寰宇醫事裁判

產婦早期破水違反注意義務判賠事例

Case of Compensation Awarded for Breach of Duty of Care in Premature Rupture of Membranes

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令和2（ワ）年第111號損害賠償請求事件
令和6年12月9日靜岡地方裁判所

摘 要

本件為日本浜松市某綜合醫院於早期破水產婦分娩過程的醫療過失，導致新生兒A周產期窒息，留下重度腦性麻痺等後遺症。A及其父母基於診療契約的債務不履行及不法行為，向被告醫院求償。根據被告醫院提出的嚴重不良事件報告書，A母因早期破水引起絨毛膜羊膜炎及子宮內感染，乙型鏈球菌感染又使病程惡化、併發敗血症，催產素的持續投與使宮縮過於頻繁或過強，進一步加重病情。但由於胎心監測數據不明，無法確定A心跳減慢的起始及持續時間。最終，法院認為當胎心監測顯示胎兒處於長期缺氧狀態，子宮收縮頻率已增至可被評估為頻繁收縮的程度，若分娩進展與

關鍵詞：生產事故（childbirth accident）、因果關係（casualty）、胎心監測（cardiotocography, CTG）、醫療水準（medical standard）、醫療過失（medical negligence）
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速度無法支持早期自然分娩，並伴有早期破水及發燒等臨床表現，即便不完全符合絨毛膜羊膜炎等診斷基準，也應認識到感染可能性，謹慎管理，於緊急情況立即施行剖腹產，否則將構成醫療過失。

The issued case pertains to an instance of medical malpractice that occurred during the delivery of a patient with premature rupture of membranes at a general hospital in Hamamatsu City, Japan. This incident resulted in neonatal asphyxia and subsequent severe cerebral palsy. A and parents initiated legal proceedings against the defendant hospital, seeking compensation for breach of contract and tort. As indicated in the hospital's report on serious adverse events, the mother exhibited symptoms of chorioamnionitis and intrauterine infection as a consequence of premature rupture of the membranes. The patient's condition was further exacerbated by a Group B Streptococcus (GBS) infection, leading to sepsis. The continuous administration of oxytocin resulted in excessive or overly strong uterine contractions, thereby exacerbating the patient's condition. However, the presence of unclear cardiotocography (CTG) data hindered the confirmation of the onset and duration of A's decelerated heart rate. The court ultimately determined that in instances where CTG indicated an increase in fetal hypoxia and uterine contraction frequency to a level that could be assessed as frequent contractions, and if labor progression and speed could not support early spontaneous delivery, and in the presence of clinical manifestations such as premature rupture of membranes and fever, even if the diagnostic criteria for chorioamnionitis were not fully met, there was a strong indication for the recognition of infection. Caution should be exercised in management, with immediate emergency caesarean section being performed.

壹、事實概要

一、事件概要

本件為日本浜松市某綜合醫院（以下稱「被告醫院」）於早期破水產婦分娩過程的醫療過失，導致新生兒A周產期窒息，留下重度腦性麻痺等後遺症。A及其父母（以下稱「原告方」）基於診療契約的債務不履行及不法行為，求償包括A的後遺症慰撫金、逸失利益、未來醫療及照護費等共2億41,122,374日圓，及雙親各500萬日圓的慰撫金。

A母於孕期曾兩度接受乙型鏈球菌（Group B streptococcus, GBS）檢查，均為陰性。2019年6月12日早期破水，翌日入院被告醫院，懷孕週數39週3天。6月14日分娩當日早上6:56出現發燒（37.7°C）、心跳過快（於9:38時達到109 bpm）、劇烈疼痛等身體徵象，胎心監測（Cardiotocography, CTG）顯示胎心率超過160 bpm，但醫師仍於10:05投與催產素，至10:30期間胎兒持續心跳過快，CTG等級2至3（注意～輕度異常）。12:14醫師將催產素劑量自36ml/hr減至30ml/hr。12:25及14:35曾兩度出現子宮頻繁收縮（每10分鐘 > 5次），但隨後消失。14:25至15:00期間CTG等級3（輕度異常），可能為輕度變異性減速（variable deceleration）或延長減速（prolonged deceleration）。15:00母體體溫升至 37.8°C，心跳115 bpm，羊水混濁2+，開始出現頻繁宮縮，直至胎兒娩出。

遺憾的是因CTG佩戴不良導致無法準確記錄波形，從15:35起測得的可能僅是母體心跳，胎兒狀況可能已開始惡化。15:49子宮口幾乎全開，懷疑陣痛過強而停止催產素。