

SUMMARY

Dr. Marina Pretorius (CPSO# 85688)

1. Disposition

On October 14, 2016, the Inquiries, Complaints and Reports Committee (“the Committee”) ordered Dr. Pretorius (Family Medicine) to complete a specified continuing education and remediation program (“SCERP”). The SCERP requires Dr. Pretorius to:

- Complete a course in obstetrical care for family physicians focussing on identification of patients at risk, including obesity, indications for referral and a review of antenatal ultrasound.
- Engage in self-directed learning on obesity in pregnancy and the use and interpretation of a biophysical profile (BPP) in antenatal fetal assessment.
- Practice under the guidance of a Clinical Supervisor acceptable to the College for six months.
- Undergo a reassessment of her practice by an assessor selected by the College approximately six months following completion of the SCERP.

2. Introduction

The College received communication from the Office of the Chief Coroner after the Maternal and Perinatal Death Review Committee (MPDRC) reviewed a case regarding the death of a baby born to a patient at 33 weeks gestation and made a series of recommendations to caregivers. Subsequently, the Committee approved the Registrar’s appointment of investigators to further investigate this matter, and specifically, to look at the antenatal care that Dr. Pretorius provided to the patient.

Dr. Pretorius provided a summary of the care she provided to the patient, who was obese and a smoker (but, according to Dr. Pretorius, otherwise healthy). She outlined her management of the patient, including a review of the tests and investigations ordered and performed, and the related clinical findings, as well as her findings from her examinations and assessment of the patient

during office visits. She noted that, sadly, the patient went into premature labour at approximately 32 weeks gestation (before further investigations she ordered could be performed) and delivered a premature male infant who, after attempts were made at resuscitation, passed away.

Dr. Pretorius addressed the (five) recommendations the MPDRC made, and described her usual management of obese pregnant women. She stated that in the case at issue, she did not feel referral to a tertiary level ultrasound centre or counselling with a specialist was required, but in retrospect she wishes she had followed up more closely with the patient and/or the family physician to ensure follow-up testing was performed in the hospital in a timely manner given concerning findings on ultrasound. Dr. Pretorius explained her thinking regarding the patient's various ultrasound results, and said that while further investigations may have provided additional information that would have informed her management, it was not clear that any difference in her management would have changed the outcome in the patient's pregnancy.

Dr. Pretorius described changes to her practice and at the hospital since the time of the events in issue, including that they have implemented an antepartum risk score assessment at the hospital.

3. Committee Process

An Obstetrical Panel of the Committee, consisting of public and physician members, met to review the relevant records and documents related to this investigation. The Committee always has before it applicable legislation and regulations, along with policies that the College has developed, which reflect the College's professional expectations for physicians practising in Ontario. Current versions of these documents are available on the College's website at www.cpso.on.ca, under the heading "Policies & Publications."

4. Committee's Analysis

The Committee had serious concerns about Dr. Pretorius's provision of antenatal care to the patient.

The Committee noted that Dr. Pretorius did not document the antenatal risks on the antenatal forms and did not completely appreciate the significance of obesity as a risk factor. The

Committee acknowledged changes to her practice that Dr. Pretorius has made in response to the MPDRC recommendations in this regard.

The Committee was more concerned about Dr. Pretorius's lack of appreciation of the ultrasound findings in the patient's pregnancy, some of which should have prompted an urgent reassessment in a more sophisticated ultrasound unit, along with referral to a specialist in Obstetrics/Maternal-Fetal Medicine. The Committee noted that Dr. Pretorius also did not appear to understand the significance of oligohydramnios (a deficiency of amniotic fluid) reported on some of the ultrasounds, which should have prompted an urgent referral to an Obstetrical specialist, as well as urgent assessment of fetal well-being. The Committee concluded that Dr. Pretorius would benefit from remediation in: identification of "at risk" obstetrical patients; management of pregnancy in obese patients; interpretation of ultrasound in pregnancy; and indications for referral for "at risk" patients considering available local resources.