

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK, SS.

BOARD OF REGISTRATION
IN MEDICINE

ADJUDICATORY NO. 2008-002

In the Matter of
SUZANNE B. ROTHCHILD, M.D.

STATEMENT OF ALLEGATIONS

The Board of Registration in Medicine ("Board") has reason to believe that Suzanne B. Rothchild, M.D. ("Respondent") has provided substandard care to two patients in Board of Registration in Medicine docket number 06-586.

BACKGROUND INFORMATION

1. The Respondent was born on December 28, 1948 and graduated from the State University of New York ("SUNY") Downstate Medical Center in 1973.
2. The Respondent is board-certified in Obstetrics and Gynecology as well as Maternal and Fetal Medicine and has been licensed to practice medicine in Massachusetts under certificate of registration number 39314 since 1976.
3. The Respondent maintains a private practice in obstetrics and gynecology with admitting privileges at Winchester Hospital.

FACTUAL ALLEGATIONS

Patient G:

4. On or about October 20, 2001, Patient G was a 30-year old, insulin-dependent diabetic female, who was at 36 6/7 weeks gestation.

5. Patient G began her obstetrical care with the Respondent, for the instant pregnancy, on or about April 13, 2001.
6. Patient G saw the Respondent for regular prenatal visits between April 13, 2001 and October 19, 2001.
7. Patient G had elevated blood sugar levels at various times between April 2001 and October 2001.
8. The Respondent knew that Patient G's blood sugar was greater than 300 mg/DL on or about October 12, 2001.
9. The Respondent knew that Patient G's blood sugar was greater than 300 mg/DL on or about October 19, 2001.
10. On or about October 19, 2001, the Respondent diagnosed an intrauterine fetal demise on Patient G.
11. Patient G was admitted to the Labor and Delivery Unit of Winchester Hospital on or about October 19, 2001 at approximately 1545.
12. Between October 19, 2001, at 1710 and October 20, 2001, at 2343, Patient G had temperatures up to 103.6 degrees, shaking chills, nausea, vomiting, diarrhea, leg cramps, and pain associated with labor.
13. Between October 19, 2001, at 1710 and October 20, 2001 at 2343, Patient G was monitoring her own blood glucose levels and self-medicating with insulin via the infusion pump. On or about October 20, 2001, at 2343, Patient G delivered her deceased fetus.
14. The Respondent's prenatal care of Patient G was substandard in that she failed to co-manage Patient G's pregnancy with a maternal fetal specialist.

15. The Respondent's prenatal care of Patient G was substandard in that she failed to coordinate Patient A's diabetic care with Joslin Clinic physicians.

16. The Respondent failed to timely admit Patient G to the hospital for management of high blood sugars.

17. The Respondent failed to manage Patient G's insulin throughout Patient G's labor.

18. The Respondent failed to order supplemental intravenous fluids for Patient G.

19. The Respondent's care of Patient G during her labor and delivery was substandard in that she failed to manage Patient A's insulin.

20. The Respondent's care of Patient G during her labor and delivery was substandard in that the Respondent failed to order intravenous fluids for Patient G.

Patient H:

21. Patient H was admitted to Winchester hospital on or about May 13, 2004 at 2308.

22. On or about May 13, 2004, Patient H was in early labor at 38 6/7 weeks gestation with her first pregnancy.

23. The Respondent was the obstetrician on-call for Patient H.

24. At 1344, the Respondent performed artificial rupture of membranes for Patient H. Patient H's amniotic fluid was stained with a moderate amount of particulate meconium.

25. Patient H was fully dilated and pushing at 1436.

26. On May 14, 2004, between 1524 and 1547, Patient H's fetal heart monitor (FHM) displayed variable decelerations, with decreased variability.

27. On May 14, 2004, between 1550 and 1622, there were variable decelerations with increased depth and decreased beat-to-beat variability from 1630 until delivery.

28. On May 14, 2004 at 1551, a nurse notified the Respondent that there was no fetal heart variability.

29. On or about May 14, 2004, in an un-timed Progress Note, the Respondent documented that she offered Patient H forceps to effect flexion of the fetus' head under the pubic bone.

30. On or about May 14, 2004, in the same un-timed Progress Note as described above, the Respondent documented that Patient H assented to the forceps procedure.

31. On May 14, 2004, after applying the forceps, the Respondent encountered a shoulder dystocia of the fetus.

32. Patient H's baby suffered a brachial plexus injury and Patient B suffered a 4th-degree laceration.

33. The Respondent care of Patient H fell below the standard of care in that she failed to assess the FHM tracings and develop a plan regarding non-reassuring fetal heart activity.

34. The Respondent's care of Patient H failed to note the times in her medical record documentation.

35. The Respondent failed to document the position of Patient H's baby's head prior to application of the forceps.

LEGAL BASIS FOR PROPOSED RELIEF

A. Pursuant to G.L. c. 112, §5(c) and 243 CMR 1.03(5)(a) 3, the Board may discipline a physician upon proof satisfactory to a majority of the Board that said physician engaged in conduct which calls into question her competence to practice medicine, including but not limited to practicing medicine with gross incompetence, or with gross negligence on a particular occasion or negligence on repeated occasions.

B. Pursuant to 243 CMR 1.03(5)(a) 17, the Board may discipline a physician upon proof satisfactory to a majority of the Board that said physician is guilty of malpractice within the meaning of M.G.L. c. 112, § 61.

C. Pursuant to 243 CMR 1.03(5)(a) 18, the Board may discipline a physician upon proof satisfactory to a majority of the Board that said physician has committed misconduct in the practice of medicine.

The Board has jurisdiction of this matter pursuant to G.L. c. 112, §§ 5, 61 and 62. This proceeding will be conducted according to the provisions of G.L. c. 30A and 801 CMR 1.01 et seq.

NATURE OF RELIEF SOUGHT

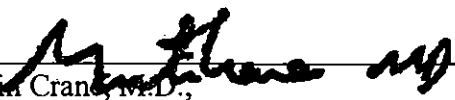
The Board is authorized and empowered to order appropriate disciplinary action, which may include revocation or suspension of the Respondent's license to practice medicine. The Board may, in addition to or instead of revocation or suspension, order one or more of the following: admonishment, reprimand, censure, fine, the performance of uncompensated public service, a course of education or training, or other limitation on the Respondent's practice of medicine.

ORDER

Wherefore, it is hereby ORDERED that the Respondent show cause why she should not be disciplined for the conduct described herein.

By the
Board of Registration in Medicine,

Date: January 9, 2008



Martin Crane, M.D.,
Chairman