

WISCONSIN DEPARTMENT OF REGULATION & LICENSING



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STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY :
PROCEEDINGS AGAINST :
 :
 : FINAL DECISION AND ORDER
JULIE M. DEJONG , M.D. : LS0312121MED
RESPONDENT. :

The parties to this action for the purposes of sec. 227.53, Wis. Stats., are:

Julie M. DeJong, M.D.
915 Summit Avenue
Oconomowoc, Wi 53066

Medical Examining Board
1400 E. Washington Avenue
P.O. Box 8935
Madison, WI 53708 8935

Department of Regulation and Licensing
Division of Enforcement
1400 E. Washington Avenue
P.O. Box 8935
Madison, WI 53708 8935

PROCEDURAL HISTORY

The parties in this matter, Julie M. DeJong, M.D., Respondent personally and through her attorney, Sharon R. Long, Gutglass, Erickson, Bonville, Seibel and Falkner, S.C., and Pamela M. Stach, Attorney for the Department of Regulation and Licensing, agree to the terms and conditions of the attached Stipulation as the final disposition of this matter, subject to the approval of the Wisconsin Medical Examining Board. The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Julie M. DeJong, Respondent herein, of 915 Summit Avenue, Oconomowoc, Wi 53066 whose date of birth is August 5, 1965, is licensed and currently registered to practice medicine and surgery in the State of Wisconsin under license number 36385 which was granted on March 10, 1995.
2. Respondent specializes in the practice of obstetrics.
3. A formal complaint, LS0312121MED is pending in this matter before the Wisconsin Medical Examining Board.
4. On September 6, 2001, at 0120, a 34 year old female patient RJ presented at Oconomowoc Memorial Hospital for delivery at 39 ½ weeks of her third child by Respondent.
5. Patient RJ had a history of an emergency cesarean section with her first child and a vaginal delivery by Respondent of her second child.
6. At the time of admission the patient was 1cm. dilated.

7. At 0730 an external fetal heart rate monitor was placed.
8. At 0905 the patient was 2 cm. dilated, Respondent artificially ruptured the membranes and clear fluid was noted.
9. At 1145 the patient was dilated to 3 cm. and was complaining of pain. Respondent gave orders for administration of Stadol.
10. At 1245 Respondent ordered a combined spinal/ epidural injection with the patient at 6cm dilation.
11. Poor quality tracings were noted on the fetal heart rate monitor strip beginning at 1250. . Respondent was present at this time and asserts that the fetal heart tones were audible to her.
12. By 1300 the patient was 9 cm. dilated at 0/+1.
13. At 1305 the fetal heart rate tracings from the external monitor were essentially unreadable. Respondent was present at this time and asserts that the fetal heart tones were audible to her.
14. Respondent did not place or order placed an internal fetal scalp monitor in response to the poor tracings from the external monitor.
15. The patient's dilation was complete at 1320 and the tracings of the fetal heart rate were noted in the record to be poor at this time. Respondent was present at this time and asserts that the fetal heart tones were audible to her.
16. Respondent did not place or order placed an internal fetal scalp monitor in response to the poor tracings from the external monitor.
17. At 1325 a deceleration was noted with contractions. Oxygen administration to the patient was initiated and an IV bolus given.
18. At 1335, Respondent attempted a vacuum extraction delivery due to maternal exhaustion but was unsuccessful.
19. Respondent discontinued delivery attempts and determined that she would wait for the epidural/ spinal block to wear off prior to making another delivery attempt.
20. Decelerations were noted in the patient record at 1344.
21. From 1350 to 1355 there appeared to be decelerations in the fetal heart rate.
22. Respondent ordered administration of Pitocin at 1355.
23. Between 1355 and 1410 the fetal heart tone was noted to be below 120.
24. At 1410 Respondent ordered an increase in the Pitocin.
25. From 1410 until 1415 the fetal heart rate tracings from the external monitor were essentially unreadable. Respondent was present at this time and asserts that the fetal heart tones were audible to her.
26. Respondent did not place or order placed an internal fetal scalp monitor in response to the unreadable tracings at that time.
27. An adjustment to the ultrasound at 1415 improved the fetal heart rate tracings for a period of approximately 5 minutes.
28. From 1420 until approximately 1455 the fetal heart rate tracings from the external monitor were again essentially unreadable.

29. Respondent did not place an internal fetal scalp monitor in response to the unreadable tracings at that time.

30. At 1510 Respondent was contacted by the delivery room nurse and informed that the epidural had worn off and the fetal heart rate baseline had increased with the variables down to the 70s with contractions.

31. At 1515 the delivery room nurse contacted Respondent and advised her that the head was pushed to the perineum at +4 to +5 with one push but the fetal heart rate had dropped to the 70s and was not increasing.

32. Respondent arrived at the delivery room at 1517. The fetal heart rate was 60 to 70 at that time.

33. Respondent immediately applied a vacuum extractor and the head was delivered after two pushes. A nuchal cord was noted which had slipped over the head. Shoulder dystocia was encountered, an episiotomy was cut, a McRobert's maneuver performed and suprapubic pressure applied.

34. The child was delivered at 1537 with no pulse or respiratory effort.

35. A code was initiated with the baby intubated within two minutes. After twenty minutes of resuscitation attempts the baby was declared deceased.

36. Respondent's delivery methods from 1517 through 1537 were appropriate and timely.

37. Respondent's conduct as herein described with regard to Patient RJ fell below the minimum standards of competence established in the profession in that she failed to place an internal fetal scalp monitor at any time during the patient's labor when she knew or should have known that the readings from the external monitor were inadequate to determine the condition of the fetus.

38. Additional issues alleged in the complaint included the appropriateness of the administration of Pitocin and the failure to complete delivery at 1335 when vacuum extraction delivery attempts were initiated. No findings of unprofessional conduct are made herein with regard to those allegations.

39. The issues alleged in the complaint were contested and expert witnesses would have testified at any hearing on behalf of Respondent.

40. There have been no other complaints filed with the Department involving Respondent's practice.

41. The Respondent has fully cooperated in the investigation and has voluntarily agreed to the Order contained herein.

CONCLUSIONS OF LAW

1. The Wisconsin Medical Examining Board has jurisdiction in this proceeding pursuant to Wis. Stats. sec. 453.04.

2. The Wisconsin Medical Examining Board has the authority to resolve this matter by stipulation without an evidentiary hearing pursuant to Wis. Stats. sec. 227.44(5).

3. Respondent's failure to place an internal fetal scalp monitor at any time during the labor constitutes a violation of Wis. Adm. Code sec. MED 10.02(2)(h).

ORDER

NOW, THEREFORE, IT IS ORDERED that the Stipulation of the parties, as attached hereto, is accepted.

IT IS FURTHER ORDERED as follows:

1. Within six months of the effective date of this Order, Dr. DeJong shall participate in and successfully complete eight hours of continuing education in the management of labor and delivery in the first and second stages of labor and the interpretation of fetal monitor tracings. The courses attended in satisfaction of this requirement shall be courses that require the physical presence of the attendees at the location where the course is being conducted. Courses conducted via the internet or by other electronic means of communication or courses conducted by correspondence or through a home study program shall not satisfy this requirement.
2. Dr. DeJong shall be responsible for locating the course/s required under this Order, for providing adequate course descriptions to the Department Monitor and for obtaining pre-approval of the course/s from the Wisconsin Medical Examining Board prior to commencement of the programs. The Board may reject in whole or in part any educational opportunity which is nominated by Dr. DeJong when, in the Board's judgment, the syllabus or description of the course or other educational opportunity is insufficient to fulfill the purpose for which Dr. DeJong nominates it by reason of the educational opportunity's scope, content, method of instruction, or degree of participation required of students. The Board shall not unreasonably deny an educational opportunity suggested by Dr. DeJong.
3. Within 30 days after the course/s identified in paragraph one above are concluded, Dr. DeJong shall file with the Wisconsin Medical Examining Board certifications from the sponsoring organization of her attendance at the required course/s.
4. All costs of the educational programs shall be the responsibility of the Dr. DeJong.
5. Respondent shall pay costs in this matter in the amount of \$7175 payable to the Department of Regulation and Licensing within sixty days of the effective date of this Order.
6. Submission of all required documentation and payment of costs shall be mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

7. Violation of any of the terms of this Order may be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Respondent's license. The Board, in its discretion, may, in the alternative, impose additional conditions and limitations or other additional discipline for a violation of any of the terms of this Order. In the event Respondent fails to timely submit any payment of the costs as ordered, the Respondent's license SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

8. This Order is effective upon signing.

Dated at Madison, Wisconsin this 15th day of December, 2004.

WISCONSIN MEDICAL EXAMINING BOARD

Alfred Franger

