

IN THE COURT OF COMMON PLEAS  
OF ERIE COUNTY, OHIO

JULIE GREGORY, etc., et al,  
Plaintiffs, Case No.  
vs. 98-CV-380  
SANDUSKY OBSTETRICS and  
GYNECOLOGY, INC., et al.,  
Defendants.

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Deposition of WILLIAM D. BRUNER,  
D.O., called for examination under the statute,  
taken before me, Donnalee Cotone, a Registered  
Professional Reporter and Notary Public in and  
for the State of Ohio, pursuant to notice and  
stipulations of counsel, at Bayshore OB/GYN,  
Inc., 3004 South Hayes Avenue, Sandusky, Ohio, on  
Friday, March 17, 2000, at 3:06 o'clock p.m.

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<p>2</p> <p>1 APPEARANCES:</p> <p>2</p> <p>3 On behalf of the Plaintiffs:</p> <p>4 Hermann, Cahn &amp; Schneider LLP, by</p> <p>5 KENT B. SCHNEIDER, ESQ.</p> <p>6 1301 East Ninth Street</p> <p>7 Suite 500</p> <p>8 Cleveland, Ohio 44114-1876</p> <p>9 (216) 781-5515</p> <p>10</p> <p>11 On behalf of Defendant Providence</p> <p>12 Hospital:</p> <p>13 Shumaker, Loop &amp; Kendrick, LLP, by</p> <p>14 JOHN C. BARRON, ESQ.</p> <p>15 North Courthouse Square</p> <p>16 1000 Jackson</p> <p>17 Toledo, Ohio 43624</p> <p>18 (419) 241-9000</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p>4</p> <p>1 WILLIAM D. BRUNER, D.O., of lawful age,</p> <p>2 called for examination, as provided by the Ohio</p> <p>3 Rules of Civil Procedure, being by me first</p> <p>4 duly sworn, as hereinafter certified, deposed</p> <p>5 and said as follows:</p> <p>6 EXAMINATION OF WILLIAM D. BRUNER, D.O.</p> <p>7 BY MR. SCHNEIDER:</p> <p>8 Q. State your name, please, doctor.</p> <p>9 A. William Bruner.</p> <p>10 Q. And what is your professional</p> <p>11 address?</p> <p>12 A. 3004 South Hayes Avenue, Sandusky,</p> <p>13 Ohio.</p> <p>14 Q. Are you married?</p> <p>15 A. Yes.</p> <p>16 Q. And what is your wife's name?</p> <p>17 A. Rhonda, R H O N D A.</p> <p>18 Q. How old are you, doctor? I'm</p> <p>19 sorry? I forgot to ask.</p> <p>20 A. 48.</p> <p>21 Q. How long have you been married to</p> <p>22 Rhonda?</p> <p>23 A. 20 years.</p> <p>24 Q. Is that the only wife you've ever</p> <p>25 had?</p>
<p>3</p> <p>1 APPEARANCES, Continued:</p> <p>2</p> <p>3 On behalf of Defendants William D. Bruner</p> <p>4 D.O., Brian Printy, M.D., Glenn</p> <p>5 McLaughlin, M.D., Sandusky Obstetrics &amp;</p> <p>6 Gynecology, Inc.:</p> <p>7 Bonezzi Switzer Murphy &amp;</p> <p>8 Polito Co., L.P.A., by,</p> <p>9 WILLIAM D. BONEZZI, ESQ.</p> <p>10 Leader Building, Suite 1400</p> <p>11 526 Superior Avenue</p> <p>12 Cleveland, Ohio 44114-1491</p> <p>13 (216) 875-2767</p> <p>14 ----</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p>5</p> <p>1 A. Yes.</p> <p>2 Q. Did the two of you have children?</p> <p>3 A. Yes. We have three daughters,</p> <p>4 Q. What are their ages, please?</p> <p>5 A. 19, 17 and 14.</p> <p>6 Q. The five of you live together at</p> <p>7 one address?</p> <p>8 A. Four now. One is away at school.</p> <p>9 Q. Okay, The 19 year old?</p> <p>10 A. Yes.</p> <p>11 Q. And what is that address?</p> <p>12 A. My home address?</p> <p>13 Q. Yes.</p> <p>14 A. 3712 Hull Road, H U L L, Road.</p> <p>15 Huron, Ohio.</p> <p>16 Q. Where did you go to medical school?</p> <p>17 A. Kansas City College of Osteopathic</p> <p>18 Medicine. Kansas City, Missouri.</p> <p>19 Q. And when did you graduate from</p> <p>20 that?</p> <p>21 A. 1977.</p> <p>22 Q. You said that was an osteopathic</p> <p>23 school?</p> <p>24 A. Yes, sir.</p> <p>25 Q. What did you do upon graduation?</p>

<p style="text-align: right;">6</p> <p>1 A. I did an internship, actually here 2 in Sandusky at Memorial Hospital, and from 3 there went to Garden City, Michigan to Garden 4 City Hospital for a four year OB/GYN residency. 5 Q. When did you complete the four-year 6 OB/GYN residency? 7 A. In August of 1982. 8 Q. Are you from the Sandusky area? 9 A. No. 10 Q. Where are you from? 11 A. Born and raised in Hobbs, New 12 Mexico. 13 Q. What brought you to Sandusky? 14 A. I trained in this area, generally 15 in the Detroit area in med school on 16 out-rotations, and liked the staff and 17 physicians here locally and opted to come back 18 and train here. 19 Q. What did you do upon completion of 20 your residency in August of 1982? 21 A. I moved back to Sandusky and 22 started practice, 23 Q. Private practice? 24 A. Yes, sir. 25 Q. And that was a practice of</p>	<p style="text-align: right;">8</p> <p>1 A. The first is Lake Wilmer. 2 Q. Lake Wilmer? 3 A. Wilmer, W I L M E R, OB/GYN. 4 Q. And that was from when to when? 5 A. That was from 1982 to, I believe, 6 1990, and there was then a name change to 7 Physicians for Today's Women. 8 Q. Physicians for Today's Women? 9 A. Yes. 10 Q. When was that? 11 A. 1990 to 1995. 12 Q. Okay. And then what? 13 A. And then I changed groups in 1995 14 to Sandusky OB/GYN, and then in November of 15 1998, the area practices merged into Bayshore 16 OB/GYN. 17 Q. That represented a merger of 18 Sandusky OB/GYN and some other entity? 19 A. Physicians for Today's Women and 20 Women's Clinic. 21 Q. Three practices merged? 22 A. Uh-huh. 23 MR. BONEZZI: You have to say yes 24 as opposed to -- 25 A. Yes. I'm sorry.</p>
<p style="text-align: right;">7</p> <p>1 obstetrics and gynecology? 2 A. Yes, sir. 3 Q. Have you been in private practice 4 in that specialty in the Sandusky area from 5 1982 up through the present? 6 A. Yes. 7 Q. Are you board certified? 8 A. Yes, I am. 9 Q. Okay. What are your certifications 10 and when were they obtained? 11 A. Well, I'm certified by the American 12 Osteopathic Board of Obstetricians and 13 Gynecologists. That was in 1985. 14 Q. Anything else? 15 A. That's it. 16 Q. Are there, is there a written and 17 an oral part for that test? 18 A. Yes. 19 Q. Did you pass them both the first 20 time? 21 A. Yes, I did. 22 Q. What have been the names of the 23 practices that you've had from 1982 up until 24 now? Under what names have you practiced? I 25 notice --</p>	<p style="text-align: right;">9</p> <p>1 Q. Have you practiced continually 2 throughout that whole time period? 3 A. Yes, I have. 4 Q. Has there ever been a time when you 5 took a leave of absence for any reason? 6 A. Yes, there was. In April of 1997 7 until, I believe, September of 1997. 8 Q. You did not practice in that time 9 period? 10 A. Correct. 11 Q. Could you explain to me why you 12 took a leave of absence, please? 13 A. My wife was diagnosed with terminal 14 breast cancer. 15 Q. When was the diagnosis made, 16 doctor? 17 A. In April of 97. 18 Q. And prior to that time, had there 19 been, had she had any other serious health 20 problems? 21 A. None. 22 Q. During that roughly six months, am 23 I to assume that you devoted your time to 24 assisting her with her problems and issues 25 related to it?</p>

<p style="text-align: right;">10</p> <p>1 A. Correct.</p> <p>2 Q. Have you ever been a defendant in a</p> <p>3 medical malpractice suit before?</p> <p>4 A. Yes.</p> <p>5 Q. How many times?</p> <p>6 MR. BONEZZI: Objection. Just a</p> <p>7 continuing objection.</p> <p>8 MR. SCHNEIDER: Certainly. You can</p> <p>9 have a continuing objection to this line.</p> <p>10 A. One time.</p> <p>11 Q. Onetime?</p> <p>12 A. Uh-huh. Yes.</p> <p>13 Q. When was that, doctor?</p> <p>14 A. A case from seven years ago, 1993,</p> <p>15 I believe.</p> <p>16 Q. Is that case over with?</p> <p>17 A. It's still pending.</p> <p>18 Q. Who represents you in that case?</p> <p>19 A. That's a good question.</p> <p>20 MR. BONEZZI: Off the record.</p> <p>21 (Discussion had off the record.)</p> <p>22 MR. BONEZZI: Back on.</p> <p>23 A. I'm sorry. The case was reassigned</p> <p>24 to another attorney, and if I heard the, if I</p> <p>25 heard the group, I would recognize it as from</p>	<p style="text-align: right;">12</p> <p>1 Q. Have you been deposed in that case?</p> <p>2 A. Yes, I have.</p> <p>3 Q. About when was that?</p> <p>4 A. About two months ago.</p> <p>5 Q. Have you ever been deposed on any</p> <p>6 other occasion besides the one two months ago</p> <p>7 and the one we're doing now?</p> <p>8 A. Yes.</p> <p>9 Q. Under what circumstances?</p> <p>10 A. There were cases from my residency</p> <p>11 training in Detroit.</p> <p>12 Q. You were just simply asked</p> <p>13 questions about what had occurred there?</p> <p>14 A. You know, my participation in the</p> <p>15 cases.</p> <p>16 Q. Other than the ones in Detroit</p> <p>17 during your residency training and the one you</p> <p>18 told me about and this one, those are the only</p> <p>19 time you've ever been deposed?</p> <p>20 A. I believe so. I just don't recall</p> <p>21 any others.</p> <p>22 Q. Have you ever served as an expert</p> <p>23 witness in a medical malpractice case?</p> <p>24 A. No.</p> <p>25 Q. Have you been requested to do so?</p>
<p style="text-align: right;">11</p> <p>1 Toledo.</p> <p>2 Q. From Toledo. Who was representing</p> <p>3 you before it got reassigned, do you remember</p> <p>4 the guy's name or woman's name?</p> <p>5 A. Actually, no, I don't.</p> <p>6 Q. Where is the case pending?</p> <p>7 A. I guess locally.</p> <p>8 Q. In the Common Pleas Court here?</p> <p>9 A. Uh-huh.</p> <p>10 Q. What is the name of the person</p> <p>11 who's suing you will?</p> <p>12 A. Lati Spencer, L A T I, S P E N C E</p> <p>13 R, I believe.</p> <p>14 Q. And what are the nature of the</p> <p>15 allegations in that case?</p> <p>16 A. She had come into labor and</p> <p>17 delivery earlier in the afternoon and was</p> <p>18 observed for a period of, I think, two or three</p> <p>19 hours, and it was felt that she was in, just</p> <p>20 having uterine irritability and there was no</p> <p>21 cervical change, so she was sent home, and then</p> <p>22 returned to the hospital about three and a half</p> <p>23 hours later, and after experiencing an onset of</p> <p>24 pain at home and had abrupted and came back</p> <p>25 with a stillborn.</p>	<p style="text-align: right;">13</p> <p>1 A. No. You know, I'm trying to think.</p> <p>2 There was maybe another case. Oh, it had to</p> <p>3 have been 15 years ago, come to think of it</p> <p>4 that I had a deposition on.</p> <p>5 Q. How many years ago?</p> <p>6 A. About 15 years ago. I would say</p> <p>7 back in 19 -- in the mid 80s, I believe.</p> <p>8 Q. Relating to what?</p> <p>9 A. A girl had come to me after she had</p> <p>10 delivered twins in another hospital, came to me</p> <p>11 with persistent discharge after delivery, and I</p> <p>12 did a D &amp; C on her, and she ended up with an</p> <p>13 Asherman's syndrome. She had retained placenta</p> <p>14 that was never given attention to and I did a D</p> <p>15 and C on her and she subsequently had</p> <p>16 Asherman's syndrome.</p> <p>17 MR. SCHNEIDER: Could we go off the</p> <p>18 record for a minute, please?</p> <p>19 (Discussion had off the record.)</p> <p>20 Q. You remember Julie Gregory, doctor?</p> <p>21 A. Yes, I do.</p> <p>22 Q. When was the last time you saw her,</p> <p>23 do you know?</p> <p>24 A. While she was in the hospital in</p> <p>25 1997.</p>

<p style="text-align: right;">14</p> <p>1 Q. Meaning around March?</p> <p>2 A. At the time of this case, uh-huh.</p> <p>3 Q. She has not been back to consult</p> <p>4 with you for any reason?</p> <p>5 A. No, she hasn't.</p> <p>6 Q. How about any of your partners?</p> <p>7 A. Not to my knowledge.</p> <p>8 Q. I thought I noticed in your file</p> <p>9 when I just looked through it some medical</p> <p>10 records relating to problems Julie experienced</p> <p>11 later in terms of abdominal pain of unknown</p> <p>12 etiology and things that were subsequent to the</p> <p>13 operative procedure you performed for removal</p> <p>14 of the sponge.</p> <p>15 Do you know why that information</p> <p>16 would be in your file?</p> <p>17 A. I don't know. I haven't looked at</p> <p>18 that file since this case.</p> <p>19 Q. Okay. I'm going to show you what</p> <p>20 I'm talking about.</p> <p>21 A. To my knowledge, she's not been</p> <p>22 back here, so I don't know why there's any</p> <p>23 information in there.</p> <p>24 MR. BARRON: Kent, are you saying</p> <p>25 other information from other physicians--</p>	<p style="text-align: right;">16</p> <p>1 a high risk category?</p> <p>2 A. No, there was not.</p> <p>3 MR. BONEZZI: Would you read that</p> <p>4 last question back, please.</p> <p>5 (Record read.)</p> <p>6 MR. BONEZZI: I'm going to object.</p> <p>7 I believe the record is not that she was at</p> <p>8 high risk, but that she was at risk.</p> <p>9 Q. Other than her age, was there</p> <p>10 anything about her pregnancy that put her at</p> <p>11 risk?</p> <p>12 A. No, sir.</p> <p>13 Q. Have you reviewed the records in</p> <p>14 preparation for the deposition today?</p> <p>15 A. Yes.</p> <p>16 Q. Have you reviewed the fetal monitor</p> <p>17 strips?</p> <p>18 A. Yes, I have.</p> <p>19 Q. What else have you reviewed?</p> <p>20 A. The -- her office chart, a copy of</p> <p>21 her office chart and her hospital chart, start</p> <p>22 to, you know, with all of the tracings in it.</p> <p>23 Q. Have you reviewed any depositions?</p> <p>24 A. I have looked through depositions.</p> <p>25 I haven't been through them completely.</p>
<p style="text-align: right;">15</p> <p>1 MR. BONEZZI: This is off the</p> <p>2 record.</p> <p>3 (Discussion had off the record.)</p> <p>4 Q. Here's a for instance, We have a</p> <p>5 report here of a CT scan in July of 97, and --</p> <p>6 A. That's Brian Printy's signature. I</p> <p>7 wouldn't know anything about that.</p> <p>8 Q. And Dr. Printy is involved with</p> <p>9 this practice?</p> <p>10 A. Yes.</p> <p>11 Q. So it's possible that she did</p> <p>12 consult with somebody else in this practice,</p> <p>13 just not with you?</p> <p>14 A. Correct.</p> <p>15 Q. Did you, your group treated Julie</p> <p>16 throughout her pregnancy?</p> <p>17 A. Yes.</p> <p>18 Q. How would you describe Julie's</p> <p>19 pregnancy, would you describe it as uneventful</p> <p>20 or were there any problems of note that you</p> <p>21 could tell me about?</p> <p>22 A. According to her prenatal chart,</p> <p>23 she had an uneventful pregnancy.</p> <p>24 Q. Was there anything about her</p> <p>25 pregnancy other than her age that put her into</p>	<p style="text-align: right;">17</p> <p>1 Q. Which ones have you looked through?</p> <p>2 A. Just all of them to a degree as</p> <p>3 they came in.</p> <p>4 Q. Did you read Julie's?</p> <p>5 A. Yes, I did.</p> <p>6 Q. Do you recall --</p> <p>7 A. Parts of it.</p> <p>8 Q. Anything about that deposition that</p> <p>9 you did read that struck you as not comporting</p> <p>10 with your recollection of events?</p> <p>11 MR. BARRON: I want to show an</p> <p>12 objection to the question given the voluminous</p> <p>13 nature of the deposition.</p> <p>14 MR. BONEZZI: I'm going to join in</p> <p>15 that objection. Go ahead, please.</p> <p>16 A. With what I read, I don't recall</p> <p>17 anything that I disagreed with.</p> <p>18 Q. And I don't know if you remember</p> <p>19 her saying this in the deposition, that's why</p> <p>20 I'm going to tell you.</p> <p>21 A. Okay.</p> <p>22 Q. At one point she said that when you</p> <p>23 ruptured her membranes that, you said something</p> <p>24 to the effect that she had been in labor for a</p> <p>25 week.</p>

<p style="text-align: right;">18</p> <p>1 Now, do you recall saying something 2 like that? 3 A. I don't recall saying that. She 4 hadn't been in labor for a week. She had been 5 in labor or having contractions for two days, 6 but she had, I think, had started into labor 7 just prior to her admission. I don't recall 8 her saying that. I think I saw that in her 9 husband's deposition. 10 Q. The question was, do you recall if 11 you said that? She said that you said it at 12 the time which she ruptured her membranes. I'm 13 not sure I made myself clear before. 14 A. No, I don't recall saying that. 15 Q. Julie was administered 16 Prostaglandin Gel, correct? 17 A. Yes, sir. 18 Q. And that would have been starting 19 on the 13th of March? 20 A. Yes. 21 Q. Was that per your order? 22 A. Yes, it was. 23 Q. Could you explain to me why you 24 ordered the gel? 25 A. As I review the chart, I see that</p>	<p style="text-align: right;">20</p> <p>1 the baby gets bigger and the likelihood of CPD 2 becomes greater? 3 A. Correct. 4 Q. If the baby's head had not been in 5 a high station, but the cervix was not ripe, do 6 you then gel under that combination of 7 circumstances? 8 A. We sometimes will, yes. 9 Q. Why? What's the reason for that? 10 A. Usually at term, we don't, we don't 11 like to see baby's go too far past term, so in 12 the 40 to 40th, somewhere around, the time that 13 they're due, if the cervix is not ripe, then we 14 will use gel or now we use Cytotec as part of 15 ripening. 16 Q. Is that your custom, if they hit 17 the 40th week? 18 A. No. No. I can't say that. In 19 some cases we do. It depends on what the 20 individual case is. 21 Q. Was there any other reason here 22 besides your concern about CPD that you gelled 23 her? 24 A. Her unripe cervix. 25 Q. And that's what I'm asking, if you</p>
<p style="text-align: right;">19</p> <p>1 the cervix was closed and she was at term and 2 the head was high, and that is a concern for 3 cephalopelvic disproportion, and since she was 4 at term and would more than likely go past her 5 dates with an unripe cervix, it was felt that 6 Prostaglandin priming needed to be done to help 7 the cervix along. 8 Q. Now, what was it about her 9 condition that you felt might be indicative of 10 CPD? 11 A. The baby's head was high, not 12 engaged in the pelvis. 13 Q. If you're suspicious that there 14 might be CPD, what's the point of gelling? How 15 does that address the CPD issue? 16 A. Well, anytime that there's a high 17 head at term, there's a concern for that. 18 Q. For CPD? 19 A. For CPD. 20 Q. Right. 21 A. And if she was going to be longer 22 in the gestation, the baby was going to get 23 big, be getting bigger. 24 Q. Okay. I see. So what you're 25 saying is, you want to have her deliver before</p>	<p style="text-align: right;">21</p> <p>1 have -- if your patient, if your typical 2 patient has an unripe cervix at the 40th week, 3 do you typically gel? 4 A. No. 5 Q. Does it require some combination 6 before you do that? 7 A. It could be a matter of patient 8 preference, it could be whether there are any 9 other medical indications to do it or it could 10 be an elective circumstance, just an elective 11 induction. 12 Q. Meaning what? What does that mean? 13 A. Meaning that you just want to 14 control the circumstances. It's in mid 15 January, and they're 39 and a half weeks or 40 16 and a half weeks and they live in Marblehead, 17 Ohio, and there's supposed to be snow or, you 18 know, and instead of the anxiety of trying to 19 get across the bridge or, you know, you just -- 20 you set up a circumstance there that is more 21 predictable than if they went into spontaneous 22 labor. 23 Q. What is the relationship between 24 gelling and the onset of contractions, does the 25 gel precipitate the contractions?</p>

<p style="text-align: right;">22</p> <p>1 A. Usually, yes.</p> <p>2 Q. So in addition to ripening the</p> <p>3 cervix, it tends to precipitate contractions?</p> <p>4 A. Yes. You're stimulating the cervix</p> <p>5 and that stimulates contractions usually.</p> <p>6 Q. How many times was Julie gelled?</p> <p>7 A. Well, in reviewing this chart, I</p> <p>8 see that she was gelled on two occasions. I</p> <p>9 thought it was three, but I only see two.</p> <p>10 Q. And why wasn't she gelled the third</p> <p>11 time, do you know?</p> <p>12 A. Because upon review, I declined to</p> <p>13 give additional gel because she was</p> <p>14 contracting.</p> <p>15 Q. So you mean, in essence, it had</p> <p>16 already done what you wanted it to do and there</p> <p>17 was no need?</p> <p>18 A. Sometimes when you use gel, you get</p> <p>19 no response, and after one or two doses, I</p> <p>20 mean, you've gone as high as 15 doses of gel.</p> <p>21 If you're not getting a response within 24 to</p> <p>22 48 hours, depending upon what the circumstance</p> <p>23 is, then usually we'll stop and wait 48 hours</p> <p>24 and then try again, which is what happened with</p> <p>25 Julie, except she went ahead into spontaneous</p>	<p style="text-align: right;">24</p> <p>1 the cervix stopped its forward progression,</p> <p>2 became edematous and that's an end point of</p> <p>3 labor. That's an end point of a trial of</p> <p>4 labor.</p> <p>5 Q. Is it that combination of</p> <p>6 circumstances that you just described that</p> <p>7 constitute the end point of the trial of labor,</p> <p>8 meaning the decelerations, the failure of the</p> <p>9 cervix to progress and the edematous cervix?</p> <p>10 A. Yes.</p> <p>11 Q. When that combination occurred and</p> <p>12 you called for the C-section at 15:30, were you</p> <p>13 thinking that it may very well have been that</p> <p>14 she failed to progress because of CPD, if you</p> <p>15 remember?</p> <p>16 A. I'm sorry. Would you repeat your</p> <p>17 question?</p> <p>18 Q. Yes. Do you recall if around</p> <p>19 15:30, when you called for the C-section, that</p> <p>20 you were thinking that her failure to progress</p> <p>21 was a result of CPD? Was that in your thought</p> <p>22 process?</p> <p>23 A. I won't say that it was the only</p> <p>24 thing. Failure to progress can include other</p> <p>25 things, and her cervix was not progressing.</p>
<p style="text-align: right;">23</p> <p>1 labor.</p> <p>2 Q. So the plan would have been, come</p> <p>3 back in two days, if nothing has happened, then</p> <p>4 we'll do it again?</p> <p>5 A. Yes.</p> <p>6 Q. You mentioned that that minus 3</p> <p>7 station that the baby was at caused you to</p> <p>8 think in terms of the potential for CPD,</p> <p>9 correct?</p> <p>10 A. Yes, sir.</p> <p>11 Q. Were you thinking at the time that</p> <p>12 you called for the C-section that, were you</p> <p>13 still thinking up to that point in time that</p> <p>14 you may very well have been right and that's</p> <p>15 why this baby is not moving because, in fact,</p> <p>16 she had CPD?</p> <p>17 MR. BARRON: I'm going to object,</p> <p>18 Kent, unless you specify what C-section you're</p> <p>19 referring to.</p> <p>20 Q. The first time you called for one</p> <p>21 at 15:30, was that part --</p> <p>22 A. The indication initially was for</p> <p>23 failure to progress, and she was having</p> <p>24 decelerations as well, and she just wasn't</p> <p>25 progressing, and she had reached a point where</p>	<p style="text-align: right;">25</p> <p>1 She had a secondary arrest of dilation, and</p> <p>2 that could imply either cephalopelvic</p> <p>3 disproportion overtly or it could have been the</p> <p>4 position of the baby that was holding</p> <p>5 everything up.</p> <p>6 Q. Were you suspicious that the baby</p> <p>7 was in a posterior position? Do you recall</p> <p>8 anytime during the labor?</p> <p>9 A. Probably that -- that's almost a</p> <p>10 given with failure to progress, but I don't see</p> <p>11 anywhere in here that I put that it was</p> <p>12 posterior on exam.</p> <p>13 Q. Was there anything about the</p> <p>14 monitor strips that you looked at that would</p> <p>15 give you a suspicion that the baby was</p> <p>16 posterior based on what appeared on the strips?</p> <p>17 A. No. She didn't get that far in</p> <p>18 labor.</p> <p>19 Q. What do you mean by that? Do you</p> <p>20 have to get further to see something on the</p> <p>21 strip that tells you that it's posterior?</p> <p>22 A. Yes. Usually when the head is</p> <p>23 becoming well engaged, well deeply into the</p> <p>24 pelvis, there can be a pattern of decelerations</p> <p>25 that come about that would imply a posterior</p>

<p style="text-align: right;">26</p> <p>1 presentation.</p> <p>2 Q. So it's a decel pattern that gives</p> <p>3 you that information?</p> <p>4 A. Usually.</p> <p>5 Q. Anything to do with the length of</p> <p>6 time between contractions that gives you any</p> <p>7 insight into that?</p> <p>8 A. Not in the active phase of labor.</p> <p>9 Q. Did you consider her to have</p> <p>10 reached the active phase of labor?</p> <p>11 A. That's why her labor trial was</p> <p>12 ample,</p> <p>13 Q. What was it about, what was it that</p> <p>14 made her in the active phase?</p> <p>15 A. When she had cervical change.</p> <p>16 Q. From 2 to 4?</p> <p>17 A. Yes. Yes.</p> <p>18 Q. And then when you refer to a</p> <p>19 secondary arrest, are you referring to the fact</p> <p>20 that she stopped progressing at 4?</p> <p>21 A. Yes.</p> <p>22 Q. So what makes it secondary is that</p> <p>23 there had been some progress up to that point?</p> <p>24 A. Yes, sir.</p> <p>25 Q. You mentioned that you didn't see</p>	<p style="text-align: right;">28</p> <p>1 That's what I'm not sure.</p> <p>2 A. Labor and delivery summary, yes.</p> <p>3 Q. At the bottom there?</p> <p>4 A. Yes.</p> <p>5 Q. Okay. Let me just grab mine.</p> <p>6 Okay. We're looking at the page</p> <p>7 entitled labor and delivery summary. I'm</p> <p>8 looking in the bottom lower-right hand.</p> <p>9 A. Yes.</p> <p>10 Q. Would you read that for me?</p> <p>11 A. My remarks were, pregnancy at 40</p> <p>12 weeks, Prostaglandin 3, artificial rupture</p> <p>13 of membranes, meconium, failure to progress,</p> <p>14 bradycardia, emergency low transverse cervical</p> <p>15 cesarean section, male depressed --</p> <p>16 (Short interruption.)</p> <p>17 MR. SCHNEIDER: Back on the record.</p> <p>18 Q. You were just about finished</p> <p>19 interpreting that for me down there, doctor, if</p> <p>20 you would. You said male, I think, depressed,</p> <p>21 and then --</p> <p>22 A. Estimated blood loss was 800 CCs.</p> <p>23 Q. And you wrote that after the birth</p> <p>24 on the 15th?</p> <p>25 A. Yes.</p>
<p style="text-align: right;">27</p> <p>1 anything in the chart in which you noted your</p> <p>2 thought about the fact that however you felt a</p> <p>3 posterior presentation. I didn't see any</p> <p>4 progress notes of yours for this labor or</p> <p>5 delivery.</p> <p>6 Do you typically make progress</p> <p>7 notes?</p> <p>8 A. No.</p> <p>9 Q. Why not?</p> <p>10 A. Usually the information that is</p> <p>11 important to me is on the monitor strip or I</p> <p>12 record it in the delivery note.</p> <p>13 Q. The delivery note meaning the</p> <p>14 operative report?</p> <p>15 A. Yes, or the delivery note.</p> <p>16 Q. Is there a delivery note here? I</p> <p>17 want to make sure I'm thinking of the same</p> <p>18 thing you are. Is there a delivery note in</p> <p>19 there?</p> <p>20 A. Yes, there is.</p> <p>21 Q. Okay. Would you point it out to</p> <p>22 me, please?</p> <p>23 MR. BARRON: Are you looking for</p> <p>24 the labor and delivery summary?</p> <p>25 MR. SCHNEIDER: I don't know.</p>	<p style="text-align: right;">29</p> <p>1 Q. And am I correct that that's the</p> <p>2 only note that you made anywhere in the chart</p> <p>3 until you dictated your operative report,</p> <p>4 correct?</p> <p>5 A. Yes.</p> <p>6 Q. And you're telling me that that is</p> <p>7 your custom, that you will typically not make</p> <p>8 any progress notes through the labor and</p> <p>9 delivery, and then at the end you will make a</p> <p>10 delivery note if you deem it appropriate and</p> <p>11 then an operative report?</p> <p>12 A. Yes.</p> <p>13 Q. When do you normally dictate the</p> <p>14 operative report in relation to the time of the</p> <p>15 procedure?</p> <p>16 A. It depends on how many other things</p> <p>17 that I have going. Sometimes I may not dictate</p> <p>18 an operative report for two days or three days</p> <p>19 afterwards. Sometimes it's the same way for</p> <p>20 the history and physical exam. I just carry</p> <p>21 note cards in my pocket with all of the</p> <p>22 pertinent data on it, and then whenever I get a</p> <p>23 chance to light somewhere, or I'll call outside</p> <p>24 dictation and dictate it in.</p> <p>25 Q. You make notes on a note card?</p>



<p style="text-align: right;">30</p> <p>1 A. Usually. In situations like this, 2 I just refer to the chart. 3 Q. So you would not in a typical labor 4 and delivery make a note on note cards to 5 yourself that you use later? 6 A. For cesarian sections usually I use 7 the chart. 8 Q. And you then just dictate off the 9 top of your head what you did during the 10 operative procedure? 11 A. Usually I have recollection. 12 Q. That's what I mean. I mean, 13 there's nothing in the chart before you've 14 dictated your operative note. 15 A. What, where information is noted, I 16 usually will have information in my head as far 17 as what the dilation was, what the indication 18 was, you know, the pre and post operative 19 diagnoses, and if there's any significant 20 findings, like in this case, it was meconium, I 21 will, you know, mark that. Usually I try to do 22 it within 24 hours. 23 Q. You ruptured the membranes, 24 according to the notes, at 7:40. 25 A. Yes.</p>	<p style="text-align: right;">32</p> <p>1 meconium, is it more often with or without 2 odor? 3 A. There's usually no odor. I'm 4 looking for something different. 5 Q. What do you mean? 6 A. Infection, and there's no odor, 7 there's no infection. 8 Q. Does it tell you anything else in 9 terms of your thinking, for instance, in 10 relation to how long the meconium has been 11 present? 12 A. No. 13 Q. Right underneath the note that I 14 just read to you, there's an 8:00 note where it 15 says, patient states she is exhausted because 16 I've been contracting since Friday. This 17 brings us back to that issue about whether you 18 recall anything about you saying that she was 19 in labor for a week. 20 This was a Saturday, the date of 21 this delivery, by the way. Does that comport 22 with your recollection? 23 A. I believe. 24 Q. You have to answer verbally. 25 A. Yes.</p>
<p style="text-align: right;">31</p> <p>1 Q. And at that time you observed 2 meconium? 3 A. Yes. 4 Q. The record indicates that it was 5 odorless, do you recall seeing that? 6 A. If that's what the record said. 7 You mean where did the record say that? 8 Q. It said without odor. 9 A. You mean in my operative report? 10 MR. BONEZZI: No. Just let him go. 11 Q. No. If you look in the nurse's 12 notes -- actually, I think it's in a couple of 13 spots, but I have it here in front of me in the 14 nurse's notes it says, 7:40, Dr. Bruner here, 15 AROM, showed particulate meconium stained 16 fluid. No odor noted. 17 MR. BONEZZI: It's right here right 18 at the top. 19 A. Okay. I see. 20 Q. What, if any, significance does the 21 absence of odor have? 22 A. That there's no infection present. 23 Q. Since I don't do this, this may not 24 be a particularly articulate question, but try 25 to help me through this. When you see</p>	<p style="text-align: right;">33</p> <p>1 Q. Having seen this, does this refresh 2 your recollection in any way about what anybody 3 might have said about being in labor for a 4 week? 5 A. I just can't imagine why I would 6 have said that. 7 Q. Okay. The record that we have in 8 front of us shows that you were in the room at 9 7:40, and then there's the next notation 10 indicating you are present at 14:30. 11 Does that comport with your 12 recollection that you were not in the room from 13 7:40 until 14:30? 14 A. You know, I seem to remember having 15 been in there more frequently than that. I 16 just -- it's hard since it's not recorded here. 17 I don't know at what time that I would -- I 18 just seem to recall that I was there somewhere 19 around noon, but it's not down there. 20 Q. What is it that makes you think you 21 were there about noon? 22 A. Usually I will come and review a 23 strip within three to four hours of the time 24 that they're admitted, but I just -- I don't 25 know what it is. I just seem to recall having</p>

<p style="text-align: right;">34</p> <p>1 been there, but...</p> <p>2 Q. If you weren't there from 7:40 up</p> <p>3 until 14:30, is that a longer than usual time</p> <p>4 period for you to be absent?</p> <p>5 A. Yes.</p> <p>6 Q. Do you recall who the nurse was</p> <p>7 that was the labor nurse?</p> <p>8 A. I see Holly down here, but I don't</p> <p>9 recall her.</p> <p>10 Q. Do you remember her?</p> <p>11 A. Vaguely.</p> <p>12 Q. You think if she walked in the</p> <p>13 room, you would be able to recognize her?</p> <p>14 A. No, I don't.</p> <p>15 Q. Do you know if you had ever worked</p> <p>16 with her before that day?</p> <p>17 A. I am sure that I had worked with</p> <p>18 her on other occasions.</p> <p>19 Q. Do you remember if -- well, why do</p> <p>20 you say you're sure you had?</p> <p>21 A. She was a labor and delivery nurse.</p> <p>22 Q. How long had she been a labor and</p> <p>23 delivery nurse?</p> <p>24 A. I would say probably several</p> <p>25 months.</p>	<p style="text-align: right;">36</p> <p>1 it at the time of delivery, from the time of</p> <p>2 delivery, but I don't remember when I ruptured</p> <p>3 membranes.</p> <p>4 Q. Okay.</p> <p>5 A. Sometimes that's deceiving because</p> <p>6 it may settle down at the very bottom part of</p> <p>7 the uterus and it may appear to be thicker than</p> <p>8 it really is.</p> <p>9 Q. In other words, when you operate</p> <p>10 and deliver the baby and you observe what you</p> <p>11 describe as thick meconium, that doesn't</p> <p>12 necessarily tell you that that was the same</p> <p>13 thickness that you observed when you ruptured</p> <p>14 the membranes because of that settling affect</p> <p>15 that you just described?</p> <p>16 A. Right.</p> <p>17 Q. When you rupture the membranes and</p> <p>18 you observe meconium as you did in this</p> <p>19 instance, what, if anything, does that change</p> <p>20 in terms of your thinking about the delivery?</p> <p>21 What element does that bring into</p> <p>22 play, if any, with respect to the labor and</p> <p>23 delivery?</p> <p>24 MR. BONEZZI: Objection. Go ahead</p> <p>25 and answer.</p>
<p style="text-align: right;">35</p> <p>1 Q. She was fairly new?</p> <p>2 A. Yes.</p> <p>3 Q. You were aware of that on March</p> <p>4 15th, that she was a fairly new nurse?</p> <p>5 A. I don't recall specifically</p> <p>6 bringing that to mind.</p> <p>7 Q. Is it fair to say you did not have</p> <p>8 an understanding of her level of experience at</p> <p>9 that point in time?</p> <p>10 MR. BONEZZI: At what point in</p> <p>11 time?</p> <p>12 MR. SCHNEIDER: March 15th.</p> <p>13 A. I may have, but I don't recall</p> <p>14 thinking about that.</p> <p>15 Q. When you observe -- I'm sorry. Let</p> <p>16 me back up a little.</p> <p>17 Do you recall the meconium being</p> <p>18 what you would describe as thick when you</p> <p>19 ruptured the membranes or thin or somewhere in</p> <p>20 between? How would you describe it?</p> <p>21 A. Well, if it's described as thick,</p> <p>22 that means that it's more solid than fluid.</p> <p>23 Q. Do you remember what your</p> <p>24 impression was?</p> <p>25 A. At that time I don't. I remember</p>	<p style="text-align: right;">37</p> <p>1 A. Usually it doesn't change anything</p> <p>2 about labor. I mean, you just, you follow the</p> <p>3 labor the same, but it's to be prepared at the</p> <p>4 time of delivery for suctioning of the baby</p> <p>5 trying to prevent aspiration.</p> <p>6 MR. BONEZZI: Would you read that</p> <p>7 question and answer back, please.</p> <p>8 (Record read.)</p> <p>9 Q. I'm sorry. Who made the decision</p> <p>10 at, on 3-15 of 97 as to what type of monitor</p> <p>11 should be placed on the mother and the baby?</p> <p>12 Who made those decisions?</p> <p>13 A. Well, all patients are monitored,</p> <p>14 and the nurses have the authority to place an</p> <p>15 internal lead if they feel like there's a</p> <p>16 problem getting an ultrasound recording or</p> <p>17 reading.</p> <p>18 Q. You didn't have any preference in</p> <p>19 this case as to whether or not there was an</p> <p>20 external or internal monitor on either the baby</p> <p>21 or the mother?</p> <p>22 A. I just want the best tracing</p> <p>23 available.</p> <p>24 Q. And it's within the nurse's</p> <p>25 discretion to make the judgment about how to go</p>

<p style="text-align: right;">38</p> <p>1 about obtaining that?</p> <p>2 A. If the monitor strip is unreadable</p> <p>3 or the patient is too big or moves too much to</p> <p>4 create a problem with the tracing, then we'll</p> <p>5 do a fetal EKG, place an internal lead so that</p> <p>6 we have a more continuous tracing.</p> <p>7 Q. Do you learn more about short-term</p> <p>8 variability with a fetal electrode than you do</p> <p>9 with an external monitor?</p> <p>10 A. Yes, you can.</p> <p>11 Q. Is there, is it fair to say that in</p> <p>12 this case at no time did you tell the nurse</p> <p>13 that you wanted an internal monitor placed on</p> <p>14 either the mother or the baby?</p> <p>15 A. I'm sorry. Ask that again.</p> <p>16 Q. Yes. Is it fair to say then in</p> <p>17 this case at no time did you tell the nurse</p> <p>18 that you wanted an internal monitor placed on</p> <p>19 either the mother or the baby?</p> <p>20 A. Yes. But what do you mean on the</p> <p>21 mother? You mean placing an internal fetal</p> <p>22 lead for EKG or --</p> <p>23 Q. No. I'm talking about an internal</p> <p>24 monitor, an internal catheter for the mother's</p> <p>25 uterine contractions.</p>	<p style="text-align: right;">40</p> <p>1 A. I'm thinking about three years ago.</p> <p>2 I don't know. I know they're there now and</p> <p>3 they probably were there or available then, but</p> <p>4 I don't know that for sure.</p> <p>5 Q. Is it important to be able to get a</p> <p>6 good read on the mother's contractions so that</p> <p>7 you can compare their relationship to</p> <p>8 decelerations of the baby's heart rate and then</p> <p>9 get an accurate impression of how you would</p> <p>10 characterize those decelerations?</p> <p>11 A. If you're having trouble discerning</p> <p>12 the beginning and the end of the contractions.</p> <p>13 But with the sophistication of today's</p> <p>14 monitors, the intrauterine pressure catheter, I</p> <p>15 just don't find I use them with any frequency.</p> <p>16 Q. Is that true in 97 also?</p> <p>17 A. Yes, sir, same monitors.</p> <p>18 Q. I see that based on the nurse's</p> <p>19 notes that you came in the room at 14:30 and</p> <p>20 she indicates that you were advised of late and</p> <p>21 variable decelerations. Other than -- up to</p> <p>22 that point in time, do you have any way of</p> <p>23 knowing if you either looked at a strip or you</p> <p>24 were advised of anything about a strip from</p> <p>25 7:40 until that time?</p>
<p style="text-align: right;">39</p> <p>1 A. Pressure catheter?</p> <p>2 Q. Correct.</p> <p>3 A. I did not order that, no.</p> <p>4 Q. Are there times when you do order</p> <p>5 internal monitors on the baby?</p> <p>6 A. I think the standing order is that</p> <p>7 when you have a noninterpretable graph because</p> <p>8 of the toco or the ultrasound placement, to get</p> <p>9 a clearer reading, then you put an internal</p> <p>10 lead on. If I'm there, I'll put it in, if I'm</p> <p>11 not, then the nurse will put it in.</p> <p>12 Q. Are there times when it's -- the</p> <p>13 monitoring of the contractions is less precise</p> <p>14 than you'd like it to be with an external</p> <p>15 monitor and therefore you want to use an</p> <p>16 internal pressure catheter?</p> <p>17 A. There could be. I just don't use</p> <p>18 an internal catheter very often.</p> <p>19 Q. Did this hospital have internal</p> <p>20 pressure catheters for the mother?</p> <p>21 A. I believe they did.</p> <p>22 Q. You're not sure?</p> <p>23 A. I believe they did.</p> <p>24 Q. But you just typically don't use</p> <p>25 them?</p>	<p style="text-align: right;">41</p> <p>1 MR. BARRON: And that time you're</p> <p>2 referring to, Kent, is --</p> <p>3 MR. SCHNEIDER: 14:30.</p> <p>4 A. I don't see any recording here on</p> <p>5 the chart.</p> <p>6 Q. You mean that you were told</p> <p>7 anything before that, you looked at anything?</p> <p>8 A. Right.</p> <p>9 Q. And as we sit here today, you have</p> <p>10 no way of telling me, for instance, that</p> <p>11 there's anything that causes you to recall</p> <p>12 specifically being advised or looking at a</p> <p>13 strip in that time period?</p> <p>14 MR. BARRON: I'm going to object.</p> <p>15 I think there's been testimony about his</p> <p>16 recollection around noon, so I object to that.</p> <p>17 MR. SCHNEIDER: Well, that had to</p> <p>18 do with him being in the room, first of all.</p> <p>19 Q. And I'm narrowing the question now</p> <p>20 to specifically saying, is there any way that</p> <p>21 you could say that you were either advised by</p> <p>22 somebody about what was on those strips or that</p> <p>23 you personally observed what was on those</p> <p>24 strips from 7:40 to 14:30?</p> <p>25 A. No, there isn't.</p>

<p style="text-align: right;">42</p> <p>1 Q. At 14:30 the note indicates you 2 were in the room. Do you recall her advising 3 you of the late and variable decelerations? 4 A. Perhaps when we reviewed the 5 monitor strip together, I would think, but she 6 was telling me that. Do I specifically recall, 7 no, I don't. 8 Q. All right. Is it fair to say that 9 you don't have any recollection of what 10 occurred at 14:30? 11 A. I don't have specific recollection. 12 Q. Is it fair to say that you don't 13 know whether or not you personally looked at 14 the strips at that time? 15 A. Oh, I'm sure I looked at the strips 16 if I was there. 17 Q. And that's because what? Why are 18 you sure you did? 19 A. If I came in the room to evaluate 20 the patient, I would have reviewed the strips. 21 Q. Even if she told you already what 22 was on them? 23 A. Oh, yes. 24 Q. You would still do it? 25 A. Absolutely.</p>	<p style="text-align: right;">44</p> <p>1 again at 3:30. 2 Q. You mean at 7:40, 2:30 and 3:30? 3 A. Uh-huh. 4 Q. You have to answer verbally. 5 A. Yes. 6 Q. Why are you so confident you would 7 have done it at 2:30? 8 A. I always check the patients when I 9 come into the room. 10 Q. Can we assume that you observed at 11 2:30 that her cervical dilation was still at 4 12 centimeters? 13 A. At 2:30 she would have been 4 14 centimeters. 15 Q. And my question is, since you're 16 confident you examined her, can we assume that 17 you would have been aware of that at that 18 point, that her dilatation was still at 4 19 centimeters? 20 A. Yes. 21 Q. And I take it you would have been 22 aware of the fact that she had not progress in 23 some number of hours from 4 centimeters at that 24 point in time, correct? 25 A. Yes.</p>
<p style="text-align: right;">43</p> <p>1 Q. How far back would you go? 2 A. Usually back from, I have starting 3 and stopping points in the strip. Usually 4 they're torn off and we start all over again 5 and I would review the entire strip. 6 Q. Okay. I'm confused about that. 7 Could you explain to me what that means? 8 A. It could have been back as far as 9 the early part of labor. If that's how much 10 strip is still in the drawer, that's what I 11 would have reviewed. 12 Q. And could it also have been much 13 less than that? 14 A. Could have been much less than 15 that, yes. 16 Q. What determines how much strip is 17 left in the drawer? 18 A. Usually when, when a strip runs out 19 and they change the paper, then they'll remove 20 the paper from the drawer, so... 21 Q. Do you know if you examined -- let 22 me strike that. Do you know when you performed 23 vaginal examinations on Julie Gregory? 24 A. Well, I feel sure that I would have 25 checked her, of course, initially at 2:30,</p>	<p style="text-align: right;">45</p> <p>1 MR. BONEZZI: Objection. 2 Q. And at that point in time, do you 3 recall the nurse sharing with you any 4 observation about the cervix being edematous? 5 MR. BARRON: I'm going to object to 6 the question because I believe the witness has 7 indicated he doesn't have a recollection of 8 that visit. 9 A. No, I don't. 10 Q. You don't recall that. Can we 11 assume that you observed or detected at the 12 time of your 2:30 examination that the cervix 13 was edematous? 14 A. No. 15 Q. Well, I noted in your operative 16 note that you said -- let me back up. 17 Why can't you assume that? 18 A. I don't see it recorded. 19 Q. Well, it's not recorded at 3:30 20 either, is it, that the cervix was edematous? 21 A. No. 22 Q. But that was one of the reasons why 23 you ordered the C-section, right? 24 A. Right. 25 Q. Well, how do you know then that was</p>

<p style="text-align: right;">46</p> <p>1 one of the reasons that you ordered the  2 C-section?  3 A. Her cervix became edematous between  4 exams.  5 Q. Between the 2:30 and the 3:30?  6 A. No. Between her --the -- well,  7 between the last two hours.  8 MR. BONEZZI: Here. Read your note  9 so you have the information. It's right there.  10 A. Been in labor throughout the day,  11 has been slowly progressive-- the examination  12 over the last two hours have revealed  13 increasing edema in the cervix.  14 Q. Now, when you say over the last two  15 hours, does that meaning from 3:30 back? In  16 other words, your last exam was 3:30 when you  17 decided to have a C-section?  18 A. Right.  19 Q. So you said over the last two hours  20 we had increasing edema. Now, looking at your  21 operative note and putting it together with the  22 fact that we know it was edematous at 3:30, you  23 must have detected the edema at 2:30, since you  24 pushed back the time of the progression of two  25 hours?</p>	<p style="text-align: right;">48</p> <p>1 MR. BARRON: Kent, your question is  2 directed to the 14:30 time frame?  3 MR. SCHNEIDER: Correct.  4 Q. Were you aware that the baby was  5 getting pitocin at the time?  6 A. Yes.  7 Q. Did you consider discontinuing the  8 Pitocin at that time?  9 MR. BONEZZI: Objection to form.  10 Go ahead and answer.  11 Q. At 14:30.  12 MR. BONEZZI: Objection. Go ahead  13 and answer.  14 A. As I review this chart, I believe  15 my thinking would have been that she -- this  16 was time to make a move, either she made a  17 progression in labor or the trial of labor was  18 going to be done.  19 I knew that she was having  20 decelerations, the variability was good in  21 those decelerations.  22 Q. Baseline variable?  23 A. Yes. And I felt comfortable with  24 that enough to give her another hour.  25 Q. Were you concerned at all about</p>
<p style="text-align: right;">47</p> <p>1 A. I can't disagree with that.  2 Q. And we can also agree that at 2:30  3 you were aware of the decelerations that have  4 preceded?  5 A. She was having decelerations, yes.  6 Q. Is the baby's head station still  7 minus 3, if you know?  8 A. Whatever was recorded there.  9 Q. I don't see any recording about the  10 baby's station.  11 A. As I recall, it still was, because  12 it was still high in at the time of C-section.  13 Q. Well, at that point in time,  14 doctor, since we have the combination of  15 edematous cervix, we have the high head, we  16 have the decelerations and we have the failure  17 of the cervix to progress for some number of  18 hours, at that point in time, is it fair to say  19 that you're thinking C-section?  20 A. Usually.  21 MR. BONEZZI: No, his answer is,  22 were you considering it, yes or no.  23 A. Uh-huh.  24 Q. Yes? You have to answer.  25 A. Yes.</p>	<p style="text-align: right;">49</p> <p>1 allowing the Pitocin to continue, though, in  2 the case of the decelerations?  3 A. Well, where are we at here on her  4 strips?  5 Q. 14:30.  6 A. Why are you asking?  7 Q. I'm asking you if at 14:30 when you  8 were in the room, you gave consideration to  9 this discontinuation of the Pitocin?  10 A. As I look back on these tracings,  11 she was having an average baseline variability.  12 She had had episodic late decelerations with a  13 satisfactory variability within those  14 decelerations.  15 Q. Please tell me what strip you're  16 referring to.  17 A. I'm looking at 74134.  18 Q. 746134, okay. Now, you're  19 characterizing that as a late deceleration?  20 A. Yes.  21 Q. With what, did you say after that?  22 A. With satisfactory variability  23 within the deceleration, coupled with a  24 reactive deceleration.  25 Q. And that's about 2:18?</p>

<p style="text-align: right;">50</p> <p>1 A. Uh-huh. I mean, I'm just looking  2 back over the tracing. At 2:00 she had a  3 spontaneous acceleration there.  4 MR. BONEZZI: What panel is that?  5 A. I'm sorry. 74129, 74130, average  6 variability. She's having two-minute  7 contractions. She has, as we progress to 134,  8 still has good variability starting to show and  9 then the late, she has two significant late  10 decelerations at 137 and 138.  11 Q. And that's right --  12 A. That's about the time that I saw  13 her.  14 Q. Now, doctor, the two significant  15 late decelerations you're saying?  16 A. Uh-huh.  17 Q. That's a yes?  18 A. Yes.  19 Q. Now, and this might be, brings us  20 to my question which was at this point in time,  21 were you considering discontinuing the Pitocin?  22 A. No.  23 Q. Nothing about these late decels is  24 a contraindication to the continuation of  25 Pitocin?</p>	<p style="text-align: right;">52</p> <p>1 he ordered it at that time or was there a  2 standing order for it?  3 MR. SCHNEIDER: Yes, either.  4 A. If you're looking at those two, I  5 would say that that would have been an option  6 and I did not order it.  7 Q. Does this facility have the  8 equipment to do a fetal scalp pH?  9 A. No.  10 Q. Do you practice at other facilities  11 where they do have them?  12 A. No, sir.  13 Q. No. Were you splitting your time  14 between more than one facility that day?  15 A. If on the weekends I have, I would  16 have been responsible for a call at both  17 hospitals.  18 Q. Firelands and this hospital?  19 A. Yes.  20 Q. Do you know if you were, in fact,  21 involved in another delivery at the same time  22 as Julie's, one or more other deliveries?  23 A. I believe I was involved in one in  24 the morning. I don't recall if I was involved  25 in any others.</p>
<p style="text-align: right;">51</p> <p>1 A. She's not hyperstimulated. Just  2 because she has the decelerations in light of  3 good variability, if we're going to keep an  4 optimal labor pattern up, she's just on a very  5 small dose of Pitocin. She's only on two  6 milliunits of Pitocin.  7 Q. All right. So you, at this point  8 in time, at 2:30, you are thinking that you're  9 going to give her one more hour and then her  10 trial of labor is over, unless there's  11 significant progression?  12 (Short interruption.)  13 Q. Well, it's coming in here. I don't  14 know what to do about that.  15 (Discussion had off the record.)  16 (Recess taken.)  17 (Record read.)  18 A. Yes.  19 Q. Was there any need for her to get  20 oxygen at this point in time?  21 A. With having two decelerations  22 within in light of the average variability,  23 oxygen would be an option, sure.  24 Q. Do you know if you ordered it?  25 MR. BONEZZI: Are you asking him if</p>	<p style="text-align: right;">53</p> <p>1 Q. Where was the one in the morning?  2 A. At Firelands Hospital. I think I  3 was there when she came in to Providence.  4 Q. And then you would have come over  5 and ruptured at membranes at Providence, and  6 then you think you went back to Firelands?  7 A. Yes. At some point, yes.  8 Q. And did you complete the delivery  9 of Firelands in the morning?  10 A. I believe I did.  11 Q. Do you recall whether it was an  12 uneventful delivery or whether there were any  13 issues or problems related to it?  14 A. I do not recall.  15 Q. You don't know if it was a  16 C-section or a vaginal delivery or anything  17 like that?  18 A. I do not recall.  19 Q. Would you have told the nurse when  20 you left at 2:30 to notify you if the strips  21 become more ominous or would you have had any  22 discussion with her about such a subject, if  23 you know?  24 MR. BONEZZI: Objection.  25 MR. BARRON: I'm going to object</p>

<p style="text-align: right;">54</p> <p>1 due to the prior testimony regarding lack of 2 recollection regarding this visit. 3 A. I will say that that's just part of 4 protocol. I mean, they should, anytime there's 5 any concern with a changing pattern, that they 6 should call. 7 Q. Well, the reason I ask at this 8 juncture is you indicated in your own mind at 9 this point you had pretty much reached the 10 conclusion that this trial was going to be over 11 in one hour unless something happened? 12 A. She changed, correct. 13 Q. All right. Do you know if you 14 shared that thinking with the nurse or if, in 15 addition -- 16 A. Usually I will tell them if I'm 17 thinking that. 18 Q. Since you had already made a 19 decision that it probably wasn't going to go 20 more than an hour, do you know if you said 21 anything to her or would it be your custom to 22 say, and by the way, if in the meantime, if 23 there's anything at all that is undesirable, 24 let me know and let's just do it? 25 MR. BARRON: Same objection.</p>	<p style="text-align: right;">56</p> <p>1 MR. BONEZZI: Objection. 2 MR. BARRON: Objection. Asked and 3 answered. 4 A. No, I can't say that. 5 Q. You described it as a generous 6 trial of labor that you terminated her. Why do 7 you call it a generous trial of labor? 8 A. When a patient starts into labor 9 with an unripe cervix, then you give them extra 10 time to, extra hours to break the cervix down, 11 but she had started on the progression and I 12 think I gave her another hour to make the final 13 change, and she just arrested at 4 centimeters 14 and didn't go from that point. 15 Either at 4 centimeters, the cervix 16 is either going to let loose and start moving 17 or it's going to continue to remain 4 18 centimeters dilated and I --there's been 19 countless times that I've had patients that 20 just finally reach a point where they rapidly 21 progress. And she had had a nice trial of 22 labor through the day, regular contractions, 23 and she would have been a candidate that would 24 have possibly just let loose and moved on. But 25 I had to draw a line in the sand.</p>
<p style="text-align: right;">55</p> <p>1 MR. BONEZZI: Objection. 2 A. No, I wouldn't say that. 3 Q. Would it be fair to say, doctor, 4 that your thinking at 2:30 was that while you 5 were going to give her another hour, it was not 6 going to be likely that this lady was going to 7 deliver vaginally, that you were going to have 8 to intercede? 9 A. That wasn't my thinking at the 10 time. At the time I was waiting for her to 11 make a move off of 4 centimeters. If she would 12 have been progressive, and depending upon what 13 the fetal heart tracings were doing, then I 14 would have allowed her to progress. But she 15 had -- it was at the end of a generous trial of 16 labor. 17 Q. And what I'm -- and maybe you 18 answered it. If you did, I apologize for 19 repeating it, but what I'm trying to get at, 20 while I realize you were going to give her to 21 chance to progress, is it fair to say that you 22 didn't think that the odds of her progressing 23 in that next hour to the point where she would 24 end up being permitted to deliver vaginally 25 were very high?</p>	<p style="text-align: right;">57</p> <p>1 Q. At 3:30 when you called for the 2 C-section, was her condition roughly, her 3 condition and -- I'm sorry. Let me start over. 4 Was there anything that was going 5 on at 3:30 that was more concerning to you in 6 terms of the mother or the baby than it was at 7 2:30, other than the fact that you'd now let 8 another hour go by? 9 A. Well, her tracing began to show 10 recurrent -- let's move on from 14:50, so that 11 would be tracing 7143. 12 Q. Hold on a minute, please. 714143. 13 Go ahead and comment on that. 14 A. Still had average variability. 15 It's reassuring variability, but she is having 16 late decelerations and she's having them 17 persistently through the next several tracings. 18 They're still mild. Heart tones are still in 19 the normal range, the baseline variability is 20 still average. 4374151. 21 Q. But they're still late, the decels? 22 A. She's still having mild late 23 decelerations. The baseline variability at 24 4:10 or what is that, 3:10, this is tracing 25 74152, she still has average variability in the</p>

<p style="text-align: right;">58</p> <p>1 baseline. She is having continued late 2 decelerations. 3 On 74155, this is where the 4 tracing, to me, begins to become significant. 5 She's having deeper decelerations at that point 6 and she switches from average variability to 7 increased variability. 8 Q. And what's the significance of 9 that? 10 A. That the baby is getting more 11 hypoxic, he's getting more stressed, and as we 12 move on towards the end, 74158, persistent 13 variables are still there, but she still has 14 variability within, and then -- 15 Q. May I ask you a question? 16 A. Yes. 17 Q. Looking back at the ones that are 18 getting worse, 74154 and 55 forward, are those 19 the type of strips that you should be advised 20 about by the nurse? 21 A. Yes. 22 MR. BARRON: I'm going to object to 23 your characterization as to the nature of the 24 strip. 25 Q. Those tracings that you see on</p>	<p style="text-align: right;">60</p> <p>1 A. (Witness nodding head in the 2 affirmative.) 3 Q. You have to answer verbally. 4 A. Yes. 5 Q. Okay. So now you're saying that 6 these strips are telling you that the baby is 7 becoming increasingly stressed and hypoxic, and 8 that's -- is that the reason -- 9 My initial question was, did 10 anything change between 2:30 and 3:30, and is 11 your answer that, yes, this picture was worse 12 at 3:30 than what I saw at 2:30? 13 A. Yes. 14 Q. And so at that point in time, there 15 was no question about whether you were going to 16 call for a C-section, right? 17 A. Right, coupled with -- 18 Q. Go ahead. 19 A. Her cervical findings and other 20 labor findings. 21 Q. The edematous cervix? 22 A. If the kid was on the perineum, I 23 would have delivered the baby vaginally. It's 24 time for delivery. 25 Q. In other words, you still got a</p>
<p style="text-align: right;">59</p> <p>1 here, are those the types of tracings that 2 should be brought to your attention by the 3 nurse? 4 A. Yes. 5 Q. And you should be paged and advised 6 of that? 7 A. Yes. 8 Q. Did you say something to the nurse 9 about that when you came in the room at 15:30, 10 about the fact that she should have notified 11 you about those tracings? 12 MR. BONEZZI: Objection. 13 A. I don't recall that. 14 Q. Would that be your style to say 15 something like that to a nurse, or are you the 16 type of guy who would not say something? 17 A. I'm sure that something was said at 18 the appropriate time. 19 Q. In other words, you might not have 20 said it then -- 21 A. Not in front of the patient. 22 Q. But you would have said something 23 to her outside the patient's presence? 24 A. Oh, yes. 25 Q. Yes?</p>	<p style="text-align: right;">61</p> <p>1 cervix that's 4 centimeters, you got a kid at 2 minus 3 station? 3 A. Yes. 4 Q. And you got an edematous 5 cervix and you have this picture on the 6 tracing, that combination? 7 A. Yes. 8 Q. Now, and did you order the Pitocin 9 stopped at this point in time? 10 A. If I ordered the C-section, yes. 11 Q. When you see this picture that 12 we've just discussed and you know that there 13 was meconium present, does that additional 14 factor cause you to want to do anything to 15 expedite the delivery more because you'd be 16 concerned about the kid gasping and perhaps 17 aspirating? 18 A. The timing of the delivery wouldn't 19 alter that. It's just being able to suction 20 the baby adequately. It doesn't make any 21 difference whether you suction the baby five 22 minutes from now or 25 minutes from now. You 23 just need to suction the baby. The meconium 24 doesn't dictate anything. I believe that's 25 what you asked.</p>



<p style="text-align: right;">62</p> <p>1 Q. Okay. At this point in time, why 2 don't you call for a stat C-section? Let me 3 back up. 4 You call for a C-section at 15:30. 5 How long are you expecting it to take in the 6 normal course of events which when you call for 7 a regular C-section before this baby is 8 delivered? 9 A. 25 to 30 minutes usually. She 10 already had an epidural, so we just had to wait 11 for the surgical nurses to come in. So when I 12 said we'll do a C-section, that's the next 13 thing that we do is a C-section. They 14 immediately should start the prep and 15 discontinue the IV, start a Foley catheter and 16 on we go. 17 Q. At this point in time, you are 18 concerned about the baby's oxygenation and the 19 fact that he's appearing to be more hypoxic, 20 right? 21 A. Yes. 22 Q. You call for a C-section and you 23 told me that certain preparation has to occur, 24 right? 25 A. Yes.</p>	<p style="text-align: right;">64</p> <p>1 Q. I'm sorry. Okay. Where does she 2 do all this from? 3 A. At the desk. 4 Q. How long is all that supposed to 5 take? 6 MR. BARRON: I'm going to object, 7 unless you specify the nature of the procedure 8 that's being ordered. 9 A. To make the phone calls, probably a 10 couple of minutes, and to put the Foley 11 catheter in, another several minutes. 12 Q. To put the Foley catheter in the 13 patient? 14 A. Yes. 15 Q. And that can occur in the labor 16 room, right? 17 A. Yes. 18 Q. So when you say prep for C-section, 19 she needs to leave the room momentarily to go 20 out to the desk? 21 A. Right. 22 Q. And make the notification you just 23 described, which should take a couple of 24 minutes? 25 A. Correct.</p>
<p style="text-align: right;">63</p> <p>1 Q. What is the job of the nurse who's 2 involved with the labor, Holly Cecil, at the 3 moment that you say I want a C-section? What 4 is she supposed to do? 5 A. She should notify all parties that 6 the C-section is going to go forward. She 7 should notify, I believe, the nursing 8 supervisor, and the supervisor should notify 9 the surgical nurses on call. She should notify 10 anesthesia. 11 Q. Who is she at that point, the 12 nursing supervise or Holly? 13 A. Holly. She should notify the 14 supervisor who should notify the surgical 15 nurses. 16 Q. Surgical nurses. 17 A. Holly should -- 18 Q. Right. 19 A. -- notify anesthesia. They should 20 notify pediatrics. 21 Q. Anesthesia notifies pediatrics, 22 right? 23 A. Yes. No. I'm sorry. Holly 24 notifies anesthesia. Holly notifies 25 pediatrics.</p>	<p style="text-align: right;">65</p> <p>1 Q. She should then return to the room 2 immediately, is that right? 3 A. Well, just -- I mean, in the course 4 of the event, she needs to come back in the 5 room to get things going. 6 Q. Put the Foley catheter in? 7 A. Yes. 8 Q. Do the abdominal prep? 9 A. Correct. 10 Q. Is that her job? 11 A. Yes, it is. 12 Q. Does she put Betadine prep? 13 A. Just the prep, to do a shave prep. 14 Q. Shave and then the Betadine goes on 15 in the operating room? 16 A. If we use it, yes. 17 Q. In this case, Holly left the room 18 and we know that there was bradycardia that 19 began, correct? 20 A. Correct. Yes. 21 Q. And continued for, perhaps, seven 22 minutes, seven to eight minutes? 23 A. Yes. 24 Q. And was not detected for, perhaps, 25 six minutes, six or eight minutes, does that</p>

<p style="text-align: right;">66</p> <p>1 sound right to you?</p> <p>2 A. I-- you know, I was with another</p> <p>3 patient, so I'm not exactly sure when it was</p> <p>4 recognized. I know that she came in the other</p> <p>5 patient's room and notified me and that she had</p> <p>6 tried the maneuvers to try to get the heart</p> <p>7 tones back up again, and so I came back down</p> <p>8 and I walked in about two seconds before the</p> <p>9 end of the strip and I looked at the strip,</p> <p>10 pulled all the plugs and off we went.</p> <p>11 Q. I take it you were alarmed when you</p> <p>12 looked at the strip?</p> <p>13 A. Yes.</p> <p>14 Q. Did you ask her, you know, how this</p> <p>15 was allowed to continue for this length of time</p> <p>16 without somebody knowing about it?</p> <p>17 A. Honestly, I -- as I recall, I think</p> <p>18 she was doing maneuvers in the meantime to,</p> <p>19 shifting the patient back and forth trying to</p> <p>20 get the heart tones up. I don't -- I'm not</p> <p>21 sure of the exact times.</p> <p>22 Q. Is it fair to say that when a baby</p> <p>23 was in the condition that the baby was in when</p> <p>24 you left, based on what you observed on the</p> <p>25 monitor strips, that that mother should not go</p>	<p style="text-align: right;">68</p> <p>1 Providence, if you weren't in the room with the</p> <p>2 monitor, there was no way for anybody else to</p> <p>3 know what was occurring?</p> <p>4 A. That's true.</p> <p>5 Q. Is there any reason, doctor, why</p> <p>6 Holly had to be the person to do the notifying</p> <p>7 of the anesthesia and the supervisor? Is there</p> <p>8 any reason why she couldn't have stayed in the</p> <p>9 room and had somebody else do that?</p> <p>10 MR. BARRON: Objection.</p> <p>11 Q. Either per your instruction or on</p> <p>12 her own?</p> <p>13 A. I don't know how many nurses were</p> <p>14 on that day, but there's usually a nurse</p> <p>15 assigned to a patient, and they're responsible</p> <p>16 for the total care of that. In other words,</p> <p>17 there may have been another nurse or even two</p> <p>18 nurses, you know, that were available or not</p> <p>19 available, but were taking care of other</p> <p>20 patients and have responsibilities with those</p> <p>21 other patients.</p> <p>22 Q. Couldn't she -- is there a phone in</p> <p>23 which she could use to call the desk?</p> <p>24 A. Well, she was ten feet from the</p> <p>25 desk, so she was immediately...</p>
<p style="text-align: right;">67</p> <p>1 unobserved for a period of six or seven</p> <p>2 minutes?</p> <p>3 A. Yes, I would agree with that.</p> <p>4 Q. And it's just because of a</p> <p>5 situation that can develop just like this where</p> <p>6 suddenly you get this serious bradycardia that</p> <p>7 requires immediate action, right?</p> <p>8 A. Yes.</p> <p>9 Q. And you would have expected if the</p> <p>10 nurse had been in the room that you would have</p> <p>11 been notified immediately of this type of</p> <p>12 bradycardia?</p> <p>13 A. Called a stat, sure.</p> <p>14 Q. At this hospital, is there a</p> <p>15 central monitoring station?</p> <p>16 A. No, there is not.</p> <p>17 Q. Is there at any other hospital that</p> <p>18 you work at?</p> <p>19 A. Yes, there is.</p> <p>20 Q. Where?</p> <p>21 A. At Firelands Hospital.</p> <p>22 Q. Did Firelands have one at that</p> <p>23 time?</p> <p>24 A. Yes.</p> <p>25 Q. So is it fair to say that</p>	<p style="text-align: right;">69</p> <p>1 Q. So invariably she could have walked</p> <p>2 out, said to the supervisor, we have a</p> <p>3 C-section, make the proper notifications, but I</p> <p>4 want to make sure I'm staying in the room.</p> <p>5 MR. BARRON: Objection. Calls for</p> <p>6 speculation.</p> <p>7 Q. Would there be --</p> <p>8 A. Well, the supervisor wouldn't</p> <p>9 necessarily be there.</p> <p>10 Q. So she has to find a supervisor?</p> <p>11 A. Right. She has to call the</p> <p>12 supervisor, wait for the supervisor to call</p> <p>13 her, relay the situation.</p> <p>14 Q. So she has to go out to the desk,</p> <p>15 make the call and then stay at the desk until</p> <p>16 the call comes back?</p> <p>17 A. Well, I mean, she doesn't have to.</p> <p>18 I mean, just if they're going to communicate,</p> <p>19 somebody has got to answer the phone, and there</p> <p>20 is nobody else out there.</p> <p>21 Q. They don't have somebody manning</p> <p>22 the phones at the desk?</p> <p>23 A. No.</p> <p>24 Q. Just a staffing issue?</p> <p>25 A. Usually not.</p>

<p style="text-align: right;">70</p> <p>1 Q. Are there less people there on the 2 weekends? 3 A. I can't remember three years ago. 4 Usually, I think at any places -- 5 MR. BONEZZI: Don't guess, doctor. 6 Q. Usually there are less people on 7 the weekends? 8 A. Less people on the weekends. 9 Q. Are there times that that desk is 10 manned with personnel that you've observed? 11 A. Oh, yes, and I can't recall if 12 there was someone there that day. 13 Q. You say that when you saw the 14 prolonged bradycardia you became alarmed and 15 you called a stat C-section, right? 16 A. Well, the C-section was going. All 17 I did was pull everything and move the patient 18 immediately so that we could immediately move 19 instead of waiting for the crew to come and 20 tell us that they were there. Then we can move 21 the patient. I wanted the patient over there 22 immediately. 23 Q. And you did become alarmed when you 24 saw that prolonged bradycardia? 25 A. Yes. I did.</p>	<p style="text-align: right;">72</p> <p>1 you want to move -- an urgent -- any patient in 2 labor is in an urgent circumstance. I don't 3 care if it is just failure to progress. If 4 they've been in labor and you've decided to do 5 the surgery, then you move along expeditiously. 6 In this case, the -- it was urgent 7 from the beginning, stat, if you will, from the 8 time that I pulled the plugs, but it didn't 9 change anything. It was still as quickly as we 10 can do this. 11 Q. You're telling me it was urgent at 12 3:30, right? 13 A. Yes. 14 Q. And -- 15 A. As in any patient that you make a 16 decision, you know, you're not going to take a 17 laboring patient an hour later for cesarian 18 section if you can accomplish it quicker than 19 that. 20 Q. But here you just -- the fact of 21 the matter is, call it what you will, you can't 22 accomplish it any faster if you call it a stat 23 or if you don't call it a stat, that was a 24 reality? 25 A. Yes. Yes.</p>
<p style="text-align: right;">71</p> <p>1 Q. Now, from the time you called the 2 stat C-section, how long would you expect it to 3 take before you could get that baby out? 4 A. 20 to 30 minutes. 5 Q. Same amount of time as a regular 6 C-section? 7 A. Well, it was dependent on when the 8 nurses got there. See, there's not an 9 in-house -- the surgical nurses were not 10 in-house. 11 Q. So at this hospital, you knew that 12 it was going to take you 20 to 30 minutes to 13 round up the personnel to do an emergency 14 C-section, essentially the same amount of time 15 that it would take you to do a nonemergency 16 C-section, right? 17 A. Correct. 18 Q. For all intents and purposes, at 19 this facility at this time, the concept of a 20 stat C-section was meaningless? 21 MR. BARRON: Objection. 22 Q. In reality, it was the same as a 23 nonemergent one? 24 MR. BARRON: Objection. 25 A. I disagree with that. It -- when</p>	<p style="text-align: right;">73</p> <p>1 Q. And you, of course, knew that all 2 through Julie's labor that if, in fact, she 3 needed a C-section, it wasn't going to happen 4 any quicker, no matter what you called it? 5 A. It would happen, you know, in 30 6 minutes or less. I mean, that's what we're 7 usually able to do them in. 8 Q. You've worked in hospitals, haven't 9 you, where a stat C-section occurs a lot 10 quicker than that, right, when they have the 11 personnel on the premises? 12 A. Yes. Right. When the personnel 13 are on the premises and, you know, you have an 14 in department surgical team, and, of course, 15 those are usually in level two or level three 16 centers. We're a community hospital. 17 Q. Now, knowing -- let me back up for 18 a second. 19 I don't see anyplace in the record 20 where it indicates that the baby's heart rate 21 was monitored after the end of that strip that 22 you and I have been looking at up until the 23 time of delivery. 24 Do you know if, in fact, the baby's 25 heart rate was monitored during that time</p>

<p style="text-align: right;">74</p> <p>1 period, from the time you pulled the plugs? 2 A. It probably was intermittently. 3 Q. Probably by who? 4 A. By the Holly or if there was 5 another nurse available. 6 Q. Okay. Holly says she didn't do it. 7 MR. BARRON: Objection. 8 Q. Do you know of anybody else who 9 did? 10 MR. BARRON: Just place my 11 objection on the record. 12 A. I don't recall who all was in the 13 room. 14 Q. You never saw -- you don't have any 15 clear recollection of somebody doing it, right? 16 MR. BARRON: Objection. 17 A. In that specific case, no, I can't 18 say that I specifically recall that. It is 19 usually done intermittently. 20 Q. You don't have any recollection of 21 ordering that it be done? 22 A. It's always done if a patient is 23 taking over in labor, then usually there is 24 intermittent oscillation that is done. In 25 this case, it didn't make any difference.</p>	<p style="text-align: right;">76</p> <p>1 Q. Right. But also, obviously 2 meaning and you recognizing that that period of 3 time where the baby's heart rate would be in 4 the 60s could represent a serious threat of 5 neurological injury to the baby? 6 A. It possibly could, yes. 7 Q. I mean, you were thinking that at 8 the time, weren't you? That was going through 9 your mind in some fashion or another? 10 A. I was just thinking in terms of a 11 depressed baby. I don't think in terms of a 12 neurologically impaired baby. 13 Q. Obviously you'd recognize that's a 14 potential sequela? 15 A. If you stop and think about it 16 you're thinking of a depressed baby and trying 17 to get the baby out as soon as possible. 18 Q. Is it fair to say, though, doctor, 19 that once you saw this bradycardia, and you 20 know the baby's heart rate is down in the 60s, 21 you became much more concerned for his overall 22 well-being than you were at 3:30 when you 23 called for the general C-section based on what 24 you had seen on the strips? 25 A. Yes.</p>
<p style="text-align: right;">75</p> <p>1 Q. In other words, it was going to 2 take you however long it was going to take you, 3 no matter whether you knew what the heart rate 4 was or wasn't, right? 5 A. Exactly. And I assumed that the 6 heart rate was 60 the whole time. 7 Q. So your assumption is that 8 essentially from 15:30 until the time of 9 delivery, that baby's heart rate was in the 10 60s? 11 A. I don't know that it was. If we 12 don't have a record of intermittent 13 oscillation, but from the way that it started 14 out in the labor room, you know, you just, you 15 get the baby out as quick as you can. There's 16 nothing else to do. 17 Q. I guess what I'm saying is, I 18 thought you said to me that your assumption was 19 that, you know, this baby's heart rate is 20 likely staying down in that area throughout 21 this entire procedure? 22 A. Yes. Yes. 23 Q. And of course, you realize -- 24 A. Meaning that I would want to just 25 get the baby delivered as soon as possible.</p>	<p style="text-align: right;">77</p> <p>1 Q. It indicates in the record that 2 Dr. Nimmagadda or anesthesia begins at 16:00. 3 Do you recall seeing that? 4 A. No. If you can point that out, 5 Q. I'm looking at the surgery record 6 of operation, which I'd be happy to show you. 7 MR. SCHNEIDER: Are you with me, 8 Bill? Do you got the pages? 9 MR. BONEZZI: Uh-huh. 10 A. Oh, it wouldn't be in the same 11 place in yours, would it? 12 Q. Mine was set up differently than 13 yours, but that's the record. 14 MR. BONEZZI: Here. Which one do 15 you want? 16 Q. This one. 17 THE WITNESS: Thank you. 18 Q. We know you called for the stat 19 C-section at 15:38. Now, if you would, tell me 20 exactly what has to happen from that moment 21 until the time of delivery? Well, actually, 22 you called for a C-section at 15:30. So the 23 ball should have been rolling already, right? 24 A. Excuse me one minute. 25 Q. Take your time.</p>

<p style="text-align: right;">78</p> <p>1 THE WITNESS: I'm sorry. Bill, I  2 lost the page.  3 MR. BONEZZI: I'll get it.  4 A. I'm sorry. Your question?  5 Q. My question was, we know you called  6 for the C. at 15:30, 3:30 in the afternoon. So  7 the ball should have been rolling at that point  8 in time, right?  9 A. Yes.  10 Q. All right. Now, tell me what is  11 supposed to occur then to bring about the  12 C-section? You told me that the supervising  13 nurse is supposed to be called, advised, and  14 she gets the surgical nurses, and the nurse  15 calls anesthesia and the nurse is supposed to  16 call pediatrics as well?  17 A. Correct.  18 Q. Then what happens?  19 A. The patient is prepped and a Foley  20 placed, and they're essentially ready to go.  21 Q. How long does the prep of the  22 patient and the Foley catheter take, if you're  23 hustling?  24 A. If you're hustling, no more than  25 four or five minutes.</p>	<p style="text-align: right;">80</p> <p>1 anesthesia shows up?  2 A. Well, they should be there. I  3 mean, if the epidural is going, they're on-site  4 or on premise, so they should be there.  5 Q. So since there was an epidural in  6 place, we can assume that there was an  7 anesthesiologist on the premises?  8 A. Yes.  9 Q. They're required to be there if  10 there's an epidural going, right?  11 A. Yes.  12 Q. Do you know if Dr. Nimmagadda was  13 on the premises?  14 A. To my knowledge, he was.  15 Q. And so the prep is done, the  16 patient is taken to the OR, as soon as the  17 personnel is there, how long does it take those  18 nurses to set up the operating room?  19 MR. BARRON: Are you talking about  20 after arrival?  21 MR. SCHNEIDER: After arrival.  22 A. I would think five to ten minutes.  23 They just have to open packs.  24 Q. So it might take them 15 to 20  25 minutes to get there and another five to ten</p>
<p style="text-align: right;">79</p> <p>1 Q. And in this case we got an epidural  2 already in place, right?  3 A. Yes.  4 Q. So once you've got the prep done,  5 you move the patient to the OR --  6 A. Yes.  7 Q. -- is that right?  8 Who sets up the OR?  9 A. The circulating nurse.  10 Q. So those surgical nurses have to  11 get there first in order to do it?  12 A. Yes.  13 Q. And they're not on the premises,  14 they have to come from home or wherever they  15 may be?  16 A. Yes.  17 Q. They get beeped, I take it?  18 A. Yes.  19 Q. And they're told, appear?  20 A. Yes.  21 Q. And what's the general time in your  22 experience at that hospital at that time before  23 the surgical nurses show up?  24 A. I would say 15 to 20 minutes.  25 Q. And what's the typical time before</p>	<p style="text-align: right;">81</p> <p>1 minutes, right?  2 A. Right.  3 Q. And then the operation itself takes  4 how long?  5 A. Usually just a few minutes.  6 Q. A few minutes?  7 A. Total procedure or you mean to  8 deliver the baby?  9 Q. Yes, to deliver the baby.  10 A. Usually a few minutes.  11 Q. Yes. What -- when you came into  12 the room and you saw the bradycardia and you  13 switched it to a stat C-section, what did you  14 do from then until the time you went into the  15 operating room or did you go straight to the  16 operating room?  17 A. We went straight to the operating  18 room.  19 Q. So you went right from her room and  20 after you unplugged her and walked into the  21 operating room?  22 A. I walked into her room, saw the  23 strip, pulled the plugs and immediately started  24 taking her down the hall.  25 Q. Okay. And that would, the notes</p>

<p style="text-align: right;">82</p> <p>1 indicate that she was taken to the operating 2 room at 15:42, I don't know if you recall that, 3 but that's what it says on the chart. 4 A. Okay. 5 Q. So that's 15:42 and it's just a few 6 feet down the hall from the operating room? 7 A. Yes. 8 Q. Dr. Nimmagadda, according to the 9 record that you have in front of you, starts 10 the anesthesia at 16:00. What are you doing 11 during that 18 minutes that you're standing 12 there in the operating room? 13 A. Just trying to keep the uterine 14 fundus over to the left side of the abdomen 15 just to optimize blood return to the heart. 16 Q. So are you literally just standing 17 there? 18 A. Literally standing there. 19 Q. Do you remember it? 20 A. Oh, yes. 21 Q. You say oh, yes as though it's a 22 clear picture in your head. 23 A. It's a clear picture. 24 Q. And is it something that the 25 recollection of which you've retained because</p>	<p style="text-align: right;">84</p> <p>1 You recall sitting there waiting 2 for Dr. Nimmagadda to get there? 3 A. No, I don't. I don't know. I 4 don't know times. I'm sorry. I just don't 5 know times. 6 Q. Well, is it fair to say that that 7 time where you were sitting there stressed out, 8 as you described to me, waiting, he wasn't in 9 the room at that point? 10 A. I don't know when he came in the 11 room. 12 Q. Well, isn't it fair to say that he 13 would have started anesthesia immediately upon 14 entering the room? 15 MR. BARRON: If you know. 16 A. You know, I-- anesthesia start 17 time doesn't mean that he wasn't in the room 18 for the ten minutes before. I don't know what 19 that means. Maybe it means that he injected an 20 additional dose at 16:00. 21 Q. Well, my point is, you were 22 concerned about expediting this, right? 23 A. Yes. 24 Q. So you would have insisted that 25 anesthesia get to work as soon as they get in</p>
<p style="text-align: right;">83</p> <p>1 it was very stressful? 2 A. Yes. 3 Q. Much more stressful than you're 4 used to? 5 MR. BONEZZI: Objection. 6 Q. Maybe I put that improperly. What 7 I mean is you were becoming very, very 8 concerned about the welfare of the baby, 9 weren't you? 10 A. Yes. 11 Q. And so your stress level is rising? 12 A. Yes. 13 Q. And I take it that under those 14 circumstances, that 18 minutes seemed like an 15 awful long time? 16 A. And that was the hardest part. 17 Q. Were you talking-- 18 A. There's just nothing to do. You're 19 just waiting. 20 Q. Except worry? 21 A. Just waiting for the team to get 22 there so you can get the baby out. 23 Q. Did Dr. Nimmagadda give you an 24 explanation of why he didn't get there until 25 16:00? Let me back up. I'm sorry.</p>	<p style="text-align: right;">85</p> <p>1 the room to make sure that as soon as the rest 2 of the team was assembled, you could make the 3 incision and take the baby, right? 4 A. Yes. 5 Q. You would not have permitted a 6 situation where anesthesia stood around with 7 you not getting the patient ready for the 8 procedure, you would have had him start it as 9 soon as they enter the room, wouldn't you? 10 A. She already had anesthetic. I'm 11 not sure what that means. I should say I just 12 don't know because I don't -- I believe that's 13 when he doses her again. 14 Q. Well, my point is, I mean, we see 15 anesthesia start at 16:00, surgery start at 16 16:05. Isn't it true that the reason there's a 17 five minute gap is that you're standing there 18 waiting for the anesthesia to take affect so 19 you can cut her? 20 A. I don't know that. 21 MR. BONEZZI: Hang on. I'm going 22 to object. Those questions can be answered by 23 the anesthesiologist better than this 24 individual given the fact that he has said he 25 just doesn't recall. The anesthesia record</p>

<p style="text-align: right;">86</p> <p>1 also lays everything out and only  2 anesthesiologists can interpret it, other than  3 myself. But he is not in the position that he  4 is going to understand those times, because he  5 said that, Kent.  6 Q. Well, okay. If you don't remember,  7 you can tell me, but I guess my question to you  8 is, do you have any recollection of there being  9 a time frame in which anesthesia administered a  10 dosage of something and you were waiting there  11 for it to take effect so that you could then  12 perform the procedure?  13 A. No, I don't recall that.  14 Q. Okay. Is that the normal course of  15 events in your business, that when you perform  16 an operation, anesthesia does their job, you  17 wait for it to take effect and then you  18 operate?  19 A. Yes.  20 Q. But you just don't recall in this  21 instance if that's what occurred?  22 A. I don't recall waiting for  23 anesthesia to take effect.  24 Q. Okay.  25 A. I think we started this case as</p>	<p style="text-align: right;">88</p> <p>1 there where they have to call them up at home  2 and bring them in if you need them, correct?  3 A. Yes.  4 Q. How about anesthesia, is anesthesia  5 on the premises then?  6 A. Yes.  7 Q. All the time?  8 A. 24 hours.  9 Q. So a stat C-section at Firelands  10 can be done considerably quicker than it can at  11 Providence, right?  12 A. Yes, unless everyone is in-house at  13 Providence.  14 Q. Unless they happen to be there?  15 A. Yes.  16 Q. But in the circumstance like we had  17 on a weekend, for instance, you don't expect  18 them to be there, do you?  19 A. Correct.  20 Q. I should have asked you that.  21 Actually, it's fair to say that on the weekends  22 at Providence, you're pretty certain they're  23 not going to be around, aren't they?  24 A. No. Usually Saturdays they will  25 run upwards of maybe a half a day.</p>
<p style="text-align: right;">a7</p> <p>1 soon as it could possibly be started.  2 Q. When you -- where else do you  3 operate besides Firelands and Providence?  4 A. No where.  5 Q. How long has that been the case?  6 A. 18 years.  7 Q. You've told me that when you  8 operate at Providence, that when you call for a  9 C-section they have to notify the nurses and  10 bring them in off the premises at times?  11 A. Yes.  12 Q. And the same could also be true of  13 the anesthesiologist?  14 A. That's true.  15 Q. Is it the same setup at Firelands?  16 A. No, it is not.  17 Q. Okay. At Firelands, are the  18 surgical nurses on the premises?  19 A. They're --  20 MR. BARRON: Are you asking 24  21 hours a day, seven days a week?  22 Q. Okay. Let's start with that. Are  23 they always on the premises?  24 A. Yes.  25 Q. So you don't run into the situation</p>	<p style="text-align: right;">89</p> <p>1 Q. Okay. So once you hit Saturday  2 afternoon, though, or Saturday evening, it's a  3 pretty good bet they're not going to be there?  4 A. Usually they're not there.  5 Q. My question, doctor, is with that  6 knowledge that you had about their capacities,  7 when you have a mother like Julie Gregory who  8 has the picture she has at 2:30 in the  9 afternoon, at which time you say, well, I'm  10 going to give her a little more time and we end  11 up in the type of scenario we're in here, are  12 you thinking to yourself, you know, when I'm at  13 Providence, I can't let the situation  14 deteriorate to the point where it is emergent,  15 I need to be more mindful of the fact that if  16 this baby needs to come out quickly, it's not  17 going to happen at Providence?  18 Is that thought process something  19 that you employ in your practice over there?  20 A. It has. But this was an unusual  21 case.  22 Q. What was so unusual?  23 A. Well, the heart tones dropping as  24 they did was of very much a surprise.  25 Q. But we did have a deteriorating</p>

<p style="text-align: right;">90</p> <p>1 picture over that last hour, though, didn't we?</p> <p>2 A. Yes, you did.</p> <p>3 Q. And if the nurse had told you</p> <p>4 sooner when she saw those decelerations that</p> <p>5 you described, you would have called the</p> <p>6 C-section sooner, wouldn't you?</p> <p>7 MR. BARRON: Objection. Calls for</p> <p>8 speculation.</p> <p>9 MR. BONEZZI: Objection.</p> <p>10 A. I may have, yes.</p> <p>11 MR. BARRON: Move to strike as</p> <p>12 deals with possibilities.</p> <p>13 Q. And I guess -- have you encountered</p> <p>14 an unexpected bradycardia like this one in your</p> <p>15 practice before?</p> <p>16 A. Yes.</p> <p>17 Q. Do they usually follow a period of</p> <p>18 deterioration on the strips?</p> <p>19 A. No, not always, not at all.</p> <p>20 Q. Sometimes, yes, sometimes no?</p> <p>21 A. Sometimes.</p> <p>22 Q. Sometimes they just happen?</p> <p>23 A. Just spontaneously.</p> <p>24 Q. Do you know why there was no</p> <p>25 pediatrician present at the birth?</p>	<p style="text-align: right;">92</p> <p>1 Q. Okay. And there wasn't one for</p> <p>2 some time afterwards, is that your</p> <p>3 recollection?</p> <p>4 A. Yes. I don't recall.</p> <p>5 Q. Was that something you were</p> <p>6 concerned about after the birth?</p> <p>7 A. Yes.</p> <p>8 Q. Did you voice that concern to</p> <p>9 anybody there?</p> <p>10 A. I'm sure I did. I'm sure I asked</p> <p>11 where the pediatrician was.</p> <p>12 Q. What pediatrician were you</p> <p>13 expecting?</p> <p>14 A. The -- I didn't know. I mean, just</p> <p>15 the pediatrician on call, which I believe was</p> <p>16 Dr. Isphording, as I see here.</p> <p>17 Q. And do you know Dr. Isphording?</p> <p>18 A. Yes.</p> <p>19 Q. When the baby was born, I take it</p> <p>20 that you, you suctioned the baby?</p> <p>21 A. Yes, I did.</p> <p>22 Q. Could you describe for me how you</p> <p>23 did the suctioning?</p> <p>24 A. As soon as I delivered the baby, I</p> <p>25 suctioned the mouth with the surgical sucker,</p>
<p style="text-align: right;">91</p> <p>1 A. No, I don't.</p> <p>2 Q. I take it that based on your</p> <p>3 earlier testimony that you certainly</p> <p>4 anticipated the need for one?</p> <p>5 A. Yes.</p> <p>6 Q. Did you ask the people that were</p> <p>7 part of the surgical team if somebody had made</p> <p>8 contact with a pediatrician?</p> <p>9 A. I don't recall that.</p> <p>10 Q. Did anybody say anything about the</p> <p>11 fact that, you know, there's no pediatrician</p> <p>12 here?</p> <p>13 A. You know, I don't know when the</p> <p>14 pediatrician was called. I can tell there was</p> <p>15 a few minutes there between the time that the</p> <p>16 C-section was originally called and I don't</p> <p>17 know if that call was made before the nurse</p> <p>18 came back into the room and had kind of</p> <p>19 preempted everything. I don't know. I don't</p> <p>20 know when -- I don't know when or if pediatrics</p> <p>21 was called from labor and delivery.</p> <p>22 Q. They're supposed to be, you're just</p> <p>23 not sure if it happened?</p> <p>24 A. Right, and there was not a</p> <p>25 pediatrician there.</p>	<p style="text-align: right;">93</p> <p>1 sucker with the wall suction, and I cleaned the</p> <p>2 nasal, oral pharynx as best I could, delivered</p> <p>3 the baby, suctioned the baby again with the</p> <p>4 wall sucker to clean out all of the mouth that</p> <p>5 I could, and the baby was significantly</p> <p>6 depressed and so I just clamped the cord and</p> <p>7 took the baby over to the warmer myself.</p> <p>8 Q. Did you suction the baby below the</p> <p>9 vocal cords?</p> <p>10 A. Not on the table.</p> <p>11 Q. Do you know if anybody did?</p> <p>12 A. No, not on the table.</p> <p>13 Q. How do you do that?</p> <p>14 A. With great difficulty on the table.</p> <p>15 You usually wait until you get them in the</p> <p>16 incubator and can visualize the cord. You just</p> <p>17 have to be about standing on your head to do</p> <p>18 it.</p> <p>19 Q. Did somebody suction him below the</p> <p>20 cords in the incubator?</p> <p>21 A. Yes. They were -- the baby was</p> <p>22 intubated on multiple occasions and suctioned</p> <p>23 immediately after birth, so...</p> <p>24 Q. That was Dr. Nimmagadda?</p> <p>25 A. Well, that was Dr. Nimmagadda and</p>



<p style="text-align: right;">94</p> <p>1 myself.</p> <p>2 Q. You said the baby was significantly</p> <p>3 depressed, that was obvious?</p> <p>4 A. Yes.</p> <p>5 Q. Did you look at the Apgar scores on</p> <p>6 the baby?</p> <p>7 A. Yes.</p> <p>8 Q. Do you agree with what they put</p> <p>9 down?</p> <p>10 A. Yes.</p> <p>11 Q. They give the baby a point for</p> <p>12 color in the Apgar scores. Did you agree with</p> <p>13 that?</p> <p>14 A. Yes. The baby was pink. When the</p> <p>15 baby came out, the baby was pink.</p> <p>16 Q. Does Providence Hospital have the</p> <p>17 ability to give you cord blood gas readings?</p> <p>18 A. Yes.</p> <p>19 Q. Do you occasionally -- how does it</p> <p>20 come about that you get those, do you have to</p> <p>21 ask for them?</p> <p>22 A. Yes.</p> <p>23 Q. And if you don't ask for them, what</p> <p>24 happens?</p> <p>25 A. You don't get them.</p>	<p style="text-align: right;">96</p> <p>1 feasible?</p> <p>2 A. Uh-huh.</p> <p>3 MR. BARRON: I think you need to</p> <p>4 have a verbal on that.</p> <p>5 Q. Yes. You have to answer verbally.</p> <p>6 A. Yes.</p> <p>7 Q. Doctor, is an edematous cervix a</p> <p>8 contraindication to placing an internal lead</p> <p>9 electrode?</p> <p>10 A. No.</p> <p>11 Q. Do you remember when the surgical</p> <p>12 nurses showed up in this case in relation to</p> <p>13 the time of the surgery start?</p> <p>14 MR. BARRON: You mean a specific</p> <p>15 time?</p> <p>16 Q. Or, you know, how much before or</p> <p>17 whatever. Do you remember them showing up?</p> <p>18 A. I was really pushing them, so it</p> <p>19 was only a few minutes.</p> <p>20 Q. So when they got there, you were</p> <p>21 telling them, do it fast?</p> <p>22 A. Yes.</p> <p>23 Q. And it mentions in the record that</p> <p>24 there was no sponge count before.</p> <p>25 A. Uh-huh,</p>
<p style="text-align: right;">95</p> <p>1 Q. When do you ask for them?</p> <p>2 A. Usually in cases like this, in</p> <p>3 significant depression.</p> <p>4 Q. And you want a cord blood pH?</p> <p>5 A. A cord blood pH.</p> <p>6 Q. Did you get one in this case?</p> <p>7 A. No, I didn't.</p> <p>8 Q. Why not?</p> <p>9 A. As I recall, when I clamped the</p> <p>10 cord, it cut through the cord and I wasn't --</p> <p>11 the cord drained, so...</p> <p>12 Q. Is that your -- yes. Oh, I see</p> <p>13 that cord blood was obtained, but --</p> <p>14 A. Yes.</p> <p>15 Q. That's different from --</p> <p>16 A. But for gases, right. It had</p> <p>17 clamped through the cord or the clamp had cut</p> <p>18 through the cord and the cord basically had</p> <p>19 drained, so I really didn't have any pressure</p> <p>20 or anything else. I just -- I compressed the</p> <p>21 placenta as best as possible to get what blood</p> <p>22 I could for just the blood typing, but I did</p> <p>23 not do cord blood gas studies.</p> <p>24 Q. You would have liked to, but</p> <p>25 because of what you just described it wasn't</p>	<p style="text-align: right;">97</p> <p>1 Q. Do these sponges come in a pack?</p> <p>2 A. Yes.</p> <p>3 Q. How many in a pack?</p> <p>4 A. Five usually.</p> <p>5 Q. Was there more than one pack used?</p> <p>6 A. I don't -- I'm sure there was. I'm</p> <p>7 sure there was probably multiple.</p> <p>8 MR. BONEZZI: Don't guess. Doctor,</p> <p>9 don't guess.</p> <p>10 Q. And since I don't operate, I don't</p> <p>11 know the answer to this, and, again, this may</p> <p>12 not seem very informed, but can't, at the end</p> <p>13 of the operation, can't you just look and see</p> <p>14 how many packs were out and count to see where</p> <p>15 all the sponges are?</p> <p>16 A. Yes, you can.</p> <p>17 Q. So how does it happen that we lose</p> <p>18 one in circumstances like this?</p> <p>19 A. Well, as I recall this, I put a</p> <p>20 sponge in the, on the left side of her uterus</p> <p>21 because of the thickness of the meconium and to</p> <p>22 keep the meconium from getting in and coating</p> <p>23 the bowel because that can create a problem</p> <p>24 with ileus after delivery. You know, I took</p> <p>25 the baby away from the table and I broke my</p>

<p style="text-align: right;">98</p> <p>1 focus. I was flustered. I lost my  2 concentration. I came back, and when you check  3 for sponges and you're not thinking that one is  4 there, you go right over them. They just blend  5 right in, and --  6 Q. Explain that to me.  7 A. When they get soaked, they --  8 Q. Blend inside, you mean?  9 A. Yes. I mean, they feel like -- I  10 mean, it's up inside.  11 Q. I see.  12 A. And you can't, you can't feel it.  13 And I really was just going through the  14 motions, getting the C-section completed. I  15 left the sponge in.  16 Q. When you say you were flustered,  17 you mean by this whole series of events that  18 were becoming more and more stressful?  19 A. Yes. Yes.  20 Q. Isn't the nurse, though, before you  21 close supposed to look at those packs and count  22 them up and see where they all are? Aren't the  23 nurses supposed to do that?  24 A. Yes.  25 Q. I mean, that's their job, isn't it?</p>	<p style="text-align: right;">100</p> <p>1 you before in your practice?  2 A. No, sir, I haven't.  3 MR. BARRON: I'm sorry. What was  4 that answer?  5 THE WITNESS: No, sir.  6 Q. Would you agree with me, doctor,  7 that leaving the sponge in is a deviation from  8 the standard of care?  9 A. Yes, it is.  10 Q. Who was the medical student with  11 you, doctor?  12 A. I don't recall.  13 Q. Okay. Do you know if there have  14 been any changes that have occurred at  15 Providence Hospital with respect to any of  16 their policies after this, that resulted from  17 this delivery?  18 MR. BONEZZI: Objection.  19 MR. BARRON: Objection.  20 MR. BONEZZI: I'm not going to let  21 him answer that.  22 MR. SCHNEIDER: We can take it up  23 another time.  24 MR. BONEZZI: (Nodding.)  25 Q. Do you know if the regulations of</p>
<p style="text-align: right;">99</p> <p>1 And I realize you're not supposed to leave one,  2 but it's their job to count them before you  3 close, right?  4 A. Yes.  5 Q. Did you ever discuss with any of  6 them what happened?  7 A. Not much to discuss.  8 Q. Well, I mean, did you talk to  9 anybody? Did any of them say anything to you  10 about it?  11 A. No. I didn't know anything until  12 three days later.  13 Q. At that point, did you ever talk  14 with any of those nurses or did any of them  15 apologize to you or say anything about it?  16 A. You know, I don't recall. I know  17 that they were very upset about it.  18 Q. Who was upset?  19 A. The nurses.  20 Q. Both of them?  21 A. That were there. I don't even  22 recall who they were, but I know that they were  23 upset. They were in the department when I came  24 to see Julie, when I came up from radiology.  25 Q. Have you ever had that happen to</p>	<p style="text-align: right;">101</p> <p>1 Providence Hospital require you to be on the  2 premises if you are administering Pitocin to a  3 patient?  4 A. I know it doesn't at Firelands, but  5 at Providence, I don't know the answer to that.  6 Q. Does not at Firelands, but you  7 don't know about Providence?  8 A. Correct.  9 Q. How can you tell if a mother is  10 experiencing titanic contractions?  11 A. Usually the monitor would show no  12 relaxation between contractions.  13 Q. Did you, in your review of the  14 strips here, observe anything that you would  15 consider to be anything at titanic in  16 contractions?  17 A. No, at no point.  18 Q. At the time of the, around the time  19 of this delivery, was there any new  20 construction at Providence Hospital? Was this  21 a new wing or was the new wing built or  22 something there, do you remember?  23 A. I'm not sure what you're asking.  24 Q. Was any part of the facility new,  25 as you recall, around this time?</p>

<p style="text-align: right;">102</p> <p>1 MR. BARRON: Are you talking about 2 new construction? 3 MR. SCHNEIDER: Yes. 4 Q. Let's start with new construction. 5 A. Not that I recall. You mean, 6 dealing with the hospital? 7 Q. Yes. 8 A. Not that I recall. 9 Q. Was any portion of it under 10 construction, if you remember? 11 A. Not that I recall. 12 MR. SCHNEIDER: Can I have a couple 13 of minutes to go over my notes, gentlemen? 14 MR. BONEZZI: John, do you have any 15 questions? 16 MR. BARRON: Yes, I do. 17 EXAMINATION OF WILLIAM D. BRUNER, D.O. 18 BY MR. BARRON: 19 Q. Doctor, my name is John Barron, if 20 I can avoid the sun, and I have few questions 21 for you. 22 At 3:30 in the afternoon on this 23 March 15, 1997, you ordered a cesarean section, 24 correct, for Julie Gregory? 25 A. Yes.</p>	<p style="text-align: right;">104</p> <p>1 waiting for more progress and a vaginal 2 delivery, correct? 3 A. Correct. 4 Q. I believe when Mr. Schneider was 5 asking you some questions about the monitoring 6 strip between 2:30 p.m. and 3:30 p.m., you 7 referenced various observations about the 8 strip, and I think one of them was that at 9 strip 74152, and feel free to turn to that, I 10 believe that you described that strip at 74152 11 as still showing average variability, is that 12 correct? 13 A. Yes, sir. 14 Q. Okay. And <b>do</b> you see any evidence 15 of average variability in any of the other 16 strips between 74152 and 74158? 17 A. 53 and 54. 18 Q. And 74154 would be at approximately 19 what time? 20 A. 15:17. 21 Q. 3:17 p.m.? 22 A. Yes, sir. 23 Q. And these findings of average 24 variability as late as 3:17 p.m. were the same 25 kind of findings of average variability that</p>
<p style="text-align: right;">103</p> <p>1 Q. Okay. And there are within the 2 medical world different kinds or urgencies 3 associated with cesarean section, correct? 4 A. Yes. 5 Q. And the cesarean section that you 6 ordered at 3:30 p.m. was of a non, what doctors 7 refer to as a nonstat or a nonemergency 8 C-section, correct? 9 A. Yes. 10 Q. And at approximately 3:38 p.m., 11 based on developments that occurred between 12 3:30 and 3:38, you made a judgment that you now 13 wanted to pursue an emergency stat C-section, 14 correct? 15 A. Yes. 16 Q. And that set of developments at 17 3:30, and then what transpired between 3:30 and 18 3:38 and reflects that at 3:30 while you 19 decided that you wanted to have Mrs. Gregory 20 deliver by C-section rather than vaginally, you 21 did not at 3:30 deem Mrs. Gregory and her child 22 to be in an emergency situation, correct? 23 A. Correct. 24 Q. You simply wanted at that time to 25 have her deliver by C-section as opposed to</p>	<p style="text-align: right;">105</p> <p>1 you made at 2:30 p.m. regarding the monitoring 2 strip as of 2:30 p.m., correct? 3 A. That's correct. 4 Q. And -- 5 MR. SCHNEIDER: I'm sorry, John, 6 could you repeat that or read it back? I 7 wasn't sure if I heard that correctly. 8 MR. BARRON: Would you like to have 9 the court reporter read it back. 10 (Record read.) 11 MR. SCHNEIDER: Thank you. 12 Q. And if I understand your viewpoint, 13 it's that the average variability, which you 14 were noting in the monitor strip as of 2:30 15 p.m., was one of the factors that made you 16 comfortable with proceeding for another hour to 17 see how she would progress rather than do 18 something in terms of a C-section at 2:30, is 19 that correct? 20 A. That's correct. 21 Q. Now, in light of the fact that 22 you're seeing an average variability as late as 23 3:17 p.m., isn't it likely that if by some 24 mechanism you had been given minute to minute 25 updates by the nurse between 2:30 and 3:30,</p>

<p style="text-align: right;">106</p> <p>1 that you would have come to the same conclusion  2 that you came to at 3:30, which is that was  3 then the time to proceed with a regular, rather  4 than stat C-section?  5 MR. SCHNEIDER: Objection. You  6 mean, assuming that she described to him every  7 contraction that exists on that strip up until  8 3:30?  9 Q. I'm asking the doctor that given  10 what he is seeing regarding the average  11 variability as late as 3:17 p.m., isn't it  12 likely that if by some mechanism you had been  13 receiving minute-to-minute updates by the nurse  14 in terms of what the strip was printing out,  15 that after all was said and done, that you  16 probably would have reached the same decision  17 at 3:30, which was to order a C-section at that  18 time on a nonemergency basis.  19 MR. BONEZZI: Objection. Go ahead  20 and answer.  21 MR. SCHNEIDER: Objection.  22 A. I don't understand the question.  23 Q. Let me ask it this way, doctor.  24 Given the continued presence of average  25 variability after 2:30 p.m. --</p>	<p style="text-align: right;">108</p> <p>1 section, and if so, are you asking that even  2 though there was information available between  3 2:30 and 3:30, and had it been provided to him,  4 that he would not have done the section any  5 quicker, or he would not have ordered it any  6 quicker than what he did?  7 Because see, that fails to take  8 into account that had he come in earlier, he  9 would have examined the patient also, and  10 that's really the basis of my objection, not  11 your question. But it leaves out, I think,  12 some important data, and that is that he would  13 have come in and examined the patient, and if  14 he would have, that would have provided him  15 information also as to what he was going to do.  16 Q. Let me ask it this way, doctor.  17 When you came in at 3:30, you had an  18 opportunity and, in fact, reviewed the strip as  19 it had progressed between 2:30 and 3:30,  20 correct?  21 A. Yes.  22 Q. You also had an opportunity to, and  23 did, in fact, examine the patient, correct?  24 A. Yes.  25 Q. And based upon all of that data,</p>
<p style="text-align: right;">107</p> <p>1 MR. SCHNEIDER: Up until when?  2 A. With the last minute update at what  3 time?  4 Q. Okay.  5 A. Sorry.  6 Q. Let me ask the question this way:  7 Given the continued presence of average  8 variability after 2:30 p.m., isn't it  9 speculative for you to say that even if you had  10 gotten minute-to-minute updates by the nurse,  11 that your management of the patient would have  12 changed in terms of your decision at 3:30 to  13 order a nonstat C-section?  14 MR. SCHNEIDER: Objection.  15 MR. BONEZZI: Objection.  16 A. Sir, would you mind -- I hate to be  17 so dense, but there's got to be a simpler way  18 to ask that question.  19 Q. Let me ask it this way.  20 A. In English.  21 MR. BONEZZI: John, let me just  22 interrupt and ask you, are you asking him  23 whether or not it's the rhythm tracings and the  24 information on the rhythm tracings that  25 directed and guided his decision to do the</p>	<p style="text-align: right;">109</p> <p>1 you did not believe that there was a necessity  2 for an immediate emergency C-section, correct?  3 A. That's correct.  4 Q. It's not your claim, doctor, is it,  5 that if you had come into the hospital at 3:00  6 p.m. or at 3:10 p.m. or at 3:15 p.m. or at 3:20  7 p.m. or at 3:25 p.m., you would have ordered an  8 emergency C-section, is it?  9 A. Correct.  10 Q. Now, once you gave the order for a  11 regular nonemergency C-section, you  12 acknowledge, I believe, in response to one of  13 Mr. Schneider's questions, that that was to put  14 into affect a chain of events, one of which  15 would have required the labor room nurse to  16 leave the labor room for a period of time to  17 carry out your order, correct?  18 A. Yes.  19 Q. Okay. You, yourself, don't have  20 any knowledge as to the precise amount of time  21 that elapsed between when the labor room nurse  22 left the room following your order and the time  23 that she returned to the room and discovered a  24 fetal bradycardia, correct?  25 A. Correct.</p>

<p style="text-align: right;">110</p> <p>1 Q. There are certain steps that a 2 nurse can sometimes take to attempt to, from a 3 nursing perspective, help with fetal 4 bradycardia, correct, like repositioning the 5 patient? 6 A. Yes. 7 Q. Okay. And if that took place in 8 this case, you wouldn't fault the nurse for 9 repositioning the patient, correct? 10 A. Not at all. 11 Q. Okay. Is oxygen sometimes given by 12 a nurse to deal with fetal bradycardia from a 13 nursing perspective? 14 A. Yes, that's part of the protocol. 15 Q. Okay. And if that was done in this 16 case by the labor nurse, you would not fault 17 that? 18 A. No. 19 Q. Do you, yourself, have any 20 knowledge regarding the amount of time that 21 elapsed between the time the nurse became aware 22 of this fetal bradycardia, which developed 23 after 3:30 p.m. and the time the nurse summoned 24 you regarding that in terms of specific seconds 25 or minutes?</p>	<p style="text-align: right;">112</p> <p>1 exactly the same way; that is, needing to call 2 in the surgical team and, perhaps, even call in 3 anesthesia for the purposes of doing an 4 emergency C-section on a weekend, is that 5 correct? 6 A. That's correct. 7 Q. And that type of arrangement or 8 standby capability for a cesarean section was 9 something that you were prepared to deal with 10 insofar as you have chosen to do obstetrical 11 practice at Providence, correct? 12 A. That's correct. 13 Q. Doctor, I'd like to ask you a few 14 questions now about the resuscitation efforts 15 and care provided to Trent Gregory, the male 16 infant, after his birth. 17 My understanding is from an earlier 18 answer of Mr. Schneider, that upon delivery of 19 the head, you immediately suctioned the mouth 20 and the oral pharynx? 21 A. That's correct. 22 Q. Okay. And tried to remove as best 23 you could within that technique all of the 24 fluid or meconium that was in those areas of 25 his airway, correct?</p>
<p style="text-align: right;">111</p> <p>1 A. I don't recall that. 2 Q. Okay. Mr. Schneider asked you a 3 number of questions about how, what you knew 4 about arrangements at Providence Hospital and 5 at Firelands Hospital for staffing for 6 emergency cesarean section, and I'd like to ask 7 a couple of questions about that. 8 If I understand your testimony, 9 correct me if I'm wrong, that Providence 10 Hospital was considered to be a community 11 hospital? 12 A. It's a level one hospital. 13 Q. Level one hospital. What is the 14 designation for Firelands Hospital, at least as 15 regards obstetrics? 16 A. Level one. 17 Q. Am I right that it is fairly common 18 for level one hospitals on the weekends not to 19 have in-house anesthesia and in-house surgical 20 team for cesarean section purposes? 21 A. That's correct. 22 Q. Okay. And whereas, that is the 23 situation at Firelands, there are many 24 community hospitals throughout Ohio and 25 throughout the country who are staffed in</p>	<p style="text-align: right;">113</p> <p>1 A. Correct. 2 Q. Okay. If I'm understanding you, 3 and correct me if I'm wrong, that after the 4 whole body was delivered, you, again, attempted 5 to suction the mouth and the, what's called the 6 oral pharynx area of whatever meconium you 7 could? 8 A. Yes. 9 Q. Okay. Immediately after those 10 steps were accomplished by you, the baby was 11 taken where? 12 A. I took the baby around the table 13 over to the incubator. 14 Q. Okay. And at that point, 15 Dr. Nimmagadda came forward to provide 16 resuscitative care to the infant, correct? 17 A. Correct. 18 Q. And his care included intubating 19 the baby? 20 A. Correct. 21 Q. And from your observation, would it 22 not be fair to say that Dr. Nimmagadda provided 23 excellent resuscitative care for this infant? 24 A. Yes. 25 Q. And there is no reason to believe</p>

<p style="text-align: right;">114</p> <p>1 that the resuscitation efforts could have been  2 any better provided by the pediatrician than  3 what was, in fact, carried out by  4 Dr. Nimmagadda, is that correct?  5 MR. SCHNEIDER: Objection.  6 A. I agree.  7 Q. If you don't know, just tell me.  8 It's my impression from reading the chart, but  9 I'd like to know whether or not you know from  10 your own knowledge that Dr. Nimmagadda after  11 suctioning, after intubating the baby,  12 suctioned the airway beneath the level of the  13 vocal cords?  14 A. Yes, he did.  15 Q. You observed that?  16 A. Yes.  17 Q. Am I right that in the time period  18 running up to your performance of the cesarean  19 section, because of your desire to speed up the  20 process of delivery as quickly as possible, you  21 directed the nursing staff not to do a sponge  22 count prior to the performance of the cesarean  23 section, is that correct?  24 A. That's true. That's true. Yes.  25 Q. And this was something that you</p>	<p style="text-align: right;">116</p> <p>1 whether or not there are any sponges that are  2 left in the patient is to have a sponge count  3 from going in at the start of the procedure,  4 correct?  5 A. That would be the best, yes.  6 Q. Did you at any time, doctor, after  7 the performance of the cesarean section order  8 an x-ray of the abdomen to determine the  9 presence or absence of a sponge?  10 A. No, I didn't.  11 Q. That's something that you could  12 have ordered?  13 A. I could have.  14 MR. BONEZZI: Objection.  15 Q. Is there some reason why you did  16 not?  17 MR. BONEZZI: Objection.  18 A. There are many times that sponge  19 counts are done after procedures. If you were  20 to ask me of all of the cases that I did in  21 1997, how many of my sponge counts were  22 correct, and I was told that they were correct,  23 I just don't have a very good recollection.  24 They usually will stop the  25 procedure or throw a fit or something like</p>
<p style="text-align: right;">115</p> <p>1 ordered them not to do because you wanted to  2 have them focus their efforts on assisting you  3 in getting the child delivered as quickly as  4 possible, correct?  5 A. Correct.  6 Q. And under normal circumstances,  7 absent your direction, the nurses would have  8 carried out a sponge count, correct?  9 A. Correct.  10 Q. And in the absence of a sponge  11 count going in, it is more difficult to  12 determine by the nurses after the procedure the  13 exact status of whether or not all the sponges  14 have been removed, correct?  15 MR. BONEZZI: I'm going to object.  16 Go ahead and answer.  17 A. It would be highly unusual that  18 there were an abnormal number of sponges.  19 Those are -- I mean, they're --  20 Q. It can happen?  21 A. If they open five packs, that  22 should be 25 sponges there. But it could  23 happen, yes.  24 Q. The most accurate way of being able  25 to determine the status of the sponges and</p>	<p style="text-align: right;">117</p> <p>1 that. I mean, sponges get misplaced very  2 often. That's why sponge counts are done.  3 Q. But it's not usual -- I mean, in  4 this situation, we weren't dealing with the  5 routine situation, right, because in a routine  6 situation you don't direct the nurses to not do  7 a sponge count, correct?  8 A. Yes, sir.  9 Q. Is that correct?  10 A. Yes.  11 Q. From your perspective, the fact  12 that this child was -- or I'm sorry. The fact  13 that this mother was admitted to Providence  14 Hospital on March 15, 1997, rather than  15 Firelands Hospital, how did that come about?  16 A. Her preference.  17 Q. Am I correct, doctor, that when you  18 go in to see a patient who's in labor who's  19 being monitored, that it's your routine on  20 every occasion when you go into the room to  21 look at the electronic fetal monitor strip,  22 correct?  23 A. Yes.  24 Q. And you will review the entirety of  25 the strip that is part, since the last time you</p>

<p style="text-align: right;">118</p> <p>1 looked at it?</p> <p>2 A. That's available, correct.</p> <p>3 Q. And when you say that's available,</p> <p>4 you mean that unless someone has actually</p> <p>5 physically removed some earlier portion of the</p> <p>6 strip from the room, you'll look at the</p> <p>7 entirety of the strip?</p> <p>8 A. Yes.</p> <p>9 Q. Do you have any knowledge in terms</p> <p>10 of this labor on this date that at any time any</p> <p>11 part of the strip was removed from the room?</p> <p>12 A. Not to my recollection.</p> <p>13 Q. I believe there's been some</p> <p>14 testimony by Mr. and Mrs. Gregory that you came</p> <p>15 to see her in her labor room sometime around</p> <p>16 noon. Do you have any recollection of that?</p> <p>17 MR. SCHNEIDER: Objection.</p> <p>18 A. I believe I did, but it's not down</p> <p>19 on paper, so I don't have a --</p> <p>20 Q. Did you note that portion -- let me</p> <p>21 back up. Did you read that portion of Julie</p> <p>22 Gregory's deposition?</p> <p>23 A. No.</p> <p>24 MR. BARRON: Thank you. That's all</p> <p>25 the questions I have at this time.</p>	<p style="text-align: right;">120</p> <p>1 based on your many years of experience, that</p> <p>2 you know that the standard of care requires an</p> <p>3 obstetrical nurse that under the circumstances</p> <p>4 they notify you?</p> <p>5 MR. BARRON: Objection.</p> <p>6 MR. BONEZZI: Objection to the term</p> <p>7 standard of care.</p> <p>8 A. Usually I will be notified.</p> <p>9 Q. Okay. You mentioned that it was</p> <p>10 Julie's preference to go to Providence rather</p> <p>11 than Firelands.</p> <p>12 A. Yes.</p> <p>13 Q. Is it fair to say, doctor, that you</p> <p>14 would not have sat down with her and Dwight and</p> <p>15 gone through a laundry list of features that</p> <p>16 are available at Firelands that aren't at</p> <p>17 Providence and have, for instance, have told</p> <p>18 them that if there's an emergency C-section,</p> <p>19 there's people at Firelands that aren't at</p> <p>20 Providence, are you? That's not the kind of</p> <p>21 thing you do, is it?</p> <p>22 A. Yes, we do, but I don't recall</p> <p>23 going through that with Julie.</p> <p>24 MR. SCHNEIDER: Okay. That's all I</p> <p>25 have. Thank you.</p>
<p style="text-align: right;">119</p> <p>1 MR. SCHNEIDER: I just have a</p> <p>2 couple follow-ups, doctor.</p> <p>3 EXAMINATION OF WILLIAM D. BRUNER, D.O.</p> <p>4 BY MR. SCHNEIDER:</p> <p>5 Q. In the course of your many years of</p> <p>6 practice, I take it that you have become</p> <p>7 familiar, very familiar with the obligations of</p> <p>8 obstetrical nurses as it relates to keeping</p> <p>9 obstetricians like yourself informed during</p> <p>10 labors and deliveries, is that a fair</p> <p>11 statement?</p> <p>12 A. Yes.</p> <p>13 Q. And would you agree with me that</p> <p>14 the nurses' failure to inform you of what was</p> <p>15 appearing on the tracings starting at about</p> <p>16 3:17, which you pointed out before, which I</p> <p>17 think was 741, starting at the end of 74154 and</p> <p>18 forward, would you agree with me that this</p> <p>19 nurse's failure to notify you of what, of what</p> <p>20 was appearing on these tracings constituted a</p> <p>21 deviation of her obligations to you?</p> <p>22 MR. BARRON: Objection.</p> <p>23 A. I think I should have been</p> <p>24 notified.</p> <p>25 Q. And isn't it true, doctor, that</p>	<p style="text-align: right;">121</p> <p>1 EXAMINATION OF WILLIAM D. BRUNER, D.O.</p> <p>2 BY MR. BARRON:</p> <p>3 Q. Doctor, do you know precisely where</p> <p>4 you were between 3:17 p.m. and 3:30 p.m. on</p> <p>5 March 15, 97?</p> <p>6 A. I believe I was at Providence</p> <p>7 Hospital.</p> <p>8 Q. Do you know where?</p> <p>9 A. I would have either been down in</p> <p>10 the emergency or in labor and delivery area. I</p> <p>11 just, I don't recall that. I don't recall.</p> <p>12 Q. Do you recall how it was you came</p> <p>13 to be in the room at 3:30 p.m.?</p> <p>14 A. Well, I had given them a time frame</p> <p>15 that I would check them and then came back in</p> <p>16 an hour and checked her.</p> <p>17 Q. So you told them at 2:30 that you</p> <p>18 would be back in an hour?</p> <p>19 A. That she had another hour to go.</p> <p>20 Q. Okay. You told the nurse that, in</p> <p>21 your view, this was a situation where the</p> <p>22 patient had another hour to go and that you</p> <p>23 would be back at 3:30 p.m., correct?</p> <p>24 A. I don't recall saying that</p> <p>25 specifically to the nurse.</p>

<p style="text-align: right;">122</p> <p>1 Q. Well, when I ask you the question,  2 how was it that you came to be back in the room  3 at 3:30 p.m., I believe your answer was that I  4 had given them that I would be back in an hour,  5 am I right about that?  6 A. Yes.  7 Q. So by some mechanism, you had  8 communicated to the nurse or nurses at 2:30  9 that you would be returning around 3:30?  10 A. Yes.  11 Q. Mr. Schneider just asked you a  12 question whether or not you would have gone  13 through a listing of various factors that may  14 be different or the same or comparisons or  15 whatever between having a baby born, delivered  16 at Firelands versus at Providence Hospital, and  17 I believe you indicated that that's the sort of  18 thing that you generally do with your patients,  19 is that correct?  20 A. Yes.  21 Q. Okay.  22 A. Well, not generally, but there was  23 a period of time initially when this program  24 started up, people wanted to know, well, which  25 one would you go to, and we would give them the</p>	<p style="text-align: right;">124</p> <p>1 the questions that I have.  2 MR. SCHNEIDER: Okay. Thank you,  3 doctor.  4 MR. BONEZZI: For the record, a  5 request was made prior to the commencement of  6 the deposition for a full and complete copy of  7 Dr. Bruner's office chart. I will be taking  8 the chart. I will provide copies to both  9 counsel and then I will return the chart. We  10 will read and I will take a copy of the  11 transcript.  12 MR. SCHNEIDER: Copy.  13 MR. BARRON: Copy.  14  15 (Deposition concluded 6:26 p.m.)  16 - - - - -  17  18  19  20  21  22  23  24  25</p>
<p style="text-align: right;">123</p> <p>1 particulars about each place, but I don't  2 recall saying it to the Gregorys.  3 Q. Is that because of the -- was there  4 something specific about the Gregorys that --  5 well, wait a minute. Let me back up.  6 Is it you're saying that you don't  7 have a recollection specifically of that  8 conversation with the Gregorys or is it your  9 testimony that you believe you did not have  10 that conversation?  11 A. I believe that I did not have that  12 conversation.  13 Q. Okay. And is there, was that  14 because of the time frame of this delivery as  15 opposed to the other pregnancies and deliveries  16 where you did have that conversation or was  17 there something specific about the Gregorys  18 that led you not to have that conversation?  19 A. No, not at all, not at all. It was  20 the former.  21 Q. It had to do with the time frame,  22 in other words, after a period of time passed?  23 A. Six months, 12 months, yes.  24 Q. Okay. But I take it that --  25 MR. BARRON: I believe that's all</p>	<p style="text-align: right;">125</p> <p>1 CERTIFICATE  2 The State of Ohio, )  3 SS:  4 County of Cuyahoga. )  5  6 I, Donnalee Cotone, a Notary Public  7 within and for the State of Ohio, duly  8 commissioned and qualified, do hereby certify  9 that the within named witness, WILLIAM D.  10 BRUNER, D.O., was by me first duly sworn to  11 testify the truth, the whole truth and nothing  12 but the truth in the cause aforesaid; that the  13 testimony then given by the above-referenced  14 witness was by me reduced to stenotypy in the  15 presence of said witness; afterwards  16 transcribed, and that the foregoing is a true  17 and correct transcription of the testimony so  18 given by the above-referenced witness.  19 I do further certify that this  20 deposition was taken at the time and place in  21 the foregoing caption specified and was  22 completed without adjournment.  23  24  25</p>



<div>126</div> <div>1 I do further certify that I am not</div> <div>2 a relative, counsel or attorney for either</div> <div>3 party, or otherwise interested in the event of</div> <div>4 this action.</div> <div>5 IN WITNESS WHEREOF, I have hereunto</div> <div>6 set my hand and affixed my seal of office at</div> <div>7 Cleveland, Ohio, on this day of</div> <div>8 -----, 2000.</div> <div>9</div> <div>10</div> <div>11</div> <div>12</div> <div>13 -----</div> <div>14 Donnalee Cotone, Notary Public</div> <div>15 within and for the State of Ohio</div> <div>16</div> <div>17 My commission expires February 7, 2002.</div> <div>18</div> <div>19</div> <div>20</div> <div>21</div> <div>22</div> <div>23</div> <div>24</div> <div>25</div>	<div>128</div> <div>1 SIGNATURE OF WITNESS</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6 The deposition of WILLIAM D.</div> <div>7 BRUNER, D.O., taken in the matter, on the date,</div> <div>8 and at the time and place set out on the title</div> <div>9 page hereof.</div> <div>10 It was requested that the</div> <div>11 deposition be taken by the reporter and that</div> <div>12 same be reduced to typewritten form.</div> <div>13 It was agreed by and between</div> <div>14 counsel and the parties that the Deponent will</div> <div>15 read and sign the transcript of said</div> <div>16 deposition.</div> <div>17</div> <div>18</div> <div>19</div> <div>20</div> <div>21</div> <div>22</div> <div>23</div> <div>24</div> <div>25</div>
<div>127</div> <div>1 INDEX</div> <div>2</div> <div>3 EXAMINATION OF WILLIAM D. BRUNER, D.O.</div> <div>4 BY MR. SCHNEIDER..... 4:6</div> <div>5</div> <div>6 EXAMINATION OF WILLIAM D. BRUNER, D.O.</div> <div>7 BY MR. BARRON..... 102:17</div> <div>8</div> <div>9 EXAMINATION OF WILLIAM D. BRUNER, D.O.</div> <div>10 BY MR. SCHNEIDER..... 119:3</div> <div>11</div> <div>12 EXAMINATION OF WILLIAM D. BRUNER, D.O.</div> <div>13 BY MR. BARRON..... 121:1</div> <div>14</div> <div>15</div> <div>16</div> <div>17</div> <div>18</div> <div>19</div> <div>20</div> <div>21</div> <div>22</div> <div>23</div> <div>24</div> <div>25</div>	<div>129</div> <div>1 AFFIDAVIT</div> <div>2 The State of Ohio, )</div> <div>3 ) SS:</div> <div>4 County of Cuyahoga )</div> <div>5</div> <div>6</div> <div>7</div> <div>8 Before me, a Notary Public in and for</div> <div>9 said County and State, personally appeared</div> <div>10 WILLIAM D. BRUNER, D.O., who acknowledged that</div> <div>11 he/she did read his/her transcript in the</div> <div>12 above-captioned matter, listed any necessary</div> <div>13 corrections on the accompanying errata sheet,</div> <div>14 and did sign the foregoing sworn statement and</div> <div>15 that the same is his/her free act and deed.</div> <div>16 In the TESTIMONY WHEREOF, I have hereunto</div> <div>17 affixed my name and official seal at this</div> <div>18 day of A.D 2000.</div> <div>19</div> <div>20</div> <div>21</div> <div>22 Notary Public</div> <div>23</div> <div>24</div> <div>25 My Commission Expires:</div>

DEPOSITION ERRATA SHEET

RE: JULIE GREGORY, ETC., ET AL. VS.  
SANDUSKY OBSTETRICS &  
GYNECOLOGY, INC., ET AL.

RRS File No.: 1930

Deponent: WILLIAM D. BRUNER, D.O.

Deposition Date: MARCH 17, 2000

To the Reporter:

I have read the entire transcript of my  
Deposition taken in the captioned matter or the  
same has been read to me. I request that the  
following changes be entered upon the record  
for the reasons indicated. I have signed my  
name to the Errata Sheet and the appropriate  
Certificate and authorize you to attach both to  
the original transcript.

<b>A</b>	<b>account</b> 108:8	92:2 125:15	57:8 64:11 66:2	<b>around</b> 14:1 20:12
<b>abdomen</b> 82:14	<b>accurate</b> 40:9	<b>again</b> 22:24 23:4	68:1 77:4 5 76:9	24:18 33:19
116:8	115:24	38:15 43:4 44:1	80:25 100:23	41:16 85:6 88:23
<b>abdominal</b> 14:11	<b>acknowledge</b>	66:7 85:13 93:3	105:16 121:19	101:18,25
65:8	109:12	97:11 113:4	121:22	113:12 118:15
<b>ability</b> 94:17	<b>acknowledged</b>	<b>age</b> 4:1 15:25 16:9	<b>answer</b> 32:24	122:9
<b>able</b> 34:13 40:5	129:10	<b>ages</b> 5:4	36:25 37:7 44:4	<b>arrangement</b>
61:19 73:7	<b>across</b> 21:19	<b>ago</b> 10:14 12:4,6	47:21,24 48:10	112:7
115:24	<b>act</b> 129:15	13:3,5,6 40:1	48:13 60:3,11	<b>arrangements</b>
<b>abnormal</b> 115:18	<b>action</b> 67:7 126:4	70:3	69:19 96:5 97:11	111:4
<b>about</b> 11:22 12:3	<b>active</b> 26:8,10,14	<b>agree</b> 47:2 67:3	100:4,21 101:5	<b>arrest</b> 25:1 26:19
12:4,13,18 13:6	<b>actually</b> 6:1 11:5	94:8,12 100:6	106:20 112:18	<b>arrested</b> 56:13
14:6,20 15:7,21	31:12 77:21	114:6 119:13,18	115:16 122:3	<b>arrival</b> 80:20,21
15:24 16:10 17:8	88:21 118:4	<b>agreed</b> 128:13	<b>answered</b> 55:18	<b>articulate</b> 31:24
19:8 20:22 25:13	<b>addition</b> 22:2	<b>ahead</b> 17:15 22:25	56:3 85:22	<b>artificial</b> 28:12
25:25 26:13 27:2	54:15	36:24 48:10,12	<b>anticipated</b> 91:4	<b>Asherman's</b> 13:13
28:18 32:17,18	<b>additional</b> 22:13	57:13 60:18	<b>anxiety</b> 21:18	13:16
33:2,3,21 35:14	61:13 84:20	106:19 115:16	<b>anybody</b> 33:2	<b>asked</b> 12:12 56:2
36:20 37:2,25	<b>address</b> 4:11 5:7	<b>airway</b> 112:25	68:2 74:8 91:10	61:25 88:20
38:1,7,23 40:1	5:11,12 19:15	114:12	92:9 93:11 99:9	92:10 111:2
40:24 41:15,22	<b>adequately</b> 61:20	<b>al</b> 1:5,9 130:3,5	<b>anyplace</b> 73:19	122:11
43:6 45:4 47:9	<b>adjournment</b>	<b>alarmed</b> 66:11	<b>anything</b> 7:14	<b>asking</b> 20:25 49:6
48:25 49:25	125:22	70:14,23	15:7,24 16:10	49:7 51:25 87:20
50:12,23 51:14	<b>administered</b>	<b>allegations</b> 11:15	17:8,17 25:13	101:23 104:5
53:22 58:20 59:9	18:15 86:9	<b>allowed</b> 55:14	26:5 27:1 32:8	106:9 107:22
59:10,11 60:15	<b>administering</b>	66:15	32:18 36:19 37:1	108:1
61:16 62:18 66:8	101:2	<b>allowing</b> 49:1	40:24 41:7,7,11	<b>aspirating</b> 61:17
66:16 76:15	<b>admission</b> 18:7	<b>almost</b> 25:9	53:16 54:21,23	<b>aspiration</b> 37:5
78:11 80:19 83:8	<b>admitted</b> 33:24	<b>along</b> 19:7 72:5	57:4 60:10 61:14	<b>assembled</b> 85:2
84:22 88:4 89:6	117:13	<b>already</b> 22:16	61:24 72:9 91:10	<b>assigned</b> 68:15
91:10 92:6 93:17	<b>advised</b> 40:20,24	42:21 54:18	95:20 99:9,11,15	<b>assisting</b> 9:24
94:20 99:10,15	41:12,21 58:19	62:10 77:23 79:2	101:14,15	115:2
99:17 101:7	59:5 78:13	85:10	<b>anytime</b> 19:16	<b>associated</b> 103:3
102:1 104:5,7	<b>advising</b> 42:2	<b>alter</b> 61:19	25:8 54:4	<b>assume</b> 9:23
111:3,4,7 112:14	<b>affect</b> 36:14 85:18	<b>always</b> 44:8 74:22	<b>anywhere</b> 25:11	44:10,16 45:11
117:15 119:15	109:14	87:23 90:19	29:2	45:17 80:6
122:5 123:1,4,17	<b>AFFIDAVIT</b> 129:1	<b>American</b> 7:11	<b>Apgar</b> 94:5,12	<b>assumed</b> 75:5
<b>above-captioned</b>	<b>affirmative</b> 60:2	<b>amount</b> 71:5,14	<b>apologize</b> 55:18	<b>assuming</b> 106:6
129:12	<b>affixed</b> 126:6	109:20 110:20	99:15	<b>assumption</b> 75:7
<b>above-referenced</b>	129:17	<b>ample</b> 26:12	<b>appear</b> 36:7 79:19	75:18
125:13,18	<b>aforsaid</b> 125:12	<b>anesthesia</b> 63:10	<b>APPEARANCES</b>	<b>attach</b> 130:17
<b>abrupted</b> 11:24	<b>after</b> 11:23 13:9	63:19,21,24 68:7	2:1 3:1	<b>attempt</b> 110:2
<b>absence</b> 9:5,12	13:11 22:19	77:2 78:15 80:1	<b>appeared</b> 25:16	<b>attempted</b> 113:4
31:21 115:10	28:23 49:21	82:10 84:13,16	129:9	<b>attention</b> 13:14
116:9	73:21 80:20,21	84:25 85:6,15,18	<b>appearing</b> 62:19	59:2
<b>absent</b> 34:4 115:7	81:20 92:6 93:23	85:25 86:9,16,23	119:15,20	<b>attorney</b> 10:24
<b>absolutely</b> 42:25	97:24 100:16	88:4,4 111:19	<b>appropriate</b> 29:10	126:2
<b>acceleration</b> 50:3	106:15,25 107:8	112:3	59:18 130:16	<b>August</b> 6:7,20
<b>accompanying</b>	110:23 112:16	<b>anesthesiologist</b>	<b>approximately</b>	<b>authority</b> 37:14
129:13	113:3,9 114:10	80:7 85:23 87:13	103:10 104:18	<b>authorize</b> 130:17
<b>accomplish</b> 72:18	114:11 115:12	<b>anesthesiologists</b>	<b>April</b> 9:6,17	<b>available</b> 37:23
72:22	116:6,19 123:22	86:2	<b>area</b> 6:8,14,15 7:4	40:3 68:18,19
<b>accomplished</b>	<b>afternoon</b> 11:17	<b>anesthetic</b> 85:10	8:15 75:20 113:6	74:5 108:2 118:2
113:10	78:6 89:2,9	<b>another</b> 10:24	121:10	118:3 120:16
<b>according</b> 15:22	102:22	13:2,10 48:24	<b>areas</b> 112:24	<b>avenue</b> 1:19 3:11
30:24 82:8	<b>afterwards</b> 29:19	52:21 55:5 56:12	<b>AROM</b> 31:15	4:12

average49:11 50:5 51:22 57:14 57:20,25 58:6 104:11,15,23,25 105:13,22 106:10,24 107:7 avoid 102:20 aware35:3 44:17 44:22 47:3 48:4 110:21 away5:8 97:25 awful83:15 <b>A.D</b> 129:18	barron2:14 14:24 17:11 23:17 27:23 41:1,14 45:5 48:1 53:25 54:25 56:2 58:22 64:6 68:10 69:5 71:21,24 74:7,10 74:16 80:19 84:15 87:20 90:7 90:11 96:3,14 100:3,19 102:1 102:16,18,19 105:8 118:24 119:22 120:5 121:2 123:25 124:13 127:7,13	believe8:5 9:7 10:15 11:13 12:20 13:7 16:7 32:23 39:21,23 45:6 48:14 52:23 53:10 61:24 63:7 85:12 92:15 104:4,10 109:1 109:12 113:25 118:13,18 121:6 122:3,17 123:9 123:11,25 below93:8,19 beneath 114:12 besides 12:6 20:22 87:3 best37:22 93:2 95:21 112:22 116:5 bet89:3 <b>Betadine</b> 65:12,14 better 85:23 114:2 between21:23 26:6 35:20 46:3 46:5,6,7 52:14 60:10 91:15 101:12 103:11 103:17 104:6,16 105:25 108:2,19 109:21 110:21 121:4 122:15 128:13 big19:23 38:3 bigger19:23 20:1 Bill77:8 78:1 birth28:23 90:25 92:6 93:23 112:16 blend98:4,8 blood28:22 82:15 94:17 95:4,5,13 95:21,22,23 board7:7,12 body 113:4 bonezzi3:7,9 8:23 10:6,20,22 15:1 16:3,6 17:14 31:10,17 35:10 36:24 37:6 45:1 46:8 47:21 48:9 48:12 50:4 51:25 53:24 55:1 56:1 59:12 70:5 77:9 77:14 78:3 83:5 85:21 90:9 97:8 100:18,20,24	102:14 106:19 107:15,21 115:15 116:14 116:17 120:6 124:4 born6:11 92:19 122:15 <b>both</b> 7:19 52:16 99:20 124:8 130:17 bottom28:3,8 36:6 bowel97:23 bradycardia 28:14 65:18 67:6,12 70:14,24 76:19 81:12 90:14 109:24 110:4,12 110:22 break56:10 breast9:14 Brian3:4 15:6 bridge21:19 bring36:21 78:11 87:10 88:2 bringing35:6 brings32:17 50:19 broke97:25 brought6:13 59:2 bruner1:13 3:3 4:1,6,9 31:14 102:17 119:3 121:1 125:10 127:3,6,9,12 128:7 129:10 130:7 Bruner's124:7 Building3:10 built101:21 business86:15	24:19 57:1 67:13 70:15 71:1 73:4 76:23 77:18,22 78:5,13 90:5 91:14,16,21 113:5 calls64:9 69:5 78:15 90:7 came11:24 13:10 17:3 40:19 42:19 53:3 59:9 66:4,7 81:11 84:10 91:18 94:15 98:2 99:23,24 106:2 108:17 113:15 118:14 121:12 121:15 122:2 cancer9:14 candidate56:23 capability112:8 capacities89:6 caption125:21 captioned130:12 card29:25 cards29:21 30:4 care68:16,19 72:3 100:8 112:15 113:16,18,23 120:2,7 carried114:3 115:8 carry29:20 109:17 case1:6 10:14,16 10:18,23 11:6,15 12:1,23 13:2 14:2,18 20:20 30:20 37:19 38:12,17 49:2 65:17 72:6 74:17 74:25 79:1 86:25 87:5 89:21 95:6 96:12 110:8,16 cases12:10,15 20:19 95:2 116:20 category16:1 catheter38:24 39:1,16,18 40:14 62:15 64:11,12 65:6 78:22 catheters39:20 cause61:14 125:12 caused23:7 causes41:11
<b>B</b>				
B2:5 baby19:22 20:1 23:7,15 25:4,6 25:15 36:10 37:4 37:11,20 38:14 38:19 39:5 48:4 57:6 58:10 60:6 60:23 61:20,21 61:23 62:7 66:22 66:23 71:3 75:15 75:25 76:5,11,12 76:16,17 81:8,9 83:8,22 85:3 89:16 92:19,20 92:24 93:3,3,5,7 93:8,21 94:2,6 94:11,14,15,15 97:25 113:10,12 113:19 114:11 122:15 baby's19:11 20:4 20:11 40:8 47:6 47:10 62:18 73:20,24 75:9,19 76:3,20 back6:17,21 10:22 11:24 13:7 14:3,22 16:4 23:3 28:17 32:17 35:16 37:7 43:1 43:2,8 45:16 46:15,24 49:10 50:2 53:6 58:17 62:3 65:4 66:7,7 66:19 69:16 73:17 83:25 91:18 98:2 105:6 105:9 118:21 121:15,18,23 122:2,4 123:5 ball77:23 78:7	baseline48:22 49:11 57:19,23 58:1 basically95:18 basis106:18 108:10 Bayshore1:18 8:15 became24:2 46:3 70:14 76:21 110:21 become53:21 58:4 70:23 119:6 becomes20:2 becoming25:23 60:7 83:7 98:18 beeped79:17 before1:15 10:3 11:3 18:13 19:25 21:6 30:13 34:16 41:7 62:7 66:8 71:3 79:22,25 84:18 90:15 91:17 96:16,24 98:20 99:2 100:1 119:16 129:8 began57:9 65:19 <b>beginning</b> 40:12 72:7 begins58:4 77:2 behalf2:3,11 3:3 being4:3 33:3 35:17 41:12,18 45:4 55:24 61:19 64:8 86:8 115:24 117:19			
			<b>C</b>	
			<b>C</b> 2:14 11:12 13:12 13:15 78:6 Cahn2:4 call29:23 52:16 54:6 56:7 60:16 62:2,4,6,22 63:9 68:23 69:11,12 69:15,16 72:21 72:22,23 78:16 87:8 88:1 91:17 92:15 112:1,2 called1:14 4:2 23:12,20 24:12	

<b>CCs</b> 28:22 <b>Cecil</b> 63:2 <b>centers</b> 73:16 <b>centimeters</b> 44:12 44:14,19,23 55:11 56:13,15 56:18 61:1 <b>central</b> 67:15 <b>cephalopelvic</b> 19:3 25:2 <b>certain</b> 62:23 88:22 110:1 <b>certainly</b> 10:8 91:3 <b>certificate</b> 125:1 130:17 <b>certifications</b> 7:9 <b>certified</b> 4:4 7:7 7:11 <b>certify</b> 125:8,19 126:1 <b>cervical</b> 11:21 26:15 28:14 44:11 60:19 <b>cervix</b> 19:1,5,7 20:5,13,24 21:2 22:3,4 24:1,9,9 24:25 45:4,12,20 46:3,13 47:15,17 56:9,10,15 60:21 61:1,5 96:7 <b>cesarean</b> 28:15 102:23 103:3,5 111:6,20 112:8 114:18,22 116:7 <b>cesarian</b> 30:6 72:17 <b>chain</b> 109:14 <b>chance</b> 29:23 55:21 <b>change</b> 8:6 11:21 26:15 36:19 37:1 43:19 56:13 60:10 72:9 <b>changed</b> 8:13 54:12 107:12 <b>changes</b> 100:14 130:14 <b>changing</b> 54:5 <b>characterization</b> 58:23 <b>characterize</b> 40:10 <b>characterizing</b> 49:19 <b>chart</b> 15:22 16:20	16:21,21 18:25 22:7 27:1 29:2 30:2,7,13 41:5 48:14 82:3 114:8 124:7,8,9 <b>check</b> 44:8 98:2 121:15 <b>checked</b> 43:25 121:16 <b>child</b> 103:21 115:3 117:12 <b>children</b> 5:2 <b>chosen</b> 112:10 <b>circulating</b> 79:9 <b>circumstance</b> 21:10,20 22:22 72:2 88:16 <b>circumstances</b> 12:9 20:7 21:14 24:6 83:14 97:18 115:6 120:3 <b>City</b> 5:17,18 6:3,4 <b>Civil</b> 4:3 <b>claim</b> 109:4 <b>clamp</b> 95:17 <b>clamped</b> 93:6 95:9 95:17 <b>clean</b> 93:4 <b>cleaned</b> 93:1 <b>clear</b> 18:13 74:15 82:22,23 <b>clearer</b> 39:9 <b>Cleveland</b> 2:8 3:12 126:7 <b>Clinic</b> 8:20 <b>close</b> 98:21 99:3 <b>closed</b> 19:1 <b>Co</b> 3:8 <b>coating</b> 97:22 <b>College</b> 5:17 <b>color</b> 94:12 <b>combination</b> 20:6 21:5 24:5,11 47:14 61:6 <b>come</b> 6:17 11:16 13:3,9 23:2 25:25 33:22 44:9 53:4 62:11 65:4 70:19 79:14 89:16 94:20 97:1 106:1 108:8,13 109:5 117:15 <b>comes</b> 69:16 <b>comfortable</b> 48:23 105:16 <b>coming</b> 51:13	<b>commencement</b> 124:5 <b>comment</b> 57:13 <b>commission</b> 126:17 129:25 <b>commissioned</b> 125:8 <b>common</b> 1:1 11:8 111:17 <b>communicate</b> 69:18 <b>communicated</b> 122:8 <b>community</b> 73:16 111:10,24 <b>compare</b> 40:7 <b>comparisons</b> 122:14 <b>complete</b> 6:5 53:8 124:6 <b>completed</b> 98:14 125:22 <b>completely</b> 16:25 <b>completion</b> 6:19 <b>comport</b> 32:21 33:11 <b>comporting</b> 17:9 <b>compressed</b> 95:20 <b>concentration</b> 98:2 <b>concept</b> 71:19 <b>concern</b> 19:2,17 20:22 54:5 92:8 <b>concerned</b> 48:25 61:16 62:18 76:21 83:8 84:22 92:6 <b>concerning</b> 57:5 <b>concluded</b> 124:15 <b>conclusion</b> 54:10 106:1 <b>condition</b> 19:9 57:2,3 66:23 <b>confident</b> 44:6,16 <b>confused</b> 43:6 <b>consider</b> 26:9 48:7 101:15 <b>considerably</b> 88:10 <b>consideration</b> 49:8 <b>considered</b> 111:10 <b>considering</b> 47:22 50:21	<b>constitute</b> 24:7 <b>constituted</b> 119:20 <b>construction</b> 101:20 102:2,4 102:10 <b>consult</b> 14:3 15:12 <b>contact</b> 91:8 <b>continually</b> 9:1 <b>continuation</b> 50:24 <b>continue</b> 49:1 56:17 66:15 <b>continued</b> 3:1 58:1 65:21 106:24 107:7 <b>continuing</b> 10:7,9 <b>continuous</b> 38:6 <b>contracting</b> 22:14 32:16 <b>contraction</b> 106:7 <b>contractions</b> 18:5 21:24,25 22:3,5 26:6 38:25 39:13 40:6,12 50:7 56:22 101:10,12 101:16 <b>contraindication</b> 50:24 96:8 <b>control</b> 21:14 <b>conversation</b> 123:8,10,12,16 123:18 <b>copies</b> 124:8 <b>copy</b> 16:20 124:6 124:10,12,13 <b>cord</b> 93:6,16 94:17 95:4,5,10 95:10,11,13,17 95:18,18,23 <b>cords</b> 93:9,20 114:13 <b>correct</b> 9:10 10:1 15:14 18:16 20:3 23:9 29:1,4 39:2 44:24 48:3 54:12 64:25 65:9,19,20 71:17 78:17 88:2 88:19 101:8 102:24 103:3,8 103:14,22,23 104:2,3,12 105:2 105:3,19,20 108:20,23 109:2 109:3,9,17,24,25	110:4,9 111:9,21 112:5,6,11,12,21 112:25 113:1,3 113:16,17,20 114:4,23 115:4,5 115:8,9,14 116:4 116:22,22 117:7 117:9,17,22 118:2 121:23 122:19 125:17 <b>corrections</b> 129:13 <b>correctly</b> 105:7 <b>Cotone</b> 1:15 125:6 126:14 <b>counsel</b> 1:18 124:9 126:2 128:14 <b>count</b> 96:24 97:14 98:21 99:2 114:22 115:8,11 116:2 117:7 <b>countless</b> 56:19 <b>country</b> 111:25 <b>counts</b> 116:19,21 117:2 <b>county</b> 1:2 125:4 129:4,9 <b>couple</b> 31:12 64:10,23 102:12 111:7 119:2 <b>coupled</b> 49:23 60:17 <b>course</b> 43:25 62:6 65:3 73:1,14 75:23 86:14 119:5 <b>court</b> 1:1 11:8 105:9 <b>Courthouse</b> 2:15 <b>CPD</b> 19:10,14,15 19:18,19 20:1,22 23:8,16 24:14,21 <b>create</b> 38:4 97:23 <b>crew</b> 70:19 <b>CT</b> 15:5 <b>custom</b> 20:16 29:7 54:21 <b>cut</b> 85:19 95:10,17 <b>Cuyahoga</b> 125:4 129:4 <b>Cytotec</b> 20:14 <b>C-section</b> 23:12 23:18 24:12,19 45:23 46:2,17 47:12,19 53:16
--	--	---	--	--

57:2 60:16 61:10 62:2,4,7,12,13 62:22 63:3,6 64:18 69:3 70:15 70:16 71:2,6,14 71:16,20 73:3,9 76:23 77:19,22 78:12 81:13 87:9 88:9 90:6 91:16 98:14 103:8,13 103:20,25 105:18 106:4,17 107:13 109:2,8 109:11 112:4 120:18	<b>decided</b> 46:17 72:4 103:19 <b>decision</b> 37:9 54:19 72:16 106:16 107:12 107:25 <b>decisions</b> 37:12 <b>declined</b> 22:12 <b>deed</b> 129:15 <b>deem</b> 29:10 103:21 <b>deeper</b> 58:5 <b>deeply</b> 25:23 <b>defendant</b> 2:11 10:2 <b>Defendants</b> 1:10 3:3 <b>degree</b> 17:2 <b>deliver</b> 19:25 36:10 55:7,24 81:8,9 103:20,25 <b>delivered</b> 13:10 60:23 62:8 75:25 92:24 93:2 113:4 115:3 122:15 <b>deliveries</b> 52:22 119:10 123:15 <b>delivery</b> 11:17 13:11 27:5,12,13 27:15,16,18,24 28:2,7 29:9,10 30:4 32:21 34:21 34:23 36:1,2,20 36:23 37:4 52:21 53:8,12,16 60:24 61:15,18 73:23 75:9 77:21 91:21 97:24 100:17 101:19 104:2 112:18 114:20 121:10 123:14 <b>dense</b> 107:17 <b>department</b> 99:23 <b>dependent</b> 71:7 <b>depending</b> 22:22 55:12 <b>depends</b> 20:19 29:16 <b>Deponent</b> 128:14 130:7 <b>deposed</b> 4:4 12:1 12:5,19 <b>deposition</b> 1:13 13:4 16:14 17:8 17:13,19 18:9 118:22 124:6,15	125:20 128:6,11 128:16 130:1,8 130:12 <b>depositions</b> 16:23 16:24 <b>depressed</b> 28:15 28:20 76:11,16 93:6 94:3 <b>depression</b> 95:3 <b>describe</b> 15:18,19 35:18,20 36:11 92:22 <b>described</b> 24:6 35:21 36:15 56:5 64:23 84:8 90:5 95:25 104:10 106:6 <b>designation</b> 111:14 <b>desire</b> 114:19 <b>desk</b> 64:3,20 68:23,25 69:14 69:15,22 70:9 <b>detected</b> 45:11 46:23 65:24 <b>deteriorate</b> 89:14 <b>deteriorating</b> 89:25 <b>deterioration</b> 90:18 <b>determine</b> 115:12 115:25 116:8 <b>determines</b> 43:16 <b>Detroit</b> 6:15 12:11 12:16 <b>develop</b> 67:5 <b>developed</b> 110:22 <b>developments</b> 103:11,16 <b>deviation</b> 100:7 119:21 <b>devoted</b> 9:23 <b>diagnosed</b> 9:13 <b>diagnoses</b> 30:19 <b>diagnosis</b> 9:15 <b>dictate</b> 29:13,17 29:24 30:8 61:24 <b>dictated</b> 29:3 30:14 <b>dictation</b> 29:24 <b>difference</b> 61:21 74:25 <b>different</b> 32:4 95:15 103:2 122:14 <b>differently</b> 77:12	<b>difficult</b> 115:11 <b>difficulty</b> 93:14 <b>dilatation</b> 44:18 <b>dilated</b> 56:18 <b>dilation</b> 25:1 30:17 44:11 <b>direct</b> 117:6 <b>directed</b> 48:2 107:25 114:21 <b>direction</b> 115:7 <b>disagree</b> 47:1 71:25 <b>disagreed</b> 17:17 <b>discerning</b> 40:11 <b>discharge</b> 13:11 <b>discontinuation</b> 49:9 <b>discontinue</b> 62:15 <b>discontinuing</b> 48:7 50:21 <b>discovered</b> 109:23 <b>discretion</b> 37:25 <b>discuss</b> 99:5,7 <b>discussed</b> 61:12 <b>discussion</b> 10:21 13:19 15:3 51:15 53:22 <b>disproportion</b> 19:3 25:3 <b>doctor</b> 4:8,18 9:16 10:13 13:20 28:19 47:14 50:14 55:3 68:5 70:5 76:18 89:5 96:7 97:8 100:6 100:11 102:19 106:9,23 108:16 109:4 112:13 116:6 117:17 119:2,25 120:13 121:3 124:3 <b>doctors</b> 103:6 <b>doing</b> 12:7 55:13 66:18 74:15 82:10 112:3 <b>done</b> 19:6 22:16 44:7 48:18 74:19 74:21,22,24 79:4 80:15 88:10 106:15 108:4 110:15 116:19 117:2 <b>Donnalee</b> 1:15 125:6 126:14 <b>dosage</b> 86:10	<b>dose</b> 51:5 84:20 <b>doses</b> 22:19,20 85:13 <b>down</b> 28:19 33:19 34:8 36:6 56:10 66:7 75:20 76:20 81:24 82:6 94:9 118:18 120:14 121:9 <b>Dr</b> 15:8 31:14 77:2 80:12 82:8 83:23 84:2 92:16,17 93:24,25 113:15 113:22 114:4,10 124:7 <b>drained</b> 95:11,19 <b>draw</b> 56:25 <b>drawer</b> 43:10,17 43:20 <b>dropping</b> 89:23 <b>due</b> 20:13 54:1 <b>duly</b> 4:4 125:7,10 <b>during</b> 9:22 12:17 25:8 30:9 73:25 82:11 119:9 <b>Dwight</b> 120:14 <b>D.O</b> 1:14 3:4 4:1,6 102:17 119:3 121:1 125:10 127:3,6,9,12 128:7 129:10 130:7
<b>D</b> <b>D</b> 1:133:3,9 4:1,6 4:17 13:12,14 102:17 119:3 121:1 125:9 127:1,3,6,9,12 128:6 129:10 130:7 <b>data</b> 29:22 108:12 108:25 <b>date</b> 32:20 118:10 128:7 130:8 <b>dates</b> 19:5 <b>daughters</b> 5:3 <b>day</b> 34:16 46:10 52:14 56:22 68:14 70:12 87:21 88:25 126:7 129:18 <b>days</b> 18:5 23:3 29:18,18 87:21 99:12 <b>deal</b> 110:12 112:9 <b>dealing</b> 102:6 117:4 <b>deals</b> 90:12 <b>deceiving</b> 36:5 <b>decel</b> 26:2 <b>deceleration</b> 49:19,23,24 <b>decelerations</b> 23:24 24:8 25:24 40:8,10,21 42:3 47:3,5,16 48:20 48:21 49:2,12,14 50:10,15 51:2,21 57:16,23 58:2,5 90:4 <b>decels</b> 50:23 57:21				<b>E</b> <b>E</b> 8:3 11:12,12 127:1 <b>each</b> 123:1 <b>earlier</b> 11:17 91:3 108:8 112:17 118:5 <b>early</b> 43:9 <b>East</b> 2:6 <b>edema</b> 46:13,20 46:23 <b>edematous</b> 24:2,9 45:4,13,20 46:3 46:22 47:15 60:21 61:4 96:7 <b>effect</b> 17:24 86:11 86:17,23 <b>efforts</b> 112:14 114:1 115:2 <b>eight</b> 65:22,25 <b>either</b> 25:2 37:20 38:14,19 40:23 41:21 45:20

48:16 52:3 56:15 56:16 68:11 121:9 126:2 <b>EKG</b> 38:5,22 <b>elapsed</b> 109:21 110:21 <b>elective</b> 21:10,10 <b>electrode</b> 38:8 96:9 <b>electronic</b> 117:21 <b>element</b> 36:21 <b>emergency</b> 28:14 71:13 103:13,22 109:2,8 111:6 112:4 120:18 121:10 <b>emergent</b> 89:14 <b>employ</b> 89:19 <b>encountered</b> 90:13 <b>end</b> 24:2,3,7 29:9 40:12 55:15,24 58:12 66:9 73:21 89:10 97:12 119:17 <b>ended</b> 13:12 <b>engaged</b> 19:12 25:23 <b>English</b> 107:20 <b>enough</b> 48:24 <b>enter</b> 85:9 <b>entered</b> 130:14 <b>entering</b> 84:14 <b>entire</b> 43:5 75:2 130:11 <b>entirety</b> 117:24 118:7 <b>entitled</b> 28:7 <b>entity</b> 8:18 <b>epidural</b> 62:10 79:1 80:3,5,10 <b>episodic</b> 49:12 <b>equipment</b> 52:8 <b>ERIE</b> 1:2 <b>errata</b> 129:13 130:1,16 <b>ESQ</b> 2:5,14 3:9 <b>essence</b> 22:15 <b>essentially</b> 71:14 75:8 78:20 <b>Estimated</b> 28:22 <b>et</b> 1:5,9 130:3,5 <b>etc</b> 1:5 130:3 <b>etiology</b> 14:12 <b>evaluate</b> 42:19 <b>even</b> 42:21 68:17	99:21 107:9 108:1 112:2 <b>evening</b> 89:2 <b>event</b> 65:4 126:3 <b>events</b> 17:10 62:6 86:15 98:17 109:14 <b>ever</b> 4:24 9:4 10:2 12:5,19,22 34:15 99:5,13,25 <b>every</b> 106:6 117:20 <b>everyone</b> 88:12 <b>everything</b> 25:5 70:17 86:1 91:19 <b>evidence</b> 104:14 <b>exact</b> 66:21 115:13 <b>exactly</b> 66:3 75:5 77:20 112:1 <b>exam</b> 25:12 29:20 46:16 <b>examination</b> 1:14 4:2,6 45:12 46:11 102:17 119:3 121:1 127:3,6,9,12 <b>examinations</b> 43:23 <b>examine</b> 108:23 <b>examined</b> 43:21 44:16 108:9,13 <b>exams</b> 46:4 <b>excellent</b> 113:23 <b>except</b> 22:25 83:20 <b>Excuse</b> 77:24 <b>exhausted</b> 32:15 <b>exists</b> 106:7 <b>expect</b> 71:2 88:17 <b>expected</b> 67:9 <b>expecting</b> 62:5 92:13 <b>expedite</b> 61:15 <b>expediting</b> 84:22 <b>expeditiously</b> 72:5 <b>experience</b> 35:8 79:22 120:1 <b>experienced</b> 14:10 <b>experiencing</b> 11:23 101:10 <b>expert</b> 12:22 <b>expires</b> 126:17 129:25	<b>explain</b> 9:11 18:23 43:7 98:6 <b>explanation</b> 83:24 <b>external</b> 37:20 38:9 39:14 <b>extra</b> 56:9,10	110:22 117:21 <b>few</b> 81:5,6,10 82:5 91:15 96:19 102:20 112:13 <b>file</b> 14:8,16,18 130:6 <b>final</b> 56:12 <b>finally</b> 56:20 <b>find</b> 40:15 69:10 <b>findings</b> 30:20 60:19,20 104:23 104:25 <b>finished</b> 28:18 <b>Firelands</b> 52:18 53:2,6,9 67:21 67:22 87:3,15,17 88:9 101:4,6 111:5,14,23 117:15 120:11 120:16,19 122:16 <b>first</b> 4:3 7:19 8:1 23:20 41:18 79:11 125:10 <b>fit</b> 116:25 <b>five</b> 5:6 61:21 78:25 80:22,25 85:17 97:4 115:21 <b>fluid</b> 31:16 35:22 112:24 <b>flustered</b> 98:1,16 <b>focus</b> 98:1 115:2 <b>Foley</b> 62:15 64:10 64:12 65:6 78:19 78:22 <b>follow</b> 37:2 90:17 <b>following</b> 109:22 130:14 <b>follows</b> 4:5 <b>follow-ups</b> 119:2 <b>foregoing</b> 125:16 125:21 129:14 <b>forgot</b> 4:19 <b>form</b> 48:9 128:12 <b>former</b> 123:20 <b>forth</b> 66:19 <b>forward</b> 24:1 58:18 63:6 113:15 119:18 <b>four</b> 5:8 6:4 33:23 78:25 <b>four-year</b> 6:5 <b>frame</b> 48:2 86:9 121:14 123:14 123:21	<b>free</b> 104:9 129:15 <b>frequency</b> 40:15 <b>frequently</b> 33:15 <b>Friday</b> 1:20 32:16 <b>from</b> 5:19 6:2,8,10 7:4,23 8:4,5 10:14,25 11:2 12:10 14:25 26:16 33:12 34:2 36:1 40:24 41:24 43:2,20 44:23 46:15 56:14 57:10 58:6 61:22 61:22 64:2 68:24 71:1 72:7,7 74:1 75:8,13 77:20 79:14 81:14,19 82:6 91:21 <b>95:15</b> 97:22,25 99:24 100:7,16 110:2 110:12 112:17 113:21 114:8,9 116:3 117:11 118:6,11 <b>front</b> 31:1 333:8 59:21 82:9 <b>full</b> 124:6 <b>fundus</b> 82:14 <b>further</b> 25:20 125:19 126:1
<b>G</b>				
<b>gap</b> 85:17 <b>Garden</b> 6:3,3 <b>gas</b> 94:17 95:23 <b>gases</b> 95:16 <b>gasping</b> 61:16 <b>gave</b> 49:8 56:12 109:10 <b>gel</b> 18:16,24 20:6 20:14 21:3,25 22:13,18,20 <b>gelled</b> 20:22 22:6 22:8,10 <b>gelling</b> 19:14 21:24 <b>general</b> 76:23 79:21 <b>generally</b> 6:14 122:18,22 <b>generous</b> 55:15 56:5,7 <b>gentlemen</b> 102:13 <b>gestation</b> 19:22 <b>gets</b> 20:1 78:14 <b>getting</b> 19:23				

22:21 37:16 48:5 58:10,11,18 85:7 97:22 98:14 115:3 <b>girl</b> 13:9 <b>give</b> 22:13 25:15 48:24 51:9 55:5 55:20 56:9 83:23 89:10 94:11,17 122:25 <b>given</b> 13:14 17:12 25:10 85:24 105:24 106:9,24 107:7 110:11 121:14 122:4 125:13,18 <b>gives</b> 26:2,6 <b>Glenn</b> 3:4 <b>go</b> 5:16 13:17 17:15 19:4 20:11 31:10 36:24 37:25 43:1 48:10 48:12 54:19 56:14 57:8,13 60:18 62:16 63:6 64:19 66:25 69:14 78:20 81:15 98:4 102:13 106:19 115:16 117:18 117:20 120:10 121:19,22 122:25 <b>goes</b> 65:14 <b>going</b> 14:19 16:6 17:14,20 19:21 19:22 23:17 29:17 41:14 45:5 48:18 51:3,9 53:25 54:10,19 55:5,6,7,20 56:16,17 57:4 58:22 60:15 63:6 64:6 65:5 69:18 70:16 71:12 72:16 73:3 75:1 75:2 76:8 80:3 80:10 85:21 86:4 88:23 89:3,10,17 98:13 100:20 108:15 115:11 115:15 116:3 120:23 <b>gone</b> 22:20 120:15 122:12 <b>good</b> 10:19 40:6	48:20 50:8 51:3 89:3 116:23 <b>gotten</b> 107:10 <b>grab</b> 28:5 <b>graduate</b> 5:19 <b>graduation</b> 5:25 <b>graph</b> 39:7 <b>great</b> 93:14 <b>greater</b> 20:2 <b>gregory</b> 1:5 13:20 43:23 89:7 102:24 103:19 103:21 112:15 118:14 130:3 <b>Gregorys</b> 123:2,4 123:8,17 <b>Gregory's</b> 118:22 <b>group</b> 10:25 15:15 <b>groups</b> 8:13 <b>guess</b> 11:7 70:5 75:17 86:7 90:13 97:8,9 <b>guided</b> 107:25 <b>guy</b> 59:16 <b>guy's</b> 11:4 <b>Gynecologists</b> 7:13 <b>gynecology</b> 1:9 3:6 7:1 130:5	58:5 122:15 <b>Hayes</b> 1:19 4:12 <b>head</b> 19:2,11,17 20:4 25:22 30:9 30:16 47:6,15 60:1 82:22 93:17 112:19 <b>health</b> 9:19 <b>heard</b> 10:24,25 105:7 <b>heart</b> 40:8 55:13 57:18 66:6,20 73:20,25 75:3,6 75:9,19 76:3,20 82:15 89:23 <b>help</b> 19:6 31:25 110:3 <b>her</b> 9:24,24 13:12 13:15,22 15:16 15:22,24,25,25 16:9,10,10,20,21 16:21 17:19,23 18:7,8,8,12 19:4 19:8,25 20:23,24 24:20,25 26:9,11 26:14 34:9,10,13 34:16,18 35:8 42:2 43:25 44:11 44:16,18 46:3,6 48:24 49:3 50:13 51:9,9,19 53:22 54:21 55:5,10,14 55:20,22 56:6,12 57:2,2,9 59:23 60:19 65:10 66:14 68:12 69:13 81:19,20 81:22,24 85:13 85:19 89:10 97:20 103:21,25 117:16 118:15 118:15 119:21 120:14 121:16 <b>hereinafter</b> 4:4 <b>hereof</b> 128:9 <b>hereunto</b> 126:5 129:16 <b>Hermann</b> 2:4 <b>he/she</b> 129:11 <b>high</b> 16:1,8 19:2 19:11,16 20:5 22:20 47:12,15 55:25 <b>highly</b> 115:17 <b>him</b> 31:10 41:18 51:25 85:8 93:19	100:21 106:6 107:22 108:3,14 <b>history</b> 29:20 <b>his/her</b> 129:11,15 <b>hit</b> 20:16 89:1 <b>Hobbs</b> 6:11 <b>Hold</b> 57:12 <b>holding</b> 25:4 <b>Holly</b> 34:8 63:2,12 63:13,17,23,24 65:17 68:6 74:4 74:6 <b>home</b> 5:12 11:21 11:24 79:14 88:1 <b>Honestly</b> 66:17 <b>hospital</b> 2:12 6:2 6:4 11:22 13:10 13:24 16:21 39:19 52:18 53:2 67:14,17,21 71:11 73:16 79:22 94:16 100:15 101:1,20 102:6 109:5 111:4,5,10,11,12 111:13,14 117:14,15 121:7 122:16 <b>hospitals</b> 52:17 73:8 111:18,24 <b>hour</b> 48:24 51:9 54:11,20 55:5,23 56:12 57:8 72:17 90:1 105:16 121:16,18,19,22 122:4 <b>hours</b> 11:19,23 22:22,23 30:22 33:23 44:23 46:7 46:12,15,19,25 47:18 56:10 87:21 88:8 <b>Hull</b> 5:14 <b>Huron</b> 5:15 <b>husband's</b> 18:9 <b>hustling</b> 78:23,24 <b>hyperstimulated</b> 51:1 <b>hypoxic</b> 58:11 60:7 62:19	<b>immediately</b> 62:14 65:2 67:11 68:25 70:18,18,22 81:23 84:13 93:23 112:19 113:9 <b>impaired</b> 76:12 <b>imply</b> 25:2,25 <b>important</b> 27:11 40:5 108:12 <b>impression</b> 35:24 40:9 114:8 <b>improperly</b> 83:6 <b>inc</b> 1:9,19 3:6 130:5 <b>incision</b> 85:3 <b>include</b> 24:24 <b>included</b> 113:18 <b>increased</b> 58:7 <b>increasing</b> 46:13 46:20 <b>increasingly</b> 60:7 <b>incubator</b> 93:16 93:20 113:13 <b>indepartment</b> 73:14 <b>indicate</b> 82:1 <b>indicated</b> 45:7 54:8 122:17 130:15 <b>indicates</b> 31:4 40:20 42:1 73:20 77:1 <b>indicating</b> 33:10 <b>indication</b> 23:22 30:17 <b>indications</b> 21:9 <b>indicative</b> 19:9 <b>individual</b> 20:20 85:24 <b>induction</b> 21:11 <b>infant</b> 112:16 113:16,23 <b>infection</b> 31:22 32:6,7 <b>inform</b> 119:14 <b>information</b> 14:15 14:23,25 26:3 27:10 30:15,16 46:9 107:24 108:2,15 <b>informed</b> 97:12 119:9 <b>initial</b> 60:9 <b>initially</b> 23:22 43:25 122:23
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<b>injected</b> 84:19 <b>injury</b> 76:5 <b>inside</b> 98:8,10 <b>insight</b> 26:7 <b>insisted</b> 84:24 <b>insofar</b> 112:10 <b>instance</b> 15:4 32:9 36:19 41:10 86:21 88:17 120:17 <b>instead</b> 21:18 70:19 <b>instruction</b> 68:11 <b>intents</b> 71:18 <b>intercede</b> 55:8 <b>interested</b> 126:3 <b>intermittent</b> 74:24 75:12 <b>intermittently</b> 74:2 74:19 <b>internal</b> 37:15,20 38:5,13,18,21,23 38:24 39:5,9,16 39:18,19 96:8 <b>internship</b> 6:1 <b>interpret</b> 86:2 <b>interpreting</b> 28:19 <b>interrupt</b> 107:22 <b>interruption</b> 28:16 51:12 <b>intrauterine</b> 40:14 <b>intubated</b> 93:22 <b>intubating</b> 113:18 114:11 <b>invariably</b> 69:1 <b>involved</b> 15:8 52:21,23,24 63:2 <b>in-house</b> 71:9,10 88:12 111:19,19 <b>irritability</b> 11:20 <b>Isphording</b> 92:16 92:17 <b>issue</b> 19:15 32:17 69:24 <b>issues</b> 9:24 53:13 <b>IV</b> 62:15	<b>judgment</b> 37:25 103:12 <b>julie</b> 1:5 13:20 14:10 15:15 18:15 22:6,25 43:23 89:7 99:24 102:24 118:21 120:23 130:3 <b>Julie's</b> 15:18 17:4 52:22 73:2 120:10 <b>July</b> 15:5 <b>juncture</b> 54:8 <b>just</b> 10:6 11:19 12:12,20 14:9 15:13 17:2 18:7 21:10,13,19 23:24 24:6 28:5 28:18 29:20 30:2 30:8 31:10 32:14 33:5,16,18,24,25 36:15 37:2,22 39:17,24 40:15 50:1 51:1,4 54:3 54:24 56:13,20 56:24 61:12,19 61:23 62:10 64:22 65:3,13 67:4,5 69:18,24 72:3,20 74:10 75:14,24 76:10 80:23 81:5 82:5 82:13,15,16 83:18,19,21 84:4 85:11,25 86:20 90:22,23 91:22 92:14 93:6,16 95:20,22,25 97:13 98:4,13 107:21 114:7 116:23 119:1 121:11 122:11	<b>knew</b> 48:19 71:11 73:1 75:3 111:3 <b>know</b> 12:14 13:1 13:23 14:15,17 14:22 15:7 16:22 17:18 21:18,19 22:11 27:25 30:18,21 33:14 33:17,25 34:15 40:2,2,4 42:13 43:21,22 45:25 46:22 47:7 51:14 51:24 52:20 53:15,23 54:13 54:20,24 61:12 65:18 66:2,4,14 68:3,13,18 72:16 73:5,13,24 74:8 75:11,14,19 76:20 77:18 78:5 80:12 82:2 84:3 84:4,5,10,15,16 84:18 85:12,20 89:12 90:24 91:11,13,13,17 91:19,20,20 92:14,17 93:11 96:16 97:11,24 99:11,16,16,22 100:13,25 101:4 101:5,7 114:7,9 114:9 120:2 121:3,8 122:24 <b>knowing</b> 40:23 66:16 73:17 <b>knowledge</b> 14:7 14:21 80:14 89:6 109:20 110:20 114:10 118:9	72:2,4 73:2 74:23 75:14 91:21 109:15,16 109:21 110:16 117:18 118:10 118:15 121:10 <b>laboring</b> 72:17 <b>labors</b> 119:10 <b>lack</b> 54:1 <b>lady</b> 55:6 <b>Lake</b> 8:1,2 <b>last</b> 13:22 16:4 46:7,12,14,16,19 90:1 107:2 117:25 <b>late</b> 40:20 42:3 49:12,19 50:9,9 50:15,23 57:16 57:21,22 58:1 104:24 105:22 106:11 <b>later</b> 11:23 14:11 30:5 72:17 99:12 <b>Lati</b> 11:12 <b>laundry</b> 120:15 <b>lawful</b> 4:1 <b>lays</b> 86:1 <b>lead</b> 37:15 38:5,22 39:10 96:8 <b>Leader</b> 3:10 <b>learn</b> 38:7 <b>least</b> 111:14 <b>leave</b> 9:5,12 64:19 99:1 109:16 <b>leaves</b> 108:11 <b>leaving</b> 100:7 <b>led</b> 123:18 <b>left</b> 43:17 53:20 65:17 66:24 82:14 97:20 98:15 109:22 116:2 <b>length</b> 26:5 66:15 <b>less</b> 39:13 43:13 43:14 70:1,6,8 73:6 <b>let</b> 28:5 31:10 35:15 43:21 45:16 54:24 56:16,24 57:3,7 62:2 73:17 83:25 89:13 100:20 106:23 107:6,19 107:21 108:16 118:20 123:5 <b>let's</b> 54:24 57:10	87:22 102:4 <b>level</b> 35:8 73:15 73:15 83:11 111:12,13,16,18 114:12 <b>light</b> 29:23 51:2,22 105:21 <b>like</b> 18:2 20:11 30:1,20 37:15 39:14 53:17 59:15 67:5 83:14 88:16 89:7 90:14 95:2 97:18 98:9 105:8 110:4 111:6 112:13 114:9 116:25 119:9 <b>liked</b> 6:16 95:24 <b>likelihood</b> 20:1 <b>likely</b> 19:4 55:6 75:20 105:23 106:12 <b>line</b> 10:9 56:25 <b>list</b> 120:15 <b>listed</b> 129:12 <b>listing</b> 122:13 <b>literally</b> 82:16,18 <b>little</b> 35:16 89:10 <b>live</b> 5:6 21:16 <b>LLP</b> 2:4,13 <b>locally</b> 6:17 11:7 <b>long</b> 4:21 32:10 34:22 62:5 64:4 71:2 75:2 78:21 80:17 81:4 83:15 87:5 <b>longer</b> 19:21 34:3 <b>look</b> 31:11 49:10 94:5 97:13 98:21 117:21 118:6 <b>looked</b> 14:9,17 16:24 17:1 25:14 40:23 41:7 42:13 42:15 66:9,12 118:1 <b>looking</b> 27:23 28:6,8 32:4 41:12 46:20 49:17 50:1 52:4 58:17 73:22 77:5 <b>Loop</b> 2:13 <b>loose</b> 56:16,24 <b>lose</b> 97:17 <b>loss</b> 28:22 <b>lost</b> 78:2 98:1 <b>lot</b> 73:9
<b>J</b> <b>Jackson</b> 2:16 <b>January</b> 21:15 <b>job</b> 63:1 65:10 86:16 98:25 99:2 <b>john</b> 2:14 102:14 102:19 105:5 107:21 <b>join</b> 17:14	<b>K</b> <b>Kansas</b> 5:17,18 <b>keep</b> 51:3 82:13 97:22 <b>keeping</b> 119:8 <b>Kendrick</b> 2:13 <b>kent</b> 2:5 14:24 23:18 41:2 48:1 86:5 <b>kid</b> 60:22 61:1,16 <b>kind</b> 91:18 104:25 120:20 <b>kinds</b> 103:2	<b>L</b> <b>L</b> 5:14,14 8:3 11:12 <b>labor</b> 11:16 17:24 18:4,5,6 21:22 23:1 24:3,4,7 25:8,18 26:8,10 26:11 27:4,24 28:2,7 29:8 30:3 32:19 33:3 34:7 34:21,22 36:22 37:2,3 43:9 46:10 48:17,17 51:4,10 55:16 56:6,7,8,22 60:20 63:2 64:15	<b>length</b> 26:5 66:15 <b>less</b> 39:13 43:13 43:14 70:1,6,8 73:6 <b>let</b> 28:5 31:10 35:15 43:21 45:16 54:24 56:16,24 57:3,7 62:2 73:17 83:25 89:13 100:20 106:23 107:6,19 107:21 108:16 118:20 123:5 <b>let's</b> 54:24 57:10	<b>longer</b> 19:21 34:3 <b>look</b> 31:11 49:10 94:5 97:13 98:21 117:21 118:6 <b>looked</b> 14:9,17 16:24 17:1 25:14 40:23 41:7 42:13 42:15 66:9,12 118:1 <b>looking</b> 27:23 28:6,8 32:4 41:12 46:20 49:17 50:1 52:4 58:17 73:22 77:5 <b>Loop</b> 2:13 <b>loose</b> 56:16,24 <b>lose</b> 97:17 <b>loss</b> 28:22 <b>lost</b> 78:2 98:1 <b>lot</b> 73:9

<b>low</b> 28:14 <b>lower-right</b> 28:8 <b>L.P.A</b> 3:8	22:20 25:19 30:12,12 31:7,9 32:5 37:2 38:20 38:21 41:6 44:2 50:1 54:4 65:3 69:17,18 73:6 76:7 80:3 81:7 83:7 84:17 85:14 92:14 96:14 98:8 98:9,10,17,25 99:8 102:5 106:6 115:19 117:1,3 118:4	<b>mine</b> 28:5 77:12 <b>minus</b> 23:6 47:7 61:2 <b>minute</b> 13:18 57:12 77:24 85:17 105:24,24 107:2 123:5 <b>minutes</b> 61:22,22 62:9 64:10,11,24 65:22,22,25,25 67:2 71:4,12 73:6 78:25 79:24 80:22,25 81:1,5 81:6,10 82:11 83:14 84:18 91:15 96:19 102:13 110:25 <b>minute-to-minute</b> 106:13 107:10 <b>misplaced</b> 117:1 <b>Missouri</b> 5:18 <b>moment</b> 63:3 77:20 <b>momentarily</b> 64:19 <b>monitor</b> 16:16 25:14 27:11 37:10,20 38:2,9 38:13,18,24 39:15 42:5 66:25 68:2 101:11 105:14 117:21 <b>monitored</b> 37:13 73:21,25 117:19 <b>monitoring</b> 39:13 67:15 104:5 105:1 <b>monitors</b> 39:5 40:14,17 <b>months</b> 9:22 12:4 12:6 34:25 123:23,23 <b>more</b> 19:4 21:20 32:1 33:15 35:22 38:6,7 51:9 52:14,22 53:21 54:20 57:5 58:10 58:11 61:15 62:19 76:21 78:24 83:3 89:10 89:15 97:5 98:18 98:18 104:1 115:11 <b>morning</b> 52:24 53:1,9 <b>most</b> 115:24	<b>mother</b> 37:11,21 38:14,19,21 39:20 57:6 66:25 89:7 101:9 117:13 <b>mother's</b> 38:24 40:6 <b>motions</b> 98:14 <b>mouth</b> 92:25 93:4 112:19 113:5 <b>move</b> 48:16 55:11 57:10 58:12 70:17,18,20 72:1 72:5 79:5 90:11 <b>moved</b> 6:21 56:24 <b>moves</b> 38:3 <b>moving</b> 23:15 56:16 <b>much</b> 38:3 43:9,12 43:14,16 54:9 76:21 83:3 89:24 96:16 99:7 <b>multiple</b> 93:22 97:7 <b>Murphy</b> 3:7 <b>must</b> 46:23 <b>myself</b> 18:13 86:3 93:7 94:1 <b>M.D</b> 3:4,5	<b>new</b> 6:11 35:1,4 101:19,21,21,24 102:2,4 <b>next</b> 33:9 55:23 57:17 62:12 <b>nice</b> 56:21 <b>Nimmagadda</b> 77:2 80:12 82:8 83:23 84:2 93:24,25 113:15,22 114:4 114:10 <b>Ninth</b> 2:6 <b>nobody</b> 69:20 <b>nodding</b> 60:1 100:24 <b>non</b> 103:6 <b>None</b> 9:21 <b>nonemergency</b> 71:15 103:7 106:18 109:11 <b>nonemergent</b> 71:23 <b>noninterpretable</b> 39:7 <b>nonstat</b> 103:7 107:13 <b>noon</b> 33:19,21 41:16 118:16 <b>normal</b> 57:19 62:6 86:14 115:6 <b>normally</b> 29:13 <b>North</b> 2:15 <b>Notary</b> 1:16 125:6 126:14 129:8,22 <b>notation</b> 33:9 <b>note</b> 15:20 27:12 27:13,15,16,18 29:2,10,21,25 30:4,4,14 32:13 32:14 42:1 45:16 46:8,21 118:20 <b>noted</b> 27:1 30:15 31:16 45:15 <b>notes</b> 27:4,7 29:8 29:25 30:24 31:12,14 40:19 81:25 102:13 <b>nothing</b> 23:3 30:13 50:23 75:16 83:18 125:11 <b>notice</b> 1:177:25 <b>noticed</b> 14:8 <b>notification</b> 64:22 <b>notifications</b> 69:3 <b>notified</b> 59:10
<b>M</b>				
<b>M</b> 8:3 <b>made</b> 9:15 18:13 26:14 29:2 37:9 37:12 48:16 54:18 91:7,17 103:12 105:1,15 124:5 <b>make</b> 27:6,17 29:7 29:9,25 30:4 37:25 48:16 55:11 56:12 61:20 64:9,22 69:3,4,15 72:15 74:25 85:1,2 <b>makes</b> 26:22 33:20 <b>male</b> 28:15,20 112:15 <b>malpractice</b> 10:3 12:23 <b>management</b> 107:11 <b>maneuvers</b> 66:6 66:18 <b>manned</b> 70:10 <b>manning</b> 69:21 <b>many</b> 10:5 13:5 22:6 29:16 68:13 97:3,14 111:23 116:18,21 119:5 120:1 <b>Marblehead</b> 21:16 <b>march</b> 1:20 14:1 18:19 35:3,12 102:23 117:14 121:5 130:8 <b>mark</b> 30:21 <b>married</b> 4:14,21 <b>matter</b> 21:7 72:21 73:4 75:3 128:7 129:12 130:12 <b>may</b> 23:14 24:13 29:17 31:23 35:13 36:6,7 58:15 68:17 79:15 90:10 97:11 122:13 <b>maybe</b> 13:2 55:17 83:6 84:19 88:25 <b>McLaughlin</b> 3:5 <b>mean</b> 21:12 22:15	22:20 25:19 30:12,12 31:7,9 32:5 37:2 38:20 38:21 41:6 44:2 50:1 54:4 65:3 69:17,18 73:6 76:7 80:3 81:7 83:7 84:17 85:14 92:14 96:14 98:8 98:9,10,17,25 99:8 102:5 106:6 115:19 117:1,3 118:4 <b>meaning</b> 14:1 21:12,13 24:8 27:13 46:15 75:24 76:2 <b>meaningless</b> 71:20 <b>means</b> 35:22 43:7 84:19,19 85:11 <b>mechanism</b> 105:24 106:12 122:7 <b>meconium</b> 28:13 30:20 31:2,15 32:1,10 35:17 36:11,18 61:13 61:23 97:21,22 112:24 113:6 <b>med</b> 6:15 <b>medical</b> 5:16 10:3 12:23 14:9 21:9 100:10 103:2 <b>Medicine</b> 5:18 <b>membranes</b> 17:23 18:12 28:13 30:23 35:19 36:3 36:14,17 53:5 <b>Memorial</b> 6:2 <b>mentioned</b> 23:6 26:25 120:9 <b>mentions</b> 96:23 <b>merged</b> 8:15,21 <b>merger</b> 8:17 <b>Mexico</b> 6:12 <b>Michigan</b> 6:3 <b>mid</b> 13:7 21:14 <b>might</b> 19:9,14 33:3 50:19 59:19 80:24 <b>mild</b> 57:18,22 <b>milliunits</b> 51:6 <b>mind</b> 35:6 54:8 76:9 107:16 <b>mindful</b> 89:15	<b>mine</b> 28:5 77:12 <b>minus</b> 23:6 47:7 61:2 <b>minute</b> 13:18 57:12 77:24 85:17 105:24,24 107:2 123:5 <b>minutes</b> 61:22,22 62:9 64:10,11,24 65:22,22,25,25 67:2 71:4,12 73:6 78:25 79:24 80:22,25 81:1,5 81:6,10 82:11 83:14 84:18 91:15 96:19 102:13 110:25 <b>minute-to-minute</b> 106:13 107:10 <b>misplaced</b> 117:1 <b>Missouri</b> 5:18 <b>moment</b> 63:3 77:20 <b>momentarily</b> 64:19 <b>monitor</b> 16:16 25:14 27:11 37:10,20 38:2,9 38:13,18,24 39:15 42:5 66:25 68:2 101:11 105:14 117:21 <b>monitored</b> 37:13 73:21,25 117:19 <b>monitoring</b> 39:13 67:15 104:5 105:1 <b>monitors</b> 39:5 40:14,17 <b>months</b> 9:22 12:4 12:6 34:25 123:23,23 <b>more</b> 19:4 21:20 32:1 33:15 35:22 38:6,7 51:9 52:14,22 53:21 54:20 57:5 58:10 58:11 61:15 62:19 76:21 78:24 83:3 89:10 89:15 97:5 98:18 98:18 104:1 115:11 <b>morning</b> 52:24 53:1,9 <b>most</b> 115:24	<b>mother</b> 37:11,21 38:14,19,21 39:20 57:6 66:25 89:7 101:9 117:13 <b>mother's</b> 38:24 40:6 <b>motions</b> 98:14 <b>mouth</b> 92:25 93:4 112:19 113:5 <b>move</b> 48:16 55:11 57:10 58:12 70:17,18,20 72:1 72:5 79:5 90:11 <b>moved</b> 6:21 56:24 <b>moves</b> 38:3 <b>moving</b> 23:15 56:16 <b>much</b> 38:3 43:9,12 43:14,16 54:9 76:21 83:3 89:24 96:16 99:7 <b>multiple</b> 93:22 97:7 <b>Murphy</b> 3:7 <b>must</b> 46:23 <b>myself</b> 18:13 86:3 93:7 94:1 <b>M.D</b> 3:4,5	<b>new</b> 6:11 35:1,4 101:19,21,21,24 102:2,4 <b>next</b> 33:9 55:23 57:17 62:12 <b>nice</b> 56:21 <b>Nimmagadda</b> 77:2 80:12 82:8 83:23 84:2 93:24,25 113:15,22 114:4 114:10 <b>Ninth</b> 2:6 <b>nobody</b> 69:20 <b>nodding</b> 60:1 100:24 <b>non</b> 103:6 <b>None</b> 9:21 <b>nonemergency</b> 71:15 103:7 106:18 109:11 <b>nonemergent</b> 71:23 <b>noninterpretable</b> 39:7 <b>nonstat</b> 103:7 107:13 <b>noon</b> 33:19,21 41:16 118:16 <b>normal</b> 57:19 62:6 86:14 115:6 <b>normally</b> 29:13 <b>North</b> 2:15 <b>Notary</b> 1:16 125:6 126:14 129:8,22 <b>notation</b> 33:9 <b>note</b> 15:20 27:12 27:13,15,16,18 29:2,10,21,25 30:4,4,14 32:13 32:14 42:1 45:16 46:8,21 118:20 <b>noted</b> 27:1 30:15 31:16 45:15 <b>notes</b> 27:4,7 29:8 29:25 30:24 31:12,14 40:19 81:25 102:13 <b>nothing</b> 23:3 30:13 50:23 75:16 83:18 125:11 <b>notice</b> 1:177:25 <b>noticed</b> 14:8 <b>notification</b> 64:22 <b>notifications</b> 69:3 <b>notified</b> 59:10
			<b>N</b>	
			<b>N</b> 4:17 11:12 127:1 <b>name</b> 4:8,16 8:6 11:4,4,10 102:19 129:17 130:16 <b>named</b> 125:9 <b>names</b> 7:22,24 <b>narrowing</b> 41:19 <b>nasal</b> 93:2 <b>nature</b> 11:14 17:13 58:23 64:7 <b>necessarily</b> 36:12 69:9 <b>necessary</b> 129:12 <b>necessity</b> 109:1 <b>need</b> 22:17 51:19 61:23 88:2 89:15 91:4 96:3 <b>needed</b> 19:6 73:3 <b>needing</b> 112:1 <b>needs</b> 64:19 65:4 89:16 <b>neurological</b> 76:5 <b>neurologically</b> 76:12 <b>never</b> 13:14 74:14	

66:5 67:11 119:24 120:8 <b>notifies</b> 63:21,24 63:24 <b>notify</b> 53:20 63:5 63:7,8,9,13,14 63:19,20 87:9 119:19 120:4 <b>notifying</b> 68:6 <b>noting</b> 105:14 <b>November</b> 8:14 <b>number</b> 44:23 47:17 111:3 115:18 <b>nurse</b> 34:6,7,21 34:23 35:4 38:12 38:17 39:11 45:3 53:19 54:14 58:20 59:3,8,15 63:1 67:10 68:14 68:17 74:5 78:13 78:14,15 79:9 90:3 91:17 98:20 105:25 106:13 107:10 109:15 109:21 110:2,8 110:12,16,21,23 120:3 121:20,25 122:8 <b>nurses</b> 37:14 62:11 63:9,15,16 68:13,18 71:8,9 78:14 79:10,23 80:18 87:9,18 96:12 98:23 99:14,19 115:7 115:12 117:6 119:8,14 122:8 <b>nurse's</b> 31:11,14 37:24 40:18 119:19 <b>nursing</b> 63:7,12 110:3,13 114:21	71:24 74:7,11,16 83:5 90:7,9 100:18,19 106:5 106:19,21 107:14,15 108:10 114:5 116:14,17 118:17 119:22 120:5,6 <b>obligations</b> 119:7 119:21 <b>observation</b> 45:4 113:21 <b>observations</b> 104:7 <b>observe</b> 35:15 36:10,18 101:14 <b>observed</b> 11:18 31:1 36:13 41:23 44:10 45:11 66:24 70:10 114:15 <b>obstetrical</b> 112:10 119:8 120:3 <b>obstetricians</b> 7:12 119:9 <b>obstetrics</b> 1:8 3:5 7:1 111:15 130:4 <b>obtained</b> 7:10 95:13 <b>obtaining</b> 38:1 <b>obvious</b> 94:3 <b>obviously</b> 76:1,13 <b>OB/GYN</b> 1:18 6:4 6:6 8:3,14,16,18 <b>occasion</b> 12:6 117:20 <b>occasionally</b> 94:19 <b>occasions</b> 22:8 34:18 93:22 <b>occur</b> 62:23 64:5 78:11 <b>occurred</b> 12:13 24:11 42:10 86:21 100:14 103:11 <b>occurring</b> 68:3 <b>occurs</b> 73:9 <b>odds</b> 55:22 <b>odor</b> 31:8,16,21 32:2,3,6 <b>odorless</b> 31:5 <b>off</b> 10:20,21 13:17 13:19 15:1,3 30:8 43:4 51:15	55:11 66:10 87:10 <b>office</b> 16:20,21 124:7 126:6 <b>official</b> 129:17 <b>often</b> 32:1 39:18 117:2 <b>oh</b> 13:2 42:15,23 59:24 70:11 77:10 82:20,21 95:12 <b>ohio</b> 1:2,17,19 2:8 2:17 3:12 4:2,13 5:15 21:17 111:24 125:2,7 126:7,15 129:2 <b>okay</b> 5:9 7:9 8:12 14:19 17:21 19:24 27:21 28:5 28:6 31:19 33:7 36:4 43:6 49:18 60:5 62:1 64:1 74:6 81:25 82:4 86:6,14,24 87:17 87:22 89:1 92:1 100:13 103:1 104:14 107:4 109:19 110:7,11 110:15 111:2,22 112:22 113:2,9 113:14 120:9,24 121:20 122:21 123:13,24 124:2 <b>old</b> 4:18 5:9 <b>ominous</b> 53:21 <b>once</b> 76:19 79:4 89:1 109:10 <b>one</b> 5:7,8 10:10,11 12:6,7,17,18 17:22 22:19 23:20 45:22 46:1 51:9 52:14,22,23 53:1 54:11 67:22 71:23 77:14,16 77:24 90:14 91:4 92:1 95:6 97:5 97:18 98:3 99:1 104:8 105:15 109:12,14 111:12,13,16,18 122:25 <b>ones</b> 12:16 17:1 58:17 <b>only</b> 4:24 12:18 22:9 24:23 29:2 51:5 86:1 96:19	<b>onset</b> 11:23 21:24 <b>on-site</b> 80:3 <b>open</b> 80:23 115:21 <b>operate</b> 36:9 86:18 87:3,8 97:10 <b>operating</b> 65:15 80:18 81:15,16 81:17,21 82:1,6 82:12 <b>operation</b> 77:6 81:3 86:16 97:13 <b>operative</b> 14:13 27:14 29:3,11,14 29:18 30:10,14 30:18 31:9 45:15 46:21 <b>opportunity</b> 108:18,22 <b>opposed</b> 8:24 103:25 123:15 <b>opted</b> 6:17 <b>optimal</b> 51:4 <b>optimize</b> 82:15 <b>option</b> 51:23 52:5 <b>oral</b> 7:17 93:2 112:20 113:6 <b>order</b> 18:21 39:3,4 39:6 52:2,6 61:8 79:11 106:17 107:13 109:10 109:17,22 116:7 <b>ordered</b> 18:24 45:23 46:1 51:24 52:1 61:10 64:8 102:23 103:6 108:5 109:7 115:1 116:12 <b>ordering</b> 74:21 <b>original</b> 130:18 <b>originally</b> 91:16 <b>oscillation</b> 74:24 75:13 <b>osteopathic</b> 5:17 5:22 7:12 <b>other</b> 8:18 9:19 12:6,16 14:25,25 15:25 16:9 20:21 21:9 24:24 29:16 34:18 36:9 40:21 46:16 52:10,22 57:7 59:19 60:19 60:25 66:4 67:17 68:16,19,21 75:1 86:2 104:15	123:15,22 <b>others</b> 12:21 52:25 <b>otherwise</b> 126:3 <b>out</b> 27:21 43:18 64:20 69:2,14,20 71:3 75:14,15 76:17 77:4 83:22 84:7 86:1 89:16 93:4 94:15 97:14 106:14 108:11 109:17 114:3 115:8 119:16 128:8 <b>outside</b> 29:23 59:23 <b>out-rotations</b> 6:16 <b>over</b> 10:16 43:4 46:12,14,19 50:2 51:10 53:4 54:10 57:3 70:21 74:23 82:14 89:19 90:1 93:7 98:4 102:13 113:13 <b>overall</b> 76:21 <b>overtly</b> 25:3 <b>own</b> 54:8 68:12 114:10 <b>oxygen</b> 51:20,23 110:11 <b>oxygenation</b> 62:18 <b>o'clock</b> 1:20
<b>O</b>				
<b>O</b> 4:17 <b>object</b> 16:6 23:17 41:14,16 45:5 53:25 58:22 64:6 85:22 115:15 <b>object</b> 10:6,7,9 17:12,15 36:24 45:1 48:9,12 53:24 54:25 55:1 56:1,2 59:12 68:10 69:5 71:21				
<b>P</b>				
				<b>P</b> 11:12 <b>pack</b> 97:1,3,5 <b>packs</b> 80:23 97:14 98:21 115:21 <b>page</b> 28:6 78:2 128:9 <b>paged</b> 59:5 <b>pages</b> 77:8 <b>pain</b> 11:24 14:11 <b>panel</b> 50:4 <b>paper</b> 43:19,20 118:19 <b>part</b> 7:17 20:14 23:21 36:6 43:9 54:3 83:16 91:7 101:24 110:14 117:25 118:11 <b>participation</b> 12:14 <b>particularly</b> 31:24 <b>particulars</b> 123:1

particulate 31:15 parties 63:5 128:14 partners 14:6 Parts 17:7 party 126:3 pass 7:19 passed 123:22 past 19:4 20:11 patient 21:1,2,7 32:15 38:3 42:20 56:8 59:21 64:13 66:3,19 68:15 70:17,21,21 72:1 72:15,17 74:22 78:19,22 79:5 80:16 85:7 101:3 107:11 108:9,13 108:23 110:5,9 116:2 117:18 121:22 patients 37:13 44:8 56:19 68:20 68:21 122:18 patient's 59:23 66:5 pattern 25:24 26:2 51:4 54:5 pediatrician 90:25 91:8,11,14,25 92:11,12,15 114:2 pediatrics 63:20 63:21,25 78:16 91:20 pelvis 19:12 25:24 pending 10:17 11:6 people 70:1,6,8 91:6 120:19 122:24 per 18:21 68:11 perform 86:12,15 performance 114:18,22 116:7 performed 14:13 43:22 perhaps 42:4 61:16 65:21,24 112:2 perineum 60:22 period 9:2,9 11:18 34:4 41:13 67:1 74:1 76:2 90:17 109:16 114:17 122:23 123:22	permitted 55:24 85:5 persistent 13:11 58:12 persistently 57:17 person 11:10 68:6 personally 41:23 42:13 129:9 personnel 70:10 71:13 73:11,12 80:17 perspective 110:3 110:13 117:11 pertinent 29:22 pH 52:8 95:4,5 pharynx 93:2 112:20 113:6 phase 26:8,10,14 phone 64:9 68:22 69:19 phones 69:22 physical 29:20 physically 118:5 physicians 6:17 8:7,8,19 14:25 picture 60:11 61:5 61:1 182:22,23 89:8 90:1 pink 94:14,15 pitocin 48:5,8 49:1,9 50:21,25 51:5,6 61:8 101:2 place 37:14 38:5 74:10 77:11 79:2 80:6 110:7 123:1 125:20 128:8 placed 37:11 38:13,18 78:20 placement 39:8 placenta 13:13 95:21 places 70:4 placing 38:21 96:8 Plaintiffs 1:6 2:3 plan 23:2 play 36:22 <b>pleas</b> 1:1 11:8 please 4:8 5:4 9:12 13:18 16:4 17:15 27:22 37:7 49:15 57:12 plugs 66:10 72:8 74:1 81:23 pocket 29:21 point 17:22 19:14	23:13,25 24:2,3 24:7 26:23 27:21 35:9,10 40:22 44:18,24 45:2 47:13,18 50:20 51:7,20 53:7 54:9 55:23 56:14 56:20 58:5 60:14 61:9 62:1,17 63:11 77:4 78:7 84:9,21 85:14 89:14 94:11 99:13 101:17 113:14 pointed 119:16 points 43:3 policies 100:16 Polito 3:8 portion 102:9 118:5,20,21 position 25:4,7 86:3 possibilities 90:12 possible 15:11 75:25 76:17 95:21 114:20 115:4 possibly 56:24 76:6 87:1 post 30:18 posterior 25:7,12 25:16,21,25 27:3 potential 23:8 76:14 practice 6:22,23 6:25 7:3 9:8 15:9 15:12 52:10 89:19 90:15 100:1 112:11 119:6 practiced 7:24 9:1 practices 7:23 8:15,21 pre 30:18 preceded 47:4 precipitate 21:25 22:3 precise 39:13 109:20 precisely 121:3 predictable 21:21 preempted 91:19 preference 21:8 37:18 117:16 120:10	pregnancies 123:15 pregnancy 15:16 15:19,23,25 16:10 28:11 premise 80:4 premises 73:11 73:13 79:13 80:7 80:13 87:10,18 87:23 88:5 101:2 prenatal 15:22 <b>prep</b> 62:14 64:18 65:8,12,13,13 78:21 79:4 80:15 preparation 16:14 62:23 prepared 37:3 112:9 prepped 78:19 presence 59:23 106:24 107:7 116:9 125:15 present 7:5 31:22 32:11 33:10 61:13 90:25 presentation 26:1 27:3 pressure 39:1,16 39:20 40:14 95:19 pretty 54:9 88:22 89:3 prevent 37:5 priming 19:6 printing 106:14 Printy 3:4 15:8 Printy's 15:6 prior 9:18 18:7 54:1 114:22 124:5 private 6:23 7:3 probably 25:9 34:24 40:3 54:19 64:9 74:2,3 97:7 106:16 problem 37:16 38:4 97:23 problems 9:20,24 14:10 15:20 53:13 procedure 4:3 14:13 29:15 30:10 64:7 75:21 81:7 85:8 86:12 115:12 116:3,25 procedures	116:19 proceed 106:3 proceeding 105:16 process 24:22 89:18 114:20 professional 1:16 4:10 program 122:23 progress 23:23 24:9,14,20,24 25:10 26:23 27:4 27:6 28:13 29:8 44:22 47:17 50:7 55:14,21 56:21 72:3 104:1 105:17 progressed 108:19 progressing 23:25 24:25 26:20 55:22 progression 24:1 46:24 48:17 51:11 56:11 progressive 46:11 55:12 prolonged 70:14 70:24 proper 69:3 Prostaglandin 18:16 Prostringel 19:6 28:12 protocol 54:4 110:14 provide 113:15 124:8 provided 4:2 108:3,14 112:15 113:22 114:2 Providence 2:11 53:3,5 68:1 87:3 87:8 88:11,13,22 89:13,17 94:16 100:15 101:1,5,7 101:20 111:4,9 112:11 117:13 120:10,17,20 121:6 122:16 Public 1:16 125:6 126:14 129:8,22 pull 70:17 pulled 66:10 72:8 74:1 81:23 <b>purposes</b> 71:18
--	---	---	--	---

<p>111:20 112:3  <b>pursuant</b> 1:17  <b>pursue</b> 103:13  <b>pushed</b> 46:24  <b>pushing</b> 96:18  <b>put</b> 15:25 16:10  25:11 39:9,10,11  64:10,12 65:6,12  83:6 94:8 97:19  109:13  <b>putting</b> 46:21  <b>p.m</b> 1:20 103:6,10  04:6,6,21,24  05:1,2,15,23  06:11,25 107:8  09:6,6,6,7,7  10:23 121:4,4  21:13,23 122:3  24:15</p>	<p><b>reach</b> 56:20  <b>reached</b> 23:25  26:10 54:9  106:16  <b>reactive</b> 49:24  <b>read</b> 16:3,5 17:4,9  17:16 28:10  32:14 37:6,8  40:6 46:8 51:17  105:6,9,10  118:21 124:10  128:15 129:11  130:11,13  <b>reading</b> 37:17  39:9 114:8  <b>readings</b> 94:17  <b>ready</b> 78:20 85:7  <b>reality</b> 71:22 72:24  <b>realize</b> 55:20  75:23 99:1  <b>really</b> 36:8 95:19  96:18 98:13  108:10  <b>reason</b> 9:5 14:4  20:9,21 54:7  60:8 68:5,8  85:16 113:25  116:15  <b>reasons</b> 45:22  46:1 130:15  <b>reassigned</b> 10:23  11:3  <b>reassuring</b> 57:15  <b>recall</b> 12:20 17:6  17:16 18:1,3,7  18:10,14 24:18  25:7 31:5 32:18  33:18,25 34:6,9  35:5,13,17 41:11  42:2,6 45:3,10  47:11 52:24  53:11,14,18  59:13 66:17  70:11 74:12,18  77:3 82:2 84:1  85:25 86:13,20  86:22 91:9 92:4  95:9 97:19 99:16  99:22 100:12  101:25 102:5,8  102:11 111:1  120:22 121:11  121:11,12,24  123:2  <b>receiving</b> 106:13  <b>Recess</b> 51:16</p>	<p><b>recognize</b> 10:25  34:13 76:13  <b>recognized</b> 66:4  <b>recognizing</b> 76:2  <b>recollection</b> 17:10  30:11 32:22 33:2  33:12 41:16 42:9  42:11 45:7 54:2  74:15,20 82:25  86:8 92:3 116:23  118:12,16 123:7  <b>record</b> 10:20,21  13:18,19 15:2,3  16:5,7 27:12  28:17 31:4,6,7  33:7 37:8 51:15  51:17 73:19  74:11 75:12 77:1  77:5,13 82:9  85:25 96:23  105:10 124:4  130:14  <b>recorded</b> 33:16  45:18,19 47:8  <b>recording</b> 37:16  41:4 47:9  <b>records</b> 14:10  16:13  <b>recurrent</b> 57:10  <b>reduced</b> 125:14  128:12  <b>refer</b> 26:18 30:2  103:7  <b>referenced</b> 104:7  <b>referring</b> 23:19  26:19 41:2 49:16  <b>reflects</b> 103:18  <b>refresh</b> 33:1  <b>regarding</b> 54:1,2  105:1 106:10  110:20,24  <b>regards</b> 111:15  <b>Registered</b> 1:15  <b>regular</b> 56:22 62:7  71:5 106:3  109:11  <b>regulations</b>  100:25  <b>related</b> 9:25 53:13  <b>relates</b> 119:8  <b>relating</b> 13:8  14:10  <b>relation</b> 29:14  32:10 96:12  <b>relationship</b> 21:23  40:7</p>	<p><b>relative</b> 126:2  <b>relaxation</b> 101:12  <b>relay</b> 69:13  <b>remain</b> 56:17  <b>remarks</b> 28:11  <b>remember</b> 11:3  13:20 17:18  24:15 33:14  34:10,19 35:23  35:25 36:2 70:3  82:19 86:6 96:11  96:17 101:22  102:10  <b>removal</b> 14:13  <b>remove</b> 43:19  112:22  <b>removed</b> 115:14  118:5,11  <b>repeat</b> 24:16  105:6  <b>repeating</b> 55:19  <b>report</b> 15:5 27:14  29:3,11,14,18  31:9  <b>reporter</b> 1:16  105:9 128:11  130:10  <b>repositioning</b>  110:4,9  <b>represent</b> 76:4  <b>represented</b> 8:17  <b>representing</b> 11:2  <b>represents</b> 10:18  <b>request</b> 124:5  130:13  <b>requested</b> 12:25  128:10  <b>require</b> 21:5 101:1  <b>required</b> 80:9  109:15  <b>requires</b> 67:7  120:2  <b>residency</b> 6:4,6  6:20 12:10,17  <b>respect</b> 36:22  100:15  <b>response</b> 22:19  22:21 109:12  <b>responsibilities</b>  68:20  <b>responsible</b> 52:16  68:15  <b>rest</b> 85:1  <b>result</b> 24:21  <b>resulted</b> 100:16  <b>resuscitation</b></p>	<p>112:14 114:1  <b>resuscitative</b>  113:16,23  <b>retained</b> 13:13  82:25  <b>return</b> 65:1 82:15  124:9  <b>returned</b> 11:22  109:23  <b>returning</b> 122:9  <b>revealed</b> 46:12  <b>review</b> 18:25  22:12 33:22 43:5  48:14 101:13  117:24  <b>reviewed</b> 16:13,16  16:19,23 42:4,20  43:11 108:18  <b>reviewing</b> 22:7  <b>Rhonda</b> 4:17,22  <b>rhythm</b> 107:23,24  <b>right</b> 19:20 23:14  31:17,17 32:13  36:16 41:8 42:8  45:23,24 46:9,18  50:11 51:7 54:13  60:16,17 62:20  62:24 63:18,22  64:16,21 65:2  66:1 67:7 69:11  70:15 71:16  72:12 73:10,12  74:15 75:4 76:1  77:23 78:8,10  79:2,7 80:10  81:1,2,19 84:22  85:3 88:11 91:24  95:16 98:4,5  99:3 111:17  114:17 117:5  122:5  <b>ripe</b> 20:5,13  <b>ripening</b> 20:15  22:2  <b>rising</b> 83:11  <b>risk</b> 16:1,8,8,11  <b>Road</b> 5:14,14  <b>rolling</b> 77:23 78:7  <b>room</b> 33:8,12  34:13 40:19  41:18 42:2,19  44:9 49:8 59:9  64:16,19 65:1,5  65:15,17 66:5  67:10 68:1,9  69:4 74:13 75:14</p>
<p><b>Q</b></p> <p><b>qualified</b> 125:8  <b>question</b> 10:19  16:4 17:12 18:10  24:17 31:24 37:7  41:19 44:15 45:6  48:1 50:20 58:15  60:9,15 78:4,5  86:7 89:5 106:22  107:6,18 108:11  122:1,12  <b>questions</b> 12:13  85:22 102:15,20  104:5 109:13  111:3,7 112:14  118:25 124:1  <b>quick</b> 75:15  <b>quicker</b> 72:18  73:4,10 88:10  108:5,6  <b>quickly</b> 72:9 89:16  114:20 115:3</p>				
<p><b>R</b></p> <p><b>R</b> 4:17 8:3 11:13  <b>radiology</b> 99:24  <b>raised</b> 6:11  <b>range</b> 57:19  <b>rapidly</b> 56:20  <b>rate</b> 40:8 73:20,25  75:3,6,9,19 76:3  76:20  <b>rather</b> 103:20  105:17 106:3  117:14 120:10  <b>RE</b> 130:3</p>				

80:18 81:12,15 81:16,18,19,21 81:22 82:2,6,12 84:9,11,14,17 85:1,9 91:18 109:15,16,21,22 109:23 117:20 118:6,11,15 121:13 122:2 <b>roughly</b> 9:22 57:2 <b>round</b> 71:13 <b>routine</b> 117:5,5,19 <b>RRS</b> 130:6 <b>Rules</b> 4:3 <b>run</b> 87:25 88:25 <b>running</b> 114:18 <b>runs</b> 43:18 <b>rupture</b> 28:12 36:17 <b>ruptured</b> 17:23 18:12 30:23 35:19 36:2,13 53:5	<b>says</b> 31:14 32:15 74:6 82:3 <b>scalp</b> 52:8 <b>scan</b> 15:5 <b>scenario</b> 89:11 <b>schneider</b> 2:4,5 4:7 10:8 13:17 27:25 28:17 35:12 41:3,17 48:3 52:3 77:7 80:21 100:22 102:3,12 104:4 105:5,11 106:5 106:21 107:1,14 111:2 112:18 114:5 118:17 119:1,4 120:24 122:11 124:2,12 127:4,10 <b>Schneider's</b> 109:13 <b>school</b> 5:8,16,23 6:15 <b>scores</b> 94:5,12 <b>seal</b> 126:6 129:17 <b>second</b> 73:18 <b>secondary</b> 25:1 26:19,22 <b>seconds</b> 66:8 110:24 <b>section</b> 28:15 72:18 102:23 103:3,5 108:1,4 111:6,20 112:8 114:19,23 116:7 <b>sections</b> 30:6 <b>see</b> 18:25 19:24 20:11 22:8,9 25:10,20 26:25 27:3 31:19,25 34:8 40:18 41:4 45:18 47:9 58:25 61:11 71:8 73:19 85:14 92:16 95:12 97:13,14 98:11,22 99:24 104:14 105:17 108:7 117:18 118:15 <b>seeing</b> 31:5 77:3 105:22 106:10 <b>seem</b> 33:14,18,25 97:12 <b>seemed</b> 83:14 <b>seen</b> 33:1 76:24 <b>sent</b> 11:21	<b>September</b> 9:7 <b>sequela</b> 76:14 <b>series</b> 98:17 <b>serious</b> 9:19 67:6 76:4 <b>served</b> 12:22 <b>set</b> 21:20 77:12 80:18 103:16 126:6 128:8 <b>sets</b> 79:8 <b>settle</b> 36:6 <b>settling</b> 36:14 <b>setup</b> 87:15 <b>seven</b> 10:14 65:21 65:22 67:1 87:21 <b>several</b> 34:24 57:17 64:11 <b>shared</b> 54:14 <b>sharing</b> 45:3 <b>shave</b> 65:13,14 <b>sheet</b> 129:13 130:1,16 <b>shifting</b> 66:19 <b>Short</b> 28:16 51:12 <b>short-term</b> 38:7 <b>show</b> 14:19 17:11 50:8 57:9 77:6 79:23 101:11 <b>showed</b> 31:15 96:12 <b>showing</b> 96:17 104:11 <b>shows</b> 33:8 80:1 <b>Shumaker</b> 2:13 <b>side</b> 82:14 97:20 <b>sign</b> 128:15 129:14 <b>signature</b> 15:6 128:1 <b>signed</b> 130:15 <b>significance</b> 31:20 58:8 <b>significant</b> 30:19 50:9,14 51:11 58:4 95:3 <b>significantly</b> 93:5 94:2 <b>simpler</b> 107:17 <b>simply</b> 12:12 103:24 <b>since</b> 14:18 19:3 31:23 32:16 33:16 44:15 46:23 47:14 54:18 80:5 97:10 117:25	<b>sir</b> 5:24 6:24 7:2 16:12 18:17 23:10 26:24 40:17 52:12 100:2,5 104:13 104:22 107:16 117:8 <b>sit</b> 41:9 <b>sitting</b> 84:1,7 <b>situation</b> 67:5 69:13 85:6 87:25 89:13 103:22 111:23 117:4,5,6 121:21 <b>situations</b> 30:1 <b>six</b> 9:22 65:25,25 67:1 123:23 <b>slowly</b> 46:11 <b>small</b> 51:5 <b>snow</b> 21:17 <b>soaked</b> 98:7 <b>solid</b> 35:22 <b>some</b> 8:18 14:9 20:19 21:5 26:23 44:23 47:17 53:7 76:9 92:2 104:5 105:23 106:12 108:12 116:15 118:5,13 122:7 <b>somebody</b> 15:12 41:22 66:16 68:9 69:19,21 74:15 91:7 93:19 <b>someone</b> 70:12 118:4 <b>something</b> 17:23 18:1 25:20 32:4 54:11 59:8,15,1E 59:17,22 82:24 86:10 89:18 92:E 101:22 105:18 112:9 114:25 116:11,25 123:4 123:17 <b>sometime</b> 118:15 <b>sometimes</b> 20:8 22:18 29:17,19 36:5 90:20,20,21 90:22 110:2,11 <b>somewhere</b> 20:12 29:23 33:18 35:19 <b>soon</b> 75:25 76:17 80:16 84:25 85:1 85:9 87:1 92:24 <b>sooner</b> 90:4,6	<b>sophistication</b> 40:13 <b>sorry</b> 4:19 8:25 10:23 24:16 35:15 37:9 38:15 50:5 57:3 63:23 64:1 78:1,4 83:25 84:4 100:3 105:5 107:5 117:12 <b>sort</b> 122:17 <b>sound</b> 66:1 <b>South</b> 1:19 4:12 <b>specialty</b> 7:4 <b>specific</b> 42:11 74:17 96:14 110:24 123:4,17 <b>specifically</b> 35:5 41:12,20 42:6 74:18 121:25 123:7 <b>specified</b> 125:21 <b>specify</b> 23:18 64:7 <b>speculation</b> 69:6 90:8 <b>speculative</b> 107:9 <b>speed</b> 114:19 <b>Spencer</b> 11:12 <b>splitting</b> 52:13 <b>sponge</b> 14:14 96:24 97:20 98:15 100:7 114:21 115:8,10 116:2,9,18,21 117:2,7 <b>sponges</b> 97:1,15 98:3 115:13,18 115:22,25 116:1 117:1 <b>spontaneous</b> 21:21 22:25 50:3 <b>spontaneously</b> 90:23 <b>spots</b> 31:13 <b>Square</b> 2:15 <b>SS</b> 125:3 129:3 <b>staff</b> 6:16 114:21 <b>staffed</b> 111:25 <b>staffing</b> 69:24 111:5 <b>stained</b> 31:15 <b>standard</b> 100:8 120:2,7 <b>standby</b> 112:8 <b>standing</b> 39:6 52:2 82:11,16,18
--	---	--	--	---

85:17 93:17 start 16:21 43:4 56:16 57:3 62:14 62:15 84:16 85:8 85:15,15 87:22 96:13 102:4 116:3 started 6:22 18:6 56:11 75:13 81:23 84:13 86:25 87:1 122:24 starting 18:18 43:2 50:8 119:15 119:17 starts 56:8 82:9 stat 62:2 67:13 70:15 71:2,20 72:7,22,23 73:9 77:18 81:13 88:9 103:13 106:4 <b>State</b> 1:17 4:8 125:2,7 126:15 129:2,9 statement 119:11 129:14 states 32:15 station 20:5 23:7 47:6,10 61:2 67:15 status 115:13,25 statute 1:14 stay 69:15 stayed 68:8 staying 69:4 75:20 stenotypy 125:14 steps 110:1 113:10 still 10:17 23:13 42:24 43:10 44:11,18 47:6,11 47:12 50:8 57:14 57:18,18,20,21 57:22,25 58:13 58:13 60:25 72:9 104:11 stillborn 11:25 stimulates 22:5 stimulating 22:4 stipulations 1:18 stood 85:6 stop 22:23 76:15 116:24 stopped 24:1 26:20 61:9 stopping 43:3	straight 81:15,17 Street 2:6 stress 83:11 stressed 58:11 60:7 84:7 stressful 83:1,3 98:18 strike 43:22 90:11 strip 25:21 27:11 33:23 38:2 40:23 40:24 41:13 42:5 43:3,5,10,16,18 49:15 58:24 66:9 66:9,12 73:21 81:23 104:6,8,9 104:10 105:2,14 106:7,14 108:18 117:21,25 118:6 118:7,11 strips 16:17 25:14 25:16 41:22,24 42:14,15,20 49:4 53:20 58:19 60:6 66:25 76:24 90:18 101:14 104:16 struck 17:9 student 100:10 studies 95:23 style 59:14 subject 53:22 subsequent 14:12 subsequently 13:15 sucker 92:25 93:1 93:4 suction 61:19,21 61:23 93:1,8,19 113:5 suctioned 92:20 92:25 93:3,22 112:19 114:12 suctioning 37:4 92:23 114:11 suddenly 67:6 suing 11:11 suit 10:3 Suite 2:7 3:10 summary 27:24 28:2,7 summoned 110:23 sun 102:20 Superior 3:11 supervise 63:12 supervising 78:12	supervisor 63:8,8 63:14 68:7 69:2 69:8,10,12,12 supposed 21:17 63:4 64:4 78:11 78:13,15 91:22 98:21,23 99:1 sure 18:13 27:17 28:1 34:17,20 39:22 40:4 42:15 42:18 43:24 51:23 59:17 66:3 66:21 67:13 69:4 85:1,11 91:23 92:10,10 97:6,7 101:23 105:7 surgery 72:5 77:5 85:15 96:13 surgical 62:11 63:9,14,16 71:9 73:14 78:14 79:10,23 87:18 91:7 92:25 96:11 111:19 112:2 surprise 89:24 suspicion 25:15 suspicious 19:13 25:6 switched 81:13 switches 58:6 Switzer 3:7 sworn 4:4 125:10 129:14 syndrome 13:13 13:16	taking 68:19 74:23 81:24 124:7 talk 99:8,13 talking 14:20 38:23 80:19 83:17 102:1 team 73:14 83:21 85:2 91:7 111:20 112:2 technique 112:23 tell 15:21 17:20 32:8 36:12 38:12 38:17 49:15 54:16 70:20 77:19 78:10 86:7 91:14 101:9 114:7 telling 29:6 41:10 42:6 60:6 72:11 96:21 tells 25:21 ten 68:24 80:22,25 84:18 tends 22:3 term 19:1,4,17 20:10,11 120:6 terminal 9:13 terminated 56:6 terms 14:11 23:8 32:9 36:20 57:6 76:10,11 105:18 106:14 107:12 110:24 118:9 test 7:17 testify 125:11 testimony 41:15 54:1 91:3 111:8 118:14 123:9 125:13,17 129:16 <b>Thank</b> 77:17 105:11 118:24 120:25 124:2 their 5:4 40:7 86:16 89:6 98:25 99:2 100:16 115:2 <b>thick</b> 35:18,21 36:11 thicker 36:7 thickness 36:13 97:21 thin 35:19 thing 24:24 27:18 62:13 120:21 122:18	things 14:12 24:25 29:16 65:5 <b>think</b> 11:18 13:1,3 18:6,8 23:8 28:20 31:12 33:20 34:12 39:6 41:15 42:5 53:2 53:6 55:22 56:12 66:17 70:4 76:11 76:15 80:22 86:25 96:3 104:8 108:11 119:17 119:23 <b>thinking</b> 23:11,13 24:13,20 27:17 32:9 35:14 36:20 40:1 47:19 48:15 51:8 54:14,17 55:4,9 76:7,10 76:16 89:12 98:3 third 22:10 <b>though</b> 49:1 76:18 82:21 89:2 90:1 98:20 108:2 thought 14:8 22:9 24:21 27:2 75:18 89:18 threat 76:4 three 5:3 8:21 11:18,22 22:9 29:18 33:23 40:1 70:3 73:15 99:12 through 7:5 14:9 16:24,25 17:1 29:8 31:25 56:22 57:17 73:2 76:8 95:10,17,18 98:13 120:15,23 122:13 throughout 9:2 15:16 46:10 75:20 111:24,25 throw 116:25 times 10:5 22:6 28:12 39:4,12 56:19 66:21 70:9 84:4,5 86:4 87:10 116:18 timing 61:18 titanic 101:10,15 title 128:8 toco 39:8 <b>today</b> 16:14 41:9 today's 8:7,8,19 40:13 together 5:6 42:5
---	--	---	--	---

46:21 told 12:18 41:6 42:21 53:19 62:23 78:12 79:1987:7 90:3 116:22 120:17 121:17,20 <b>Toledo</b> 2:17 11:1 11:2 tones 57:1866:7 66:20 89:23 top 30:9 31:1a torn 43:4 total 68:16 81:7 towards 58:12 tracing 37:22 38:4 38:6 50:2 57:9 57:11,24 58:4 61:6 tracings 16:22 49:10 55:13 57:17 58:25 59:1 59:11 107:23,24 119:15,20 train 6:18 trained 6:14 training 12:11,17 transcribed 125:16 transcript 124:11 128:15 129:11 130:11,18 transcription 125:17 transpired 103:17 transverse 28:14 treated 15:15 Trent 112:15 trial 24:3,7 26:11 48:17 51:10 54:10 55:15 56:6 56:7,21 tried 66:6 112:22 trouble 40:11 <b>true</b> 40:16 68:4 85:16 87:12,14 114:24,24 119:25 125:16 truth 125:11,11,12 try 22:24 30:21 31:24 66:6 trying 13:1 21:18 37:5 55:19 66:19 76:16 82:13 turn 104:9 twins 13:10	<b>two</b> 5:2 11:18 12:4 12:6 18:5 22:8,9 22:19 23:3 29:18 46:7,12,14,19,24 50:9,14 51:5,21 52:4 66:8 68:17 73:15 two-minute 50:6 type 37:10 58:19 59:16 67:11 89:11 112:7 types 59:1 typewritten 128:12 typical 21:1 30:3 79:25 typically 21:3 27:6 29:7 39:24 typing 95:22	83:24 93:15 99:11 106:7 107:1 unusual 89:20,22 115:17 update 107:2 updates 105:25 106:13 107:10 upset 99:17,18,23 upwards 88:25 urgencies 103:2 urgent 72:1,2,6,11 use 20:14,14 22:1a 30:5,6 39:15,17,24 40:15 65:16 68:23 used 83:4 97:5 usual 34:3 117:3 usually 20:10 22:1 22:5,23 25:22 26:4 27:10 30:1 30:6,11,16,21 32:3 33:22 37:1 43:2,3,18 47:20 54:16 62:9 68:14 69:25 70:4,6 73:7,15 74:19,23 81:5,10 88:24 89:4 90:17 93:15 95:2 97:4 101:11 116:24 120:8 uterine 11:20 38:25 82:13 uterus 36:7 97:20	verbal 96:4 verbally 32:24 44:4 60:3 96:5 versus 122:16 <b>very</b> 23:14 24:13 36:6 39:18 51:4 55:25 83:1,7,7 89:24 97:12 99:17 116:23 117:1 119:7 view 121:21 viewpoint 105:12 visit 45:8 54:2 visualize 93:16 vocal 93:9 114:13 voice 92:8 voluminous 17:12 vs 1:7 130:3	33:4 87:21 <b>weekend</b> 88:17 112:4 weekends 52:15 70:2,7,8 88:21 111:18 weeks 21:15,16 28:12 welfare 83:8 <b>well</b> 7:11 19:16 22:7 23:14,24 24:13 25:23,23 34:19 35:21 37:13 41:17 43:24 45:15,19 45:25 46:6 47:13 49:3 51:13 54:7 57:9 65:3 68:24 69:8,17 70:16 71:7 77:21 78:16 80:2 84:6,12,21 85:14 86:6 89:9 89:23 93:25 97:19 99:8 121:14 122:1,22 122:24 123:5 <b>well-being</b> 76:22 went 6:3 21:21 22:25 53:6 66:10 81:14,17,19 <b>were</b> 7:10 12:10 12:12 14:12 15:20 23:11,12 24:12,20 25:6 28:11,18 33:8,12 33:21 35:3 40:3 40:20,24 41:6,21 42:2 47:3,22 48:4,25 49:8 50:21 52:13,20 53:12 55:5,7,13 55:20,25 60:15 66:11 68:13,18 68:19 70:20 71:9 76:7,22 83:7,17 84:7,21 86:10 91:6 92:5,12 93:21 96:20 97:14 98:16,18 99:17,21,22,22 99:23 104:24 105:14 112:9 113:10 115:18 116:19,21,22 121:4 weren't 34:2 68:1
	<b>U</b>		<b>W</b>	
	<b>U</b> 5:14 <b>uh-huh</b> 8:22 10:12 11:9 14:2 44:3 47:23 50:1,16 77:9 96:2,25 ultrasound 37:16 39:8 under 1:14 7:24 12:9 20:6 83:13 102:9 115:6 120:3 underneath 32:13 understand 86:4 105:12 106:22 111:8 understanding 35:8 112:17 113:2 undesirable 54:23 uneventful 15:19 15:23 53:12 unexpected 90:14 unknown 14:11 unless 23:18 51:10 54:11 64:7 88:12,14 118:4 unobserved 67:1 unplugged 81:20 unreadable 38:2 unripe 19:5 20:24 21:2 56:9 until 7:23 9:7 29:3 33:13 34:3 40:25 69:15 73:22 75:8 77:21 81:14		<b>W</b> 8:3 wait 22:23 62:10 69:12 86:17 93:15 123:5 waiting 55:10 70:19 83:19,21 84:1,8 85:18 86:10,22 104:1 walked 34:12 66:8 69:1 81:20,22 wall 93:1,4 want 17:11 19:25 21:13 27:17 37:22 39:15 61:14 63:3 69:4 72:1 75:24 77:15 95:4 wanted 22:16 38:13,18 70:21 103:13,19,24 115:1 122:24 warmer 93:7 wasn't 22:10 23:24 54:19 55:9 73:3 75:4 84:8 84:17 92:1 95:10 95:25 105:7 way 29:19 32:21 33:2 40:22 41:10 41:20 54:22 68:2 75:13 106:23 107:6,17,19 108:16 112:1 115:24 week 17:25 18:4 20:17 21:2 32:19	
		<b>V</b>		
		vaginal 43:23 53:16 104:1 vaginally 55:7,24 60:23 103:20 Vaguely 34:11 variability 38:8 48:20 49:11,13 49:22 50:6,8 51:3,22 57:14,15 57:19,23,25 58:6 58:7,14 104:11 104:15,24,25 105:13,22 106:11,25 107:8 variable 40:21 42:3 48:22 variables 58:13 various 104:7 122:13		



76:8 83:9 117:4 we'll 22:23 23:4 38:4 62:12 we're 12:7 28:6 51:3 73:6,16 89:11 we've 61:12 <b>WHEREOF</b> 126:5 129:16 while 13:24 55:4 55:20 103:18 whole 9:2 75:6 98:17 113:4 125:11 wife 4:24 9:13 wife's 4:16 william 1:13 3:3,9 4:1,6,9 102:17 119:3 121:1 125:9 127:3,6,9 127:12 128:6 129:10 130:7 Wilmer 8:1,2,3 wing 101:21,21 witness 12:23 45:6 60:1 77:17 78:1 100:5 125:9 125:14,15,18 126:5 128:1 woman's 11:4 Women 8:7,8,19 Women's 8:20 words 36:9 46:16 59:19 60:25 68:16 75:1 123:22 work 67:18 84:25 worked 34:15,17 73:8 world 103:2 worry 83:20 worse 58:18 60:11 wouldn't 15:7 55:2 61:18 69:8 77:10 85:9 90:6 110:8 written 7:16 wrong 111:9 113:3 wrote 28:23	years 4:23 10:14 13:3,5,6 40:1 70:3 87:6 119:5 120:1	2 26:16 <b>2:00</b> 50:2 <b>2:18</b> 49:25 <b>2:30</b> 43:25 44:2,7 44:11,13 45:12 46:5,23 47:2 51:8 53:20 55:4 57:7 60:10,12 89:8 104:6 105:1 105:2,14,18,25 106:25 107:8 108:3,19 121:17 122:8 <b>20</b> 4:23 71:4,12 79:24 80:24 2000 1:20 126:8 129:18 130:8 2002 126:17 <b>216</b> 2:9 3:13 24 22:21 30:22 87:20 88:8 241-9000 2:18 25 61:22 62:9 115:22	4 4 26:16,20 44:11 44:13,18,23 55:11 56:13,15 56:17 61:1 <b>4:10</b> 57:24 46 127:4 <b>40</b> 20:12 21:15 28:11 40th 20:12,17 21:2 419 2:18 436 24 2:17 437 4151 57:20 441 14-1491 3:12 <b>44114-1876</b> 2:8 48 4:20 22:22,23	9 <b>97</b> 9:17 15:5 37:10 40:16 121:5 <b>98-CV-380</b> 1:7		
	1 <b>1000</b> 2:16 <b>102:17</b> 127:7 <b>119:3</b> 127:10 12 123:23 <b>121:1</b> 127:13 13th 18:19 1301 2:6 134 50:7 137 50:10 138 50:10 145:5 <b>14:30</b> 33:10,13 34:3 40:19 41:3 41:24 42:1,10 48:2,11 49:5,7 <b>14:50</b> 57:10 <b>1400</b> 3:10 15 13:3,6 22:20 79:24 80:24 102:23 117:14 121:5 15th 28:24 35:4,12 <b>15:17</b> 104:20 <b>15:30</b> 23:21 24:12 24:19 59:9 62:4 75:8 77:22 78:6 <b>15:38</b> 77:19 <b>15:42</b> 82:2,5 <b>16:00</b> 77:2 82:10 83:25 84:20 85:15 <b>16:05</b> 85:16 17 1:20 5:5 130:8 <b>18</b> 82:11 83:14 87:6 195:5,9 13:7 1930 130:6 1977 5:21 1982 6:7,20 7:5,23 8:5 1985 7:13 1990 8:6,11 1993 10:14 1995 8:11,13 1997 9:6,7 13:25 102:23 116:21 117:14 <b>1998</b> 8:15	3 3 23:6 28:12 47:7 61:2 <b>3-15</b> 37:10 <b>3:00</b> 109:5 <b>3:06</b> 1:20 <b>3:10</b> 57:24 109:6 <b>3:15</b> 109:6 <b>3:17</b> 104:21,24 105:23 106:11 119:16 121:4 <b>3:20</b> 109:6 <b>3:25</b> 109:7 <b>3:30</b> 44:1,2 45:19 46:5,15,16,22 57:1,5 60:10,12 72:12 76:22 78:6 102:22 103:6,12 103:17,17,18,21 104:6 105:25 106:2,8,17 107:12 108:3,17 108:19 110:23 121:4,13,23 122:3,9 <b>3:38</b> 103:10,12,18 30 62:9 71:4,12 73:5 3004 1:19 4:12 37 12 5:14 <b>39</b> 21:15	5 <b>500</b> 2:7 526 3:11 53 104:17 54 104:17 <b>55</b> 58:18	6 <b>6:26</b> 124:15 60 75:6 60s 75:10 76:4,20	7 7 126:17 <b>7:40</b> 30:24 31:14 33:9,13 34:2 40:25 41:24 44:2 71 43 57:11 741 119:17 741 29 50:5 741 30 50:5 741 34 49:17 741 43 57:12 741 52 57:25 104:9 104:10,16 741 54 58:18 104:18 119:17 741 55 58:3 <b>741 58</b> 58:12 104:16 746 134 49:18 781-5515 2:9	8 <b>8:00</b> 32:14 80s 13:7 800 28:22 875-2767 3:13
X <b>X</b> 127:1 x-ray 116:8	2					
Y year 5:9 6:4						

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1001	1002	1003	1004	1005	1006	1007	1008	1009	1010	1011	1012	1013	1014	1015	1016	1017	1018	1019	1020	1021	1022	1023	1024	1025	1026	1027	1028	1029	1030	1031	1032	1033	1034	1035	1036	1037	1038	1039	1040	1041	1042	1043	1044	1045	1046	1047	1048	1049	1050	1051	1052	1053	1054	1055	1056	1057	1058	1059	1060	1061	1062	1063	1064	1065	1066	1067	1068	1069	1070	1071	1072	1073	1074	1075	1076	1077	1078	1079	1080	1081	1082	1083	1084	1085	1086	1087	1088	1089	1090	1091	1092	1093	1094	1095	1096	1097	1098	1099	1100