Uchenna Akingbade, called for a thorough investigation into the incident, stressing that accountability and patient safety must be upheld.