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STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE	:	
DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
ROBERT ERIC SEWARD, M.D.	:	LS # 0406241MED
RESPONDENT.	:	

[Division of Enforcement Case # 02MED184]

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Robert Eric Seward, M.D.
W8737 Birdie Lane
Beaver Dam, WI 53916

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

State of Wisconsin Medical Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

A formal complaint was filed in this matter on June 24, 2004. A second complaint adding additional counts was filed on February 18, 2005 and consolidated with this action under LS0406241MED on March 28, 2005.

The parties in this matter, Robert Eric Seward, Respondent, personally and through his attorney, Paul H. Grimstad, Nash, Spindler, Grimstad & McCracken LLP, and Pamela M. Stach, Attorney for the Department of Regulation and Licensing, Division of Enforcement, agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Medical Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable. Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Robert Eric Seward, M.D., Respondent herein, DOB 1/4/70, is duly licensed and currently registered to practice medicine and surgery in the state of Wisconsin under license #42496 which was granted on August 4, 2000.
2. Respondent's most recent address on file with the Wisconsin Medical Examining Board is W8737 Birdie Lane, Beaver Dam, WI 53916.
3. At all times relevant to this action, Respondent was working as a physician at Door County Memorial Hospital in Wisconsin.
4. Respondent specializes in the practice of obstetrics and gynecology.
5. On March 12, 2001, a 31 year old female patient, SC, presented at Door County Memorial Hospital in early labor at 37 weeks.
6. Patient SC had a history of three previous preterm vaginal deliveries, a possible incompetent cervix with placement of a cerclage and magnesium treatment for this pregnancy and a known breech presentation.
7. At the time of admission the patient was approximately 5 to 6 cm. dilated.
8. At 1010 an external fetal heart rate monitor was placed.
9. At 1029 a variable deceleration was noted and the patient was shifted to her side.
10. At 1140 Respondent attended the patient and discussed the options of vaginal vs. caesarean section delivery of the breech fetus. The patient agreed to a vaginal trial delivery.
11. Respondent did not order preparations for a possible cesarean delivery in the event the vaginal delivery attempt failed.
12. At 1141 there was a prolonged variable deceleration with slow recovery lasting approximately five minutes.
13. Respondent did not place or order placed an internal fetal scalp electrode at this time.
14. There was a loss of tracings between 11:46 and 11:54 as the external monitors were changed.
15. Upon resumption of the tracings, the fetal heart tone was tachycardic.
16. Respondent did not place or order placed an internal fetal scalp electrode at this time.
17. Spontaneous rupture of the amniotic sac occurred at 12:02.
18. From approximately 12:40 through 12:47 there were long variable decelerations with slow recovery.
19. Periods of unreadable tracings are present between approximately 12:42 and 12:53.
20. Respondent did not place or order placed an internal fetal scalp electrode at this time.
21. Patient SC suggested that Respondent consider proceeding with a caesarean section at this time.

22. Respondent ordered an ultrasound to determine the infant's position.
23. At 12:54 Respondent ordered placement of an inflow catheter and application of an ECG.
24. On Respondent's order, amnioinfusion commenced at 12:59.
25. From 13:10 to 13:20 there are deep decelerations and the patient was placed in a knee chest position.
26. The fetal monitor tracings are essentially unreadable from approximately 13:24 through 13:33.
27. At 13:33 the ECG was removed and fetal heart tones were taken by ultrasound.
28. Delivery was accomplished at 13:44 with some head entrapment and piper forceps assistance.
29. Heart tones were poor at the time of delivery.
30. The infant showed poor tone at the time of delivery with cord PH at 7.15 and no spontaneous breathing.
31. The infant was transferred for continued care to St. Vincent's Hospital, Green Bay, WI, on March 12, 2001 and was discharged from that hospital as a no code on March 27, 2001, with a diagnosis of post hypoxic ischemic encephalopathy with clinical and EEG evidence of cortical and brain stem dysfunction.
32. The infant died on April 6, 2001.
33. Respondent's conduct as herein described with regard to Patient SC fell below the minimum standards of competence established in the profession in the following respects:
 - A. Respondent failed to adequately monitor the patient's labor and the fetal condition by placing an internal fetal scalp monitor between 11:41 and 13:00 in response to prolonged variable decelerations.
 - B. Respondent failed to place an internal fetal scalp monitor during the patient's labor when he knew or should have known that the readings from the external monitor were inadequate to determine the condition of the fetus.
 - C. Respondent failed to prepare for a possible cesarean section delivery in the event the vaginal delivery attempt of the known breech failed.
34. Respondent's conduct created the following unacceptable risks to the patient:
 - A. Respondent's failure to place an internal fetal scalp monitor prior to 13:00 deprived Respondent and the attendant medical personnel from obtaining accurate information of the fetus' condition upon which to base medical decisions and prevented necessary and timely medical intervention.
 - B. Respondent's failure to order preparations for a possible caesarean section in the event of failure of an attempted vaginal delivery created the risk of delay in delivery of the fetus thereby creating additional risks to the health and welfare of the fetus.
35. Counts 1 and II of the second formal complaint filed in this matter contain additional allegations that Respondent failed to recognize nonreassuring fetal heart tones, failed to adequately evaluate the fetal condition at that time, failed to consider immediate delivery by caesarean section, and the continued administration of Pitocin when contraindicated with regard to Patient JV; failed to hospitalize the patient for observation and/or delivery in a timely manner, failed to deliver the infant in a timely manner given the patient's preeclampsia, failed to order appropriate laboratory work, failed to initiate administration of dexamethasone when indicated, ordered Terbutaline when contraindicated by the patient's condition, and

performed a D & C procedure when not indicated by the patient's condition with regard to patient SF. No formal findings have been made with regard to these allegations.

36. In August 2002, and following the incidents alleged in the formal complaints, Respondent obtained temporary privileges at Beaver Dam Memorial Hospital, Beaver Dam, WI. The terms of the temporary privileges required Respondent to undergo a period of proctoring and formal observation of obstetrical deliveries and obstetrical and gynecological surgical procedures by a Board Certified obstetrician.

37. In December 2002, Respondent had successfully completed the period of proctoring and, upon recommendation of his proctor, was granted unrestricted privileges by Beaver Dam Memorial Hospital.

38. Respondent's privileges at Beaver Dam Memorial Hospital were renewed in January 2005 and are current.

39. Respondent currently converts all malpresentations to vertex by external cephalic version, if possible, or proceeds with an elective C- section.

40. Respondent currently serves as Chairman of the Obstetrics and Newborn Department at Beaver Dam Memorial Hospital.

41. Prior to entry into the attached stipulation, Respondent passed the written and oral requirements for board certification by the American College of Obstetrics and Gynecology and is currently completing the certification process.

42. Between 2002 and the date of this Order, Respondent has obtained extensive continuing medical education with specific lectures in the following areas: preeclampsia, preterm labor, induction, growth restriction, antenatal surveillance, fetal heart tone assessment, pelvic reconstruction surgery, urogynecology, thrombophilia, patient safety, fetal oxygen saturation monitoring, fetal distress and recent literature developments in breech delivery, and other high risk obstetrical issues.

43. Respondent has provided the Board with copies of his hospital outcome statistics for his obstetrics cases and gynecological surgeries from September 2002 through April 2005. These statistics have been reviewed by the obstetrical advisor assigned to this case and have been found to be acceptable.

44. Respondent has had no hospital disciplinary actions or malpractice claims since 2002.

45. Respondent has cooperated fully throughout this investigation and has voluntarily provided all information requested of him.

CONCLUSIONS OF LAW

1. The Wisconsin Medical Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. § 448.03 (2), and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44 (5).

2. The conduct described in paragraphs 33 and 34, above, constitutes a violation of Wis. Stat. § 448.02 (3), and Wisconsin Administrative Code § MED 10.02 (2) (h).

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED that:

The license of Robert Eric Seward, M.D., to practice medicine and surgery in the State of Wisconsin is hereby LIMITED on the following terms and conditions:

1. Dr. Seward shall take and pass the written and oral examinations for certification by the American College of Obstetrics and Gynecology.

The Board recognizes that Dr. Seward completed this requirement as of November 8, 2005.

2. Dr. Seward shall seek and obtain consultation on any delivery involving obstructed labor or abnormal fetal tracings for a period of three months. The individual providing the consultation shall be available for the duration of the labor and delivery following the initial consult. A written assessment of those consultations shall be provided to the Medical Examining Board following completion of the monitoring period.

3. Dr. Seward shall obtain a reviewing physician, to be preapproved by the Board, to serve as a monitor during the performance of ten hysterectomies. This individual would evaluate and report to the Board, Dr. Seward's technique in performing these procedures.

Based on the extensive monitoring required by Beaver Dam Memorial Hospital as a condition of granting Dr. Seward temporary hospital privileges in 2002, Dr. Seward's successful completion of that monitoring and the granting of full privileges upon recommendation of his proctor, the Board finds that the requirements set forth in paragraphs 2 and 3 of the Order have been met.

4. In the event the monitoring physicians note any deficiencies in Dr. Seward's procedures during labor and delivery or the performance of the hysterectomies, Dr. Seward shall complete any reeducation recommended by the monitoring physicians within six months of that recommendation. Evidence of completion of the recommended reeducation shall be submitted to the Board within thirty days of completion.

Based on the fact that no deficiencies were noted by the proctoring physician during the monitoring period at Beaver Dam Memorial Hospital and the fact that Dr. Seward has voluntarily obtained extensive reeducation as set forth in summary in paragraph 42 of the Findings of Fact, the Board determines that this requirement is satisfied.

IT IS FURTHER ORDERED that:

5. Respondent shall, within ninety (90) days from the date of this Order, pay costs of this proceeding in the amount of Fourteen Thousand two hundred sixty two (\$14,262) dollars. Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and 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

6. In the event Respondent fails to timely pay costs as ordered, the Respondent's license # 42496 SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

IT IS FURTHER ORDERED that based on the above, the Board determines that no further discipline is required.

IT IS FURTHER ORDERED that Counts I and II of the second complaint consolidated in this matter are hereby dismissed.

IT IS FURTHER ORDERED that investigative file # 02 MED 184 is hereby closed.

IT IS FURTHER ORDERED that this Order is effective on the date of its signing.

STATE OF WISCONSIN
MEDICAL EXAMINING BOARD

By: Bhupinder Saini MD
A Member of the Board

1/25/06
Date