SUMMARY of the Decision of the Inquiries, Complaints and Reports Committee (the Committee)
(Information is available about the complaints process here and about the Committee here)

Dr. Nayla Mehboob Khan (CPSO #85034)
(the Respondent)

INTRODUCTION

The Patient was 22 weeks into her first pregnancy when she went to the hospital with concerns about vaginal bleeding. The Respondent assessed the Patient and diagnosed her with preterm labour. She initiated oxytocin and performed artificial rupture of membranes (ARM) to augment the Patient's labour. The Patient delivered a stillborn infant.

The Complainant contacted the College of Physicians and Surgeons of Ontario (the College) to express concerns about the Respondent's care.

COMMITTEE'S DECISION

An Obstetrics and Gynecology Panel of the Committee considered this matter at its meeting of April 11, 2025. The Committee required the Respondent to appear before a Panel of the Committee to be cautioned with respect to understanding the correct system for transfer when a patient presents in early gestation with possible preterm labour and/or signs of an incompetent cervix.

The Committee also accepted an undertaking from the Respondent that has been posted on the public register.

COMMITTEE'S ANALYSIS

The Committee accepted the Respondent's initial reluctance to perform a vaginal examination because of the Patient's low-lying placenta and her decision to order an immediate ultrasound. However, the Committee was unable to understand the Respondent's rationale for completely abandoning the management plan when she discovered that the Patient's membranes were bulging into the introitus.

At that stage, the Respondent elected to perform ARM and start the Patient on an oxytocin infusion without confirming that the Patient was in fact fully dilated and in preterm labour.

The Respondent was unable to feel the Patient's cervix because of the bulging membranes. She could have performed a gentle speculum examination to assess the cervix vaginally. If the Respondent decided not to do either a speculum or digital examination, ultrasound evaluation of the pregnancy should have been an urgent priority.

Instead, it appeared that there was some level of panic in the Respondent's actions. She cancelled the ultrasound and contacted the paediatric specialist, but she did not speak to a high-level fetal and maternal medicine specialist. There is no indication that the Respondent considered cerclage, then transfer of the Patient to a tertiary centre. On this basis, the Committee decided that a caution was warranted in this matter.

This is a summary of the Committee's decision as it relates to the caution disposition.