

Lessons lost: Pregnant mom's death in Louisville among many not reviewed

[Laura Ungar](#) Updated 8:10 a.m. ET Sept. 25, 2018

Nathan Butler lost his wife, Jessica, when she died while pregnant with their daughter, who also died. Nathan W. Armes, for USA TODAY

They were the hardest words Nate Butler ever had to say to his toddler son: “Mommy’s not coming back home.”

For three days, Butler had been chasing and carrying little Max down the halls of Baptist Hospital East as his pregnant wife Jessica struggled to fight a massive infection. When all hope disappeared, the family stopped life support. Jessica slipped away at 27 years old, the baby inside her already gone.

Butler tried to explain, but it took Max years to understand.

Maternal deaths: [What states aren't doing to save new mothers' lives](#)

On his first plane ride at age five, he stared out the window and asked his dad: “If we’re this close to heaven, why can’t we see Mommy?”

Jessica Butler is one of the hundreds of mothers torn from their families each year in a nation with the highest rate of maternal death in the developed world. According to federal data analyzed by USA TODAY, 4,966 women across the United States – including 74 in Kentucky — died from a pregnancy-related cause from 2011-2016 while pregnant or within a year of delivering a baby.

Butler blames the doctor and hospital for his wife’s death: If only they’d

admitted her when she first got sick, he said, she might have lived.

A jury sided with him in a lawsuit. Baptist hospital officials wouldn't comment on the case or answer any questions from the Courier Journal about her care or about why they settled, paying an undisclosed amount. The obstetrician referred a reporter to his lawyer, who defended his care.

But the lessons of Jessica's 2010 death — and uncounted others — were lost to the medical community. Kentucky, unlike many other states, doesn't require hospitals to report or work to prevent "adverse events" that can reflect drastic lapses in patient safety. Jessica's case also eluded a committee run by the Kentucky Medical Association that reviews maternal deaths. While that committee doesn't release the names of victims publicly, its minutes contain synopses of cases so detailed that it's clear her case was never examined.

Deadly Deliveries, Part 1: [Hospitals know how to protect mothers. They just aren't doing it.](#)

Committee Chairman Dr. Stanley Gall acknowledged the committee doesn't find out about every case and gave a list of reasons repeated by officials in other states: Not getting a death certificate from the state health department. Death certificate inaccuracies. Computer problems. Poor transcription in vital statistics offices. Non-obstetricians forgetting to note that their patients were recently pregnant.

But Dr. Kevin Kavanagh, a retired physician from Somerset who runs the national patient watchdog group Health Watch USA, said failing to investigate means missing a critical chance to prevent similar deaths.

"You need to have data for action," he said, adding that every state should require hospitals to report maternal deaths to its health department. "These deaths are a national embarrassment."

For thousands of families, they transform the joy of birth into a time of mourning.

Following Jessica's death, the Butlers' too-empty house was filled with bittersweet reminders of her life: Family photos showing her kneeling near Max on a baby slide and holding him steady on a merry-go-round horse. Teddy bears, stuffed puppies, and other gifts from mother to son. A book recorded for Max that lets him fall asleep to her voice.

Driving to the babysitter each day, Max "would be in the backseat crying and screaming for Mommy," Butler said. "To him, she was there one minute and then she wasn't."

Medical history repeating

Butler once envisioned growing old with Jessica, his "smiling, happy-go-lucky, goofy" best friend.



Nate and Jessica Butler pose with their son, Max. *(Photo: Courtesy of Nate Butler)*

The two met and became college sweethearts at Bellarmine University, where they both majored in communications and minored in theater. They married when she was two years out of school and found good jobs — Jessica as communications director at Masonic Homes of Kentucky, Butler at Clear Channel Radio as director of operations for Kentucky News Network-Total Traffic Network.

Full of hope and excitement, they planned for a growing family, buying a house in Pleasure Ridge Park.

More: [Louisville mom hoped for a perfect birth but nearly died in delivery](#)

Then, while pregnant with Max in 2008, Jessica was treated for a urinary tract infection. When it got worse, she showed up at Baptist complaining of terrible abdominal pain, and her obstetrician, Dr. James Segal, admitted her to the hospital. She stayed for a week and got intravenous antibiotics for a severe kidney infection called pyelonephritis. She recovered, and Max was born healthy.

Jessica became pregnant again when Max was one. She monogrammed words on a little shirt for him: “Big Brother in Training.”

The first trimester went well. But after a family trip to the zoo on Memorial Day weekend, Jessica told her husband about a familiar pain in her right side, so severe that it made her throw up. The couple called Segal, who advised they go to Baptist’s labor and delivery department if the pain became serious enough.

The pain did get worse, so they did. It was after 10 at night by the time they arrived.

A nurse treating Jessica said she described the pain in her lower abdomen as “constant with pressure,” court records say. “Pain is worse than childbirth. Pain has brought her to her knees and caused her to vomit,” according to



Jessica Butler poses with her son Max. (Photo: Courtesy of Nate Butler)

court records recounting that night.

Court records also say the nurse tested her urine, which contained blood and signs of a urinary tract infection. She called Segal to let him know about the test and remind him of her medical history. Segal ordered oral antibiotics and painkillers and said the nurse could discharge Jessica home with instructions to follow up with him the next morning.

The doctor never saw her that night. And the hospital never called in another physician.

At home, Jessica tried to soothe her pain with a hot shower before climbing into bed with her husband.

The next thing Butler remembers is being woken by noise in their kitchen before dawn. He jumped out of bed and found Jessica crawling on the floor from the guest bathroom. She had just thrown up.

Butler immediately strapped Max into his car seat, carried his wife to the car and rushed back to Baptist.

This time, Jessica was given an ultrasound and started on IV antibiotics. Doctors found kidney stones and a kidney infection that spread to her blood. They kept her in the hospital, moving her up to the mother and baby ward. Butler ran Max to the babysitter and stayed by her side.

When it came time to bring Max back to the hospital, Butler asked if it would be all right to leave his wife for a little while. Just before he left, Jessica asked him for her comfy pajamas and favorite warm and fuzzy pink socks.

“If you forget those socks,” she joked, “I’m not going to talk to you.”

They were her last words to her husband.

By the time Butler returned, Jessica had been wheeled away for emergency surgery to place a stent in her ureter. At first everything seemed okay — she was stable — but then the urologist was paged back to the operating room. As the surgery ended, court documents say, Jessica's heart stopped while being resuscitated.

Their 19-week-old unborn baby died in her womb. It was a girl. They had already named her Avalyn Rory Butler.

Jessica lingered for three more days.

Then Butler walked out of the hospital a single dad.

Butler can still barely fathom how things went so wrong when he and Jessica tried to do everything right. They got regular prenatal care. They chose the trusted obstetrician who delivered Max. They went to the same hospital, which they considered the best in the area.

Butler couldn't help shouldering some of the blame for what happened. "We should've questioned more. I should've never let them release her (that first night)," he said. "You trust these people. ... They are professionals.

"They can save lives. But they can be wrong, too."

High blood pressure took one mom's life. Excessive bleeding left another with a hysterectomy. Would long-known safety practices have saved both? Walbert Castillo, USA TODAY

Care disputed

In his lawsuit against the doctor and hospital, now called Baptist Health Louisville, Butler argued the obstetrician should have seen Jessica in person when she showed up that first night – or at least made sure another physician saw her. An expert witness for the family, obstetrician/gynecologist Frank Bottiglieri of Towson, Md., said the "standard of care" was to admit her to the

hospital and start IV antibiotics at that time.

But defense experts testified that Segal's care was appropriate. Pittsburgh obstetrician/gynecologist Richard Beigi was asked if the serious kidney infection pyelonephritis should have been considered as a possibility when she arrived that first night, and said yes. But he added, "...she didn't really have a classic presentation of pyelonephritis. She didn't have a fever, she did not appear ill to the clinician who saw her, and she did not have clear (kidney-associated) tenderness that I could find in the records."

Beigi said the urinalysis results and abdominal pain "was somewhat suggestive" of a common urinary tract infection.

"Her signs and symptoms and lab results paralleled, in hindsight, a similar incident in her first pregnancy, (when) she was treated by the same doctor, receiving either the same or arguably less aggressive care with a very positive outcome," said Segal's lawyer, Gerald Toner. "...A highly-qualified, board certified ob/gyn supported my client's care in its entirety."

Still, Toner said, Jessica's and her baby's death "was heart-rending and tragic to all, including her physicians."

After a nine-day trial, the jury found 9-3 that Segal had violated the standard of care, and also found fault with the hospital, assessing that fault 60 percent to the hospital, which had previously settled, and the remainder to Segal. The total jury verdict in 2014 was \$7.4 million for the family.

"...The loss of a young mother's life is tragic and devastating," Baptist officials said in a statement to The Courier Journal. "Our hearts break anytime an unexpected death occurs. Despite advances in medicine, pregnancy and childbirth still carry significant risks to both mother and child..."

Melissa Metzler says doctors dismissed her pain when she went to the hospital thinking she was in labor. After they sent her home, things got worse.

Moving on as lessons lost

Butler said cases like his wife's should be mined for lessons that can help prevent future deaths, and those lessons should be shared widely among doctors and nurses.

He'd never heard about Kentucky's maternal mortality review committee — the group that investigates maternal deaths — until a reporter told him about it. He said a group like this is a good idea, but he'd like to see it run by the state, not a private physician organization. "If the doctor's association is handling this," he said, "it's like them policing themselves."

Gall, the committee chairman, said members simply review the facts of cases and aren't biased toward doctors.

But others say it's tough for doctors to be completely objective about their colleagues or profession. Cindy Pearson, executive director of the National Women's Health Network, said vestiges of the old "doctor knows best" culture still exist. Research comparing hospital-based maternal death reviews with statewide reviews showed the hospital-based ones tended to find more patient factors contributing to deaths, while state panels found more problems tied to health care providers, she said.

Michael Kramer, a social epidemiologist at Emory University who has studied maternal mortality review committees, said the bias can sometimes be subtle. When a mom dies, he said, "It's very easy to give the benefit of the doubt to the clinician."

In the absence of greater oversight, Butler suggests pregnant women and their families take steps to protect themselves. "Be more persistent" about getting answers from doctors or getting the needed tests or treatment, he said. "Don't leave (a doctor's office or hospital) until you are perfectly

comfortable with leaving.”

Many years have passed since Jessica’s death, and Butler has built a new life with his son more than a thousand miles away from Louisville.

Now 35, he’s moved to Colorado to work for Orbital Media Networks, a digital and social media marketing firm. He’s watched Max grow into a social, sports-loving 9-year-old. He tries to create lasting father-son memories, recently driving along the Pacific coast with Max in a convertible.

Butler remarried recently and talks about having children with his wife. But he admits being “gun shy” about childbirth, so they’re leaning toward adoption.

“I had the option when (Jessica) died: I could pick myself up and keep going or wallow in it,” he said. “There’s still times I get depressed. But I don’t let it dictate our life. You can make a life after this. If you have children, you need to do that for them.”

Still, he said, “there is not a day that goes (by) that I don’t think about Jess and Avalyn.”

Movies stir memories. Songs on the car radio bring him to tears. And the month of June can be brutal, containing Jessica’s birthday, their wedding anniversary and the days Butler lost half his family.

Last June he was in Louisville, where he choked up on Father’s Day as he drove through Pleasure Ridge Park, past “the house where I became a father.”

Past a place of beginnings and endings.

Past Jessica’s last home.

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