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Donald W. Switzer, Esq.
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RE: Tammie S. Knapp et. al. v. Northeast Ohio Obstetricians and Gynecologists, Inc. et. al.
BSMP File No. 460065

Dear Mr. Switzer,

I have reviewed the records sent me in the above captioned case. This was done so as to determine if in my professional opinion that care under Tammie Knapp by Northeast Ohio Obstetricians and Gynecologists, during the pregnancy, labor and delivery of her son, James, met medical standards.

On way of review, Tammie Knapp was 38 years old and pregnant for the fourth time when she presented to the offices of Northeast Ohio Obstetricians and Gynecologists in 2/98. Her past obstetric history showed an elective abortion in 1975 and vaginal deliveries in 1980 and 1983. The first baby was delivered at 37 weeks by spontaneous vaginal delivery and weighed 8 pounds 8 ounces. This pregnancy was complicated by pre-eclampsia. In 1983 she delivered a 7 pound 2 ounce infant at 34 weeks who had hyaline membrane disease and congenital heart defects. This child died in 1997 from complications of the heart defect.

Mrs. Knapp was reasonably healthy, having hyperthyroidism treated with Synthroid, exogenous obesity (pre-pregnancy weight of approximately 200 pounds) and a herniated lumbar disc.

The pregnancy progressed without much difficulty and she saw both Dr. Egdeall and Dr. Rosenwasser at various visits. Her weight gain was about 26 pounds and one hour glucose screen was slightly elevated at 157. Three hour glucose tolerance test was borderline abnormal with a one hour value of 234 and a two and three hour values within the normal range. At no time during her regular visits did she have any glucosuria. An ultrasound of 8/31/98 showed a 37-38 week fetus with an estimated fetal weight of 3363 grams.

The patient was admitted in early labor at 40+ weeks on 9/28/98. Her membranes were ruptured at 8:00 AM and she made slow progress, was completely dilated at 11:10 PM. She was attended to by Dr. Rosenwasser. The patient was very uncomfortable but because of her bulging lumbar disc, was not considered an epidural candidate.

Dr. Rosenwasser discussed the options of attempting a vacuum delivery or doing a C-section with the patient and her husband, and with their consent, proceeded with a vacuum assisted delivery. The head was delivered with a third vacuum assisted push and a shoulder dystocia was encountered.

Dr. Rosenwasser went through various maneuvers and made an episiotomy to reduce the dystocia and a 4819 gram male infant with apgars of 0, 1 and 4 was delivered. He sustained a fractured left humerus and a right Erb's palsy. The infant has developed normally neurologically except for the right arm. Despite exploratory surgery, there will apparently always be a motor deficit of the right arm.

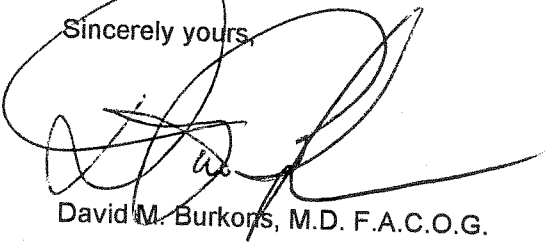
When considering this case, one must be aware that shoulder dystocia is extremely difficult to predict. When it occurs, even in the most experienced and competent hands, can be extremely difficult to reduce without causing permanent damage such as was sustained by James Knapp.

In this case, Mrs. Knapp's prenatal care was good and the patient's weight gain and ultrasound did not indicate that she would be having such an exceptionally large infant. Her labor was not unusually long for a woman who had not had a baby in over 15 years. When the patient became complete, Dr. Rosenwasser, as an experienced obstetrician, discussed with the patient and her husband whether to do a C-section or proceed with vacuum assisted delivery.

The vacuum assist was not particularly difficulty. When the shoulder distortia was encountered, Dr. Rosewasser's approach was well-reasoned and appropriate. Unfortunately, the unexpectedly large size of the infant contributed to a more difficult than anticipated delivery and the resulting Erb's palsy.

In my opinion, Dr. Rosenwasser had every reason to believe he would be able to deliver James Knapp in a safe and expeditious manner. When he encountered the unexpected complications, he handled them appropriately. Certainly the Erb's palsy was an unintended and unfortunate result, but the fact that it occurred does not mean, in my professional opinion that there was a deviation from acceptable medical standards.

Sincerely yours,



David M. Burkors, M.D. F.A.C.O.G.

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