

1 State of Ohio, )  
 ) SS:

2 County of Cuyahoga. )

3 - - -

4 IN THE COURT OF COMMON PLEAS

5 - - -

6 Karl McElfish, II, Admin., )  
etc., )

7 )

Plaintiff, )

8 ) Case No. 465040

vs. )

9 ) Judge Coyne

Meridia Medical Group, et al., )

10 )

Defendants. )

11

12 - - -

13 DEPOSITION OF YELENA BEREGOVSKAYA, C.N.M.

14 TUESDAY, NOVEMBER 26, 2002

15 - - -

16 The deposition of Yelena Beregovskaya, C.N.M., a  
17 Defendant herein, called by the Plaintiff for examination  
18 under the Ohio Rules of Civil Procedure, taken before me,  
19 Ivy J. Gantverg, Registered Professional Reporter and  
20 Notary Public in and for the State of Ohio, by agreement  
21 of counsel and without further notice or other legal  
22 formalities, at the offices of Reminger & Reminger, 1400  
23 Midland Building, Cleveland, Ohio, commencing at 2:45  
24 p.m., on the day and date above set forth.

25

1 APPEARANCES:  
 2 On Behalf of the Plaintiff  
 3 Michael F. Becker, Esq.  
 4 Becker & Mishkind  
 5 134 Middle Avenue  
 6 Elyria, Ohio 44035  
 7  
 8 Cathy Loucas, Esq.  
 9 Emma Groethe  
 10 1700 Standard Building  
 11 Cleveland, Ohio 44113  
 12 On Behalf of Defendants The Cleveland Clinic  
 13 Foundation and Mimi Khin, M.D.:  
 14  
 15 David J. Hudak, Esq.  
 16 Roetzel & Andress  
 17 One Cleveland Center - 10th Floor  
 18 Cleveland, Ohio 44114  
 19 On Behalf of Defendants Physician Staffing, Inc.;  
 20 Sayed M. Husny, M.D.; Sayed M. Husny, M.D., Inc.;  
 21 Arun Jayavant, M.D.; Arun Jayavant, M.D., Inc.  
 22 and Lucille Stine, M.D.:  
 23  
 24 John A. Simon, Esq.  
 25 Gallagher, Sharp, Fulton & Norman  
 Bulkley Building - Seventh Floor  
 Cleveland, Ohio 44115  
 On Behalf of Defendant Meridia Medical Group; Gregory  
 Karasik, M.D. and Yelena Beregovskaya, R.N.:  
 Stephen E. Walters, Esq.  
 Reminger & Reminger  
 1400 Midland Building  
 Cleveland, Ohio 44115  
 On Behalf of Defendants Meridia Euclid Hospital:  
 Andrew D. Jamison, Esq.  
 Reminger & Reminger  
 1400 Midland Building  
 Cleveland, Ohio 44115

1 (Thereupon, Plaintiff's Exhibits 1 and 2  
 2 (Beregovskaya) were marked for identification.)  
 3 YELENA BEREGOVSKAYA, C.N.M.  
 4 a defendant herein, called by the plaintiff for  
 5 examination under the Rules, having been first duly  
 6 sworn, as hereinafter certified, was deposed and said as  
 7 follows:  
 8 CROSS EXAMINATION  
 9 BY MR. BECKER:  
 10 Q. Good afternoon. Would you tell me your full name,  
 11 please?  
 12 A. Yelena Beregovskaya.  
 13 Q. Okay, and for the record, would you spell your  
 14 name?  
 15 A. Y-E-L-E-N-A, last name, B-E-R-E-G-O-V-S-K-A-Y-A.  
 16 Q. May I call you Yelena?  
 17 A. Yes, please.  
 18 Q. Did I pronounce that correctly?  
 19 A. Correct.  
 20 Q. Have you ever had your deposition taken before?  
 21 A. No.  
 22 Q. Okay, this is a question and answer session under  
 23 oath, that is all it is. It is real important, though,  
 24 that you understand the question that I ask. If the  
 25 question doesn't make sense to you or is inartfully

1 APPEARANCES: (Continued)  
 2 On Behalf of Defendants Jeffrey H. Lautman, M.D. and  
 3 Jeffrey H. Lautman, M.D., Inc.:  
 4 Andrew D. Jamison, Esq.  
 5 Reminger & Reminger  
 6 1400 Midland Building  
 7 Cleveland, Ohio 44115  
 8 On Behalf of Defendant Charles M. Bailin, M.D.:  
 9 Kris H. Treu, Esq.  
 10 Moscarino & Treu  
 11 630 Hanna Building  
 12 Cleveland, Ohio 44115  
 13  
 14 Also Present:  
 15  
 16 Scott Morrison, Videographer  
 17  
 18  
 19  
 20  
 21  
 22  
 23  
 24  
 25

1 phrased, you stop me, okay, and tell me so, and then I  
 2 will attempt to rephrase or restate the question, fair  
 3 enough?  
 4 A. Yes.  
 5 Q. However, unless you indicate otherwise to me, I am  
 6 going to assume that you have fully understood the  
 7 question that I have posed and you are giving me your  
 8 best and most complete answer today, understood?  
 9 A. Yes.  
 10 Q. Fair enough?  
 11 A. Yes.  
 12 Q. It is also important that you answer verbally,  
 13 because it is very difficult for her, this lady, to pick  
 14 up a head nod, or any kind of a sound other than uh-huh,  
 15 or things like that. So please try to verbalize all your  
 16 responses, fair enough?  
 17 A. Okay.  
 18 Q. What have you reviewed in preparation of today's  
 19 deposition?  
 20 A. The chart, I was given, and also the deposition of  
 21 Dr. Bailin.  
 22 Q. Okay, the chart.  
 23 And when you say, the chart, you mean the prenatal --  
 24 A. Prenatal records.  
 25 Q. -- records?

1 A. Lab work hospital, and hospital records.  
 2 Q. Okay.  
 3 In addition to that, did you do any research, look  
 4 at any textbooks or journal articles?  
 5 A. Not really.  
 6 Q. No research whatsoever?  
 7 A. On this particular case?  
 8 Q. In preparation for today's deposition.  
 9 A. No.  
 10 Q. Okay.  
 11 Your counsel was kind enough to provide me with a  
 12 copy of your vitae.  
 13 And I don't know if you have another copy, Steve --  
 14 MR. WALTERS: No, I don't have it with me.  
 15 Q. -- but I am going to ask you some questions off of  
 16 it.  
 17 MR. WALTERS: Do you want me to get another  
 18 copy?  
 19 MR. BECKER: Well, let's see if she has --  
 20 how we do.  
 21 MR. WALTERS: Okay.  
 22 MR. TREU: Here.  
 23 (Thereupon, a document was handed to the  
 24 witness.)  
 25 MR. WALTERS: Thank you.

1 THE WITNESS: Thank you.  
 2 Q. (Continuing) All right, let's start with your  
 3 education. Where did you go to high school?  
 4 A. In Tashkent, Uzbekistan.  
 5 Q. Okay.  
 6 Do you remember what year you graduated from high  
 7 school?  
 8 A. '74.  
 9 Q. Okay.  
 10 And I understand you immediately went into nursing  
 11 school?  
 12 A. Correct.  
 13 Q. And the nursing school, according to your vitae,  
 14 was three years?  
 15 A. Yes.  
 16 Q. So there wasn't a requirement -- well, it was a  
 17 three year program, okay.  
 18 And then you finished that in 1977, correct?  
 19 A. Correct.  
 20 Q. And did you then go right on to medical school?  
 21 A. I was admitted to medical school in 1974, as you  
 22 can see here, and it was six years program. So I was  
 23 doing my nursing school part-time, that is why it lasted  
 24 for three years. It is usually two years program.  
 25 Q. You were in an accelerated medical school --

1 A. No --  
 2 Q. -- program?  
 3 A. -- I was in the normal medical school program.  
 4 Q. Okay, they are normally six years?  
 5 A. Six years.  
 6 Q. That is right out of high school, six years?  
 7 A. Yes.  
 8 Q. In addition to going to medical -- going to the  
 9 medical school, you were also going to --  
 10 A. Nursing school.  
 11 Q. -- nursing school.  
 12 A. Evening classes in the nursing school.  
 13 Q. Okay.  
 14 Would it be fair for me to assume that there were  
 15 some students who were going to medical school that were  
 16 not going to nursing school at night?  
 17 A. Absolutely.  
 18 Q. Okay.  
 19 What percentage would you estimate would just  
 20 solely have been in medical school?  
 21 A. I don't know.  
 22 Q. Okay.  
 23 Would your case have been unusual, where you were  
 24 going to nursing school as well as medical school?  
 25 A. Not that unusual.

1 Q. You finished medical school in 1980, correct?  
 2 A. Yes.  
 3 Q. Then did you -- after finishing medical school,  
 4 did you do an internship or a residency?  
 5 A. Residency.  
 6 Q. Residency.  
 7 A. I did a year residency.  
 8 Q. Where was that at?  
 9 A. It was in one of the city hospitals.  
 10 Q. One of the city hospitals?  
 11 A. (Witness nods).  
 12 Q. Was the residency in OB/GYN?  
 13 A. OB/GYN.  
 14 Q. So a one year residency.  
 15 A. Yes.  
 16 Q. And what was the name of the hospital?  
 17 A. It was Maternity House Number 6.  
 18 Q. And do the -- did the residency start in July and  
 19 then end in June the following year, like they do in the  
 20 States?  
 21 A. May or June, I am not exactly sure when it  
 22 started, May or June, and it usually ends again June or  
 23 July.  
 24 Q. Why only one year of residency?  
 25 A. That is what was required.

- 1 Q. Okay, so when you finished your one year of  
2 residency, then you could begin your practice?  
3 A. Yes.  
4 Q. And did you have to take a test, a state Board or  
5 something?  
6 A. No.  
7 Q. You could practice right away without any type of  
8 test?  
9 A. Yes.  
10 Q. So in roughly June of 1981, you began your practice --  
11 A. Yes.  
12 Q. -- as an obstetrician --  
13 A. Gynecologist.  
14 Q. -- gynecologist?  
15 A. Yes.  
16 Q. And for whom did you work?  
17 A. The same place, when I finished my residency.  
18 Q. So you went back to that same hospital --  
19 A. Uh-huh.  
20 Q. -- that you earlier told us about?  
21 A. Yes.  
22 Q. How long did you spend there?  
23 A. Until I was admitted to the Fellowship program in  
24 obstetrics/gynecology.  
25 Q. I didn't see a Fellowship program on here.

- 1 A. I didn't think that it was so important.  
2 Q. That is okay.  
3 So you stayed in private practice for  
4 approximately --  
5 A. It wasn't private practice.  
6 Q. Excuse me?  
7 A. It wasn't private practice.  
8 Q. Who was your employer?  
9 A. The Maternity House Number 6.  
10 Q. The hospital?  
11 A. The hospital.  
12 Q. So you had a hospital based practice, correct?  
13 A. Correct.  
14 Q. How long did you stay in that hospital based  
15 practice in maternity hospital Number 6 until you started  
16 your Fellowship?  
17 A. I don't remember for sure. I believe it was up to  
18 three years. Three years.  
19 Q. A couple of years?  
20 A. A couple of years.  
21 Q. Okay.  
22 A. Probably three years.  
23 Q. And the Fellowship, was it in maternal fetal  
24 medicine or something like that?  
25 A. In obstetrics/gynecology.

- 1 Q. Okay.  
2 Was there a specific study in that Fellowship  
3 besides OB/GYN? Was there a subspecialty within OB/GYN  
4 you did your Fellowship in?  
5 A. No.  
6 Q. Okay.  
7 A. It was general practice.  
8 Q. Okay.  
9 And I guess you are going to have to -- and bear  
10 with me, because you are going to have to educate me.  
11 Would you tell me what a Fellowship, what it means  
12 to have --  
13 A. A Fellowship?  
14 Q. -- a Fellowship in your country?  
15 A. It means working in the large institution where  
16 you have part -- when you spend part of your day  
17 practicing and part of the day listening lectures or  
18 working on a research project.  
19 Q. How many years was this Fellowship?  
20 A. Two years.  
21 Q. Do you remember what year it began and what year  
22 it finished?  
23 A. I just noticed here, it is '82, because that is  
24 where I had the Fellowship.  
25 Q. It started in '82?

- 1 A. Uh-huh.  
2 Q. And finished in '84?  
3 A. Yes.  
4 Q. Now, were all obstetricians required to go through  
5 this Fellowship?  
6 A. No.  
7 Q. Why did you choose to go into that Fellowship?  
8 A. To be better in my profession.  
9 Q. Okay.  
10 Would that type of Fellowship be analogous to a  
11 residency here in the States?  
12 MR. WALTERS: I will object, because I  
13 don't know how she would know.  
14 Go ahead, if you know.  
15 MR. BECKER: If you know.  
16 A. I can only guess.  
17 MR. WALTERS: Don't guess. I don't want  
18 you to guess.  
19 Q. Okay.  
20 Once you finish your Fellowship, do you get any  
21 kind of additional degree?  
22 A. No.  
23 Q. Then what did you do in '84 at the time you  
24 finished your Fellowship?  
25 A. I worked at the same place, I was hired by this

1 Tashkent Womens Center, and I worked there.  
 2 Q. You were hired by whom?  
 3 A. It is Tashkent Womens Center.  
 4 Q. Okay.  
 5 A. That is where I had my Fellowship and that is  
 6 where I continued working.  
 7 Q. And you stayed there for roughly five or six  
 8 years?  
 9 A. Yes.  
 10 Q. Okay.  
 11 A. Until '91.  
 12 Q. Now, do they have Board certifications?  
 13 A. In Russia?  
 14 Q. Yes.  
 15 A. No.  
 16 Q. In '91, you left Russia and you came to this  
 17 country, correct?  
 18 A. Correct.  
 19 Q. Why did you leave Russia?  
 20 A. The area where I lived, it is Islamic area, and  
 21 after perestroika, Uzbekistan became independent Islamic  
 22 republic, and the situation for Jews changed immediately,  
 23 and we were forced to leave the country.  
 24 Q. Okay.  
 25 And why did you choose to come to the United

1 States versus England or any other country?  
 2 A. We applied to United States and Israel.  
 3 Q. When you say, we, who are you referring to?  
 4 A. My family. Me, my son and my husband.  
 5 Q. So in 1991 -- excuse me --  
 6 A. Yes, 1991.  
 7 Q. Yes, 1991, you made an application to move to  
 8 Israel --  
 9 A. Or United States.  
 10 Q. -- or the United States, and you were accepted in  
 11 the United States?  
 12 A. Yes.  
 13 Q. Were you not accepted in Israel?  
 14 A. We were accepted to Israel, but the rest of the  
 15 family wanted to go to United States.  
 16 Q. Okay.  
 17 A. So we decided to go along with the decision the  
 18 whole family made.  
 19 Q. Okay.  
 20 And when you say, the whole family, that is your  
 21 husband, correct, and your son?  
 22 A. I have younger sister and her family, and her  
 23 husband's relatives were already in the United States, so  
 24 they preferred to immigrate to the United States instead  
 25 of Israel.

1 Q. Okay.  
 2 Now, are you still married?  
 3 A. No, I am not.  
 4 Q. Okay.  
 5 Was your husband in the medical or legal field?  
 6 A. He was a lawyer.  
 7 Q. He was a lawyer.  
 8 Did he ever practice in the United States?  
 9 A. No, he didn't.  
 10 Q. Okay.  
 11 So in the year 1991, where did you physically move  
 12 to in the United States?  
 13 A. We arrived to New York, spent a week in New York,  
 14 and Jewish Federation of Cleveland sponsored my family,  
 15 and we ended up in Cleveland.  
 16 Q. You started your professional life in the States  
 17 with a Dr. Luczek?  
 18 A. Luczek.  
 19 Q. Okay.  
 20 And that would have been in February of '92?  
 21 A. Correct.  
 22 Q. So maybe just a few months, you were here, you got  
 23 settled, and then you started with him; would that be  
 24 fair?  
 25 A. I started working as soon as we came to the

1 country, cleaning houses and baby-sitting.  
 2 Q. Okay.  
 3 A. And then I probably was just lucky to be  
 4 introduced to Dr. Luczek and hired as a medical  
 5 assistant.  
 6 Q. I didn't hear the end of your answer.  
 7 A. I said that I was lucky to be introduced to  
 8 Dr. Luczek and I ended up being hired as a medical  
 9 assistant.  
 10 Q. Okay, thank you.  
 11 Was there any consideration by you of taking any  
 12 type of test to become a physician here in the States?  
 13 A. When we arrived to States, we didn't have any  
 14 relatives or friends, so we were on our own. And the  
 15 immigration from Russia, a little different probably from  
 16 other countries. So you are not allowed to bring any  
 17 money with you.  
 18 So when we came, we came with \$300, and I was the  
 19 sole provider for the family, working two jobs pretty  
 20 much all the time. So there was no money or time to sit  
 21 down and study for medical Boards, unfortunately.  
 22 Q. Well, did there come a time where you were more  
 23 financially secure where you gave that some consideration?  
 24 A. No.  
 25 Q. If I might ask, how long were you in the States

1 before you were divorced?  
 2 A. Eight years.  
 3 Q. Okay.  
 4 And did your husband work once he got to the  
 5 States?  
 6 A. He was -- he hasn't been working for a while, for  
 7 at least a year after we came to States.  
 8 Q. Okay.  
 9 A. And then he was working.  
 10 Q. When he started working in the States, what did he  
 11 do?  
 12 A. He was delivering pizza, he was working in -- what  
 13 is it called -- Oriental rug warehouse selling rugs, and  
 14 then he went back to Uzbekistan to practice law.  
 15 Q. What year did he leave?  
 16 A. He was going back and forth. He didn't leave  
 17 completely.  
 18 Q. What kind of law did he go back to practice?  
 19 A. General law. He was specializing in automobile  
 20 accidents, personal injury.  
 21 Q. Okay.  
 22 Between '92 and '94, were you also assisting or  
 23 supporting not only your immediate family, but your  
 24 sister's family?  
 25 A. When my sister arrived to the United States, I

1 Q. Okay.  
 2 Were they written, or verbal, or both?  
 3 A. They were -- one of -- the first exam is the exam  
 4 for foreign graduated nurses, which is -- part of the  
 5 exam was nursing, which is written, and the other part is  
 6 equivalent to TOEFL exam.  
 7 TOEFL, it is English for foreign graduates, which  
 8 is -- it is not written, it is -- you are listening to  
 9 tape and you are answering your questions in the  
 10 microphone.  
 11 Q. All right, you stayed at Hillcrest Hospital as an  
 12 L & D nurse, R.N., for a few months, correct?  
 13 A. Correct.  
 14 Q. And why did you leave there and go back to  
 15 Dr. Luczek?  
 16 A. I worked two jobs. I never left Dr. Luczek. I  
 17 worked part-time at Hillcrest as a registered nurse and  
 18 part-time with Dr. Luczek, I believe, unless I am wrong.  
 19 Q. All right, when you were with Dr. Luczek, did you  
 20 take additional responsibilities after you became an  
 21 R.N.?  
 22 A. Not really.  
 23 Q. What kind of -- I am not familiar with Dr. Luczek.  
 24 Tell me about him, what is his specialty?  
 25 A. It is OB/GYN practice.

1 really wanted her to sit down and study for medical  
 2 Boards, because she also is a physician. So I provided  
 3 as much financial help and took care of her younger  
 4 daughter as much as I could, to help her.  
 5 Q. So was she medically trained in Russia?  
 6 A. She was a physician in Russia.  
 7 Q. And did she take the Boards, the foreign Boards  
 8 here in the States?  
 9 A. Yes, she is practicing as internal medicine  
 10 physician.  
 11 Q. In the Cleveland area?  
 12 A. In Penn State area. Pennsylvania.  
 13 Q. Okay.  
 14 Is she married?  
 15 A. She was married at the time.  
 16 Q. Okay.  
 17 Was her husband working?  
 18 A. Occasionally.  
 19 Q. You became a registered nurse in May of 1994 --  
 20 A. Yes.  
 21 Q. -- correct?  
 22 A. Correct.  
 23 Q. And did you have to take any state exams to become  
 24 a registered nurse?  
 25 A. Two. Two exams.

1 Q. Okay, where is he located?  
 2 A. He retired at the moment.  
 3 Q. Okay.  
 4 Did he retire in January of '97?  
 5 A. I don't remember for sure.  
 6 Q. Did you leave him, his employment, before he  
 7 retired?  
 8 A. No. Oh, I didn't -- no, no.  
 9 Q. Listen, feel free to look at that.  
 10 A. Okay.  
 11 Q. It is not a memory contest, so take your time.  
 12 You are doing fine.  
 13 A. He did -- no, I left him because -- I left him,  
 14 and he still was in practice.  
 15 Q. Okay.  
 16 A. He retired probably two years --  
 17 Q. Okay.  
 18 A. -- after I left, two or three years after I left.  
 19 Q. Why did you leave him?  
 20 A. Why did I leave him? I found a job as a home  
 21 health care nurse, as a registered nurse.  
 22 Q. And that would have been with PrimeHealth OB/GYN?  
 23 A. No, no, it is not on my resume. It is not in the  
 24 resume.  
 25 Q. Why not?

1 A. I didn't think that it is so significant. It was  
 2 part-time job. I was, at that time, going through the  
 3 Frontier School of Midwifery and Family Nursing.  
 4 Q. Okay, what was the name of this part-time job?  
 5 A. The agency.  
 6 Q. Oh, you worked for an agency?  
 7 A. It is an agency, yes.  
 8 Q. What is the name of the agency?  
 9 A. Sunrise.  
 10 Q. And was that p.r.n., or part-time?  
 11 A. It was p.r.n.  
 12 Q. You started your midwifery training in what --  
 13 what month or what year did you start that?  
 14 A. I have to look.  
 15 In '95. The month, I believe it was springtime.  
 16 Q. What is the name of the school, Frontier?  
 17 A. Yes, Frontier.  
 18 Q. Is this a correspondence school?  
 19 A. Yes.  
 20 Q. Okay.  
 21 A. It is affiliated with Case Western Reserve  
 22 University.  
 23 Q. What do you mean, it is affiliated?  
 24 A. It means that the program is 60 credit hours, and  
 25 then you need additional nine credit hours through Case

1 Western to receive your Master's degree.  
 2 Q. So did you obtain a Master's degree?  
 3 A. I am in the process.  
 4 Q. So you finished -- you gained your certification  
 5 in midwifery in 1997?  
 6 A. Correct.  
 7 Q. And then you began your professional career as a  
 8 midwife with PrimeHealth OB/GYN?  
 9 A. Yes.  
 10 Q. There is approximately a year between the time you  
 11 finished and when you started at PrimeHealth OB/GYN?  
 12 A. Yes.  
 13 Q. What did you do during that year?  
 14 A. Working in Sunrise Home Health Care Agency.  
 15 Q. Okay.  
 16 A. As a registered nurse.  
 17 Q. You stayed at PrimeHealth OB/GYN for about one  
 18 year?  
 19 A. Yes.  
 20 Q. Or a year and a few months?  
 21 A. Yes.  
 22 Q. Where is that -- where was that located,  
 23 PrimeHealth OB/GYN?  
 24 A. It is Lake County. It is -- we had two offices,  
 25 one in Mentor Medical Center on Heisley Road, and the

1 other one in Willoughby right next to Lake West Hospital.  
 2 Q. Are they still in business?  
 3 A. PrimeHealth is still in business. Not the group I  
 4 was with, but the PrimeHealth is still in business.  
 5 Q. Is there a PrimeHealth OB/GYN still in business?  
 6 A. PrimeHealth OB/GYN at the time when I worked had  
 7 two groups, two OB/GYN groups. So one group is still in  
 8 practice. The group where I was, is not in practice.  
 9 Q. When you started at PrimeHealth OB/GYN, did you  
 10 enter into what is called a Standard Care Arrangement?  
 11 A. Yes, I did.  
 12 Q. Okay.  
 13 And do you recall whether you actually had to sign  
 14 that agreement?  
 15 A. I did sign that agreement.  
 16 Q. You did sign an agreement?  
 17 A. Yes.  
 18 Q. Do you have a copy of your agreement with  
 19 PrimeHealth OB/GYN?  
 20 A. I don't have it now.  
 21 Q. You don't have a copy.  
 22 You then started at Meridia Medical Group,  
 23 correct?  
 24 A. Correct.  
 25 Q. What was the reason you left PrimeHealth OB/GYN

1 and joined Meridia Medical Group?  
 2 A. Meridia Medical Group approached me and asked me  
 3 to join their practice. They thought that they have  
 4 Russian speaking OB/GYN physician, and to have Russian  
 5 speaking midwife would be a good combination for the  
 6 practice.  
 7 Q. Who approached you?  
 8 A. I don't remember the name.  
 9 Q. What was the name of the Russian physician?  
 10 A. Dr. Karasik.  
 11 Q. Would you spell his last name for me?  
 12 A. K-A-R-A-S-I-K.  
 13 Q. When you joined the Meridia Medical Group, did you  
 14 also enter into a Standard Care Arrangement?  
 15 A. Yes, I did.  
 16 Q. And where you had to sign a document --  
 17 A. Yes.  
 18 Q. -- saying that you would live by these terms of  
 19 practice?  
 20 A. Yes, I did.  
 21 Q. And I understand you don't have a copy of that?  
 22 A. Unfortunately, I don't.  
 23 Q. Were you given a copy of it, at the time you  
 24 executed it, by your employer?  
 25 A. Yes.

1 Q. And when you were back with PrimeHealth OB/GYN,  
 2 when you executed that Standard Care Arrangement, were  
 3 you given a copy of it?  
 4 A. Yes.  
 5 Q. Now, you left the Meridia Medical Group in  
 6 December of 2001?  
 7 A. Yes.  
 8 Q. Why did you leave them?  
 9 A. I didn't leave them. The group was terminated.  
 10 Q. Okay.  
 11 Did the doctors split up and join -- start their  
 12 own private practice?  
 13 A. Yes.  
 14 Q. Okay, and you chose to go with one of the doctors  
 15 who started his private practice, Dr. Kushnir?  
 16 A. Yes.  
 17 Q. And that would have been January of this year?  
 18 A. Correct.  
 19 Q. And you are serving as a midwife for him?  
 20 A. Correct.  
 21 Q. And did you also enter into a Standard Care  
 22 Arrangement agreement with Dr. Kushnir?  
 23 A. Correct.  
 24 Q. And were you given a copy of that?  
 25 A. I wrote that Standard Care Arrangement.

1 Q. But you had to execute it, correct?  
 2 A. Right.  
 3 Q. He had to execute it, correct?  
 4 A. Yes.  
 5 Q. Did you receive a copy of it?  
 6 A. Yes.  
 7 Q. Do you have a copy of it today?  
 8 A. Yes.  
 9 MR. BECKER: Off the record.  
 10 (Thereupon, a discussion was had off the  
 11 record.)  
 12 (Thereupon, Plaintiff's Exhibit 3  
 13 (Beregovskaya) was marked for identification.)  
 14 BY MR. BECKER:  
 15 Q. Yelena, you wanted to correct something on the  
 16 record about your recall of the individual that  
 17 approached you?  
 18 A. Yes, now I remember her name. Mary Reeves.  
 19 Q. Mary Reeves?  
 20 A. Yes.  
 21 Q. Okay.  
 22 We were talking about the Standard Care  
 23 Arrangement, and I am going to show you what has been  
 24 marked as Plaintiff's Deposition Exhibit Number 3. Take  
 25 a look at it.

1 A. (Witness complies).  
 2 Q. Do you recognize that document?  
 3 A. Yes, I do.  
 4 Q. What is it?  
 5 A. This is Standard Care Arrangement.  
 6 Q. Is that actually one that you signed for your  
 7 current employer?  
 8 A. Yes.  
 9 Q. Okay.  
 10 A. That is the one.  
 11 MR. WALTERS: Just so it is clear, Mike,  
 12 what we did was we took off the distinguishing --  
 13 and you can question her about this -- but the  
 14 distinguishing aspects with regard to who it is  
 15 with.  
 16 Because what Yelena told me prior to the  
 17 deposition was that this was the same one --  
 18 because we couldn't find the one that she had with  
 19 Meridia Medical Group -- that this was the same  
 20 one. So I just took off those distinguishing  
 21 marks.  
 22 If you want to see a copy of that document,  
 23 as well, I can give that to you, as well.  
 24 MR. BECKER: Yes, that might help me.  
 25 MR. WALTERS: Here. Because I don't really

1 have any -- I think I have got it here.  
 2 This is the -- what we took off, the  
 3 portions that relate to. But I mean, I wasn't  
 4 trying to -- because I can't find the actual one  
 5 that existed for this.  
 6 MR. BECKER: Do you mind if I mark this?  
 7 MR. WALTERS: No, not at all. You can,  
 8 absolutely.  
 9 MR. TREU: Is it fair to say, Steve, what  
 10 is on Exhibit 3 is a redacted version?  
 11 MR. WALTERS: Redacted version of what  
 12 Yelena has with Dr. Karasik. And this is the  
 13 actual version.  
 14 THE WITNESS: Kushnir.  
 15 MR. WALTERS: Dr. Kushnir, I am sorry. And  
 16 this is the actual version.  
 17 (Thereupon, Plaintiff's Exhibit 4  
 18 (Beregovskaya) was marked for identification.)  
 19 BY MR. BECKER:  
 20 Q. Handing you what has been marked as Plaintiff's  
 21 Exhibit 4, would you identify that for the record?  
 22 A. This is Standard Care Arrangement with Dr. Ori  
 23 Kushnir.  
 24 Q. Is it true that the only real difference between  
 25 Plaintiff's Exhibit 3 and 4, that on Exhibit 3 what has



1 been redacted is the name of the collaborating physician,  
 2 his signature, as well as your signature, correct?  
 3 A. And on the front page, it says, Dr. Kushnir.  
 4 Q. Okay.  
 5 A. Yes.  
 6 Q. All right.  
 7 Is there a date on the last page of Plaintiff's  
 8 Exhibit 4?  
 9 A. On the last page?  
 10 Q. Yes.  
 11 A. No.  
 12 Q. Is there a date on the front page?  
 13 A. Yes.  
 14 Q. Okay, what date is that?  
 15 A. It is January 2nd, 2002.  
 16 Q. Okay.  
 17 And I see the name, McElfish, written above it.  
 18 Did you write that?  
 19 MR. WALTERS: No, I think that is my  
 20 handwriting.  
 21 MR. BECKER: Okay.  
 22 MR. WALTERS: Or my paralegal's, one of the  
 23 two.  
 24 Q. (Continuing) Okay, underneath the date of 1-2-02,  
 25 there is something I can't read. What does that say?

1 MR. WALTERS: That is probably me. Let me  
 2 take a look.  
 3 Yes, too new, that is my para -- just so  
 4 you know, that is my paralegal's handwriting. I  
 5 don't know that it is --  
 6 MR. BECKER: Okay.  
 7 MR. WALTERS: -- fair to Yelena. But that  
 8 is not the right one.  
 9 Q. (Continuing) Okay, that is not your handwriting?  
 10 A. No, it is not me.  
 11 Q. Okay.  
 12 Yelena, I think -- Yelena, I think you indicated  
 13 that you essentially drafted this for Dr. Kushnir?  
 14 A. Yes.  
 15 Q. Okay.  
 16 And you used your previous Standard Care  
 17 Arrangements to assist you in drafting your current one?  
 18 A. Yes.  
 19 Q. Okay.  
 20 So here is, you know, the big question. Is it  
 21 likely that the Standard Care Arrangement that you had  
 22 with Meridia Medical Group between December of 1999 and  
 23 December of 2001 would be identical to the substance of  
 24 Plaintiff's Exhibit 4?  
 25 Take your time and answer that. If you want to

1 look at it --  
 2 A. Is the question that it is -- what was Meridia  
 3 Medical Group is identical to this one?  
 4 Q. Yes.  
 5 A. Yes.  
 6 Q. Do you want to look at it just to be sure before  
 7 you answer that?  
 8 MR. WALTERS: Well, obviously it can't --  
 9 you said, in substance identical.  
 10 MR. BECKER: Yes.  
 11 MR. WALTERS: Obviously the names are going  
 12 to be different --  
 13 MR. BECKER: Right.  
 14 MR. WALTERS: -- we know that.  
 15 MR. BECKER: Right.  
 16 A. Yes.  
 17 Q. Okay, Yelena, were you the one that drafted this  
 18 document for Meridia Medical Group or provided the form  
 19 to be utilized by Meridia Medical Group?  
 20 A. I believe we did it with -- together with the  
 21 other midwife in the practice.  
 22 Q. Was there a midwife working at the time you joined  
 23 the firm?  
 24 A. Yes.  
 25 Q. So had there been a practice document prior to you

1 joining the firm, that is between those physicians and  
 2 the other midwife?  
 3 A. I don't know.  
 4 Q. And what was that midwife's name?  
 5 A. Elizabeth Ruzga.  
 6 Q. And how do you spell her last name, if you know?  
 7 A. R-U --  
 8 MR. WALTERS: -- Z-G-A.  
 9 A. -- Z-G-A.  
 10 Q. Okay.  
 11 Going back to -- may I have that for a moment?  
 12 (Thereupon, the document was handed to  
 13 Mr. Becker.)  
 14 Q. (Continuing) Going back to the Standard Care  
 15 Arrangement, do you think the form would have been  
 16 similar when you were at PrimeHealth OB/GYN, or would it  
 17 have been a different form?  
 18 A. Similar.  
 19 Q. Similar?  
 20 A. (Witness nods).  
 21 Q. Is it possible that the form that we are talking  
 22 about, whether it is Plaintiff's Exhibit 3 or Plaintiff's  
 23 Exhibit 4, was a form that was recommended by your  
 24 midwifery school?  
 25 A. Not by my midwifery school, but by American

1 College of Nurse Midwives, yes.  
 2 Q. Okay.  
 3 I am sorry, I don't remember whether you answered  
 4 my question or not. Do you think that this form, 3 and  
 5 4, was similar to what was in Meridia Medical Group -- or  
 6 PrimeHealth OB/GYN?  
 7 A. Yes.  
 8 Q. It was likely similar?  
 9 A. Likely similar.  
 10 Q. Okay.  
 11 Now, in addition to your job with Dr. Kushnir, you  
 12 have a job with the clinic, the Northeast Ohio  
 13 Neighborhood Health Services, NEON, correct?  
 14 A. Yes, yes.  
 15 Q. And you do the same thing, you act as a midwife  
 16 there?  
 17 A. Yes.  
 18 Q. Okay.  
 19 And for Northeast Ohio Neighborhood Health  
 20 Services, did you sign a similar document?  
 21 A. It is more elaborate document.  
 22 Q. It is more elaborate?  
 23 A. (Witness nods).  
 24 Q. It is more detail?  
 25 A. More detail.

1 Q. And were you given a copy of it when you signed  
 2 it?  
 3 A. Yes.  
 4 Q. And do you have it with you?  
 5 A. Yes.  
 6 Q. May I look at it?  
 7 A. I have it at home.  
 8 Q. Okay.  
 9 A. I don't have it with me.  
 10 Q. Okay.  
 11 Would it be a problem for you to tender that to  
 12 your counsel?  
 13 A. No.  
 14 Q. Okay.  
 15 Did you have any input in the document itself,  
 16 that is the NEON document, the drafting of that?  
 17 A. No.  
 18 Q. At the time you joined NEON, were there other  
 19 midwives in existence there at NEON?  
 20 A. Yes.  
 21 Q. Okay.  
 22 You indicated that Frontier was associated with  
 23 Case Western Reserve, correct?  
 24 A. Correct.  
 25 Q. Did you ever attend, physically go to the campus

1 of Case for your training in midwifery?  
 2 A. I did my class to finish Master's degree on the  
 3 campus of Case Western.  
 4 Q. Okay.  
 5 A. Yes, I did.  
 6 Q. But prior to starting your Master's, you didn't  
 7 have any classes at Case?  
 8 A. No.  
 9 Q. Okay, what month, what year did you start your  
 10 Master's?  
 11 A. I didn't start it. I just need to finish it.  
 12 Because most of the studying was done through the  
 13 Frontier School of Midwifery and Family Nursing. I am  
 14 supposed to do just three classes with Case Western, and  
 15 I already finished one. So the class I took was in the  
 16 summer of 2002.  
 17 Q. Yelena, did you or anyone you know within the  
 18 group -- and when I say, the group, I mean the Meridia  
 19 Medical Group -- ever generate any notes, affidavits, log  
 20 entries, diary entries relative to what may have occurred  
 21 to Mrs. McElfish, that is not contained in the prenatal  
 22 chart?  
 23 A. I am not aware of that.  
 24 Q. Okay, do you understand the question?  
 25 A. I don't know. The answer is, I don't know.

1 Q. Okay, not to your knowledge, and you certainly  
 2 didn't generate any notes, log entries, affidavits or any  
 3 kind of private notes relative to Mrs. McElfish, that are  
 4 not contained in the formal prenatal chart; is that  
 5 correct?  
 6 A. Correct.  
 7 Q. Okay.  
 8 Now, do you have an independent recollection of  
 9 Mrs. McElfish?  
 10 A. Yes, I do.  
 11 Q. Okay.  
 12 Did you ever diagnose hypertension in pregnancy in  
 13 Mrs. McElfish?  
 14 A. Yes.  
 15 Q. When did you do that?  
 16 And I want you to know that you are more than free  
 17 to look at the chart before responding to any of my  
 18 questions, or the prenatal records.  
 19 MR. TREU: The question was, hypertension  
 20 in pregnancy; was that what you asked?  
 21 MR. BECKER: Yes.  
 22 A. Did you mean pregnancy induced hypertension?  
 23 Q. Yes.  
 24 MR. TREU: That is why I asked the  
 25 question, because that is not what was asked.

1 MR. WALTERS: Because hypertension in  
2 pregnancy is a different question.  
3 MR. BECKER: Okay.  
4 A. Can you rephrase the question?  
5 Q. Let me ask you this in general:  
6 Did you diagnose any hypertensive disorder in  
7 Mrs. McElfish, and if so, give me your description of the  
8 type of disorder?  
9 A. Yes, I did, and I would say that the main -- the  
10 first time when we noticed elevated, seriously elevated  
11 blood pressure was on August 10th.  
12 Q. August 10th?  
13 A. Yes.  
14 Q. Okay.  
15 So you made a diagnosis of a hypertensive disorder  
16 on August 10th.  
17 In your terms, how would -- what is the medical  
18 term for this disorder?  
19 A. I would say that she was -- that she was -- she  
20 had mild chronic hypertension.  
21 Q. On August 10th, in your words, you diagnosed mild  
22 chronic hypertension, okay?  
23 A. Right.  
24 Q. Give me your definition of chronic hypertension?  
25 A. Well, chronic hypertension is an elevated blood

1 chronic hypertension or any other medical conditions.  
2 Q. So it is preeclampsia superimposed on underlying  
3 hypertension?  
4 A. Yes.  
5 Q. Okay.  
6 Now, have you ever seen a definition of chronic  
7 hypertension where the hypertension has to be diagnosed  
8 before 20 weeks gestation?  
9 A. Could you repeat the question, please?  
10 Q. Yes.  
11 Have you seen, in any textbooks or literature,  
12 where for there to be true chronic hypertension, chronic  
13 hypertension has to be evident -- hypertension has to be  
14 evident before 20 weeks gestation?  
15 MR. WALTERS: You are limiting her to  
16 textbooks and literature, correct?  
17 MR. BECKER: Or her training.  
18 MR. WALTERS: Well, you just -- I just want  
19 to make it clear.  
20 MR. BECKER: All right.  
21 MR. WALTERS: Or your training.  
22 A. Preeclampsia before 20 weeks?  
23 Q. Chronic.  
24 A. Chronic.  
25 Q. Chronic hypertension.

1 pressure on several occasions which is 140/90. Several  
2 episodes of 140/90 blood pressure.  
3 Q. Okay, would you define the term preeclampsia for  
4 me?  
5 A. Preeclampsia would be the pregnancy related  
6 hypertensive disorder which is associated with edema,  
7 also proteinuria, could be increased irritability of  
8 central nervous system, also liver abnormalities and  
9 clotting abnormalities.  
10 Q. The phrase, pregnancy induced hypertension, does  
11 that mean the same to you, is it synonymous, in your  
12 mind, with preeclampsia?  
13 A. Yes, it is.  
14 Q. Okay.  
15 Now, did you ever diagnose preeclampsia in  
16 Mrs. McElfish?  
17 A. We never stated diagnosis of preeclampsia in  
18 Mrs. McElfish as it is.  
19 Q. Let me ask you some other definitions here.  
20 What does the phrase, superimposed preeclampsia,  
21 mean?  
22 A. It is when preeclampsia is -- it is a develop --  
23 it is the condition developed on the pre-existing  
24 condition. It is pregnancy related condition which is  
25 additional to pre-existing high blood pressure or any

1 A. Before 20 weeks?  
2 Q. Right.  
3 A. Yes.  
4 Q. Did she have -- did Mrs. McElfish have evidence of  
5 chronic hypertension before 20 weeks?  
6 A. I would say that she was borderline to chronic  
7 hypertension.  
8 Q. Why do you say that?  
9 A. Because on several occasions, she demonstrated a  
10 blood -- before 20 weeks, she actually demonstrated a  
11 blood pressure, 130/80, and the chronic hypertension we  
12 can say when it is 140/90, so she was very close for  
13 that, for her age.  
14 Q. What does the phrase, high risk pregnancy, mean to  
15 you?  
16 A. It is a pregnancy complicated by whatever  
17 obstetrical or medical condition.  
18 Q. And as a midwife, are you capable of managing,  
19 medically managing a high risk pregnancy?  
20 A. It depends of -- it depends on the degree of the  
21 risk.  
22 Q. The degree of risk?  
23 A. Yes.  
24 Q. Okay.  
25 What do you mean by that?

- 1 A. Well, if it is a mild condition, like mild  
 2 preeclampsia, I usually co-manage that. I don't manage  
 3 it by myself, I co-manage it with one of the physicians  
 4 in the practice.  
 5 Q. Okay.  
 6 A. If it is higher risk, then I transfer patient  
 7 under the physician management.  
 8 Q. When you say, high risk, you mean severe  
 9 preeclampsia?  
 10 A. It could be severe anemia, it could be gestational  
 11 diabetes, it could be any higher risk pregnancy.  
 12 Q. Okay, well, let's just stay with preeclampsia.  
 13 What is the difference between mild and severe  
 14 preeclampsia?  
 15 A. With severe preeclampsia, there are a completely  
 16 different set of symptoms.  
 17 Q. Okay.  
 18 A. So the blood pressure should be at least 160/100,  
 19 and the protein -- and proteinuria should be at least  
 20 plus three, plus four, severe edema, severe changes in  
 21 the liver enzymes and also clotting factors, some central  
 22 nervous system involvement.  
 23 Q. Which would manifest themselves in decreased  
 24 reflexes?  
 25 A. Increased.

- 1 Q. Increased reflexes?  
 2 A. Increased reflexes.  
 3 Q. Okay.  
 4 A. Some other complaints from patients, severe  
 5 headache, it could be, visual disturbances, it could be.  
 6 Q. Now, you have given me a number of signs and  
 7 symptoms of severe preeclampsia. Do you need all of them  
 8 to fall under one category of severe, or could you just  
 9 have one or two?  
 10 A. When the patient has severe preeclampsia, pretty  
 11 much most of these changes are present. But it is not  
 12 necessarily.  
 13 Q. So with preeclampsia, if you felt that there was  
 14 any indication of severe preeclampsia, you would refer  
 15 the patient for medical management to the obstetrician?  
 16 A. Yes.  
 17 Q. And that is your responsibility?  
 18 A. Yes.  
 19 Q. Is Mrs. McElfish the first time in your career,  
 20 whether as a midwife or a physician, where a patient who  
 21 you were treating for a hypertensive disorder died?  
 22 A. In this country, yes.  
 23 Q. Okay, let's talk about in Russia.  
 24 A. I had more patients.  
 25 Q. You had more --

- 1 A. Patients who died.  
 2 Q. Okay.  
 3 How many patients died --  
 4 A. One.  
 5 Q. -- while you were managing them?  
 6 A. One.  
 7 I wasn't managing them solely. I was -- it is a  
 8 different setup when you work in my country. So --  
 9 Q. Okay.  
 10 Just one other patient?  
 11 A. Yes.  
 12 Q. And that patient that died in Russia, had there  
 13 been a diagnosis of severe preeclampsia?  
 14 A. Yes.  
 15 Q. As a midwife, do you have the authority to write a  
 16 prescription?  
 17 A. No.  
 18 Q. As a midwife, at least do you have authority to  
 19 order labs?  
 20 A. Yes.  
 21 Q. You can order labs?  
 22 A. Yes.  
 23 Q. Now, did you learn how to read ultrasounds in  
 24 Russia?  
 25 A. Yes.

- 1 Q. What kind of ultrasounds were you capable of  
 2 reading?  
 3 A. Reading or doing?  
 4 Q. Both.  
 5 A. Both?  
 6 Obstetrical ultrasounds. Very minimal, probably  
 7 less than Level I.  
 8 Q. Did you ever obtain -- strike that.  
 9 Have you heard the expression in midwifery that a  
 10 patient was risked out of your care, R-I-S-K-E-D, O-U-T,  
 11 risked out, is that something, a term that you would use?  
 12 A. No.  
 13 Q. Okay.  
 14 A. I am not familiar with this term.  
 15 Q. Did Mrs. McElfish ever become a high risk patient?  
 16 A. She was at risk patient, but not at high risk  
 17 patient.  
 18 Q. Okay, would you distinguish at risk from high  
 19 risk, if you can?  
 20 A. Well, she was at risk because it wasn't perfectly  
 21 normal pregnancy, but she did not have any severe  
 22 condition which would have put her in a category of high  
 23 risk pregnancy.  
 24 Q. Was she at increased risk for preeclampsia?  
 25 A. Yes.

1 Q. Tell me why?  
 2 A. She was borderline hypertensive --  
 3 Q. Okay.  
 4 A. -- on several occasions, one of the risks for  
 5 developing preeclampsia.  
 6 Q. So one of the risk factors that Mrs. McElfish had  
 7 was she had a history of chronic hypertension?  
 8 MR. WALTERS: Well, you changed her answer.  
 9 She said she was --  
 10 MR. BECKER: I don't want to change her  
 11 answer.  
 12 MR. WALTERS: Well, you did.  
 13 Q. (Continuing) Well, you correct me, you stop me and  
 14 say that is not what I mean, because I am not trying to  
 15 be cute, I just want to make sure I understand what you  
 16 are saying.  
 17 A. I said that, in my mind, she was borderline  
 18 hypertensive on several occasions. For somebody 27 years  
 19 old, I would say 130/80, a borderline blood pressure.  
 20 Q. Okay, let's --  
 21 A. And also it was her first pregnancy.  
 22 Q. Right, first pregnancy is a risk factor for  
 23 preeclampsia.  
 24 A. Right.  
 25 Q. And she, being a borderline hypertensive, that is

1 a risk factor for preeclampsia?  
 2 A. Yes.  
 3 Q. Now, when you say borderline hypertensive, you  
 4 mean something different than chronic hypertensive?  
 5 A. Yes.  
 6 Q. When did she -- when did you notice her to be --  
 7 at what week gestation did you notice her to be  
 8 borderline hypertensive, if you can give me either the  
 9 gestational age or the date? In fact, I prefer the date.  
 10 A. I would say that May 25th.  
 11 Q. May 25?  
 12 A. Correct.  
 13 Q. And what was her blood pressure on May 25?  
 14 A. 140/90.  
 15 Q. Yelena, what I want to do now is I kind of want to  
 16 go through the chart, your prenatal chart, okay?  
 17 A. Yes.  
 18 Q. And in a chronological fashion; do you understand  
 19 what I mean?  
 20 A. Yes.  
 21 Q. And I want to speak to a certain date, what  
 22 happened on that date, and even if you didn't take care  
 23 of Mrs. McElfish on that date, tell me so, and then  
 24 attempt to identify who the care giver was.  
 25 But I also want to speak on that day whether there

1 were any ultrasounds and the results of any ultrasounds,  
 2 okay?  
 3 A. Okay.  
 4 Q. So I want to slowly start at the beginning and  
 5 then proceed, okay?  
 6 A. Yes.  
 7 Q. Again, I want you to utilize the chart before  
 8 responding to my questions, okay?  
 9 A. Okay.  
 10 Q. I am going to hand you what has previously been  
 11 marked as Plaintiff's Exhibit 1. I need you, for the  
 12 record, to identify that.  
 13 A. This is the prenatal chart of Sherry McElfish.  
 14 Q. How many pages is it?  
 15 A. It is two pages.  
 16 Q. And do you have a copy in front of you?  
 17 A. Yes, I do.  
 18 Q. Same thing?  
 19 A. Same thing.  
 20 Q. Okay, if you would give this back to Ivy.  
 21 (Thereupon, the document was handed to the  
 22 Notary.)  
 23 MR. TREU: Could I see a copy of that?  
 24 MR. WALTERS: Yes.  
 25

1 (Thereupon, the document was handed to  
 2 Mr. Treu.)  
 3 Q. (Continuing) Do you have an independent  
 4 recollection of meeting Sherry for the first time?  
 5 A. Yes, I do.  
 6 Q. Okay.  
 7 Tell me what you remember about that first  
 8 meeting?  
 9 A. She came with her husband --  
 10 Q. Okay.  
 11 A. -- the two of them, very pleasant young couple,  
 12 very excited about the pregnancy, and very cheerful  
 13 person, big smile, and very energetic, and I would say  
 14 very emotional.  
 15 Q. Okay.  
 16 And when you say, very emotional, why do you say  
 17 that?  
 18 A. She was -- they both were so excited that when  
 19 they -- that she would get teary eyes talking about how  
 20 happy she is with the pregnancy.  
 21 Q. Do you know how it was that she came to your  
 22 office?  
 23 A. She was scheduled for an appointment.  
 24 Q. I know, but do you know how it was that they chose  
 25 your office versus another OB/GYN's office?

1 A. No.  
 2 Q. Do you know whether or not they came and asked for  
 3 you, as a midwife?  
 4 A. I don't know that.  
 5 Q. Okay.  
 6 What would have been the routine, back in -- in  
 7 the year 2000, what would have been the routine when a  
 8 new patient comes to the office, as to how they would  
 9 happen to see you versus an obstetrician, what dictates  
 10 which professional they would see?  
 11 A. The front desk person would explain to the patient --  
 12 no, the patient may ask for a specific provider and would  
 13 be given the appointment with this provider.  
 14 Q. Okay.  
 15 A. If patient doesn't ask, doesn't have preferences,  
 16 then she would be asked if she wants to see a physician  
 17 or a midwife.  
 18 Q. Okay, you wouldn't engage in that dialogue --  
 19 A. No.  
 20 Q. -- with the patient. That would already have  
 21 occurred prior to the patient seeing you?  
 22 A. Yes.  
 23 Q. Okay, and which person in the office, the  
 24 scheduling person?  
 25 A. Uh-huh.

1 Q. And what would that person's name be, have been,  
 2 in 2000?  
 3 A. There were several people working front desk.  
 4 Q. Just give me a couple names, then?  
 5 A. Bonnie is one of them. I am not good with names.  
 6 Q. Okay, do you know -- do you remember Bonnie's last  
 7 name?  
 8 A. I don't.  
 9 Q. Okay.  
 10 So what date did you first have hands-on care with  
 11 Sherry?  
 12 A. The date of her visit, which is March 2nd.  
 13 Q. Okay.  
 14 And is it your responsibility with a new patient  
 15 to take a thorough history?  
 16 A. Yes.  
 17 Q. And did you in fact take a thorough history of  
 18 Sherry?  
 19 A. Yes, I did.  
 20 Q. Did you find out if she had had any previous  
 21 medical problems, did you inquire?  
 22 A. I asked all the questions.  
 23 Q. Okay, would there have been a form for a new  
 24 patient to fill out?  
 25 A. There is a form for patients to fill out about

1 their medical history, and it is in the chart. And --  
 2 Q. I am sorry, I didn't bring that with me.  
 3 MR. WALTERS: I can pull it out.  
 4 A. And she did not circle any of the mentioned  
 5 conditions.  
 6 MR. BECKER: Do you mind if I mark this,  
 7 Steve?  
 8 MR. WALTERS: Not at all. I mean, I -- do  
 9 you want me to just make a copy? That is going to  
 10 go back into my --  
 11 MR. BECKER: Why don't you just make a  
 12 copy.  
 13 MR. WALTERS: Yes.  
 14 MR. BECKER: Off the record for a second.  
 15 (Thereupon, a discussion was had off the  
 16 record.)  
 17 (Short recess had.)  
 18 (Thereupon, Plaintiff's Exhibits 5 through  
 19 7 (Beregovskaya) were marked for identification.)  
 20 BY MR. BECKER:  
 21 Q. Yelena, I am going to hand you what has been  
 22 marked as Plaintiff's Exhibit 5. Would you identify what  
 23 that is for the record?  
 24 A. This is the page which is usually given to  
 25 patients -- it is part of the prenatal chart.

1 Q. Okay.  
 2 And this was, in fact, for Sherry?  
 3 A. Yes, it was.  
 4 Q. And would Exhibit 5 likely have been completed  
 5 during the first office visit; is that the routine?  
 6 A. It is the routine.  
 7 Q. And would Exhibit 5 have been completed by the  
 8 patient prior to you having hands-on care?  
 9 A. Yes.  
 10 Q. So the patient comes to see you, you already have  
 11 an opportunity to look at what history she has  
 12 designated, correct?  
 13 A. Yes.  
 14 Q. Do you take any steps to verify any of the  
 15 history?  
 16 A. Yes.  
 17 Q. What steps do you take to verify the history?  
 18 A. I go over the whole page, asking the same  
 19 questions.  
 20 Q. Okay.  
 21 Plaintiff's Exhibit 6, what is that document?  
 22 A. This is part of prenatal chart of Sherry McElfish,  
 23 that is her medical history.  
 24 Q. Okay.  
 25 And Plaintiff's Exhibit 7, what is that?

1 A. Part of prenatal chart of Sherry McElfish, and  
 2 this is her Initial Pregnancy Profile.  
 3 Q. And you have copies of these exhibits in front of  
 4 you, okay?  
 5 A. Yes, I do.  
 6 Q. By looking at Exhibit 5, she did not indicate any  
 7 history of any type of medical problems, correct?  
 8 A. Correct.  
 9 Q. Now, how do you begin the first visit with a  
 10 patient? I assume you review the history first, correct?  
 11 A. Yes.  
 12 Q. And then do you do an actual physical exam?  
 13 A. Yes.  
 14 Q. And did you do a physical exam on Sherry?  
 15 A. Yes.  
 16 Q. And do you document the results of that physical  
 17 exam anywhere?  
 18 A. Document abnormal -- yes, I do. I did.  
 19 Q. Okay, where is that documented?  
 20 A. Well, it is in the first page of the Prenatal Flow  
 21 Records, and also in the Initial Pregnancy Profile.  
 22 Q. Let's stay with the Prenatal Flow Record for a  
 23 moment. Where does it reference a physical exam?  
 24 A. Part of the physical exam is vital signs, which  
 25 are marked here, her blood pressure, her weight, also the

1 gynecological exam is also part of the physical exam. So  
 2 it says the size of the uterus, where it says, establish  
 3 weeks gestation.  
 4 Q. What does it say under there?  
 5 A. 9.3.  
 6 Q. Okay.  
 7 A. Nine weeks.  
 8 Q. All right.  
 9 Is there anything on your copy of the Initial  
 10 Pregnancy Profile by way of physical exam, by way of the  
 11 physical exam? Mine is blank. Do you have anything on  
 12 yours?  
 13 A. No, I don't.  
 14 Q. Okay.  
 15 And why don't you have anything on this initial  
 16 physical exam?  
 17 A. There was no abnormalities to mark, so I didn't  
 18 mark anything.  
 19 Q. Did you make an assessment -- do you have a  
 20 responsibility in that first office visit to make an  
 21 assessment of her risk factors for this pregnancy?  
 22 A. Yes.  
 23 Q. And did you do so with Sherry?  
 24 A. Yes, I did.  
 25 Q. Okay, and where is that documented?

1 A. It is on the first page of Prenatal Flow Records.  
 2 Q. Okay.  
 3 A. She didn't have any risk factors, so nothing  
 4 marked.  
 5 Q. What does it say next to Historical Risk Factors,  
 6 what does it say underneath that?  
 7 A. Lake West midwife. In the top, I don't know, it  
 8 is not my handwriting.  
 9 Q. The Lake West midwife, is that by you?  
 10 A. It is by me.  
 11 Q. Okay, and what does that mean?  
 12 A. At the first visit -- I spent a lot of time with  
 13 the patient talking about many things. One of the things  
 14 is about the hospital, what hospital the patient  
 15 preferred to go, and I marked the name of the hospital.  
 16 And also, I explained to patient what a midwife is and  
 17 the limitation of midwifery practice.  
 18 Q. What would you likely have told the patient  
 19 relative to the limitation of the midwifery practice?  
 20 A. The patient would be -- if patient chooses to have  
 21 a midwife, she has to know that midwife has certain  
 22 limitations, and these limitations would be if there is  
 23 abnormalities arriving during the course of prenatal  
 24 care, patient will be transferred under physician care or  
 25 co-managed with the physician, and the midwife does not

1 do C-sections.  
 2 So if during the course of labor there is a need  
 3 for C-section, the backup physician will arrive to do a  
 4 C-section or in-house physician will do an emergency  
 5 C-section.  
 6 Q. Are you saying this is what you would likely tell  
 7 the patient, or do you have a specific recollection of  
 8 telling Sherry this?  
 9 A. That is my practice. I always tell patients I  
 10 see.  
 11 Q. Okay.  
 12 I see three boxes here under the prenatal flow  
 13 sheet, has no risk, is at risk, is at high risk. Is  
 14 Number 1 checked?  
 15 A. I am not sure. I don't think so.  
 16 Q. You don't know whose handwriting that is --  
 17 A. No.  
 18 Q. -- just above that line?  
 19 A. No, I don't. This is not mine (indicating).  
 20 Q. Is it your responsibility to check one of these  
 21 boxes?  
 22 A. Anybody who takes care of the patient during the  
 23 course of prenatal care could mark what they think is  
 24 significant.  
 25 Q. Okay, you feel that she had no risks?

1 A. At the time of the first visit.  
 2 Q. Right.  
 3 A. She didn't have risks.  
 4 Q. Okay, so why didn't you check that box, has no  
 5 risks?  
 6 A. I don't remember.  
 7 Q. All right, let's stay with that first office visit  
 8 in 2000. You have her weight, the date, blood pressure?  
 9 A. Yes.  
 10 Q. How many times do you take a blood pressure?  
 11 A. At the office?  
 12 Q. Yes.  
 13 A. If it is within normal limits, once.  
 14 Q. Okay.  
 15 A. If it is abnormal, we recheck it.  
 16 Q. Okay, and do you document rechecking?  
 17 A. Yes.  
 18 Q. Okay.  
 19 Uterine -- or urine protein, N is -- what does N  
 20 stand for, negative?  
 21 A. Yes.  
 22 Q. Okay, urine sugar negative?  
 23 A. Yes.  
 24 Q. Estimated size of gestation, and that is based on  
 25 palpation of the abdomen?

1 A. And the menstrual period.  
 2 Q. The history?  
 3 A. The history.  
 4 Q. Last known dates?  
 5 A. Yes.  
 6 Q. Okay.  
 7 And then fundal height, obviously it is blank, and  
 8 then fetal heart rate/quadrant, what does it say in that  
 9 box?  
 10 A. Plus. It says, plus by ultrasound.  
 11 Q. Okay.  
 12 And that means that you did an ultrasound?  
 13 A. Yes, I did.  
 14 Q. Was there any uncertainty in Sherry by her dates?  
 15 A. No.  
 16 Q. What kind of ultrasound did you perform?  
 17 A. It was transvaginal ultrasound for viability of  
 18 the pregnancy.  
 19 Q. Okay.  
 20 Did you actually hear the heart rate or observe it  
 21 by ultrasound?  
 22 A. Observed by ultrasound.  
 23 Q. Okay.  
 24 Was this kind of a real time ultrasound, that  
 25 meaning that you can view it, but there wouldn't be a

1 hard copy?  
 2 A. There would be a picture --  
 3 Q. Okay.  
 4 A. -- if I take a picture.  
 5 Q. Did you take a picture?  
 6 A. Yes, I did.  
 7 Q. Okay.  
 8 Is the picture in the chart?  
 9 A. No.  
 10 Q. What happened to the picture? Would you give it  
 11 to the patient?  
 12 A. I always give picture to the patient.  
 13 Q. Okay. Staying on that line, Yelena, let's follow  
 14 it.  
 15 You see this column is entitled Risk Status (0, 1, 2);  
 16 do you see that?  
 17 A. Yes, I do.  
 18 Q. What does that mean?  
 19 A. It means if there is any risk at the time of the  
 20 exam.  
 21 Q. Okay.  
 22 If there was a risk, then you are supposed to put  
 23 0, 1 or 2, right?  
 24 A. Yes.  
 25 Q. And a 0, 1 or 2, is that referencing the 0, 1 and

1 2 that is up at the top of that form?  
 2 A. Yes.  
 3 Q. Okay, someone has written in that column on 3-2.  
 4 Is that in your handwriting?  
 5 A. Yes.  
 6 Q. Would you read it verbatim for me?  
 7 A. Started prenatal care, GC Chlamydia, Pap done,  
 8 blood work done.  
 9 Q. GC is gonorrhea?  
 10 A. Gonorrhea.  
 11 Q. And Chlamydia, was that a culture?  
 12 A. It is culture.  
 13 Q. Okay, and that is done, and then I see a BW. What  
 14 does that mean?  
 15 A. Blood work.  
 16 Q. And then next, is that the word done?  
 17 A. Yes.  
 18 Q. Okay.  
 19 And then under return visit, it says four weeks?  
 20 A. Four weeks.  
 21 Q. And is that your initials?  
 22 A. My initials.  
 23 Q. Okay.  
 24 Was there a formal ultrasound report by you on  
 25 that day?



1 A. No.  
 2 Q. Have we covered everything that likely occurred at  
 3 that first office visit? In general.  
 4 A. In general.  
 5 Q. Okay.  
 6 So she is supposed to walk out and get an  
 7 appointment from the secretary in three to four weeks,  
 8 correct, or four weeks?  
 9 A. Usually I give them samples of prenatal vitamins.  
 10 Q. Okay.  
 11 A. And then they report which brand they like the  
 12 best, and I call -- one of the physicians would call --  
 13 by one of the physicians, prescription would be called.  
 14 Q. Do you recall whether your OB/GYN group in 2000  
 15 had any pamphlets, handouts that you would give patients,  
 16 for example, on the topic of hypertension?  
 17 A. I don't remember.  
 18 Q. You don't remember?  
 19 A. (Witness shakes head).  
 20 Q. Do you recall ever giving Sherry McElfish a  
 21 pamphlet on hypertension in pregnancy?  
 22 A. I never gave her a pamphlet on hypertension in  
 23 pregnancy.  
 24 Q. You did not?  
 25 A. I did not.

1 Q. You are certain of that.  
 2 If you would have given a patient a pamphlet,  
 3 would you chart it?  
 4 A. Sometimes.  
 5 Q. Are you sure you never gave her a pamphlet on  
 6 hypertension? If you are, that is fine.  
 7 A. I don't remember a hundred percent.  
 8 Q. Did you request a formal ultrasound be done or  
 9 give her a requisition for an ultrasound?  
 10 A. In the course of the prenatal care?  
 11 Q. Yes, the first -- either during or just after the  
 12 first office visit, did you give or instruct Sherry to  
 13 obtain a requisition for an ultrasound?  
 14 A. At the first visit, no.  
 15 Q. Did you make a diagnosis of chronic hypertension  
 16 in March of that year?  
 17 A. No.  
 18 MR. BECKER: Would you mark that.  
 19 (Thereupon, Plaintiff's Exhibit 8  
 20 (Beregovskaya) was marked for identification.)  
 21 BY MR. BECKER:  
 22 Q. Yelena, I am going to hand you and your counsel a  
 23 copy of an exhibit that is marked as Plaintiff's Exhibit  
 24 8.  
 25 THE WITNESS: What date?

1 MR. WALTERS: I don't know. What is the  
 2 date?  
 3 THE WITNESS: There is no date on it.  
 4 MR. BECKER: Okay.  
 5 MR. WALTERS: It looks like there is a  
 6 faxed -- hang on one second.  
 7 MR. BECKER: Maybe I have the wrong date.  
 8 Isn't there a date on the top?  
 9 MR. WALTERS: There is a faxed date. But  
 10 faxed from --  
 11 THE WITNESS: Why would I fax it?  
 12 MR. WALTERS: Yes, it doesn't make any --  
 13 it doesn't correspond.  
 14 THE WITNESS: No.  
 15 It doesn't have a date on it, I don't  
 16 think.  
 17 Q. (Continuing) Let me just have her identify this --  
 18 MR. WALTERS: Okay.  
 19 Q. -- what Exhibit 8 is.  
 20 A. This is the request for the ultrasound for Sherry  
 21 McElfish.  
 22 Q. Okay.  
 23 And would it be fair to call that a requisition?  
 24 A. It is a requisition.  
 25 Q. Okay, and you gave it to the patient so she can go

1 to a certain doctor and have an ultrasound done?  
 2 A. Yes.  
 3 Q. Okay.  
 4 Does your signature appear on Exhibit 8?  
 5 A. Yes.  
 6 Q. Would you ever fax a requisition directly to the  
 7 doctor rather than give the requisition to the patient,  
 8 would you ever do that?  
 9 A. In general?  
 10 Q. Yes.  
 11 A. We do that sometimes.  
 12 Q. Okay.  
 13 Based on Exhibit 8, does it appear that you  
 14 ordered -- assuming that the faxed dates time stamped on  
 15 the top are accurate, does it appear that you did order  
 16 an ultrasound in March due to chronic hypertension?  
 17 A. If those are our -- if this is the dates from the  
 18 fax machine, I guess I did. But I don't remember that.  
 19 Q. Okay.  
 20 If that is accurate, assuming hypothetically that  
 21 is an accurate date, could you tell me why you would want  
 22 an ultrasound based on chronic -- for chronic  
 23 hypertension, just in --  
 24 A. Why would I want an ultrasound --  
 25 Q. Yes.

1 A. -- for chronic hypertension?  
 2 Q. Yes, at that point in the gestation.  
 3 I am sorry --  
 4 MR. WALTERS: Assuming it is March 7th --  
 5 MR. BECKER: Yes.  
 6 MR. WALTERS: -- as the date of the  
 7 requisition.  
 8 MR. BECKER: Right.  
 9 I am sorry, I keep interrupting you.  
 10 MR. WALTERS: That is okay. I think we are  
 11 doing fine, I think the record is clear.  
 12 Assuming March 7th.  
 13 A. Uh-huh.  
 14 If this is the right date, then I would say that  
 15 chronic hypertension, just to make sure of dates. Make  
 16 sure about -- to make sure that the due date is accurate.  
 17 Q. Okay.  
 18 A. For further management.  
 19 Q. Right.  
 20 That is just a first trimester ultrasound --  
 21 A. Right.  
 22 Q. -- to confirm dates?  
 23 A. Correct.  
 24 Q. But that has nothing to do with chronic hypertension?  
 25 A. Correct.

1 Q. So --  
 2 A. But it would be important for somebody with  
 3 chronic hypertension.  
 4 Q. Tell me why?  
 5 A. In case if we have a question about induction.  
 6 Q. Because -- okay.  
 7 And why it is important in case the issue of  
 8 induction might come about is you really want to have  
 9 some firm dates to know gestational age at the time of  
 10 induction, correct?  
 11 A. Correct.  
 12 Q. Okay.  
 13 Is there any indication on this prenatal chart in  
 14 March, or any of the records that you have in front of  
 15 you, what has already been marked as exhibits, that you  
 16 requested an ultrasound in the first tri --  
 17 MR. WALTERS: On the pages limited to what  
 18 she has seen in the exhibits.  
 19 MR. BECKER: Right.  
 20 A. Yes, it is here on May 25th, I requested an  
 21 ultrasound, and I marked it in the chart.  
 22 Q. On May 25th?  
 23 A. Correct.  
 24 Q. Okay.  
 25 Based -- would it be fair, Yelena, for me to say

1 that based on your interpretation of this prenatal flow  
 2 sheet, the first time -- relying upon this prenatal flow  
 3 sheet, the first time you ordered an ultrasound was in  
 4 May?  
 5 A. 25th.  
 6 Q. Okay.  
 7 Let's just go to the next day. You next see  
 8 Sherry, hands-on care, March 28th, correct?  
 9 A. It is not me, it is Elizabeth Ruzga.  
 10 Q. Okay, and that would be the other midwife?  
 11 A. The other midwife in the practice.  
 12 Q. Okay.  
 13 Even though it is not your charting, I want you to  
 14 do your best to interpret it for me. We are just going  
 15 to run through it real quickly here.  
 16 We have the weight, we have blood pressure, and --  
 17 (Thereupon, a discussion was had off the  
 18 record.)  
 19 Q. (Continuing) Okay.  
 20 Speaking generally now, away from this case just  
 21 for a second, when you are looking at an early  
 22 ultrasound, generally are you able to detect a heartbeat  
 23 at nine weeks?  
 24 A. Yes.  
 25 Q. All right, moving back to this case, under your

1 colleague's entry on 3-28, under fetal heart  
 2 rate/quadrant, can you interpret that for me?  
 3 A. It says, plus 160s.  
 4 Q. Okay, and could you read her handwriting, the best  
 5 you can?  
 6 A. It says, Drug Mart. Then it says, accepts triple  
 7 check. Also says, labs good. That is all. Four weeks.  
 8 Elizabeth Ruzga.  
 9 Q. All right, triple check is an AFP?  
 10 A. AFP.  
 11 Q. Okay, go on to the next entry, 4-27.  
 12 A. Weight.  
 13 Q. Is this by you or your colleague?  
 14 A. It is by me.  
 15 Q. Okay.  
 16 A. There is weight, there is blood pressure.  
 17 Q. Okay, any change in blood pressure?  
 18 A. No.  
 19 Q. Okay.  
 20 A. It is a little improvement in diastolic.  
 21 Q. Okay.  
 22 A. Normal protein -- I mean, negative for protein,  
 23 negative for sugar, the gestational age marked, fundal  
 24 height marked, and fetal heart rate present, and there is  
 25 a number for a heart rate. Negative -- nothing marked

1 for edema.  
 2 Q. Okay.  
 3 A. Then it says Natafort, which is the name of  
 4 prenatal vitamins, and phone number for the pharmacy, I  
 5 believe.  
 6 It says, feels good, no complaints, then it says  
 7 triple, it means AFP. And then four weeks.  
 8 Q. Okay.  
 9 A. And my initials.  
 10 Q. All right, you next saw her May 25th?  
 11 A. May 25th, no weight gain. I can't read the exact  
 12 blood pressure reading, but I believe it is 140/90.  
 13 Q. Mine looks like 148/90.  
 14 A. Or 148/90. That is why I said I can't read it for  
 15 sure.  
 16 Q. Was there a number underneath it and someone at  
 17 some point changed it?  
 18 A. No. No.  
 19 Q. Okay.  
 20 A. It is just one number in this.  
 21 Q. We have a trace of urine protein?  
 22 A. Trace of urine protein.  
 23 Q. Okay, negative sugar?  
 24 A. Negative sugar, dates, 22 - 5. Fundal height,  
 25 fetal heart rate, negative for edema.

1 Then it says, complains on right hand numbness,  
 2 good fetal movement, information on carpal tunnel and  
 3 ultrasound. Return visit in four weeks.  
 4 Q. What was your plan of care on May 25th?  
 5 A. It was -- so far it was normal pregnancy except my  
 6 suspicion on possible -- possible chronic -- mild chronic  
 7 hypertension.  
 8 Q. Did the plan of care change after that office  
 9 visit, given the blood pressure reading?  
 10 A. I just asked her to come in three weeks -- no, no,  
 11 no, it did not change, no.  
 12 Q. Okay.  
 13 A. No, it didn't.  
 14 Q. Did you discuss with any obstetricians your plan  
 15 of care on May 25th?  
 16 A. On May 25th?  
 17 Q. Yes.  
 18 A. No.  
 19 Q. Okay.  
 20 Now, did that elevated blood pressure, did that  
 21 change her risk status?  
 22 A. Not at that time.  
 23 Q. And you ordered an ultrasound?  
 24 A. Yes.  
 25 Q. Why did you order an ultrasound on May 25th?

1 A. Because we always order ultrasound after 20 weeks  
 2 for fetal assessment.  
 3 Q. For dates?  
 4 A. No, for fetal assessment.  
 5 Q. For the anatomy of the fetus, to make sure there  
 6 are no anomalies?  
 7 A. Correct.  
 8 Q. Okay.  
 9 And again, would you likely have completed a  
 10 requisition?  
 11 A. Yes.  
 12 Q. It looks like there is an entry, it says here,  
 13 came in 6-20-00 for glucose; do you see that?  
 14 A. Yes, I do.  
 15 Q. Can you tell me the date of that entry that I just  
 16 read to you, when it was created?  
 17 A. You know, it is crossed, and there is nobody's  
 18 initials there. So I don't know how it appeared here. I  
 19 guess it was a mistake, because patient is seen -- had  
 20 been -- patient was seen on May 21st.  
 21 Q. You mean the 25th?  
 22 A. 21st, June -- I am sorry, June 21st.  
 23 Q. Okay, let's go to that June 21st entry.  
 24 A. Uh-huh.  
 25 No weight gain, the blood pressure is back to

1 baseline, there is plus one protein in the urine,  
 2 negative sugar, 25 weeks, fundal height 25, 160  
 3 heartbeat, no edema.  
 4 Patient complained on lower back pain, occasional  
 5 abdominal pain, lower back/abdominal pains, it says,  
 6 round ligament pain, good fetal movements.  
 7 Here it says, no complaint, three weeks, and my  
 8 initials.  
 9 Q. What were you attributing the abdominal pain to?  
 10 A. Round ligament pain.  
 11 Q. Just part of the pregnancy process?  
 12 A. Part of the pregnancy process.  
 13 Q. What was your plan of care on 6-21 after that  
 14 office visit?  
 15 A. Continue with routine prenatal care.  
 16 Q. When did you next see her?  
 17 A. I saw her next in three weeks.  
 18 Q. Okay.  
 19 A. There is weight, there is blood pressure 130/86,  
 20 traces of protein, negative for sugar, 28 weeks, 30  
 21 centimeters fundal height, fetal heart rate, no edema.  
 22 It says, no complaint, good fetal movements,  
 23 return visit in three weeks.  
 24 Q. Okay, would it be safe for me to say your plan of  
 25 care did not change after that office visit?

1 A. No, it did not.  
 2 Q. When did you next see her?  
 3 A. I saw her next on July 27th, and weight gain --  
 4 there is weight, 227, blood pressure 130/88, traces of  
 5 protein, negative for urine, sugar, 30 weeks and two  
 6 days, fetal heart rate, edema plus two.  
 7 And I marked increased weight gain five pounds, no  
 8 headaches, advised to decrease -- to decrease the work  
 9 hours, less than 40 hours a week, change to easy duty job  
 10 and revisit in two weeks.  
 11 Q. Okay.  
 12 And why did you make that advice relative to her  
 13 work arrangement?  
 14 A. Well, I remember that patient worked as a  
 15 dispatcher in the bus, some kind of bus transportation  
 16 organization, and I talked a lot about the stress of the  
 17 job. And she admitted that she worked longer than --  
 18 more than 40 hours weeks, and it is pretty stressful. So  
 19 I told her that she has to decrease the work load and  
 20 take frequent breaks, all the precautions we usually tell  
 21 patients if we see changes in their condition.  
 22 Q. Changes in blood pressure?  
 23 A. There was increased weight gain which I marked.  
 24 Q. Okay --  
 25 A. Increased swelling.

1 Q. -- so your recommendation for modification of work  
 2 positioning was based on her weight gain?  
 3 A. It was based on her -- the fact that she was  
 4 already 30 weeks pregnant, which is almost -- which is  
 5 third trimester of the pregnancy, and she is borderline  
 6 hypertensive, and she started to show signs of increased  
 7 weight gain which could be due to her sitting down all  
 8 the time.  
 9 Q. What was the significance of the two plus or plus  
 10 two edema?  
 11 A. Well, it was July, which is summertime, and you  
 12 know, the swelling is typical for pregnant women. And  
 13 especially in the summertime, the swelling, the edema  
 14 could be more significant.  
 15 Q. All right.  
 16 A. But --  
 17 Q. I am sorry. Are you done?  
 18 A. Yes.  
 19 Q. On the line below the 7-27 entry, would you read  
 20 that for me one more time?  
 21 A. To easy duty job, revisit two weeks.  
 22 Q. Okay.  
 23 MR. TREU: I couldn't understand, I am  
 24 sorry.  
 25 MR. WALTERS: What?

1 MR. TREU: What did she say?  
 2 MR. WALTERS: Go ahead.  
 3 A. I said, to easy -- it means change to easy duty  
 4 job.  
 5 MR. TREU: Okay.  
 6 A. (Continuing) And revisit in two weeks.  
 7 MR. TREU: Thank you.  
 8 Q. Okay, the next time you saw her is 8-10?  
 9 A. 8-10.  
 10 Q. August 10th?  
 11 A. Right.  
 12 There is weight, the blood pressure 130/90, traces  
 13 of protein in the urine, negative for blood sugar, 32  
 14 weeks and two days, fundal height 37, fetal heart rate,  
 15 edema plus two.  
 16 Patient complains of nausea and cramping, four  
 17 pounds weight gain, no headaches, good fetal movement,  
 18 work hours less than 40 weeks, revisit one week with  
 19 Dr. Bailin.  
 20 Q. Why did you want her to visit Dr. Bailin in one  
 21 week?  
 22 A. Because I tried to modify her lifestyle and diet,  
 23 and it did not take -- and there was no changes in her  
 24 condition. That is why I decided that the doctor should  
 25 be involved in her care to evaluate the patient and

1 decide on the further management.  
 2 Q. Because she took your advice, modified her work,  
 3 and she still had gained weight?  
 4 A. Because her blood pressure, the diastolic blood  
 5 pressure is 90, and she continues to gain weight.  
 6 Q. Okay.  
 7 A. And it is 32 weeks, so I preferred the doctor to  
 8 get involved.  
 9 Q. Okay.  
 10 Under urine protein, was something changed or  
 11 altered?  
 12 A. No, I don't think so.  
 13 Q. That was always a T?  
 14 A. I assume. I don't know.  
 15 Q. Any concern about the discrepancy discordance  
 16 between fundal height and gestational age?  
 17 A. No.  
 18 Q. Why wasn't fundal height recorded on 7-27?  
 19 A. On 7-27 -- yes, I see that. I don't know.  
 20 Q. Did her risk status change on August 10th?  
 21 A. It didn't change yet, but there is definitely --  
 22 there is a definite concern.  
 23 Q. Well, would it be -- I don't want to put words in  
 24 your mouth, so you correct me, but would it be fair for  
 25 me to conclude that the reason you wanted her to see

1 Dr. Bailin was your concern about the diastolic blood  
2 pressure?  
3 MR. WALTERS: What she said, the diastolic  
4 blood pressure and the weight gain.  
5 Q. (Continuing) And the weight gain.  
6 A. And the weight gain.  
7 Q. Correct?  
8 A. Right. At this -- at this time, yes.  
9 Q. Now --  
10 A. Continuous weight gain, I am sorry.  
11 Q. Right.  
12 A. Continuous weight gain.  
13 Q. Right.  
14 Now, weight gain -- can weight gain be a sign of  
15 preeclampsia, unusual weight gain?  
16 A. Yes.  
17 Q. Now, was there an ultrasound done in August?  
18 A. In August?  
19 Q. Yes.  
20 A. I have to look through the chart.  
21 Q. At least according to the prenatal flow sheet.  
22 A. Nothing marked here.  
23 Q. Okay.  
24 Now, did she see Dr. Bailin in one week?  
25 A. It is not on the flow sheet, so I guess she

1 marked, just plus, edema plus three.  
2 Here it says, good fetal movement, patient  
3 complains on headache, flashing lights, stars, cramping.  
4 I don't know what it -- reduce? I don't know what it says.  
5 MR. WALTERS: Hang on, we are cut off.  
6 MR. HUDAK: I have the original record.  
7 (Thereupon, a document was handed to the  
8 witness.)  
9 A. (Continuing) I don't know what this -- what word  
10 it is. I don't know the next word.  
11 Then blood pressure rechecked, 156/100, consulted  
12 Dr. Bailin, patient sent to -- it doesn't say. I mean,  
13 the record is cut here.  
14 MR. BECKER: All right, does anybody have a  
15 clean copy of the balance, the bottom of the  
16 prenatal flow sheet?  
17 MR. WALTERS: I don't. And I think it was,  
18 patient sent to Meridia Euclid.  
19 MR. TREU: What does it say?  
20 MR. WALTERS: I think it says, patient sent  
21 to Meridia Euclid.  
22 THE WITNESS: Yes.  
23 BY MR. BECKER:  
24 Q. Now, Yelena, when you saw her on the 21st, did you  
25 appreciate that she didn't see Dr. Bailin, per your

1 didn't.  
2 Q. Well, should she have seen Dr. Bailin in one  
3 week?  
4 A. Yes, she should have.  
5 Q. Did you, as a midwife, have a responsibility to  
6 ensure that she saw Dr. Bailin in one week?  
7 MR. WALTERS: I will object to the word  
8 ensure, because I don't know other than telling  
9 her.  
10 A. I can suggest and tell patient that that is what  
11 she should do.  
12 Q. Well, when she left the appointment, would you  
13 likely have told her to tell the people up front to  
14 schedule an appointment with Dr. Bailin in one week?  
15 A. I tell this to patient, to schedule an  
16 appointment, and it is written here, revisit with  
17 Dr. Bailin. So I am sure I told patient that I want her  
18 to see Dr. Bailin next time in a week.  
19 Q. When did you see her next?  
20 A. I saw her next on August 21st.  
21 Q. Okay.  
22 A. And there is weight, 234 and a half, elevated  
23 blood pressure, plus one protein and negative for urine  
24 sugar, fundal height -- I am sorry -- gestational age,  
25 fundal height, not marked the number for heartbeat, not

1 instructions, one week after that August 10th visit?  
2 A. Can you rephrase the question?  
3 Q. When you saw her on the 21st --  
4 A. Uh-huh.  
5 Q. -- did you look at the chart --  
6 A. Yes.  
7 Q. -- at what had transpired before, correct?  
8 A. Yes, correct.  
9 Q. Did you appreciate on the 21st that she had not in  
10 fact seen Dr. Bailin?  
11 A. What does it mean, did I appreciate?  
12 Q. Did you recognize it?  
13 A. Yes.  
14 Q. Okay.  
15 A. Yes, I did.  
16 Q. Okay.  
17 And did you ask the patient why not?  
18 A. I don't remember.  
19 Q. Okay.  
20 Did you mean to transfer her care on August 10th  
21 to Dr. Bailin, Yelena?  
22 A. I meant to consult with Dr. Bailin and leave the  
23 decision to him, depending on what happens at the  
24 hospital.  
25 Q. Did she increase her risk factors on August 21st?

1 A. Yes.  
 2 Q. Okay.  
 3 To what? High risk, at risk?  
 4 A. At risk.  
 5 Q. She was at risk.  
 6 And is that noted on this prenatal flow sheet?  
 7 A. No.  
 8 Q. Why not?  
 9 A. I don't know.  
 10 Q. Okay.  
 11 What is the significance of an elevated blood  
 12 pressure of 156/102, one plus protein, plus three edema,  
 13 and the patient now has symptoms of headache, flashing  
 14 lights and seeing stars?  
 15 A. Well, the patient exhibits signs of mild toxemia.  
 16 Q. Did you tell her that, on the 21st, that she is --  
 17 A. I am sure I pointed at all these symptoms and  
 18 explained to her why she is sent to the hospital.  
 19 Q. Did you make a diagnosis of mild toxemia on 8-21?  
 20 A. I didn't. We sent her to the hospital to rule in  
 21 or rule out.  
 22 Q. The reason you sent her to the hospital was to  
 23 rule in or rule out mild toxemia?  
 24 A. Yes.  
 25 Q. You know, I don't think we defined the term

1 toxemia when we started this deposition. Would you do it  
 2 for me?  
 3 A. We did, actually.  
 4 Q. We did define toxemia? I don't remember that.  
 5 Would you do it again?  
 6 A. It is a hypertensive condition related to the  
 7 pregnancy which is associated with edema, proteinuria,  
 8 also increased irritability of central nervous system,  
 9 changes in liver and clotting factors. The elevated --  
 10 Q. Would you -- excuse me.  
 11 A. The elevated blood pressure should be 20 to 30 in  
 12 the elevation in diastolic -- in systolic, I am sorry,  
 13 and 15 to 20 in diastolic.  
 14 Q. Would you use the phrase toxemia and PIH and  
 15 preeclampsia synonymously?  
 16 A. Yes.  
 17 Q. Okay.  
 18 Do you have a recollection of talking with  
 19 Dr. Bailin on 8-21?  
 20 A. I don't remember exact conversation, but I did  
 21 talk to him when I consulted on patient condition.  
 22 Q. And was it your recommendation, or his, or a joint  
 23 recommendation that she be transferred to the hospital?  
 24 A. It was joint recommendation.  
 25 Q. Okay.

1 Did you learn in your training that to assist one  
 2 in diagnosing preeclampsia or toxemia, that one should  
 3 take blood pressure at least twice and there should be at  
 4 least six hours between the taking of the blood pressure;  
 5 did you learn that?  
 6 A. In the diagnosis of toxemia?  
 7 Q. Yes.  
 8 A. Yes.  
 9 Q. Okay.  
 10 Do you have any recollection of talking to any  
 11 physicians over at the hospital when she went over there?  
 12 A. No, I didn't talk to anybody at the hospital.  
 13 Q. Okay.  
 14 A. Any physician.  
 15 Q. You would have left that up to Dr. Bailin?  
 16 A. It is the practice protocols that they -- if the  
 17 patient is in the hospital, the covering physician would  
 18 manage the patient.  
 19 Q. Okay. I guess I probably didn't word that  
 20 question appropriately.  
 21 For the medical provider to give the people at the  
 22 hospital a heads up, would you rely on Dr. Bailin to do  
 23 that, or would you do that?  
 24 A. You mean to pull the orders?  
 25 Q. Yes.

1 A. Admission orders?  
 2 Q. Yes, to let them know your patient is coming over.  
 3 A. It could be me or the physician.  
 4 Q. Okay.  
 5 A. In this case, it was me.  
 6 Q. Okay.  
 7 But you told the doctors at the hospital you  
 8 wanted preeclampsia or toxemia ruled out?  
 9 A. We usually speak with nurses, when we call orders,  
 10 and when we send patients to the hospital, we usually  
 11 say, send for evaluation and lab work, PIH level.  
 12 Q. Okay.  
 13 So you would have ordered the PIH lab work  
 14 yourself?  
 15 A. PIH lab works, also -- PIH lab work, also external  
 16 fetal monitoring.  
 17 Q. It would have been ordered by you, not Dr. Bailin?  
 18 A. It was Dr. Bailin's order, but I called these  
 19 orders in after talking to Dr. Bailin.  
 20 Q. Okay.  
 21 Could you have ordered that yourself, that is the  
 22 PIH lab work?  
 23 A. I can order that myself, if I need to.  
 24 Q. Okay.  
 25 Do you know, speaking away from this case for a

1 second, generally about ordering labs, can any midwife  
 2 order labs, or can you order labs based on your  
 3 background as being a physician?  
 4 A. I can order labs being as a -- being a midwife.  
 5 Q. Midwife, okay.  
 6 A. Uh-huh.  
 7 Q. So your colleague, the midwife from that group,  
 8 she could order labs, as well?  
 9 A. Yes.  
 10 Q. Okay.  
 11 Going back to this case -- I forgot to ask you, in  
 12 the office, when you were taking blood pressure, what is  
 13 the normal position, physical position of the patient  
 14 when you take blood pressure?  
 15 A. Patient is sitting down with her arm at the level  
 16 of the heart (indicating).  
 17 Q. Okay.  
 18 And what type of cuff would you normally use on a  
 19 woman of this size?  
 20 A. This woman, it would be large cuff.  
 21 Q. Okay.  
 22 Why do you say that?  
 23 A. Because she was a large woman.  
 24 MR. WALTERS: Do you need a break?  
 25 THE WITNESS: No.

1 BY MR. BECKER:  
 2 Q. Was the large cuff readily available?  
 3 A. Always available.  
 4 Q. Always available.  
 5 A. (Witness nods).  
 6 Q. Would you simply have to change cuff size --  
 7 change the cuffs when you would be taking a blood  
 8 pressure of a large woman?  
 9 A. Yes.  
 10 MR. TREU: Let's go off the record for a  
 11 minute.  
 12 (Thereupon, a discussion was had off the  
 13 record.)  
 14 (Short recess had.)  
 15 BY MR. BECKER:  
 16 Q. Yelena, would you distinguish for me plus two  
 17 edema from plus three edema?  
 18 A. More pronounced edema, more significant edema.  
 19 Q. Did you check Sherry's reflexes on 8-10?  
 20 A. I am sure I did.  
 21 Q. Is that charted?  
 22 A. No.  
 23 Q. Did you check her reflexes on 8-21?  
 24 A. On 8-21?  
 25 Q. Yes.

1 A. I am sure I did.  
 2 Q. Is that charted?  
 3 A. No.  
 4 Q. You say you are sure you did. Why are you sure  
 5 you did?  
 6 A. Because it is just automatically. It is just the  
 7 way you practice.  
 8 Q. When did you next see her?  
 9 A. August 22nd.  
 10 Q. Okay, why did you see her on the 22nd, since you  
 11 just saw her on the 21st?  
 12 A. It is a follow-up after the hospital stay.  
 13 Q. Okay.  
 14 Handing you what has been marked as Plaintiff's  
 15 Exhibit 2, would you identify that for me, please?  
 16 A. This is the notice for Sherry McElfish to stop  
 17 working.  
 18 Q. Okay.  
 19 A. To go on maternity leave.  
 20 Q. You gave Sherry Plaintiff's Exhibit 2 on the 22nd  
 21 of August?  
 22 A. Yes, I did.  
 23 Q. Okay, and you wanted her to stop working?  
 24 A. Yes.  
 25 Q. And it was -- was it due to her hypertension?

1 A. Yes.  
 2 Q. Okay, you reference here, diagnosis, pregnant with  
 3 hypertension; do you see that?  
 4 A. Yes, I do.  
 5 Q. Okay.  
 6 Now, does that mean preeclampsia is superimposed,  
 7 does that mean toxemia by itself, does that mean  
 8 pregnancy induced hypertension, or what?  
 9 A. It means --  
 10 MR. WALTERS: You don't have to choose one  
 11 of his choices.  
 12 Q. You really don't.  
 13 A. Oh, okay.  
 14 Q. Here is my question, so you understand what I am  
 15 saying. I want to understand what you were thinking when  
 16 you --  
 17 A. When I --  
 18 Q. -- wrote this on August 22nd?  
 19 MR. WALTERS: That is a more fair question.  
 20 A. This is a note which is given to the patient --  
 21 Q. I appreciate --  
 22 A. -- for her employee [sic].  
 23 MR. WALTERS: Let her finish.  
 24 A. (Continuing) So we don't really -- we don't have  
 25 to write the medical diagnosis on this note. All the

1 note states is that she should stop working because her  
 2 pregnancy is complicated by certain condition, that is  
 3 all. So it is not a medical diagnosis as it is.  
 4 Q. Okay, did you have a diagnosis --  
 5 A. At that time?  
 6 Q. -- on the 22nd?  
 7 A. On the 22nd?  
 8 Q. Yes, on the 22nd.  
 9 A. Well, she was viewed by us, by the group, by us,  
 10 as either mild preeclampsia or mild toxemia or chronic  
 11 hypertension.  
 12 Q. Okay, why do you say that, Yelena? Why do you say  
 13 that, quote, she was viewed by the group?  
 14 A. Because she was a group patient. She wasn't my  
 15 personal patient. And there were other people involved  
 16 in her care. So that is why I said that she was viewed  
 17 by us.  
 18 Q. Do you recall a discussion with any of --  
 19 Dr. Bailin, or any other physicians or midwives, about  
 20 her --  
 21 A. Condition?  
 22 Q. -- where you came to the conclusion either mild  
 23 preeclampsia or chronic hypertension?  
 24 A. I talked to Dr. Bailin when I consulted with  
 25 Dr. Bailin. We talked about the further plan management

1 for the patient --  
 2 Q. Okay.  
 3 A. -- which is co-management.  
 4 Q. Okay.  
 5 A. Which is a form of co-management. You talk to  
 6 your covering physician --  
 7 Q. Right.  
 8 A. -- to seek his ideas for further plan management  
 9 with the patient.  
 10 Q. But you have a specific recollection that you and  
 11 Dr. Bailin, as well as the other people in the group, or  
 12 potentially other people in the group, came to the  
 13 conclusion that we were either toxemia or --  
 14 A. Chronic.  
 15 Q. -- chronic hypertension, correct?  
 16 A. I don't have a clear recollection of the specific  
 17 conversation. I know that it was discussed at some  
 18 point.  
 19 Q. Did the plan of care change -- I should have asked  
 20 you earlier.  
 21 Did the plan of care change on August 10th from  
 22 what it was the previous month, that is, did the plan of  
 23 care change after the August 10th visit?  
 24 A. Yes, it was changed.  
 25 Q. Okay.

1 And where is that documented?  
 2 A. Well, in the frequency of her visits.  
 3 Q. And --  
 4 A. We --  
 5 Q. Excuse me, go ahead.  
 6 A. We changed frequency of her visits, which is  
 7 closer observation.  
 8 Q. Okay.  
 9 A. And also there are extra tests added to her care.  
 10 Q. Okay.  
 11 So on 8-10, the plan of care changed by frequency  
 12 of -- an increase in frequency of office visits and more  
 13 tests?  
 14 A. On August 10th when I saw her, my desire, at this  
 15 time, was for patient to see Dr. Bailin and for  
 16 Dr. Bailin to assess the patient's condition and decide  
 17 on the further management plan.  
 18 But patient obviously didn't see Dr. Bailin, so  
 19 you know, on August 10th, I told her to be seen in one  
 20 week.  
 21 MR. BECKER: Ivy, can I have her last  
 22 answer back, please.  
 23 Just wait.  
 24 MR. WALTERS: She is going to read it back.  
 25 She is reading it back to him so he can hear what

1 you said, because he blanked out for a second.  
 2 (Record read.)  
 3 BY MR. BECKER:  
 4 Q. When you saw her on the 21st -- I think we covered  
 5 this already -- you were aware that Dr. Bailin did not  
 6 see her?  
 7 A. Yes.  
 8 Q. Okay.  
 9 And when you saw her on August 21st, you were  
 10 aware that there was not a further management plan as  
 11 prescribed by Dr. Bailin, correct?  
 12 A. Correct.  
 13 Q. Did you ask Dr. Bailin for what the management  
 14 plan should be on the 21st?  
 15 A. Yes, I did.  
 16 Q. Okay, and what did he tell you the management plan  
 17 should be?  
 18 A. Send patient to the hospital for an evaluation.  
 19 Q. Okay.  
 20 A. And depending -- and usually depending on the  
 21 results of the hospital stay, the management plan would  
 22 be designed or provided.  
 23 Q. What was the plan of care on the 22nd of August?  
 24 A. On the 22nd of August, it was more frequent  
 25 visits, ultrasound was requested for fetal well-being,



1 and also the amniotic fluid and amount of amniotic fluid,  
 2 and patient was put on bed rest.  
 3 Q. On the 22nd?  
 4 A. Uh-huh.  
 5 Q. And the --  
 6 MR. WALTERS: You have to say yes.  
 7 A. Yes. I am sorry.  
 8 Q. The reason you wanted an ultrasound was amniotic  
 9 fluid volume, and what else?  
 10 MR. WALTERS: Fetal well-being.  
 11 Q. (Continuing) Fetal well-being.  
 12 A. Fetal well-being.  
 13 Q. Okay.  
 14 Did she have an ultrasound done thereafter?  
 15 A. I think she did.  
 16 Q. Okay.  
 17 And since you were at least managing or  
 18 co-managing her care at that time on the 22nd, did you  
 19 look at the results of that ultrasound?  
 20 A. Yes.  
 21 Q. Okay.  
 22 A. I am sure I did.  
 23 MR. WALTERS: Do you want us to track it  
 24 down?  
 25 MR. BECKER: Yes.

1 MR. WALTERS: I don't remember if --  
 2 THE WITNESS: There should be one. I think  
 3 I found one in the chart.  
 4 MR. WALTERS: There it is, August 23rd.  
 5 A. (Continuing) August 23rd.  
 6 Q. Take a moment to look at that.  
 7 A. (Witness complies).  
 8 Yes.  
 9 Q. Now, it would have been your duty and  
 10 responsibility to review the ultrasound report when it  
 11 came back in?  
 12 A. To review with the patient or for my own records,  
 13 yes.  
 14 Q. Can you tell by that document, from the ultrasound  
 15 report, when you would have received it, when you would  
 16 have received the official report back at your office?  
 17 A. No, I can't tell you just looking at this  
 18 ultrasound.  
 19 Q. Was there any suggestion that there might be a  
 20 slowing of the baby's growth from that ultrasound?  
 21 A. No. It says, estimated fetal weight is consistent  
 22 with the 55 percent for gestational age, which is normal.  
 23 Q. Was there a recommendation by the ultrasonographer  
 24 to do anything else at that time?  
 25 A. Follow-up as clinically indicated.

1 Q. Okay.  
 2 A. It was biophysical profile, which is 10 out of 10.  
 3 Q. And the date of that ultrasound was?  
 4 A. 23rd.  
 5 Q. Of August?  
 6 A. Of August, 23rd.  
 7 Q. Okay.  
 8 Was there another ultrasound after that?  
 9 MR. WALTERS: You mean after August 23rd?  
 10 MR. BECKER: After August 23rd.  
 11 A. After August 23rd, yes.  
 12 MR. WALTERS: We know there was one  
 13 September 14th. Do you want her to --  
 14 MR. BECKER: Okay.  
 15 THE WITNESS: Yes.  
 16 MR. BECKER: I am jumping the gun.  
 17 MR. WALTERS: Yes, I don't know --  
 18 MR. BECKER: I am jumping the gun.  
 19 BY MR. BECKER:  
 20 Q. Let's go back.  
 21 We talked about the plan of care on the 22nd.  
 22 Now, if a patient has mild toxemia, do you routinely  
 23 then, as the midwife, make sure the patient has labs done  
 24 on a frequent basis?  
 25 A. Routinely, no.

1 You mean -- routinely on a frequent -- what labs  
 2 do you mean? The blood work?  
 3 Q. PIH lab.  
 4 A. PIH lab?  
 5 Q. Yes.  
 6 A. If it is mild toxemia, not necessarily.  
 7 Q. Well, how -- can't labs tell you whether mild  
 8 preeclampsia is progressing to something more severe?  
 9 Can't labs help you in that respect?  
 10 A. Yes, they can, in addition to other clinical  
 11 signs.  
 12 Q. And you said, not necessarily. You don't  
 13 necessarily order labs for your mild toxemia patients,  
 14 and one more time, why?  
 15 A. If there is a change from -- if there is any  
 16 significant change from the base, from the symptoms, we  
 17 immediately order another set of labs.  
 18 Q. Okay.  
 19 When do you next see the patient?  
 20 A. 28th, August 28.  
 21 Q. Would you -- I think I can read the blood pressure  
 22 and the fetal heart rate. Would you read me the progress  
 23 notes or what is to the side of that August 28th entry?  
 24 A. Non-stress test was obtained and it is reactive,  
 25 Group B Strep obtained and vaginal exam obviously was

1 done, it says, cervix closed.  
 2 Q. What was the plan of care on 8-28?  
 3 A. Revisit in three days, patient is on bed rest, on  
 4 a diet which was discussed previously, and she was  
 5 supposed to come back in three days.  
 6 Q. Okay, did she come back in three days?  
 7 A. She did.  
 8 Q. Okay.  
 9 A. She came back in three days.  
 10 Q. Other than this entry back on 8-10 about  
 11 Dr. Bailin in one week, she was a very compliant patient,  
 12 wasn't she?  
 13 A. She was a very compliant patient.  
 14 Q. So let's go to 8-31, then. I think I can follow  
 15 the blood pressure. Read the line. It is GBS positive,  
 16 right?  
 17 A. Right.  
 18 Q. Okay, what else does it say?  
 19 A. Feels tired, no contractions.  
 20 Q. Okay, when do you want to see her again?  
 21 A. In one week.  
 22 Q. Okay.  
 23 Does she come in one week?  
 24 A. She comes back in five days.  
 25 Q. Okay, 9-5?

1 A. 9-5, yes.  
 2 Q. Okay.  
 3 A. No weight gain, elevated systolic pressure, the  
 4 diastolic is pretty much the same, plus one protein,  
 5 negative sugar, 36 weeks, fundal height 39, fetal heart  
 6 rate, edema plus one.  
 7 Patient -- what am I reading?  
 8 Q. You are on 9-5. You are doing fine.  
 9 A. 9-5.  
 10 Patient complains of being tired, headache,  
 11 numbness both hands. Non-stress test obtained and  
 12 reactive. I performed ultrasound for the amniotic fluid,  
 13 and it was enough amniotic fluid.  
 14 Vaginal exam, cervix was closed, the head minus  
 15 three. With all these findings, with all this  
 16 assessment, I consulted Dr. Karasik for her condition.  
 17 Q. Why?  
 18 A. Because her systolic blood pressure was elevated  
 19 up to 160 which concerned me.  
 20 Q. And what did he say?  
 21 A. He advised to send patient to Euclid Hospital  
 22 labor and delivery for the blood work and series of blood  
 23 pressure reading and the PIH lab work.  
 24 Q. When a patient has optic signs such as stars, do  
 25 you ever perform -- use a funduscope and look at her

1 eyes?  
 2 A. No.  
 3 Q. You don't do that?  
 4 A. I don't do that.  
 5 Q. Okay.  
 6 So you consulted a different doctor?  
 7 A. Dr. Karasik.  
 8 Q. And your concern was her blood pressure?  
 9 A. Yes.  
 10 Q. And he advised her to go to the hospital again?  
 11 A. Uh-huh.  
 12 Q. Correct?  
 13 A. Correct.  
 14 Q. Okay.  
 15 And did you call any orders over to the hospital?  
 16 A. No, Dr. Karasik did.  
 17 Q. Okay.  
 18 When did you next see this patient?  
 19 A. I saw her September 11th.  
 20 Q. Did someone else see her on September 8th?  
 21 A. Elizabeth Ruzga did.  
 22 Q. Okay, would you read that for me?  
 23 A. September 8, the weight.  
 24 Q. Yes, blood pressure.  
 25 A. Blood pressure, hundred thirty -- I don't know if

1 it is 139 or 134/84, plus two protein, negative for  
 2 sugar, 36 weeks and four days, non-stress test obtained,  
 3 the blood pressure rechecked with large cuff and it reads  
 4 140/90.  
 5 There are two other numbers with the small cuff,  
 6 154/84, and with the large cuff it is 134/84, and then  
 7 repeat, which is 140/90.  
 8 Q. That is a repeat with the large or a small cuff?  
 9 A. There are two readings with large cuff, 134/84,  
 10 and the other -- and then it was repeat, I assume with  
 11 large cuff, and it was 140/90.  
 12 Q. Okay.  
 13 A. Consulted Dr. Bailin, warning signs discussed, and  
 14 return visit 9-11.  
 15 Q. So I am going to have to ask that midwife as to  
 16 what she meant by warning signs discussed, correct?  
 17 A. We always discuss warning signs.  
 18 Q. Okay, what does that mean?  
 19 A. Warning signs -- if there is elevated blood  
 20 pressure, we always give patients warning signs for  
 21 toxemia.  
 22 Q. What do you normally tell them to look for?  
 23 A. We normally tell them --  
 24 MR. WALTERS: I think we have addressed  
 25 this. I am going to object, because I think it

1 has already been asked.  
 2 Go ahead. Go ahead, tell him.  
 3 A. (Continuing) If there is decreased fetal  
 4 movements, if there is severe headache, severe abdominal  
 5 pain, visual disturbances, call us.  
 6 Q. I notice that she recorded her repeat blood  
 7 pressures, correct?  
 8 A. Correct.  
 9 Q. Did you do that previously?  
 10 A. I didn't record it.  
 11 Q. When you would take the blood pressure again,  
 12 would you -- it wasn't your practice to document the  
 13 second or third reading, correct?  
 14 A. If it is the same, I wouldn't record it.  
 15 Q. Okay.  
 16 You don't know what she told Dr. Bailin?  
 17 A. No.  
 18 MR. BECKER: Okay.  
 19 Steve, we are going to have to depose her.  
 20 BY MR. BECKER:  
 21 Q. When did you next see Sherry?  
 22 A. I saw Sherry on September 11th, and that is her  
 23 weight, the blood pressure, plus one protein, negative,  
 24 37 weeks, 38 fundal height.  
 25 Patient had no complaints, had good fetal

1 movements. Vaginal exam, cervix was closed. And she was  
 2 instructed to see Dr. Kushnir for ultrasound and  
 3 non-stress test.  
 4 Q. And you likely would have given her a requisition  
 5 or faxed a requisition to him?  
 6 A. Yes.  
 7 Q. Okay, what was the edema at that visit on 9-11?  
 8 No edema?  
 9 A. It is not marked.  
 10 Q. Did you get the results back from that ultrasound?  
 11 Let's turn to that ultrasound done on the 14th.  
 12 MR. WALTERS: I don't know at what point in  
 13 time you are referencing.  
 14 Q. (Continuing) To your knowledge, when did you get  
 15 the results of that ultrasound, the one you requested on  
 16 9-11?  
 17 A. On 9-11?  
 18 Q. Yes.  
 19 A. Well, it was -- I haven't seen the patient since  
 20 9-11, so I saw results probably later, when I saw the  
 21 chart.  
 22 Q. After she had already been hospitalized?  
 23 A. Yes.  
 24 Q. Okay.  
 25 There is no date reflected on there?

1 A. No.  
 2 MR. WALTERS: Other than the date of the  
 3 ultrasound. There is no date --  
 4 Q. There is no date reflecting when your office would  
 5 have received it?  
 6 A. No.  
 7 Q. Is there -- looking at that ultrasound, is there  
 8 any indication that there is a suspicion that there might  
 9 be something less than appropriate fetal growth?  
 10 A. No, there is -- no, that was a normal biophysical  
 11 profile, 10 out of 10.  
 12 Q. Is there some reference to doing an abdominal  
 13 circumference index?  
 14 A. It is not done. Fetal -- it says, fetal survey  
 15 not done. The fetal survey was not done at that time.  
 16 Q. So the last time you saw Sherry was 9-11?  
 17 A. Yes.  
 18 Q. And after -- and then I assume that you heard  
 19 about, from some source, what happened to her at the  
 20 hospital?  
 21 A. Yes.  
 22 Q. Okay, who did you hear it from?  
 23 A. From the nurses when I came back to work on  
 24 Monday.  
 25 Q. What did they tell you?

1 A. They told me that the patient died after the  
 2 C-section.  
 3 Q. Okay.  
 4 A. In Cleveland Clinic.  
 5 Q. Did you talk to Dr. Bailin at all after her death  
 6 about what happened or what transpired?  
 7 A. We didn't discuss the case in any medical terms.  
 8 We were just talking how sad it is and how bad we feel  
 9 about the situation.  
 10 Q. I understand.  
 11 You don't recall discussing -- looking at the  
 12 chart --  
 13 A. No.  
 14 Q. -- and figuring out what happened, or looking back  
 15 and --  
 16 A. No.  
 17 Q. You didn't do that?  
 18 A. Not with Dr. Bailin.  
 19 Q. Okay, that implies that you talked to someone  
 20 else. Did you talk to any other doctor about what  
 21 happened with this patient?  
 22 A. No.  
 23 Q. Okay.  
 24 Did you talk to the midwife, your colleague  
 25 midwife about what happened with this patient?

1 A. We talked again, we talked with the midwife,  
 2 because we both knew her, how horrible the case is,  
 3 but --  
 4 Q. But you didn't go back and look at the chart?  
 5 A. No.  
 6 Q. And you were not reprimanded in any way for the  
 7 way you managed her during this pregnancy?  
 8 A. No.  
 9 Q. As far as you are concerned, there was no  
 10 suggestion of intrauterine growth retardation during the  
 11 time you managed her?  
 12 A. No, there was not.  
 13 Q. Was there an ultrasound on August 23rd? Did we  
 14 speak to that already?  
 15 MR. WALTERS: Yes, we did.  
 16 A. Yes, we did.  
 17 MR. WALTERS: That was the one that  
 18 occurred after she was hospitalized on the 21st,  
 19 she came back to the office on the 22nd, the  
 20 ultrasound was done.  
 21 BY MR. BECKER:  
 22 Q. Look at the report of the ultrasound on the 23rd,  
 23 see if you see a recommendation where it says, follow-up  
 24 ACI.  
 25 A. Yes, I see that.

1 Q. Okay, what does that mean?  
 2 MR. WALTERS: Well, it is actually --  
 3 A. It says --  
 4 MR. WALTERS: The words are printed, as  
 5 clinically indicated. You might have it in an  
 6 outline as ACI, but the words in the  
 7 recommendation are, as clinically indicated.  
 8 Q. Did she ever become a high risk patient while you  
 9 were providing care?  
 10 A. She was at risk patient.  
 11 Q. But never a high risk patient?  
 12 A. No.  
 13 Q. Based on your understanding of the chart and your  
 14 knowledge about this patient, did a physician ever see  
 15 her, other than the hospital physicians, before her  
 16 ultimate final admission?  
 17 A. When I see -- when I saw patients in August and  
 18 September, most of the times Dr. Bailin was in the  
 19 office, we worked at the same office at the same time on  
 20 Monday evenings, and I would show -- I am sure that --  
 21 what I would do, I would show Dr. Bailin the results of  
 22 the exam and ask him if he wants to do anything else with  
 23 the patient. So he did not examine the patient with his  
 24 hands, if that is what you are asking.  
 25 Q. That is what I am asking.

1 To your knowledge --  
 2 A. No.  
 3 Q. -- up until the time of her final hospitalization,  
 4 did any of the physicians in your group have hands-on  
 5 care?  
 6 A. No.  
 7 MR. WALTERS: Dr. Kushnir?  
 8 A. (Continuing) Dr. Kushnir did.  
 9 Q. As for the ultrasound?  
 10 A. For the ultrasound.  
 11 Q. Okay.  
 12 Did you learn in your training in midwifery that  
 13 if there is a two plus protein in a patient with  
 14 hypertension during the pregnancy that a 24 hour urine is  
 15 indicated?  
 16 A. Not necessarily.  
 17 Q. So --  
 18 A. Plus three, plus four, it should be done.  
 19 Q. Okay.  
 20 A. Not plus one, plus two.  
 21 Q. Okay.  
 22 Are you familiar with a book, midwifery book,  
 23 Varner [sic]?  
 24 A. Yes.  
 25 Q. You are familiar with it?

1 A. Uh-huh.  
 2 Q. Is it considered the book in midwifery?  
 3 A. It is one of the textbooks.  
 4 MR. WALTERS: I don't know what "the book"  
 5 means.  
 6 Go ahead.  
 7 A. (Continuing) It is one of the textbooks.  
 8 Q. It is Varney, V-A-R-N-E-Y?  
 9 A. Uh-huh.  
 10 Q. Let me tell you -- let me read you something from  
 11 Varney, tell me if you agree with this:  
 12 The role of the midwife in relation to  
 13 hypertension disorders in pregnancy lies with meticulous  
 14 screening and prevention and in knowing when you need to  
 15 consult or collaborate with physicians; do you agree with  
 16 that?  
 17 A. Agree.  
 18 Q. Is toxemia or preeclampsia generally a progressive  
 19 disorder?  
 20 A. It could be.  
 21 Q. Generally speaking?  
 22 MR. WALTERS: Well, she answered it could  
 23 be.  
 24 A. It could be.  
 25 Q. I understand it could be, but generally would you

1 expect it to progress?  
 2 MR. WALTERS: You don't need to answer it  
 3 again.  
 4 She said, it could be. I don't know what  
 5 you -- I don't know how many times you want her to  
 6 answer it.  
 7 Q. (Continuing) Well, let me ask it a different way.  
 8 Is it your experience that more than 50 percent of  
 9 the patients with toxemia or preeclampsia, it progresses  
 10 from mild to a different form?  
 11 A. No.  
 12 Q. Okay.  
 13 Did you ever suggest home monitoring of blood  
 14 pressure for Sherry?  
 15 A. No, I didn't.  
 16 Q. Have you ever suggested home blood pressure  
 17 monitoring for any of your patients?  
 18 A. Yes, I did.  
 19 Q. What is the criteria you use, criteria you use for  
 20 home blood pressure monitoring?  
 21 A. Somebody who has -- somebody who is noncompliant,  
 22 somebody who has more severe symptoms, such as elevated  
 23 blood pressure -- several occasions of -- how should I  
 24 say it -- several occasions with blood pressure 150 to a  
 25 hundred -- who has an established diagnosis of

1 preeclampsia.  
 2 Q. Can we agree that if you see protein in the urine  
 3 or proteinuria, one of the ways to be able to find out if  
 4 that proteinuria is from a kidney disorder versus a  
 5 urinary tract infection is to do a urine culture?  
 6 A. From kidney or --  
 7 Q. Right, if you see proteinuria --  
 8 A. Right.  
 9 Q. -- whether it is one plus, or two plus, or  
 10 whatever --  
 11 A. Uh-huh.  
 12 Q. -- and to be sure whether or not the proteinuria  
 13 is coming from kidney impairment or it may be coming from  
 14 a urinary tract infection, one of the ways to help you  
 15 differentiate would be a urine culture?  
 16 MR. WALTERS: I will object to the form of  
 17 the question.  
 18 Go ahead, Yelena, if you can answer that.  
 19 Q. (Continuing) Do you agree?  
 20 A. I agree.  
 21 Q. And do you ever order urine cultures on patients?  
 22 A. I do.  
 23 MR. BECKER: Let me see your questions,  
 24 what you have. Tell me which ones. The ones that  
 25 are starred?

1 MS. GROETHE: Yes.  
 2 BY MR. BECKER:  
 3 Q. Did the group define high risk pregnancies in a  
 4 certain way, that is, the obstetricians, was there an  
 5 understanding or any kind of a written document that said  
 6 such and such is a high risk pregnancy?  
 7 A. I believe it is in my protocols.  
 8 Q. Your protocols?  
 9 A. Uh-huh.  
 10 Q. Okay.  
 11 And when you say, protocols, what do you mean?  
 12 A. That document, the practice arrangement, the  
 13 Standard Care Arrangement.  
 14 Q. Okay.  
 15 That we have marked as Plaintiff's Exhibits 3 and  
 16 4?  
 17 A. Right.  
 18 Q. That is how it distinguishes high risk?  
 19 A. There -- no --  
 20 Q. Or that is where -- excuse me, I am getting tired.  
 21 That is where it defined high risk?  
 22 A. It just mentions several categories of conditions  
 23 which midwife cannot take care of.  
 24 Q. Okay.  
 25 A. They are mentioned there.

1 Q. Okay.  
 2 A. Yes.  
 3 Q. Was there a maternal fetal doctor within your  
 4 group, maternal fetal specialist?  
 5 A. Perinatologist?  
 6 Q. Yes.  
 7 A. No.  
 8 Q. Did you ever tell Mrs. McElfish or her husband  
 9 that they were at risk for complications from the  
 10 pregnancy?  
 11 A. I am sure I did.  
 12 Q. And did you ever tell them, because they were at  
 13 risk, she was at risk for complications for pregnancy,  
 14 that she had a right to be managed solely by a physician?  
 15 A. She knew that from the very first visit, that she  
 16 can be seen by the physician or by the midwife.  
 17 Q. Did you ever tell Mrs. McElfish that she could  
 18 choose to deliver after 36 weeks?  
 19 A. No.  
 20 Q. And would you define HELLP syndrome?  
 21 A. It is hemolysis, elevated liver enzymes and  
 22 thrombocytopenia.  
 23 Q. Do you consider HELLP syndrome an extension of  
 24 preeclampsia?  
 25 A. Yes, I do.

1 MR. BECKER: Excuse me, let's go off the  
2 record one second.  
3 (Thereupon, a discussion was had off the  
4 record.)  
5 BY MR. BECKER:  
6 Q. When you have a patient where you diagnose chronic  
7 hypertension, do you take any additional precautions or  
8 do you order any more tests generally?  
9 A. Yes.  
10 Q. What additional tests do you normally order?  
11 A. PIH labs, non-stress tests, ultrasounds,  
12 urinalysis.  
13 Q. How often do you order that, in a chronic  
14 hypertensive patient?  
15 A. In a chronic hypertensive patient?  
16 Q. Yes.  
17 A. Depending on the condition. Depending on the  
18 degree of the hypertension.  
19 Q. Can you give me an idea of the number of  
20 pregnancies you follow per month, different ladies you  
21 follow? Just a sense. Are we talking ten, or a hundred,  
22 or -- I have no idea how many patients you might be  
23 seeing.  
24 A. You are talking about the time I was with Meridia --  
25 Q. Yes.

1 A. -- Medical Group?  
2 Q. Yes.  
3 A. The number of deliveries would be up to eight, ten  
4 deliveries a month. The number of patients, OB patients,  
5 I can't say. Maybe 20, 25 at a time.  
6 Q. How many patients per month might you be following  
7 or managing or co-managing with preeclampsia, if you can  
8 put it in a percentage of your patients? Ten percent,  
9 five percent?  
10 MR. WALTERS: Don't guess.  
11 A. I don't know.  
12 Q. But would it be a small percentage?  
13 A. Very small percentage.  
14 Q. Isn't it true that new onset proteinuria in the  
15 second trimester in a pregnant who has been diagnosed  
16 with chronic hypertension establishes the diagnosis of  
17 preeclampsia?  
18 A. Not necessarily.  
19 Q. Why not?  
20 A. Because there is lab work which should -- there is  
21 a lab work which should confirm the diagnosis.  
22 Q. Was there any progression of her mild preeclampsia  
23 or mild toxemia or superimposed chronic hypertension once  
24 that condition was diagnosed?  
25 MR. WALTERS: I will object to the form. I

1 don't even understand what you just asked.  
2 Q. (Continuing) Okay, we talked about a number of  
3 different diagnoses, from mild toxemia or mild  
4 preeclampsia, to mild chronic hypertension, to even mild  
5 chronic hyper -- preeclampsia superimposed, correct?  
6 A. (Witness nods).  
7 MR. WALTERS: Well, you talked about them.  
8 You introduced those subjects, and she answered  
9 your questions. But go ahead.  
10 Q. Right. Here is my question:  
11 On any of those diagnoses that we talked about,  
12 was there any -- was there ever a progression?  
13 MR. WALTERS: I will object to the form. I  
14 don't know how she can answer that.  
15 MR. TREU: I will object, as well.  
16 MR. BECKER: I understand.  
17 MR. WALTERS: I think you have asked the  
18 question in a different format, and now you have  
19 asked it in an impossible -- I mean, if you have  
20 Ivy read that back, you will see. I don't even  
21 know how she could possibly answer that.  
22 Q. (Continuing) As far as you are concerned, there  
23 wasn't any progression of any of the diagnoses that you  
24 made?  
25 MR. TREU: Objection.

1 MR. WALTERS: I will object, because we  
2 have been through it, but go ahead. I don't know  
3 if --  
4 A. There was no significant progression.  
5 Q. Did you ever check Sherry McElfish's urine for  
6 potassium?  
7 A. At the office, no.  
8 Q. When do you check urine for potassium?  
9 A. I don't know if you check urine for potassium.  
10 Q. What is the significance of high urine potassium  
11 in a pregnant woman with hypertension?  
12 A. It is the kidney function.  
13 Q. Can mild preeclampsia progress to severe in a  
14 matter of hours?  
15 A. Yes, it can.  
16 Q. On 9-11, the last time you saw her, what was the  
17 plan for delivery?  
18 A. There was no exact plan for delivery.  
19 Q. Did you ever discuss with Mr. and Mrs. McElfish  
20 that they should consider delivery at a tertiary care  
21 center?  
22 A. No, I didn't.  
23 MR. BECKER: Okay, we will go off the  
24 record for two minutes. I think we are done.  
25 (Short recess had.)

1 BY MR. BECKER:  
 2 Q. Yelena, based on your education, training and  
 3 experience, an LDH in a pregnant lady with mild  
 4 preeclampsia, if it is -- if it is 138, what does that  
 5 signify?  
 6 A. What is LDH?  
 7 Q. It is a liver enzyme.  
 8 If you don't know, that is fine.  
 9 A. I don't know.  
 10 Q. Okay.  
 11 Did Dr. Bailin ever refuse to manage this patient?  
 12 A. No.  
 13 Q. Did you ever speak with someone from Sherry's  
 14 employment back in July suggesting that Sherry had early  
 15 stages of toxemia?  
 16 A. No.  
 17 Q. Did you ever recommend urine volumes done by  
 18 Sherry?  
 19 A. No.  
 20 Q. Do you ever recommend that?  
 21 A. No.  
 22 Q. So since you don't recommend it -- strike that.  
 23 Going back to the warning signs, urine volume  
 24 would not be something you normally would speak to, to  
 25 the patient?

1 A. No.  
 2 Q. Did Sherry ever refuse to be managed by a  
 3 physician?  
 4 A. No.  
 5 Q. What is the significance of urinary tract or  
 6 kidney infection in a pregnant patient with preeclampsia?  
 7 A. It can make the condition worse.  
 8 Q. Okay, how are those patients normally managed?  
 9 A. They are managed by physician.  
 10 Q. Okay.  
 11 A. They are out of my scope of practice.  
 12 Q. Was there ever an indication that Sherry had a  
 13 kidney infection?  
 14 A. No.  
 15 Q. Does 24 hour urine help confirm the diagnosis of  
 16 preeclampsia or renal involvement in a patient?  
 17 A. It helps to confirm the severity of preeclampsia.  
 18 Q. Okay.  
 19 Is it important to have a baseline renal, liver  
 20 and coagulation study in a patient with chronic  
 21 hypertension?  
 22 A. I would say it depends on the degree of hypertension.  
 23 Q. How high -- you mean whether it is mild or severe  
 24 chronic hypertension, when you say degree, you mean  
 25 whether it is mild or severe?

1 A. Yes.  
 2 Q. So if it is severe, then you want to do a baseline?  
 3 A. I would do a baseline. But again, it would be out  
 4 of my scope of practice.  
 5 Q. Is your practice today similar to what it was in  
 6 2000?  
 7 A. The way I practice?  
 8 Q. Yes.  
 9 A. Yes.  
 10 Q. You have never had your privileges -- well, strike  
 11 that.  
 12 Do you -- as a midwife, do you formally have  
 13 privileges at any hospital?  
 14 A. Yes, I do.  
 15 Q. Okay, have you ever had your privileges called  
 16 into question, suspended or revoked?  
 17 A. No.  
 18 Q. You are currently with Dr. Kushnir?  
 19 A. My full-time job is NEON. Dr. Kushnir is a little  
 20 part-time.  
 21 Q. Okay, does he do OB work?  
 22 A. Yes, he does.  
 23 Q. Okay.  
 24 He delivers babies?  
 25 A. Yes, he does.

1 Q. Were you planning on physically delivering Sherry?  
 2 MR. WALTERS: As of?  
 3 A. If I would be on call --  
 4 Q. Right.  
 5 A. -- that day.  
 6 Q. Right.  
 7 A. Yes.  
 8 Q. Through September, you were still planning on  
 9 physically delivering her, correct?  
 10 A. Unless there are any changes.  
 11 MR. BECKER: Anything else? Anything else  
 12 you want me to cover?  
 13 Does anybody else have any questions? I  
 14 know the hour is late. I am sorry.  
 15 MR. TREU: It is all right. I just have a  
 16 couple.  
 17 (Thereupon, a discussion was had off the  
 18 record.)  
 19 CROSS EXAMINATION  
 20 BY MR. TREU:  
 21 Q. Yelena, I just want to go back, if you would look  
 22 at the August 10 visit. You mentioned that you discussed  
 23 with her the fact that she -- you had instructed her on  
 24 cutting back on work at that point in time; is that correct?  
 25 A. Yes.

1 Q. Are you saying in this note that she had complied  
 2 with that recommendation or that she had not complied  
 3 with that recommendation?  
 4 A. My recollection is that she worked more than 40  
 5 hours a week. And here, on July 27th, I told her to cut  
 6 down to at least 40 hours a week.  
 7 Q. Okay.  
 8 A. And then on August 10, I told her to cut down less  
 9 than 40 hours a week.  
 10 Q. Okay, do I -- are you saying on July 27th, you  
 11 recommended to her that she cut back to less than 40  
 12 hours a week?  
 13 A. No.  
 14 Q. No.  
 15 To 40 hours a week?  
 16 A. To 40 hours a week.  
 17 Q. Okay.  
 18 And then on August 10th, you recommended that she  
 19 go to less than 40 hours a week?  
 20 A. Yes.  
 21 Q. All right.  
 22 You were asked about whether you had discussed  
 23 with Dr. Bailin at any point in time her diagnosis of  
 24 chronic hypertension versus preeclampsia, and I believe  
 25 your answer was that you discussed it with him when you

1 consulted with him; does that sound -- did I get that  
 2 right?  
 3 A. I believe so.  
 4 Q. Okay, my question is, when you say, when you  
 5 consulted with him, is that where it is indicated in the  
 6 prenatal records on August 21st?  
 7 A. On August 21st.  
 8 Q. Okay.  
 9 A. And it is more about management of the patient  
 10 than the exact diagnosis, because we needed the lab work  
 11 done at the hospital to confirm whatever diagnosis it  
 12 would be.  
 13 Q. Okay.  
 14 And his response at that time was to recommend  
 15 that she go to the hospital for further evaluation,  
 16 correct?  
 17 A. Correct.  
 18 Q. Okay.  
 19 And as I understand, looking at the hospital  
 20 records, that Dr. Karasik evaluated the patient during  
 21 the September 5th visit; is that correct?  
 22 A. He didn't evaluate her. I saw her at the office,  
 23 and I consulted with him over the phone.  
 24 Q. Okay, but in the hospital, when she went to the  
 25 hospital, Dr. Karasik evaluated her?

1 A. I don't think he saw her at the hospital, but I  
 2 don't know.  
 3 Q. Okay.  
 4 A. I don't have that hospital record in front of me.  
 5 Q. Okay, that is fine.  
 6 And as far as ultrasounds done after September  
 7 11th, was there also an ultrasound or a non-stress done  
 8 on September 14th?  
 9 A. Yes.  
 10 Q. And how did that come about?  
 11 A. It is part of biophysical profile.  
 12 Q. Okay.  
 13 A. Non-stress test always part of biophysical profile.  
 14 Q. All right.  
 15 And that was done by Dr. Kushnir?  
 16 A. By Dr. Kushnir.  
 17 MR. TREU: Okay, thank you.  
 18 MR. BECKER: Anything else?  
 19 I just have two more questions.  
 20 RECROSS EXAMINATION  
 21 BY MR. BECKER:  
 22 Q. Have you ever ordered a D-Dimer peripheral smear  
 23 on an obstetrical patient?  
 24 A. No.  
 25 Q. Do you know what that is?

1 A. It is the -- usually hematologists, they evaluate  
 2 the peripheral smear on patients with severe preeclampsia,  
 3 or HELLP syndrome, or whatever conditions, to see certain  
 4 forms, types of -- certain forms of thrombocytes, I  
 5 believe. But it is, again, out of my scope of practice.  
 6 Q. Okay.  
 7 Is a 24 hour urine required to be performed to  
 8 enable one to fairly make a diagnosis of preeclampsia?  
 9 A. No.  
 10 Q. Does renal involvement in a woman with chronic  
 11 hypertension warrant immediate hospitalization --  
 12 MR. WALTERS: I will object.  
 13 Q. -- or is that a medical issue?  
 14 MR. WALTERS: I will object to form.  
 15 A. It is a medical issue.  
 16 MR. BECKER: Okay, I am done. Thank you  
 17 for your time.  
 18 MR. WALTERS: We will read.  
 19 You have no objection to more time for  
 20 signature?  
 21 MR. BECKER: Whatever you take.  
 22 ---  
 23 (DEPOSITION CONCLUDED)  
 24 ---  
 25

Yelena Beregovskaya, C.N.M.



CERTIFICATE

State of Ohio,     )  
                  ) SS:

County of Cuyahoga.   )

I, Andrea N. Jones, Notary Public in and for the  
State of Ohio, duly commissioned and qualified, do hereby  
certify that the above-named YELENA BEREGOVSKAYA, C.N.M.,  
was by me first duly sworn to testify to the truth, the  
whole truth, and nothing but the truth in the cause  
aforesaid; that the deposition as above set forth was  
reduced to writing by me, by means of stenotype, and was  
later transcribed into typewriting under my direction by  
computer-aided transcription; that I am not a relative or  
attorney of either party or otherwise interested in the  
event of this action.

IN WITNESS WHEREOF, I have hereunto set my hand  
and seal of office at Cleveland, Ohio, this 9th day of  
December, 2002.

Ivy J. Gantverg, Notary Public  
in and for the State of Ohio.

Registered Professional Reporter.

My commission expires November 5, 2003.