



WRIT OF SUMMONS

(Order 2 rule 3(1))

WRIT ISSUED FROM..... 05-05-2025..... SUIT No. 03/05/25
IN THE HIGH COURT OF JUSTICE
KUMASI

BETWEEN

MAVIS ELIKEM GBEWORDO (MRS.) PLAINTIFF
QR 14, WATER SPINACH ST
AK-421-9445

AND

KOMFO ANOKYE TEACHING HOSPITAL DEFENDANTS
KUMASI

To

AN ACTION having been commenced against you by the issue of this writ by the above-named Plaintiff MAVIS ELIKEM GBEWORDO (MRS.)

YOU ARE HEREBY COMMANDED that within EIGHT DAYS after service of this writ on you inclusive of the day of service you do cause an appearance to be entered for you:
KOMFO ANOKYE TEACHING HOSPITAL

AND TAKE NOTICE that in default of your so doing, judgment may be given in your absence without further notice to you

Dated this 5th day of MAY 2025.

Chief Justice of Ghana P. BAFFOE-BONNIE

NB: This writ is to be served within twelve calendar months from the date of issue unless, it is renewed within six calendar months from the date of that renewal.

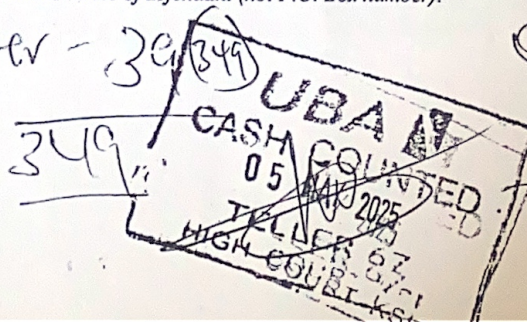
The defendant may appear hereto by filing a notice of appearance either personally or by a lawyer at Form 5 at the Registry of the Court of issue of the writ at A defendant appearing personally may, if he desire give notice of appearance by post.

*State name, place of residence or business address of plaintiff if known (not P.O. Box number).

**State name, place of residence or business address of defendant (not P.O. Box number).

Wkam - 195
Sklaim - 30
Achfee - 65
Bam - 20
310

B/fer - 30/349



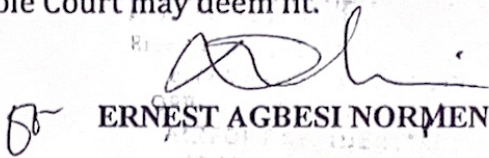
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05/05/25

STATEMENT OF CLAIM

WHEREFORE the Plaintiff seeks against the Defendant the following reliefs:

- a. A declaration that the Defendant's agent or officers were negligent or Defendant is vicariously liable to the Plaintiff for medical negligence of its employee health workers whose omission and commission caused the Plaintiff's baby to be diagnosed with severe asphyxia and death thereafter.
- b. An order directed to the Defendant to pay to the Plaintiff or Plaintiff be compensated with the amount stated in Paragraph 31 of the Statement of Claim for loss of life of Plaintiff's baby, pain and suffering occasioned thereby due to the negligence of the Defendant and its agents.
- c. Exemplary damages.
- d. Costs of litigation.
- e. Any further orders as this Honourable Court may deem fit.

This writ was issued by


ERNEST AGBESI NORMENYO ESQ

whose address for service is **A-LIST ATTORNEYS GHANA, PRUC 3RD FLOOR, COCOSHE/AFB BUILDING, OPP. SILVER STAR TOWERS, AIRPORT RESIDENTIAL AREA, ACCRA**

Agent for Plaintiff

Address Number and date of lawyer's current license

Lawyer for the plaintiff

who resides at ACCRA.

.....
Indorsement to be made within 3 days after service

This writ was served by me at on the

defendant

on the

day of

endorsed the

day of

Signed..... Address.....

NOTE: If the plaintiff's claim is for a liquidated demand only, further proceedings will be stayed if within the time limited for appearance the defendant pays the amount claimed to the plaintiff, his lawyer or his agent or into court as provided for in Order 2 rule 3(2).

FILED ON 05/05/25
AT 11:13 AM

11 JUDGE
HIGH COURT, KUMASI

THE SUPERIOR COURT OF JUDICATURE
THE HIGH COURT OF JUSTICE
KUMASI
A.D. 2025

SUIT NO:

BETWEEN

MAVIS ELIKEM GBEWORDO (MRS.) PLAINTIFF
QR 14, WATER SPINACH ST
AK-421-9445

AND

KOMFO ANOKYE TEACHING HOSPITAL DEFENDANT
KUMASI

CERTIFIED TRUE COPY
Amulya
THE REGISTRAR
HIGH COURT
KUMASI

STATEMENT OF CLAIM

1. The Plaintiff is a citizen of Ghana, a resident of Kumasi who was unfortunately denied the joy of experiencing motherhood for a third time through the loss of her child, which loss was occasioned by the negligence at the Defendant's facility.
2. The Defendant is a public health facility located in the Ashanti Region of Ghana and an agency under the Ministry of Health.
3. Plaintiff avers that she has commenced the instant action against the Defendant Hospital as a result of negligence associated with delivery of her child which unfortunately and ultimately resulted in the death and loss of her child upon delivery.
4. Plaintiff avers that during her pregnancy, she frequented Siloam Hospital located in the Ashanti Region for her antenatal and pregnancy related issues or check up in order to ensure that her unborn child was well, pending his arrival when due.
5. Plaintiff avers that due to her medical history as a patient who undertook her antenatal checkups with Siloam Hospital and by reason of the fact that the said hospital also offered gynecology and child delivery services, Plaintiff had

intended that when due, she would use the services of Siloam Hospital to safely deliver her child.

6. Plaintiff avers that by reason of her medical checkups and scans, she came to the knowledge that she was carrying a big baby hence Siloam Hospital always advised that when due, a cesarian section would be the ideal and safer delivery option.
7. Plaintiff avers that by reason of the claim in paragraph 6 herein, Plaintiff was taken through the necessary counselling at the Siloam Hospital about how it was less riskier and safer that the unborn child is delivered through a cesarean surgical operation.
8. Plaintiff avers that during one of her routine visits on the 6th day of May, 2022 to the hospital, she was informed that her complains relating to how she felt and the contractions associated thereof was an indication that her time for delivery was due. However the hospital (Siloam Hospital) could not deliver the child due to the fact that the staff who will assist the doctor for the Plaintiff to deliver the baby through a cesarean section were not available.
9. Plaintiff avers that due to how delicate her condition was and coupled with the fact that Siloam Hospital did not have the capacity to facilitate Plaintiff's delivery of her unborn child, on the same day, the 6th day of May, 2022, Plaintiff was referred to the Defendant hospital with a referral note and her maternity book stating categorically the presenting complaint as a possible big baby.
10. Plaintiff avers that based on the said referral letter or form, she was checked in at the Defendant Hospital at about two o'clock in the afternoon on the same day, took her referral letter and maternity book, subjected herself to the administrative processes leading to her admission, after which her vitals including blood pressure and hemoglobin levels among others were taken.
11. Plaintiff avers that at the time she checked in at the Defendant Hospital, the medical officer or nurse who examined her confirmed that Plaintiff was in active labor but was only 1cm dilated and admitted her to one of the general wards in the Defendant Hospital.
12. Plaintiff avers that she was informed by the said medical officer or nurse that they will be checking up on Plaintiff within every 4-hour interval. Subsequently, a midwife checked on the Plaintiff at around 6:00 pm and realized that Plaintiff was still 1cm dilated.

CERTIFIED TRUE COPY
[Signature]
THE REGISTRAR
HIGH COURT
KUMASI

13. Plaintiff avers that her husband arrived shortly after and the Plaintiff told her husband to insist and impress on the medical officers to proceed with the cesarean section as Plaintiff was in so much pain and discomfort.
14. Plaintiff avers that despite her numerous calls and that of her husband, the only proper contact Plaintiff had with any of the medical officers or nurses was around 6pm.
15. Plaintiff avers that she was in so much pain and discomfort which was obvious or visible for all to see but despite the numerous calls by Plaintiff, she was never attended to by a professional doctor or nurse until the following morning at around 2am (7th May, 2022) when she was checked up on and they realized that she was 4.5cm dilated.
16. Plaintiff avers that she was moved to a labor ward which was about two floors down the general ward. Plaintiff was initially admitted with the excuse that because of Plaintiff's previous vaginal birth, the possibility of the dilation increasing was high.
17. Plaintiff avers that she was made to walk two floors down despite being in such an uncomfortable state. Unfortunately, the Plaintiff had to wait outside standing for about 30 minutes at the door to the labour ward before someone came to open the door to the waiting area of the labor ward.
18. Plaintiff avers that around 3am on 7th May 2022, while unattended to and left alone on her bed in the waiting area of the labour ward, Plaintiff's water broke and Plaintiff had the urge to push the baby out.
19. Plaintiff avers that she called out to some of the nurses present but was surprised that the nurses who came around, who appeared unfazed and unconcerned about her state and well-being were only concerned why the Plaintiff had soiled the place to her utter amazement.
20. Plaintiff avers that around 7am on 7th May 2022, a doctor with some student doctors came to check up on Plaintiff, recorded Plaintiff's vitals and left despite seeing the obvious pain she was in. Later around 9:00am the same day, one nurse who seemed concerned and worried by name Konadu requested that the Plaintiff push when she takes the Plaintiff inside the labor ward.

21. Plaintiff avers that she was then again made to walk into the said labour room and subjected to delivering through Plaintiff's vagina (a baby weighing approximately 4.0 kg) at a time the Plaintiff believes that her cervix had not fully dilated to even allow the birth and descend of a normal weighted baby.
22. Plaintiff avers that after the delivery, the baby looking all pale, hardly cried hence there was a call for other medical officers to come around who tried to resuscitate the baby. Indeed, the baby's delivery was not met with the usual cry and efforts to get him to cry did not achieve much or failed.
23. Plaintiff avers that the baby also showed weak reflexes, was lethargic and appeared to have no energy.
24. Plaintiff avers that the baby was then rushed out and later placed on oxygen to aid his breathing. Plaintiff's visit later to the intensive care unit to see the child showed how the baby was weak and gasping for breath.
25. Plaintiff says that she was alarmed, very concerned and worried about the state of her new born child as the medical records (which the Plaintiff will lead evidence on at trial) from her antenatal visits up to the date of medical referral indicate that at the time of her referral, Plaintiff and her unborn child were both in good health with no record of any complications to the health of both Plaintiff (mother) and child.
26. The Plaintiff further avers that despite the Plaintiff's newborn been placed on oxygen, the breathing of the child never improved as the child's breathing continued to be heavy and short, his general health rapidly began to deteriorate and was eventually pronounced dead by the medical staff of Defendant Hospital a week after as a result of severe asphyxia.
27. Plaintiff avers that seeing her new born child helpless on each visit to the hospital and having to endure such pain was traumatic and painful, an episode the Plaintiff has not recovered from despite seeking help to overcome the ordeal she suffered at the hands of the negligent staff of the Defendant.
28. Plaintiff makes reference to paragraph 25 of the instant statement of claim and further avers that the facts and evidence as available from Siloam Hospital till Plaintiff was referred to the Defendant Hospital leads to the conclusion that the death of Plaintiff's baby can only be as a result of the negligence at the Defendant Hospital;

PARTICULARS OF NEGLIGENCE

- a) Beyond taking the Plaintiff's vitals, the Plaintiff was left unattended to by a professional doctor or nurse or professional for a long time after she arrived at the hospital till the time of her delivery
- b) The unnecessary and unwarranted delay in attending to Plaintiff even though she was in pain and calling for help coupled with the decision to use the wrong procedure for the birth of a baby clearly described as big was grossly negligent.
- c) The Defendant Hospital had the benefit of the reason why the Plaintiff was referred to its facility as the presenting complaint clearly showed that the Plaintiff was carrying a possibly big baby.
- d) Attached to the said referral letter was ANC records, scan and maternity book of the Plaintiff which provided more information, condition and state of both the Plaintiff and the unborn child.
- e) The Defendant, despite having benefit of this information as evidence in Plaintiff's records, did not properly interrogate the presenting complaint and the reason why the Plaintiff was referred to the Defendant hospital.
- f) Defendant did not conduct further assessment of the Plaintiff neither did the Defendant provide any reasons for opting or subjecting the Plaintiff to vaginal delivery, an option which was available and open to the Plaintiff at Siloam Hospital yet was referred to the Defendant Hospital for better medical care.
- g) Despite the fact that the Plaintiff was informed of the risks associated with the delivery of such a big weighted child through vaginal delivery at Siloam Hospital, the Defendant had no justification for still choosing to subject the Plaintiff to the high-risk delivery method of a vaginal delivery.
- h) In essence, the Defendant failed to take the necessary precautions to prevent the inherent risks of the procedure she was subjected to and also failed to inform Plaintiff, thereby depriving the Plaintiff of informed consent. If vaginal delivery was what was appropriate in the

case of Plaintiff, Plaintiff would not have been referred in the first place to the Defendant.

- i) The Defendant clearly chose for the Plaintiff, the method (vaginal delivery) that posed a risk high to both mother and child as against a cesarean section.
- j) The Defendant failed to provide adequate post-operative care, monitoring, and follow-up, leading to the death of the Plaintiff's baby.
- k) The Defendant failed to recognize and address complications in a timely manner, leading to the death of the Plaintiff's baby.

29. The Defendant Hospital, with the benefit of the Plaintiff's condition, owed the Plaintiff a duty of care to provide adequate information and care, monitoring and follow up with the standard of care expected of a reasonably competent medical institution.

30. Plaintiff avers that a direct and proximate result of the Defendant's breach of duty of care to the Plaintiff, the Plaintiff lost her new born baby to severe asphyxia as a result of the negligence suffered at the hands of medical officers at the Defendant's facility and has consequently suffered emotional (anxiety and depression) pain and financial losses.

31. Plaintiff avers that though the loss of her child cannot be quantified in monetary terms, the loss due to the negligence of the Defendant and its agents, Plaintiff can only be compensated by an amount of Ten million Ghana Cedis (*GHC 10,000,000.00*).

32. Plaintiff avers that she was denied the joy of motherhood for the third time and that following the unfortunate death of her baby, Plaintiff made several requests to Defendant Hospital through the administrator for her medical records but the request was not obliged. First request was dated the 20th day of May, 2022.

33. Plaintiff avers that due to the posture of the Defendant Hospital refusing or neglecting to provide her with the medical records, Plaintiff engaged the services of a lawyer to make the said request on her behalf. Though the Defendant hospital acknowledged receipt of the letter, it wrote back turning down the said request

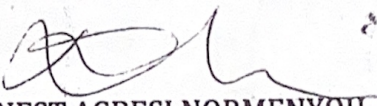
34. Plaintiff avers that a follow up or a reply from her lawyers to the Defendant was again met with excuses and the Plaintiff asked to hold on for the Defendant hospital to conduct quality assurance audits before obliging the request.
35. Plaintiff avers that the request for her medical report has been ignored since 2022 and that if the Defendant was committed and minded, it would have completed any audit it had intended as three years is an unreasonably long time not to have conducted such an audit and presented the said findings together with medical records to the Plaintiff.
36. Plaintiff avers that the excuse of a quality assurance audit as a cover up to deny the Plaintiff of her medical records is most unfortunate and is evidence that unless compelled by this Court the Defendant will cover up the entire incidence to the detriment of the Plaintiff.
37. Plaintiff avers that she ought not be put through this emotional trauma of not having closure and moving on and that the conduct of the Defendant from when Plaintiff was referred to Defendant facility till now has greatly affected her sanity and emotional well-being.
38. Plaintiff avers that the Defendant's behavior can only be evidence of attempts to cover up their negligent acts towards the Plaintiff in an attempt to deny the Plaintiff justice in this matter.
39. Plaintiff avers that it is in respect of the foregoing that she has commenced the instant action to seek justice.

Wherefore the Plaintiff claims against the Defendant as follows:

- i. A declaration that the Defendant's agent or officers were negligent or Defendant is vicariously liable to the Plaintiff for medical negligence of its employee health workers whose omission and commission caused the Plaintiffs baby to be diagnosed with severe asphyxia and death thereafter.
- ii. An order directed to the Defendant to pay to the Plaintiff or Plaintiff be compensated with the amount stated in Paragraph 31 for loss of life of her baby, pain and suffering occasioned thereby due to the negligence of the Defendant and its agents.
- iii. Exemplary damages.
- iv. Costs of litigation.

v. Any further orders as this Honourable Court may deem fit.

DATED AT A LIST ATTORNEYS GHANA PRUC, 3RD FLOOR, LETSHEGO/COCOSHE
HOUSE, AIRPORT RESIDENTIAL AREA, ACCRA THIS 28TH DAY OF APRIL, 2025.


ERNEST AGBESI NORMENYOH, ESQ
SOLICITOR FOR THE PLAINTIFF
LICENCE NO: eGAR 03416/25

THE REGISTRAR
HIGH COURT
KUMASI

AND FOR SERVICE ON THE ABOVE-NAMED DEFENDANT


CERTIFIED TRUE COPY
THE REGISTRAR
HIGH COURT
KUMASI