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STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
	:	AS TO DR. GRUNWALD
ANN GRUNWALD, M.D.	:	
	:	LS0804231MED
RESPONDENT.	:	

[Division of Enforcement Case #06 MED 391]

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

Ann Grunwald, M.D.
610 E. Taylor Street
Prairie du Chien, WI 53821

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

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

PROCEDURAL HISTORY

The parties in this matter 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. Ann Grunwald, M.D. ("Respondent") was born on October 23, 1953, and is licensed to practice medicine and surgery in the state of Wisconsin pursuant to license number 20-23379. This license was first granted on September 18, 1980.

2. Respondent's most recent address on file with the Wisconsin Medical Examining Board is 610 E. Taylor Street, Prairie du Chien, Wisconsin 53821.

3. At all times relevant to this proceeding, Respondent was working as a physician at Gundersen Clinic, Prairie

du Chien, Wisconsin. Respondent is a family practitioner who includes obstetrics in her practice.

4. Patient B.S. is a woman born on May 26, 1965.

5. In consultation with Respondent on January 11, 2001, Patient B.S. decided to attempt her second vaginal birth after cesarean section (VBAC). Patient B.S. had an uneventful pregnancy.

6. As the estimated date of delivery approached, Respondent notified Patient B.S. that Respondent's vacation schedule made it likely that Respondent would not the physician to manage the labor and delivery.

7. Patient B.S. chose to schedule the induction of labor and delivery for July 23, 2001, so that she could be attended by Respondent.

8. On July 23, 2001, Patient B.S. had an estimated 39 weeks, four days of gestation.

9. At 8:30 a.m., July 23, 2001, Respondent induced labor in Patient B.S. with a dose of prostaglandin gel.

10. On July 23, 2001, the use of prostaglandin gel to induce labor in a VBAC delivery was an accepted practice for family practitioners.

11. Respondent administered a second dose of prostaglandin gel to Patient B.S. at approximately 2:45 p.m. on July 23, 2001.

12. Respondent artificially ruptured Patient B.S.' membrane at 6:00 p.m., nine and one-half hours after induction of labor. Patient B.S. was 3 – 4 cm. dilated, with contractions every 3 – 4 minutes.

13. At 6:45 p.m., Respondent performed a vaginal examination and noted a compound presentation, with the baby's hand next to the baby's head.

14. Between 6:45 p.m. and 9:20 p.m., the primary nurse taking care of Patient B.S. charted that she was seeing multiple late decelerations on the fetal monitoring strip.

15. Multiple late decelerations are a non-reassuring sign of possible fetal distress.

16. At 7:00 p.m., the nurse and Respondent discussed the fetal monitoring strip, with the nurse expressing concern about what the nurse was seeing on the strip. Respondent responded that the fetal heart tones were "okay . . . if they stay like they are now."

17. Respondent interpreted the fetal monitoring strip between 6:45 and 9:20 p.m. as showing variable decelerations, significantly less concerning than late decelerations.

18. At 7:22 p.m., Respondent called an obstetrician at Gundersen Clinic in LaCrosse, Wisconsin, for a consult about the compound presentation; the obstetrician told Respondent that the presentation should not be a problem, as the hand could be expected to move back as labor progressed and the head moved forward. There was no discussion about the fetal heart tones in this consult.

19. At 7:30 p.m., Patient B.S. was having contractions every two minutes, and was 5 cm. dilated.

20. At approximately 9:00 p.m., a nursing supervisor showed several panels of the fetal heart monitor strip to a family practitioner who was present in the hospital attending to his own patient. The nurse expressed concern that the fetal heart monitor strip showed late decelerations, but that Respondent thought it showed variable decelerations. The family practitioner advised the nursing supervisor to have Respondent take another look at the fetal heart monitor strip. Neither the family practitioner nor the nursing supervisor told Respondent of this informal consultation.

21. At approximately 10:10 p.m., Respondent called the hospital surgical team for a possible cesarean section. Respondent administered Terbutaline at 10:13 p.m. to slow or stop contractions.

22. The surgeon began to prepare Patient B.S. for a cesarean section at 10:23 p.m.

23. At 10:30 p.m., Respondent charted that Patient B.S. was 8 cm. dilated, and that her cervix had been thickening over the "past one and one-half hours." Because of deepening decelerations and failure to progress, Respondent decided that she should deliver by cesarean section as soon as possible.

24. Patient B.S. was disconnected from the fetal heart monitor at 10:39 p.m., and moved to the operating room.

25. On arrival in the operating room, before the nurse anesthetist administered epidural anesthesia, Respondent listened for a fetal heart tone with a hand held Doppler ultrasound device, but was unable to hear a heart tone.

26. Respondent sent a nurse to obtain the electronic fetal heart monitor from the obstetrics department, on a different floor. The nurse returned several minutes later, and Patient B.S. was reconnected to the monitor, but Respondent was still unable to find a fetal heart tone.

27. The nurse anesthetist administered rapid general anesthesia, and the surgeon delivered the baby, M.S., at 11:08 p.m. The surgeon noted that Patient B.S. had suffered a ruptured uterus, and that the baby was floating free in the abdominal cavity.

28. Baby M.S. was resuscitated after 90 minutes' effort by a nurse anesthetist and a family practitioner, and transferred by helicopter to neo-natal intensive care at Gundersen Lutheran in LaCrosse.

29. Respondent's failure to order a cesarean section earlier on July 23, 2001, exposed Patient B.S. and the fetus to an unacceptable risk of harm.

30. Between September 2001 and November 2003, Respondent successfully completed eight hours of continuing medical education on the topic of fetal monitoring; eight hours of continuing medical education on the topic of neonatal resuscitation; and seventeen hours of continuing medical education on the topic of advanced life support in obstetrics, as well as eighteen hours of obstetrical nurses' training in fetal heart monitoring principles and practices, in an intensive two-day course which is now approved for Category 1 continuing medical education credits.

31. Respondent is Board certified in Family Medicine, and most recently re-certified in 2004.

CONCLUSIONS OF LAW

1. The Wisconsin Medical Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. § 448.02(3) and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraphs 8 -27, above, exposed Patient B.S. and Baby M.S. to an unacceptable risk of harm and thereby constitutes a violation of Wisconsin Administrative Code § MED 10.02(2)(h).

ORDER

1. Now, therefore, it is ordered that Ann Grunwald, M.D., is REPRIMANDED.

2. It is further ordered that the license previously granted to Ann Grunwald, M.D., is hereby LIMITED by the following conditions:

a. She may not schedule a VBAC delivery at any hospital that does not have a documented rate for successful VBAC deliveries of at least sixty-five per cent.

b. She may not schedule a VBAC delivery at any hospital that does not have personnel immediately available to begin a cesarean section within thirty minutes of the onset of fetal heart rate abnormalities.

c. She may not schedule a VBAC delivery at any hospital that does not have personnel available who are certified in neonatal resuscitation.

d. She may not induce labor in an intended VBAC delivery by the use of any prostaglandin.

e. She may not electively induce labor in any intended VBAC delivery.

3. The Board accepts the education on fetal monitoring, neonatal resuscitation, and advanced life support in obstetrics that Respondent has already completed as the substantial equivalent of the remedial education that the Board would otherwise have ordered Respondent to complete.

4. Respondent shall, within one hundred eighty days from the date of this Order, pay costs of this proceeding in the amount of Four Thousand ($4,000.00) 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

5. 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 pay costs as ordered, the Respondent's license (#20-23379) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

6. This Order is effective on the date of its signing.

Wisconsin Medical Examining Board

By: Gene Musser MD 4/23/08
A Member of the Board Date