

Nurse demands N300m damages from hospital over death of wife, baby

•Lawyer issues pre-action notice to R-Jolad •Hospital denies negligence •HEFAMAA begins probe

A REGISTERED nurse, Prince Owumodiwo, is set for a legal battle with R-Jolad Hospital, Agege, Lagos over the deaths of his wife Loveth and son Oghenetega. He accused the hospital of gross negligence, but R-Jolad denied any wrongdoing, saying it followed standard medical protocols.

Owumodiwo's lawyers issued a pre-action notice to the hospital, demanding N300 million in damages.

He petitioned the Lagos Health Facility Monitoring and Accreditation Agency (HAFEMAA), which has launched a probe. Parties now await its findings.

The petitioner's lawyers are also considering applying for a coroner's inquest.

Owumodiwo got married six years ago to Loveth Eneuvie, a teacher and business education graduate.

They had their first child in 2020 at a different hospital with no complications.

The nurse said Loveth chose R-Jolad after one of its doctors came to his daughter's school during a PTA meeting to advertise it as having good medical facilities.

So, when Loveth expected their second child, she registered at R-Jolad, where she was attended to by the consultant obstetrician and gynaecologist Dr. Marcus Mbakwe.

Owumodiwo who said the pregnancy progressed well from July 11, 2023 to March 6, but their excitement turned to deep sorrow on March 7 and 8.

Owumodiwo said: "It all started at 3:15am when I was still on duty at Coptic Hospital VI on March 7. I had a call from my wife that she had a ruptured membrane. We were so happy."

"We arrived R-Jolad Agege at 11:00am. My wife was clinically healthy, not in any distress, fully conscious, cheerful, alert, well-oriented, not pale. Her recent PCV (packed cell volume) was 39 per cent and full blood count was normal."

"At exactly 11:30 am after waiting for an update from the team, I chatted via WhatsApp with Dr Mbakwe. I expressed concern that my wife's membrane ruptured at 3am but she was not contracting."

Owumodiwo said the doctor later suggested a Cesarean Section in passing but allegedly did not educate them properly on the processes or stress the urgent need for it.

"At 12:10am, Dr Mbakwe entered our ward to commence induction. My wife was not connected to a cardiac monitor for close continuous monitoring and there was no cardiotocography (CTG) to ensure maternal and fetal safety."

"There was no single preparation put in place for any emergency. There was no contraction chart for documentation."

"One-hour post-induction, my wife had a slight bloody small vaginal discharge which Dr Mbakwe said was normal with induction."

"Dr Mbakwe did a Vagina Examination (VE) and said the bleeding was not significant and that my wife was just 3cm dilated."

"There was no contraction but my wife kept frequently using the washroom to urinate and felt urges to pass stool."

"At 8 am on Friday 8th of March, my wife was transferred to the labour room."

"Oxytocin 5IU was claimed to be added to 500ml of normal saline, which was infused manually using drop per minute dose despite my requesting they use an infusion pump for accuracy."

"No cardiac monitor was connected, and no CTG (cardiotocography) was connected throughout labour. I became uncomfortable at this point and felt they were not adhering to standard labour protocol," he said.

Owumodiwo said he noticed that his wife's veins had somehow suddenly collapsed.

"She still was fully conscious and communicating with no complaint of dizziness or chest pain, but the consultant was not available."

"At about 50 minutes post oxytocin induction, around 10:15 am, my wife started having vigorous continuous contractions due to hyperstimulation of the uterus and was in severe painful distress."

"At about 10:20am, my wife suddenly complained she wanted to sleep and fell back to bed. She then pushed the baby out forcefully into the perineum while losing consciousness."

"Her GCS (Glasgow Coma Scale) dropped to 8/15 (E2 V1 M5). She had an altered mental state. Airway patency was compromised."

"Both midwife and medical officer ran into panic. The oxytocin drip was immediately stopped. The midwife said she could feel the baby's head stuck inside the birth canal."

"I requested a quick vital sign check only to discover BP was very low 65/40 mmHg PR 110 BPM SPO2 89% on RA."

"I suspected a ruptured uterus from an overdose of multiple uterine drugs for induction. I told them my wife was bleeding heavily inside and the baby's head was acting as tamponade (blockage)."

"I requested for the consultant to rush my wife in for immediate Caesarian Section and exploratory laparotomy."

"I also requested a physician anaesthetist to intubate and resuscitate my wife and for a paediatrician to resuscitate my baby."

Medical experts absent

Owumodiwo continued: "To my biggest shock, none of these consultants were available in the hospital at the time of the crisis nor could the team on the ground resuscitate or perform surgery on my wife."



• The late Mrs Owumodiwo

By Joseph Jibueze, Deputy News Editor

"They obviously did not know how to handle the situation they were in acute confusion."

"I then requested for an ambulance service to urgently transfer my wife to a competent facility but the hospital had no provision for ambulance in an emergency."

"I was forced to kick off active resuscitative efforts just to increase the chances of my wife and baby's survival. Major resuscitative equipment was not readily available."

"I requested for Ambu bag and oxygen. When made available, I commenced airway support. I started Ambu bagging with 100 per cent oxygen to minimise hypoxia (lack of oxygen) with her lips already turning blue."

"At this point of active resuscitation and panic, the O&G surgeon Dr Mbakwe was nowhere to be found. Meanwhile, my baby's head was still stuck in the perineum with nobody to save him."

"I watched helplessly as my wife and baby were dying."

"The hospital did not have any emergency or ICU nurses."

"At about 12:05pm, over two hours after my wife had been unconscious, gasping for breath and profusely bleeding in severe hypovolaemic (blood loss) shock, Dr. Mbakwe arrived, giving the excuse that he was in another branch running a clinic."

"He came without any surgical team - no anaesthetist/intensivist, no paediatrician to perform the surgery with him."

"I was again compelled to anaesthetise my wife for him so that surgery could commence."

"The theatre was not ready for any emergency C-section. They had no perioperative nurse. The midwife became the scrub nurse and the inexperienced medical officer became the surgeon assistant."

"There was no oxygen available, no laryngoscope to perform modified rapid sequence induction."

"Persistent low blood pressure and hypoxia were noted. There was an additional delay in setting up the theatre even when Dr Mbakwe arrived."

'How my wife, baby died'

Owumodiwo said surgery finally began at about 12:30 pm.

He continued: "There was no laryngoscope in the hospital to intubate and secure my wife's airway. I was still actively resuscitating her to keep her vitals slightly stable."

"I had to place her on inotropic support with my own noradrenaline since their pharmacy was out of stock to support her low blood pressure and she also had various crystalloids and colloids."

"At about 12:42pm, the baby was delivered via C-Section from the perineum. At this time, the hospital anaesthetist and paediatrician were still not available."

"Dr Mbakwe begged me to leave my wife and join his nurses to help resuscitate the baby. Out of love for the innocent baby, I did."

"On getting to the resuscitator, the staff I met there were all incompetent with no clue on how to perform CPR (cardiopul-

monary resuscitation) for fresh stillbirth."

"When I assessed the baby, my son had already suffered prolonged birth asphyxia (lack of oxygen) from delayed interventions. There was no cord pulsation, no sign of life."

"I started CPR with chest compression and ambu bagging with a concentrator. No 100 per cent oxygen was available."

"I also gave two doses of 10mcg/kg (baby weight 4.2kg) of adrenaline via the umbilical vein because there was no paediatrician to secure an IV line."

"Despite CPR for 15 minutes, resuscitation proved abortive. I was crying uncontrollably realising that I had lost my baby boy."

"I quickly rushed back to my wife to continue the care since the hospital anaesthetist was nowhere to be found."

"It took the anaesthetist three hours to arrive. My wife couldn't be placed on a ventilator because the anaesthesia ventilator was either not working or the anaesthetist could not operate it."

Owumodiwo said the doctor confirmed that his wife had suffered a ruptured uterus with deep vaginal injuries and had lost a significant amount of blood."

"Before the knife on the skin, we noticed how de-oxygenated her blood was (the blood was very dark she was barely alive)."

"The surgery was prolonged and very embarrassing power supply was epileptic."

"The theatre was in total darkness on several occasions while surgery was ongoing. We had to turn on mobile phone torchlights. It took significant time before power could be fully restored."

"My wife was infused with multiple colloids and crystalloids but they had minimal effects because the surgeon could not secure multiple torrential bleeding vessels and too much delay in starting surgery increased my wife's and son's mortality risk significantly."

Cardiac arrest

Owumodiwo added: "I left the theatre for 10 minutes because I was getting exhausted and family members were worried waiting at the reception... only to come back to the theatre and my wife had suffered cardiac arrest."

"CPR was being done on my wife with no ECG (electrocardiogram) monitoring and no defibrillator available."

"I checked her pupils; they were 5mm dilated. I was so traumatised. My wife and baby were not given any fighting chance to live. The entire theatre floor was a river of blood."

"My wife was sadly declared dead at 3:52 pm. The death certificates were handed over to me."

"The secondary cause of death of my wife on the certificate is ruptured uterus with massive uterine haemorrhage. They claimed my son was a case of fresh stillbirth."

"It is a miracle that I am still alive, that I did not collapse seeing my wife and baby die and no capable hands to rescue the situation. I was truly heartbroken seeing my wife and son being transferred to the morgue."

Owumodiwo alleged the hospital failed to hand over to the placenta and uterus (womb) despite repeated requests."

"Only the bodies with stained hospital linen were handed over to me," he said.

We were not negligent, says R-Jolad

R-Jolad Hospital Nigeria Limited, in response to the pre-action notice, denied any negligence by Dr Mbakwe or any of its medical staff. It condoled with Owumodiwo over the loss of his wife and son.

The March 25 letter, signed by Executive Director/Chief Operating Officer Soji Osunsedo and Medical Director Dr. Abiola Fasina, reads in part: "Please note that at R-Jolad Hospital, we take the well-being and safety of our patients very seriously, and any suggestion of negligence is deeply concerning to us."

"Our team of qualified professionals worked diligently to provide the best possible care for the patient in question. We understand the gravity of the situation and the impact it has had on all parties involved."

"As you are aware, medical negligence relates to the failure of a healthcare professional to provide a standard of care that a reasonable and prudent provider would under similar circumstances, resulting in harm to the patient."

"Following a thorough investigation and review of the medical records and procedures followed during the childbirth, we hereby confirm that R-Jolad Hospital as well as the clinicians on duty followed the necessary procedures expected of a reasonable hospital and provided the standard of care expected under similar circumstances."

"Our medical team followed the standard protocols during the delivery process and the records confirm that all necessary steps expected were taken to ensure the safety of both the mother and the baby during the delivery at the Hospital."

"We are, therefore, unable to grant your demands in your letter under reference..."

"We reiterate that R-Jolad Hospital is committed to transparency and accountability in all aspects of medical practice, and we are open to further discussions or investigations to address any concerns that may arise."

"Please feel free to reach out to us if you have any further questions or require additional information regarding this matter."

The Hospital, when contacted by *The Nation*, denied not releasing the placenta and ruptured uterus, adding that it was also constrained in administering blood due to religious preferences, a claim Owumodiwo vehemently faulted.