

STATE OF OHIO,                    )  
                                      ) SS:  
COUNTY OF CUYAHOGA            )

- - -  
IN THE COURT OF COMMON PLEAS  
- - -

Karl McElfish, II, Admin.,                    )  
etc.,    )  
  )  
Plaintiff,                                        )  
  )  
vs.   ) Case No.: 465040  
  )  
Meridia Medical Group, et al.,                )  
  )  
Defendants.                                        )

- - -  
DEPOSITION OF ENID GILBERT-BARNES, M.D.

REPORTED BY:  
Julie A. Santo, Registered Professional Reporter  
August 16, 2005

<p>1 APPEARANCES:</p> <p>2</p> <p>3</p> <p>4 Counsel for Plaintiff:</p> <p>5 By Telephone</p> <p>6 MICHAEL F. BECKER, ESQUIRE</p> <p>7 Becker &amp; Mishkind</p> <p>8 134 Middle Avenue</p> <p>9 Elyria, Ohio 44035</p> <p>10 440.323.1879</p> <p>11 Counsel for Defendant Bailin:</p> <p>12 ROBERT LEE AUSTRIA, ESQUIRE</p> <p>13 Moscarino &amp; Treu, L.L.P.</p> <p>14 The Hanna Building</p> <p>15 1422 Euclid Avenue</p> <p>16 Suite 630</p> <p>17 Cleveland, Ohio 44115</p> <p>18 216.621.1000 fax 216.622.1556</p> <p>19</p> <p>20 Counsel for Defendant Meridia Medical Group:</p> <p>21 By Telephone</p> <p>22 MARILENA DISILVIO, ESQUIRE</p> <p>23 DAVID H. KRAUSE, ESQUIRE</p> <p>24 Reminger &amp; Reminger</p> <p>25 1400 Midland Building</p> <p>17101 Prospect Avenue West</p> <p>Cleveland, Ohio 44115</p> <p>18216.786.1311</p> <p>19</p> <p>20 Counsel for Defendant Dr. Stine:</p> <p>21 By Telephone</p> <p>22 THERESA RICHTHAMMER, ESQUIRE</p> <p>23 Gallagher, Sharp, Fulton &amp; Norman</p> <p>24 Seventh Floor</p> <p>25 Bulkley Building</p> <p>231501 Euclid Avenue</p> <p>Cleveland, Ohio 44115</p> <p>24216.241.5310</p> <p>25</p>	2	<p>1 STATE OF OHIO, )</p> <p>) SS:</p> <p>2 COUNTY OF CUYAHOGA )</p> <p>3 ---</p> <p>4 IN THE COURT OF COMMON PLEAS</p> <p>5 ---</p> <p>6</p> <p>7 KARL MCELFISH, II, ADMIN., )</p> <p>ETC., )</p> <p>8 PLAINTIFF, )</p> <p>9 VS. ) CASE NO.: 465040</p> <p>10 MERIDIA MEDICAL GROUP, ET AL., )</p> <p>11 DEFENDANTS. )</p> <p>12 ---</p> <p>13 DEPOSITION OF ENID GILBERT-BARNES, M.D.</p> <p>14 PURSUANT TO NOTICE for the taking of the</p> <p>15 deposition of ENID GILBERT-BARNES, M.D., upon oral</p> <p>16 examination in the above-styled cause, at the instance</p> <p>17 of the Plaintiff, for the purposes of discovery or use</p> <p>18 at trial or both, pursuant to Florida Rules of Civil</p> <p>19 Procedure, proceedings therefor were held before Julie</p> <p>20 A. Santo, Registered Professional Reporter, and Notary</p> <p>21 Public in and for the State of Florida at Large, at</p> <p>22 Sclafani Williams Court Reporters, 101 East Kennedy</p> <p>23 Boulevard, Suite 1970, Tampa, Florida, on August 16,</p> <p>24 2005 commencing at 9:59 a.m.</p> <p>25 THEREUPON, the following proceedings were had</p>	4
<p>1 INDEX</p> <p>2</p> <p>3 ENID GILBERT-BARNES, M.D.</p> <p>4 Called by the Plaintiff:</p> <p>5 Page</p> <p>6 DIRECT EXAMINATION BY MR. BECKER 5</p> <p>7 ERRATA SHEET 36</p> <p>8 CERTIFICATE OF REPORTER OATH 37</p> <p>9 REPORTER'S DEPOSITION CERTIFICATE 38</p> <p>10</p> <p>11 EXHIBITS</p> <p>12 No. Description Page</p> <p>13</p> <p>14 1 CV of Dr. GILBERT-BARNES 7</p> <p>15 2 case cites 34</p> <p>16 3 references 34</p> <p>17</p> <p>18 EXHIBIT 2 BEING PRODUCED BY MR. AUSTRIA</p> <p>19</p> <p>20 CERTIFIED QUESTION</p> <p>21 Page Line</p> <p>22</p> <p>23 (NONE)</p> <p>24</p> <p>25</p>	3	<p>1 and taken:</p> <p>2 ENID GILBERT-BARNES, M.D.,</p> <p>3 called as a witness by the Plaintiff, having been first</p> <p>4 duly sworn, testified as follows:</p> <p>5 DIRECT EXAMINATION</p> <p>6 BY MR. BECKER:</p> <p>7 Q. Doctor, good morning. Would you tell us your</p> <p>8 full name, please.</p> <p>9 A. My full name is Enid Gilbert-Barnes.</p> <p>10 Q. All right, Doctor. And you are still</p> <p>11 practicing medicine?</p> <p>12 A. Yes, I am.</p> <p>13 Q. Okay. And what is your current position?</p> <p>14 A. I am professor of pathology and laboratory</p> <p>15 medicine, pediatrics and obstetrics and gynecology at</p> <p>16 the University of South Florida. And I am director of</p> <p>17 pediatric pathology at Tampa General Hospital.</p> <p>18 Q. And you're based in Tampa?</p> <p>19 A. Yes, I am.</p> <p>20 Q. Have you had your deposition taken before?</p> <p>21 A. Yes, I have.</p> <p>22 Q. I just want to review the ground rules. This</p> <p>23 is a question-and-answer session under oath, important</p> <p>24 you understand the question that has been asked.</p> <p>25 A. I do.</p>	5

2 (Pages 2 to 5)

<p>6</p> <p>1 Q. And in the event that you don't understand the 2 question or the question might be inartfully phrased, I 3 would ask you to let me know, stop me. And -- and I 4 would be pleased to attempt to rephrase or restate the 5 question for you. Fair enough?</p> <p>6 A. Thank you.</p> <p>7 Q. However, unless you indicate otherwise to me, 8 I'm going to assume that you have fully understood the 9 question that has been posed and that you have given me 10 your best and most complete answer today. Fair enough?</p> <p>11 A. Correct.</p> <p>12 Q. Doctor, do you have any notes as a result of 13 your review of materials?</p> <p>14 A. No, I do not.</p> <p>15 Q. No notes?</p> <p>16 A. None.</p> <p>17 Q. And am I gathering that the only report you 18 wrote to Bob Austria was dated November 15th, 2004?</p> <p>19 A. That is correct.</p> <p>20 Q. Okay. Have you had a chance to look at that 21 report recently?</p> <p>22 A. Yes, I have.</p> <p>23 Q. Do you want to make any changes or additions?</p> <p>24 A. I don't believe so.</p> <p>25 Q. How do you know Dr. Ray Redline?</p>	<p>8</p> <p>1 MR. BECKER: It's been marked?</p> <p>2 MR. AUSTRIA: Yes.</p> <p>3 BY MR. BECKER:</p> <p>4 Q. All right. Doctor, hopefully someone will hand 5 to you what's been marked as Plaintiff's Exhibit 1. 6 And, for the record, would you identify that, please.</p> <p>7 A. Yes.</p> <p>8 Q. What is it?</p> <p>9 A. It's my curriculum vitae.</p> <p>10 Q. Are there any articles that you have authored 11 or coauthored that do not appear on that vitae?</p> <p>12 A. Well, I think it is dated 1/05. And I've 13 written several since then, but it's reasonably up to 14 date.</p> <p>15 MR. BECKER: Hold on one second.</p> <p>16 BY MR. BECKER:</p> <p>17 Q. I think I asked you if there are any articles 18 that you have written that do not appear on there. And 19 I believe you responded that there might have been 20 something you've written recently; is that accurate?</p> <p>21 A. That is correct.</p> <p>22 Q. Okay. And do any of the articles that you've 23 written recently touch on the subject matter of this 24 case?</p> <p>25 A. I don't believe so, no.</p>
<p>7</p> <p>1 A. He is a pediatric pathologist in Cleveland. 2 I've known him for many years. We're both members of 3 the Society For Pediatric Pathology. He is well known. 4 I think very highly of him. In fact, I have asked him 5 to write a chapter for another edition of my major 6 textbook.</p> <p>7 Q. Okay. And which chapter did you ask him to 8 write on?</p> <p>9 A. Pathology of the placenta.</p> <p>10 Q. Is the topic amniotic fluid embolism discussed 11 within your past textbooks or your current textbook?</p> <p>12 A. I've written several textbooks. I don't think 13 it is mentioned in the large two-volume major textbook. 14 I think it probably is mentioned briefly in other of my 15 writings and in chapters I've written.</p> <p>16 Q. All right. Do you have a copy of your current 17 vitae with you today?</p> <p>18 A. Yes, Mr. Austria does.</p> <p>19 MR. BECKER: All right. Bob, if we could mark 20 that as Plaintiff's Exhibit 1, please.</p> <p>21 MR. AUSTRIA: Okay.</p> <p>22 (Whereupon, Plaintiff's Composite Exhibit 23 No. 1, CV of Dr. GILBERT-BARNESS, was marked for 24 identification.)</p> <p>25 MR. AUSTRIA: Okay, Mike.</p>	<p>9</p> <p>1 Q. Doctor, can you give me a sense as to how many 2 autopsies you've performed where they -- on maternal 3 deaths?</p> <p>4 A. On maternal death, very rarely.</p> <p>5 Q. Under five?</p> <p>6 A. Probably no more than five, that is correct.</p> <p>7 Q. And of those five, have you ever diagnosed 8 amniotic fluid embolism?</p> <p>9 A. I have, but many years ago. I would say not 10 more than two or three times.</p> <p>11 MR. BECKER: Okay. Bob, can we agree at the 12 end of the deposition the doctor will go through her 13 vitae and circle the articles that she feels touches 14 on the topic of amniotic fluid embolism?</p> <p>15 MR. AUSTRIA: No problem, Mike.</p> <p>16 MR. BECKER: Would you be willing to do, 17 Doctor?</p> <p>18 THE WITNESS: Yeah.</p> <p>19 MR. BECKER: Thank you, Miss.</p> <p>20 BY MR. BECKER:</p> <p>21 Q. Let's talk a little bit about your medicolegal 22 work, Doctor. How long have you been reviewing cases?</p> <p>23 A. Oh, 30 years.</p> <p>24 Q. Thirty years?</p> <p>25 A. Right.</p>

10

1 Q. All right. How many cases per year have you  
2 reviewed on average per year in the last five years?  
3 A. In the last five years, I would say that I do  
4 about eight to ten depositions a year.  
5 Q. Okay. And eight to ten depositions a year, and  
6 you review twice that many? I'm just trying to get a  
7 sense of how many cases you look at.  
8 A. Oh, at least twice that many, right.  
9 Q. Okay. And how often do you actually appear in  
10 the courtroom?  
11 A. Not more than once or twice a year.  
12 Q. Okay. Have you ever -- and what -- how does --  
13 what is the percentage breakdown between the cases  
14 you -- you -- I'll start with review for the plaintiff  
15 versus the defendant.  
16 A. I would say it's about half and half.  
17 Q. Okay. And is this the same ratio as to who  
18 you're giving depositions to -- for?  
19 A. That would be approximately correct.  
20 Q. Okay. Have you ever given any testimony in any  
21 other case whether acting as a plaintiff or defense  
22 expert on similar subject matter?  
23 A. I believe I have, but it's many years ago.  
24 Q. Okay. Do you have any means of tracking down  
25 the identity of the case caption or the attorney?

11

1 A. Not now.  
2 Q. For example, do you have a list?  
3 A. No, I do not have records of that.  
4 Q. Okay. And do you recall the name of the case?  
5 A. I do not.  
6 Q. All right. Doctor, let's move quickly to your  
7 November 15th, 2004 report.  
8 A. Yes.  
9 Q. And let's talk about your findings on the  
10 placenta --  
11 A. Yes.  
12 Q. -- on the first page.  
13 A. Right.  
14 Q. Tell me what abnormalities, if any you find,  
15 and the significance of the same.  
16 A. Well, I think in the letter I've said that the  
17 placenta was large, it was 640 grams.  
18 Q. Okay. What significance is that?  
19 A. Well, that's slightly larger than normal.  
20 Anything over 600 is believed to be large. And there  
21 are changes consistent with uteroplacental  
22 underperfusion.  
23 Q. Okay. And is that -- and is -- what's -- first  
24 of all, what changes were they, and --  
25 A. Well, there were increased syncytial knots --

12

1 Q. Okay.  
2 A. -- which I think Dr. Redline has described for  
3 you.  
4 Q. Okay. All right. Any other evidence of  
5 uteroplacental underperfusion?  
6 A. And there was one small infarct, which probably  
7 has no significance, which measured 1.5 centimeters in  
8 diameter.  
9 Q. Okay.  
10 A. And there was some increase of perivillous  
11 fibrin, which, again, Dr. Redline has very elegantly and  
12 well described for you.  
13 Q. Okay. And tell me again what perivillous  
14 fibrin means?  
15 A. Well, perivillous fibrin is a fibrin which is a  
16 product of blood or coagulation. And if there is slow  
17 flow of blood in the intervillous space, it may  
18 coagulate and form fibrin. So that is a manifestation  
19 of decreased blood flow within the placenta.  
20 Q. Okay. And as to the etiology of the  
21 uteroplacental underperfusion, what is your opinion?  
22 A. Well, it can occur -- it's very frequent. We  
23 see it frequently in perfectly normal placentas. But if  
24 it's more than usual, it may be a manifestation of  
25 preeclampsia, paternal -- maternal hypertension, hypoxic

13

1 changes for whatever reason, excessive infarction of the  
2 placenta, infants of -- or women who are diabetic may  
3 have increased fibrin and also women who have etiologic  
4 disorders, and particularly lupus or connective-tissue  
5 disorders.  
6 Q. Given, Doctor, that we know that this woman had  
7 the HELLP Syndrome, would you agree that it is more  
8 likely than not that the under uteroplacental  
9 underperfusion is a reflection of the preexisting  
10 preeclampsia?  
11 A. I don't know that you can say that.  
12 MR. AUSTRIA: Hello? Is everybody there still?  
13 (Discussion off the record.)  
14 BY MR. BECKER:  
15 Q. I'm sorry. Doctor, would you repeat your  
16 answer to that last question, please.  
17 A. I said I don't know that you can specifically  
18 say that the HELLP Syndrome is due to preeclampsia, if  
19 that's what the question was.  
20 Q. No. No, ma'am.  
21 My question is: The uteroplacental  
22 underperfusion, is it likely, given that we know that  
23 this woman had severe preeclampsia on September 16th --  
24 or 17th, is it likely that the uteroplacental perfusion  
25 that you see pathologically is due to preeclampsia of --

<p style="text-align: right;">14</p> <p>1 of some duration?</p> <p>2 A. No, I don't think you can say that. No.</p> <p>3 Q. Why not?</p> <p>4 A. Because it's not right. That's all.</p> <p>5 Q. Well, why isn't it right? Why can't it be</p> <p>6 secondary to -- either -- to preeclampsia?</p> <p>7 A. It may be related to -- I've -- I've already</p> <p>8 mentioned or enumerated many causes for underperfusion.</p> <p>9 Q. Right. And -- and I'm just trying to say --</p> <p>10 let me just ask you this: Do you have an opinion in</p> <p>11 terms of more likely than not as to the etiology of the</p> <p>12 pathological evidence of uteroplacental underperfusion?</p> <p>13 A. Well, the placenta was on the large size, and</p> <p>14 that -- that sometimes goes along with preeclampsia.</p> <p>15 Q. Okay. Do you have an opinion, Doctor, in terms</p> <p>16 of probability -- that means more likely than not or 51</p> <p>17 percent of the time -- as to how long this preeclampsia</p> <p>18 is based -- based on the pathology had been in</p> <p>19 existence?</p> <p>20 MR. AUSTRIA: I'll object. Go ahead and</p> <p>21 answer.</p> <p>22 A. I don't think that we have evidence in the</p> <p>23 placenta of preeclampsia.</p> <p>24 BY MR. BECKER:</p> <p>25 Q. Well, I thought you just told me that there --</p>	<p style="text-align: right;">16</p> <p>1 underperfusion was in existence prior to the time the</p> <p>2 placenta was removed?</p> <p>3 A. I couldn't state that. This amount of</p> <p>4 underperfusion is not infrequent in term placentas. So</p> <p>5 I don't think it was excessive in this case,</p> <p>6 particularly at term.</p> <p>7 Q. All right. Relative to Dr. Redline's</p> <p>8 interpretation of placentas, do you have any</p> <p>9 disagreements?</p> <p>10 A. What he found, I agree with.</p> <p>11 Q. All right. And as to his opinions based on his</p> <p>12 findings, do you have any disagreements?</p> <p>13 MR. AUSTRIA: Hold on, Mike. She's --</p> <p>14 A. Well, yes, I -- he -- he says he doesn't think</p> <p>15 there is any evidence for amniotic fluid embolism.</p> <p>16 BY MR. BECKER:</p> <p>17 Q. We're going to stay in the placenta, just in</p> <p>18 the placenta right now.</p> <p>19 A. Oh, in the placenta. No. I agree with what he</p> <p>20 said about the placenta.</p> <p>21 Q. Let's go on to the second page of your report.</p> <p>22 A. Yes.</p> <p>23 Q. Did you -- you -- you see evidence of amniotic</p> <p>24 fluid embolism from some of the lung slides?</p> <p>25 A. Yes, I do.</p>
<p style="text-align: right;">15</p> <p>1 that the underperfusion, uteroplacental underperfusion</p> <p>2 that you see is due to preeclampsia.</p> <p>3 A. Not necessarily. Actually, in this placenta we</p> <p>4 don't have decidua, which is the lining of the uterus,</p> <p>5 to find the vessels which would show changes in the</p> <p>6 presence of preeclampsia. So I don't think you can --</p> <p>7 we can comment on that. We don't have the evidence.</p> <p>8 Q. Doctor, didn't I just ask you earlier if you</p> <p>9 have an opinion more likely than not as to what the</p> <p>10 etiology is of the pathological evidence of the</p> <p>11 underperfusion of the placenta?</p> <p>12 A. You did.</p> <p>13 Q. And what was your answer?</p> <p>14 A. I don't know.</p> <p>15 Q. So one more time: Do you have an opinion --</p> <p>16 you've given me a number of potential causes for</p> <p>17 underperfusion of the placenta.</p> <p>18 A. Right.</p> <p>19 Q. Do you have an opinion as in terms of</p> <p>20 probability as to what the cause was in this case?</p> <p>21 A. I would only be guessing, and I don't think</p> <p>22 that is correct to do that.</p> <p>23 Q. Okay. All right. Let's go on to the -- do you</p> <p>24 have an opinion in terms of -- whatever the etiology is,</p> <p>25 do you have an opinion as to how long the uteroplacental</p>	<p style="text-align: right;">17</p> <p>1 Q. And did you take any photographs --</p> <p>2 A. I did.</p> <p>3 Q. -- digital or otherwise?</p> <p>4 A. I did.</p> <p>5 Q. That you feel reflects evidence of amniotic</p> <p>6 fluid embolism?</p> <p>7 A. Yes, I have.</p> <p>8 Q. Okay. And are your slides numbered?</p> <p>9 A. I don't have the slides anymore. I did take</p> <p>10 pictures, which I have in my office. And I'll be</p> <p>11 pleased to give them to Mr. Austria, if you wish.</p> <p>12 MR. BECKER: Right. And, Bob, I would like</p> <p>13 copies of every photograph that she feels depicts an</p> <p>14 amniotic fluid embolism.</p> <p>15 MR. AUSTRIA: That's okay, Mike, yeah.</p> <p>16 MR. BECKER: And I'm somewhat confused in what</p> <p>17 form these --</p> <p>18 THE WITNESS: They're digital.</p> <p>19 MR. BECKER: -- are taken. Is it a glossy, or</p> <p>20 have you -- are they in a --</p> <p>21 THE WITNESS: It's -- they're digital pictures.</p> <p>22 MR. BECKER: Digital pictures?</p> <p>23 THE WITNESS: Right.</p> <p>24 MR. BECKER: Okay. Could I have those soon,</p> <p>25 Bob?</p>

<p style="text-align: right;">18</p> <p>1 MR. AUSTRIA: Yeah. And I'll make sure</p> <p>2 co-defense counsel also gets them.</p> <p>3 MR. BECKER: All right. And I owe you guys</p> <p>4 some -- some recent -- some photographs from</p> <p>5 Redline.</p> <p>6 MR. AUSTRIA: Okay.</p> <p>7 BY MR. BECKER:</p> <p>8 Q. Okay. What is it about --</p> <p>9 MR. BECKER: Can we mark those, Doctor, the</p> <p>10 digital photographs as 2? And how many photographs</p> <p>11 are there?</p> <p>12 THE WITNESS: I can't remember. Maybe three or</p> <p>13 four.</p> <p>14 MR. BECKER: Well, Bob, let's mark them 2-A,</p> <p>15 2-B, 2-C, 2-D.</p> <p>16 MR. AUSTRIA: Okay. When -- when Dr. Barnes</p> <p>17 gives them to me, we'll -- we'll do that. I don't</p> <p>18 know how many photographs she has or --</p> <p>19 MR. BECKER: But where are the photographs?</p> <p>20 Did she bring them with her?</p> <p>21 THE WITNESS: No, I don't have them with me.</p> <p>22 BY MR. BECKER:</p> <p>23 Q. Well, I guess we're going to have to go by</p> <p>24 memory then --</p> <p>25 A. Yeah, I can remember, I think, what I took.</p>	<p style="text-align: right;">20</p> <p>1 death?</p> <p>2 A. Yes, I believe she did.</p> <p>3 Q. Do you believe that the DIC was secondary to</p> <p>4 the HELLP Syndrome?</p> <p>5 A. Very likely it was, or it could have been</p> <p>6 related to the amniotic fluid embolism.</p> <p>7 Q. Do you think it's more likely than not in</p> <p>8 general that the DIC was part of the HELLP Syndrome?</p> <p>9 A. It's likely. HELLP Syndrome is not common, but</p> <p>10 it's more -- certainly more common than amniotic fluid</p> <p>11 embolisms. So just based on statistics, yes.</p> <p>12 MR. AUSTRIA: Hold on, Mike. I think we lost</p> <p>13 Marilena.</p> <p>14 (Discussion off the record.)</p> <p>15 BY MR. BECKER:</p> <p>16 Q. All right. Okay. Doctor, the -- talking about</p> <p>17 the heart on No. 3, did you see any increased thickness</p> <p>18 in the heart wall?</p> <p>19 A. Well, first of all, I believe the weight of the</p> <p>20 heart was within normal limits for this patient. She</p> <p>21 weighed 286 pounds. So I think a weight of 350 to 375</p> <p>22 is -- is normal. The thickness of the left ventricle is</p> <p>23 1.4. Well, ordinarily the thickness of the left</p> <p>24 ventricle is about 1.2 up to 1.4. So I don't think it's</p> <p>25 excessive.</p>
<p style="text-align: right;">19</p> <p>1 Q. -- what it is about those photographs or what</p> <p>2 it is they depict that causes you to conclude an AFE.</p> <p>3 A. Well, I have one picture I recall of a</p> <p>4 multinucleated trophoblast in a pulmonary capillary.</p> <p>5 And I have another picture in a small cluster of</p> <p>6 squamous cells in the wall of a alveoli, which is an air</p> <p>7 sac.</p> <p>8 Q. Okay.</p> <p>9 A. The later were very hard to find. In fact, I</p> <p>10 only found one example of a small cluster of squamous</p> <p>11 cells. And frequently in amniotic fluid embolism, you</p> <p>12 do not find squamous cells. But I think finding it is</p> <p>13 unequivocal evidence for amniotic fluid embolism.</p> <p>14 Q. Okay. And can you -- this small cluster of</p> <p>15 squamous cells, can you be any more descriptive as to</p> <p>16 how they appear, even though you don't have the</p> <p>17 photograph at hand?</p> <p>18 A. Well, they're -- it's either two or three cells</p> <p>19 that are clustered together.</p> <p>20 Q. Uh-huh.</p> <p>21 A. And to me they're clearly epithelial and</p> <p>22 squamous cells that are indicative and diagnostic of</p> <p>23 amniotic fluid embolism.</p> <p>24 Q. Okay. Do you think that this woman,</p> <p>25 Terry McElfish, had HELLP Syndrome at the time of her</p>	<p style="text-align: right;">21</p> <p>1 Is there anything else you want to ask me about</p> <p>2 that?</p> <p>3 Q. So you see some evidence of increased thickness</p> <p>4 of the ventricle wall?</p> <p>5 A. Marginally. It's -- I wouldn't think it's</p> <p>6 anything great, but --</p> <p>7 Q. You go on in your -- the second-to-last</p> <p>8 paragraph in your report and say that, "The demise of</p> <p>9 this unfortunate [sic] could not have been prevented."</p> <p>10 You see that?</p> <p>11 A. Yes.</p> <p>12 Q. Now, are you speaking as a clinician or as a</p> <p>13 pathologist?</p> <p>14 A. Oh, boy. Well, I don't know. I'm, first, a</p> <p>15 doctor. It's well known that amniotic fluid embolism</p> <p>16 has an extremely high mortality, up to 90 percent of</p> <p>17 patients do die. And it is unpreventable and</p> <p>18 unpredictable.</p> <p>19 Q. Okay. Do you feel that this woman was going to</p> <p>20 die even if she would have been delivered a week</p> <p>21 earlier?</p> <p>22 MR. AUSTRIA: I'll object.</p> <p>23 A. Oh, I don't think I can answer that. I think</p> <p>24 you'd have to ask an obstetrician.</p> <p>25 BY MR. BECKER:</p>

<p style="text-align: right;">22</p> <p>1 Q. Do you think that had she been born -- had --  2 if you removed the HELLP Syndrome from this setting, is  3 it more likely than not she would have survived?  4 MR. AUSTRIA: I'll object.  5 A. Well, I don't think you can say that. I think  6 once there was an abruption -- and I think that is  7 the -- was the underlying cause for the amniotic fluid  8 embolism. And at that point it is unpredictable and not  9 preventable.  10 BY MR. BECKER:  11 Q. Doctor, had -- did you do any research prior to  12 either generating your report or prior to this  13 deposition?  14 A. I didn't, except I did look up a few references  15 that I have here, if you wish to have them --  16 Q. Well --  17 A. -- on -- on case descriptions of patients who  18 had amniotic fluid embolism.  19 Q. All right. And how many journal articles or  20 case descriptions do you have?  21 A. Well, let's see. One, two, three -- I have  22 three reports. And I have a -- some references.  23 Q. I didn't hear the end of that.  24 A. And some references. So -- and like 19  25 references, which I -- I just have listed, but you can</p>	<p style="text-align: right;">24</p> <p>1 the National Amniotic Fluid Embolism Registry?  2 A. I have heard of it, but I'm not really familiar  3 with it in terms of knowing what they do.  4 Q. Do you know whether or not this case would meet  5 the criteria to gain registry?  6 A. Oh, I'd have to look at it to tell you that. I  7 think it would. I think the finding of both placental  8 and fetal tissue in the pulmonary circulation would  9 satisfy the criteria. Pathologically -- I mean,  10 clinically it's different.  11 Q. Are you familiar with a doctor by the name of  12 Locksmith, L-O-C-K-S-M-I-T-H --  13 A. No, I'm not.  14 Q. -- and his article that he's written on  15 amniotic fluid embolism in OB-GYN Clinic?  16 A. No. It may be in what I've just given you.  17 Q. Okay. Take a look at it.  18 A. No, I guess I do not have that. He is an  19 obstetrician; is that correct?  20 Q. You know, Doctor, I can't tell you that off the  21 top of my head.  22 Are you aware of any reported cases when there  23 has been maternal decompensation several hours after  24 delivery where the case and the course was attributable  25 to AFE?</p>
<p style="text-align: right;">23</p> <p>1 have them if you want them.  2 Q. Well, when you say "listed," just on a plain  3 sheet of paper a citation of a journal article?  4 A. Yeah. It's a citation from PubMed on the  5 Internet.  6 MR. BECKER: All right. Why don't we do this:  7 We'll mark -- Julie, we'll mark the three case  8 reports as 3-A, 3-B, 3-C at the end of the  9 deposition and her listing of some additional  10 citations as No. 4, fair enough, Julie?  11 (Discussion off the record.)  12 MR. AUSTRIA: To Marilena, just -- just so you  13 know, we were talking about digital pictures. We'll  14 send those to you also.  15 MS. DISILVIO: Okay.  16 MR. AUSTRIA: And they were basically of the  17 fetal squamous cells and that the -- that the doctor  18 had found upon review. So we'll send you digital  19 pictures of those. Okay?  20 MS. DISILVIO: All right. Thank you.  21 MR. AUSTRIA: And other co-defense counsel  22 also.  23 MS. DISILVIO: Thank you very much.  24 BY MR. BECKER:  25 Q. Doctor, are you familiar with something called</p>	<p style="text-align: right;">25</p> <p>1 A. No, I am not personally -- I do not personally  2 know of any cases.  3 Q. But --  4 A. But this --  5 Q. -- that's what you're saying happened in this  6 case?  7 A. Yes, I think it's possible. If you want me to  8 exemplify that, I can.  9 Q. I didn't hear that, ma'am.  10 A. If you want me to discuss it further or  11 exemplify that, I can.  12 Q. Well, sure. Go ahead and explain your  13 position.  14 A. Well, in the first place, we don't know when  15 the placenta was delivered and when the abruption  16 actually occurred because it was -- when the abruption  17 occurs, it's believed to be when the amniotic fluid may  18 enter the maternal circulation. And that may be  19 somewhat delayed from the time of delivery of the  20 infant.  21 Admittedly, most cases that have been reported  22 have occurred close to the time of delivery, but there's  23 no reason why it can't occur one or two hours later.  24 And she may have -- it may have occurred earlier, and  25 she developed the symptoms approximately two hours</p>

<p style="text-align: right;">26</p> <p>1 later.</p> <p>2 <b>Q. But the last example, Doctor, is contrary to</b></p> <p>3 <b>the basic medical understanding of why there is such an</b></p> <p>4 <b>adverse reaction to the amniotic fluid embolism in the</b></p> <p>5 <b>mom. And specifically the reason there is such an</b></p> <p>6 <b>adverse reaction is that the amniotic fluid is such a</b></p> <p>7 <b>foreign body that there is almost an anaphylactic</b></p> <p>8 <b>reaction once it enters the mom's system; do you</b></p> <p>9 <b>disagree?</b></p> <p>10 A. Yes, but the amount is also important. Yes, I</p> <p>11 agree with that.</p> <p>12 <b>Q. Now, would you explain to me how there can be</b></p> <p>13 <b>an abruption after a placenta has been removed?</b></p> <p>14 A. No. I would -- I didn't say that. I said at</p> <p>15 the time that the placenta is being removed, it</p> <p>16 would maybe cause further -- some disruption and allow</p> <p>17 fetal cells to enter the maternal circulation.</p> <p>18 <b>Q. All right. So do you have an opinion as to</b></p> <p>19 <b>when these fetal cells entered maternal circulation?</b></p> <p>20 A. I can't tell you that, no.</p> <p>21 <b>Q. Is it either at the time of delivery or just</b></p> <p>22 <b>before?</b></p> <p>23 A. Well, that's likely, but, yes, it's -- that's</p> <p>24 usually considered when it does occur.</p> <p>25 <b>Q. Now, let's talk about something called</b></p>	<p style="text-align: right;">28</p> <p>1 of any -- anything. I think as a pathologist, I can</p> <p>2 recognize cells. And I don't know what would mimic</p> <p>3 that.</p> <p>4 <b>Q. Okay. Are you aware of any literature that</b></p> <p>5 <b>stands for the proposition that fetal squamous cells</b></p> <p>6 <b>that were once considered pathonomic are now considered</b></p> <p>7 <b>neither specific or sensitive for a diagnosis of AFE?</b></p> <p>8 A. No, I'm not.</p> <p>9 <b>Q. What does the phrase "degeneration artifact"</b></p> <p>10 <b>mean to you?</b></p> <p>11 A. Just exactly what you've said. Degeneration</p> <p>12 might cause one to misinterpret something that may not</p> <p>13 be there interpret.</p> <p>14 <b>Q. Now, the -- the squamous cells that you found,</b></p> <p>15 <b>were they imbedded in any kind of material?</b></p> <p>16 A. Well, it's -- it's hard to see, but there may</p> <p>17 be a little bit of mucous material around it, but I</p> <p>18 couldn't vouch for that. But there is an aggregate</p> <p>19 which I've photographed of the squamous cells.</p> <p>20 <b>Q. Doctor, do you know whether or not</b></p> <p>21 <b>trophoblastic emboli are present in all maternal deaths?</b></p> <p>22 A. In all maternal deaths?</p> <p>23 <b>Q. Yes.</b></p> <p>24 A. Well, I think it's not infrequent.</p> <p>25 <b>Q. We can agree that there is a difference between</b></p>
<p style="text-align: right;">27</p> <p>1 <b>trophoblastic emboli. What does that mean?</b></p> <p>2 A. Well, the trophoblasts are one of the units or</p> <p>3 one of the cells of the placenta. And they may enter</p> <p>4 the maternal circulation. And sometimes in normal</p> <p>5 pregnancies, you will find trophoblastic cells in the</p> <p>6 maternal circulation.</p> <p>7 So that alone does not make a definitive</p> <p>8 diagnosis of amniotic fluid embolism. But, on the other</p> <p>9 hand, at least in my experience, you don't often see</p> <p>10 trophoblastic cells. And if you do and there is a</p> <p>11 clinical setting for amniotic fluid embolism, it very</p> <p>12 likely is an amniotic fluid embolism.</p> <p>13 And in addition to that, as Dr. Redline has so</p> <p>14 well described, in amniotic fluid embolism it is</p> <p>15 actually rare to find squamous cells. Of course, the</p> <p>16 finding of squamous cells clinches the diagnosis</p> <p>17 unequivocally.</p> <p>18 But it is very difficult and sometimes</p> <p>19 impossible to find them. And as far as I'm concerned, I</p> <p>20 searched for a long time before I found just one cluster</p> <p>21 of squamous cells, which I think is all that you need to</p> <p>22 make a definitive diagnosis of amniotic fluid embolism.</p> <p>23 <b>Q. Are there some things that can mimic squamous</b></p> <p>24 <b>cells?</b></p> <p>25 A. Well, you tell me if there are. I don't know</p>	<p style="text-align: right;">29</p> <p>1 <b>a trophoblastic emboli and an amniotic fluid emboli,</b></p> <p>2 <b>correct?</b></p> <p>3 A. Yes.</p> <p>4 <b>Q. Trophoblastic emboli comes from the</b></p> <p>5 <b>intervillous space where maternal blood circulates,</b></p> <p>6 <b>correct?</b></p> <p>7 A. That is correct.</p> <p>8 <b>Q. And amniotic fluid comes from the amniotic</b></p> <p>9 <b>cavity, correct?</b></p> <p>10 A. Well, from the infant -- in, yes, the amniotic</p> <p>11 fluid, right.</p> <p>12 <b>Q. So it -- it sounds to me, Doctor, that the only</b></p> <p>13 <b>disagreement you have with Dr. Redline is that on the</b></p> <p>14 <b>issue of AFE. And specifically you make a finding of</b></p> <p>15 <b>fetal squamous cells, and he doesn't, and that you</b></p> <p>16 <b>believe that there can be a clinical decompensation of</b></p> <p>17 <b>the mom hours after the AFE enters the patient, and he</b></p> <p>18 <b>doesn't. Is that about it?</b></p> <p>19 A. Yes, but I don't blame him for not finding the</p> <p>20 squamous cells. They were very difficult to find in the</p> <p>21 first place. And I certainly had to search a long time</p> <p>22 to find them.</p> <p>23 <b>Q. Okay.</b></p> <p>24 A. I mean, I -- I don't criticize him for that at</p> <p>25 all.</p>



<p style="text-align: right;">30</p> <p>1 Q. I'm not asking you to criticize him. I'm just  2 looking for areas of disagreement.  3 A. Right.  4 Q. The first one is that you -- you make a  5 specific finding of a fetal squamous cell, and he did  6 not, correct?  7 A. Right.  8 Q. And the second one is that he believes  9 adamantly that you cannot have AFE present in this  10 clinical situation as Sherry McElfish where there's some  11 decompensation some two hours or three hours after the  12 placenta has been removed?  13 A. That is correct.  14 Q. Okay. And as to your authority, can you cite  15 me to any authority that states that there can be a  16 clinical decompensation of the mom some 2 1/2 hours  17 after the amniotic fluid have been removed from her  18 uterus, anything?  19 A. I -- I can't refer you to any literature, no.  20 Q. Okay. And -- and prior to this case, any  21 previous experience of any cases that you can recall?  22 A. Well, it's so rare that not many people have  23 seen many cases.  24 Q. Right.  25 A. And --</p>	<p style="text-align: right;">32</p> <p>1 A. I did.  2 Q. Why?  3 A. Why? Because it -- the whole scenario seemed  4 to me to be consistent with an amniotic fluid embolism.  5 Q. Including the timing of the clinical  6 decompensation of the mom?  7 A. Well, I've already said that I don't think you  8 can preclude it just on that basis when everything else  9 fits.  10 Q. Does everything else -- what would be  11 inconsistent with this mom to tie in from the ravages of  12 severe HELLP Syndrome? What is inconsistent about this?  13 A. Well, I think it is more consistent -- with  14 having looked at all the material that was submitted to  15 me, it's more consistent with an amniotic fluid  16 embolism. I think -- I think --  17 Q. Can -- can you tell me one thing that is  18 inconsistent, with the HELLP Syndrome with the  19 consequences of the severe HELLP Syndrome?  20 A. Well, I think the HELLP Syndrome occurred  21 concurrently with this, but I don't think the actual  22 cause of death was the HELLP Syndrome.  23 Q. All right. I'm gathering that, but is there --  24 what is there that's inconsistent with the HELLP  25 Syndrome and the ravages of severe HELLP Syndrome --</p>
<p style="text-align: right;">31</p> <p>1 Q. But --  2 A. And I have seen nowhere that it says it can't  3 occur two hours afterwards.  4 Q. Now, if -- if the criteria for registering an  5 amniotic fluid embolism reflects that it's got to occur  6 either before or just immediately after delivery, does  7 that tell you that some people feel that there's got to  8 be a close connection between the decompensation and the  9 presence of amniotic fluid?  10 MR. AUSTRIA: Objection. Go ahead.  11 A. Well, that is correct, but there's always  12 exceptions. There's nothing in medicine that's  13 absolutely 100 percent.  14 BY MR. BECKER:  15 Q. All right, ma'am.  16 And if Dr. Redline looked at your photographs,  17 your digital photograph, which you feel is fetal  18 squamous cell and disagreed and felt that it likely  19 represented something else, such as degeneration  20 artifact, that would just be a difference of opinion  21 between two professionals?  22 A. Well, that's his prerogative.  23 Q. Okay. Did anyone suggest to you, Doctor, to --  24 it sounds like you looked real hard for these fetal  25 squamous cells.</p>	<p style="text-align: right;">33</p> <p>1 A. Well, the --  2 Q. -- other than your finding of fetal squamous  3 cells?  4 A. Well, the -- the clinical presentation,  5 everything about it, as Dr. Redline has mentioned about  6 amniotic fluid embolism. The sudden onset of dyspnea,  7 the shock, hypotension, loss of blood are all most  8 consistent with amniotic fluid embolism.  9 Q. Doctor, I don't want to argue with you, but did  10 you -- did you answer my question as to what is  11 inconsistent with HELLP Syndrome?  12 A. I did.  13 Q. And -- and what did you say?  14 A. I've already told you, the clinical  15 presentation.  16 Q. Okay. And what specifically about the clinical  17 presentation?  18 A. Well, I've just told you. Do you want me to  19 tell you again?  20 Q. Yes, ma'am.  21 A. The sudden onset of dyspnea, the -- the shock,  22 hypotension and severe blood loss are all most  23 consistent with amniotic fluid embolism.  24 HELLP Syndrome will certainly cause liver  25 failure, and there were changes in the liver. But I --</p>

<p>34</p> <p>1 I think that the HELLP Syndrome occurred concurrently 2 rather than being the actual cause for this woman's 3 demise.</p> <p>4 <b>Q. Well, will HELLP Syndrome cause hypovolemia, or 5 would you defer to someone else?</b></p> <p>6 A. I'd defer to someone else on that.</p> <p>7 MR. BECKER: All right. That's all the 8 questions I have.</p> <p>9 MR. AUSTRIA: Anybody else?</p> <p>10 MS. DISILVIO: No questions at this time.</p> <p>11 MS. RICHTHAMMER: No questions at the time.</p> <p>12 MR. AUSTRIA: Okay. The doctor's going to 13 read.</p> <p>14 Anything else, Mike?</p> <p>15 MR. BECKER: No.</p> <p>16 (Whereupon, Plaintiff's Composite Exhibit 17 No. 3, case cites, was marked for identification.)</p> <p>18 (Whereupon, Plaintiff's Composite Exhibit 19 No. 4, references, was marked for identification.)</p> <p>20 THEREUPON, the deposition of ENID 21 GILBERT-BARNES, M.D. was concluded at 11:43 a.m.</p> <p>22 NOTE: The original and one copy of the 23 foregoing deposition will be held by MR. BECKER; 24 copies to MR. AUSTRIA and MS. DISILVIO. 25</p>	<p>36</p> <p>1 ATTACH TO THE DEPOSITION OF ENID GILBERT-BARNES, M.D. 2 CASE: McElfish vs. Meridia 3 4 5 ERRATA SHEET</p> <p>6 I, ENID GILBERT-BARNES, M.D., have read the 7 foregoing deposition given by me on August 16, 2005, in 8 Tampa, Florida, and the following corrections, if any, 9 should be made in the transcript:</p> <p>10 PAGE LINE CORRECTION AND REASON THEREFOR 11 12 13 14 15 16 17</p> <p>18 Subject to the above corrections, if any, my 19 testimony reads as given by me in the foregoing 20 deposition.</p> <p>21 22 SIGNED at _____, Florida, this 23 _____ day of _____, 24 _____ 25 ENID GILBERT-BARNES, M.D.</p>
<p>35</p> <p>1 DEPONENT'S ERRATA SHEET AND SIGNATURE INSTRUCTIONS 2 3 The original of the Errata Sheet has been 4 delivered to ENID GILBERT-BARNES, M.D. 5 6 When the Errata Sheet has been completed by the 7 deponent and signed, a copy thereof should be delivered 8 to each party of record and the ORIGINAL delivered to 9 MR. BECKER, counsel for Plaintiff, to whom the original 10 deposition transcript was delivered. 11 12 INSTRUCTIONS TO DEPONENT 13 14 After reading this volume of your deposition, 15 indicate any corrections or changes to your testimony 16 and the reasons therefor on the Errata Sheet supplied to 17 you and sign it. DO NOT make marks or notations on the 18 transcript volume itself. 19 20 *** REPLACE THIS PAGE OF THE TRANSCRIPT WITH 21 THE COMPLETED AND SIGNED ERRATA SHEET WHEN RECEIVED. 22 23 24 25</p>	<p>37</p> <p>1 CERTIFICATE OF REPORTER OATH 2 3 STATE OF FLORIDA 4 COUNTY OF HILLSBOROUGH 5 I, the undersigned authority, hereby certify 6 that the witness named herein personally appeared before 7 me and was duly sworn. 8 WITNESS my hand and official seal this 22nd day 9 of August, 2005. 10 11 12 13 Julie A. Santo, RPR 14 Notary Public - State of Florida 15 My Commission No. DD 461400 16 Expires: 08/14/2009 17 18 19 20 21 22 23 24 25</p>

## 1 REPORTER'S DEPOSITION CERTIFICATE

2  
3  
4

5 STATE OF FLORIDA

6 COUNTY OF HILLSBOROUGH

7 I, Julie A. Santo, Registered Professional  
8 Reporter, and Notary Public in and for the State of  
9 Florida at large, hereby certify that the witness  
10 appeared before me for the taking of the foregoing  
11 deposition, and that I was authorized to and did  
12 stenographically and electronically report the  
13 deposition, and that the transcript is a true and  
14 complete record of my stenographic notes and recordings  
15 thereof.

16 I FURTHER CERTIFY that I am neither an  
17 attorney, nor counsel for the parties to this cause, nor  
18 a relative or employee of any attorney or party  
19 connected with this litigation, nor am I financially  
20 interested in the outcome of this action.

21 DATED THIS 22nd day of August, 2005  
22 at Tampa, Hillsborough County, Florida.

23

---

Julie A. Santo, RPR

24 My Commission Expires 08/14/2009  
Transcript ordered: 8-16-05

25

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

CERTIFICATE OF REPORTER OATH

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

I, the undersigned authority, hereby certify  
that the witness named herein personally appeared before  
me and was duly sworn.

WITNESS my hand and official seal this  
AUG 23 2005

Julie A. Santo

Julie A. Santo, RPR  
Notary Public - State of Florida  
My Commission No. DD 461400  
Expires: 08/14/2009  
SCLAFANI WILLIAMS COURT REPORTERS, INC.

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


REPORTER'S DEPOSITION CERTIFICATE

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

I, Julie A. Santo, Registered Professional  
Reporter, and Notary Public in and for the State of  
Florida at Large, hereby certify that the witness  
appeared before me for the taking of the foregoing  
deposition, and that I was authorized to and did  
stenographically and electronically report the  
deposition, and that the transcript is a true and  
complete record of my stenographic notes and recordings  
thereof.

I FURTHER CERTIFY that I am neither an  
attorney, nor counsel for the parties to this cause, nor  
a relative or employee of any attorney or party  
connected with this litigation, nor am I financially  
interested in the outcome of this action.

DATED THIS AUG 23 2005 at Tampa,  
Hillsborough County, Florida.

  
\_\_\_\_\_  
Julie A. Santo, RPR  
Notary Public - State of Florida  
My Commission No. DD 461400  
Expires: 08/14/2009  
SCLAFANI WILLIAMS COURT REPORTERS, INC.

<p><b>A</b></p> <p>abnormalities 11:14  above-styled 4:16  abruption 22:6 25:15,16 26:13  absolutely 31:13  accurate 8:20  acting 10:21  action 38:20  actual 32:21 34:2  adamantly 30:9  addition 27:13  additional 23:9  additions 6:23  Admin 1:6 4:6  Admittedly 25:21  adverse 26:4,6  AFE 19:2 24:25 28:7 29:14,17 30:9  aggregate 28:18  ago 9:9 10:23  agree 9:11 13:7 16:10,19 26:11 28:25  ahead 14:20 25:12 31:10  air 19:6  al 1:10 4:10  allow 26:16  alveoli 19:6  amniotic 7:10 9:8,14 16:15,23 17:5,14 19:11 19:13,23 20:6,10 21:15 22:7,18 24:1,15 25:17 26:4,6 27:8,11,12,14,22 29:1,8,8,10 30:17 31:5 31:9 32:4,15 33:6,8,23  amount 16:3 26:10  anaphylactic 26:7  answer 6:10 13:16 14:21 15:13 21:23 33:10  Anybody 34:9  anymore 17:9  appear 8:11,18 10:9 19:16  APPEARANCES 2:1  appeared 37:6 38:10  approximately 10:19 25:25  areas 30:2  argue 33:9  article 23:3 24:14  articles 8:10,17,22 9:13 22:19  artifact 28:9 31:20  asked 5:24 7:4 8:17  asking 30:1  assume 6:8  ATTACH 36:1</p>	<p>attempt 6:4  attorney 10:25 38:17,18  attributable 24:24  August 1:25 4:23 36:7 37:9 38:21  Austria 2:9 3:13 6:18 7:18,21,25 8:2 9:15 13:12 14:20 16:13 17:11,15 18:1,6,16 20:12 21:22 22:4 23:12 23:16,21 31:10 34:9,12 34:24  authored 8:10  authority 30:14,15 37:5  authorized 38:11  autopsies 9:2  Avenue 2:6,10,17,23  average 10:2  aware 24:22 28:4  a.m 4:24 34:21</p> <p><b>B</b></p> <p>B 3:10  Bailin 2:8  Barnes 18:16  based 5:18 14:18,18 16:11 20:11  basic 26:3  basically 23:16  basis 32:8  Becker 2:5,5 3:6 5:6 7:19 8:1,3,15,16 9:11,16,19 9:20 13:14 14:24 16:16 17:12,16,19,22,24 18:3 18:7,9,14,19,22 20:15 21:25 22:10 23:6,24 31:14 34:7,15,23 35:9  believe 6:24 8:19,25 10:23 20:2,3,19 29:16  believed 11:20 25:17  believes 30:8  best 6:10  bit 9:21 28:17  blame 29:19  blood 12:16,17,19 29:5 33:7,22  Bob 6:18 7:19 9:11 17:12 17:25 18:14  body 26:7  born 22:1  Boulevard 4:23  boy 21:14  breakdown 10:13  briefly 7:14  bring 18:20  Building 2:10,16,22  Bulkley 2:22</p>	<p><b>C</b></p> <p>called 3:4 5:3 23:25 26:25  capillary 19:4  caption 10:25  case 1:9 3:12 4:9 8:24 10:21,25 11:4 15:20 16:5 22:17,20 23:7 24:4 24:24 25:6 30:20 34:17 36:2  cases 9:22 10:1,7,13 24:22 25:2,21 30:21,23  cause 4:16 15:20 22:7 26:16 28:12 32:22 33:24 34:2,4 38:17  causes 14:8 15:16 19:2  cavity 29:9  cell 30:5 31:18  cells 19:6,11,12,15,18,22 23:17 26:17,19 27:3,5 27:10,15,16,21,24 28:2 28:5,14,19 29:15,20 31:25 33:3  centimeters 12:7  certainly 20:10 29:21 33:24  CERTIFICATE 3:7,7 37:1 38:1  CERTIFIED 3:15  certify 37:5 38:9,16  chance 6:20  changes 6:23 11:21,24 13:1 15:5 33:25 35:15  chapter 7:5,7  chapters 7:15  circle 9:13  circulates 29:5  circulation 24:8 25:18 26:17,19 27:4,6  citation 23:3,4  citations 23:10  cite 30:14  cites 3:12 34:17  Civil 4:18  clearly 19:21  Cleveland 2:11,17,23 7:1  clinches 27:16  Clinic 24:15  clinical 27:11 29:16 30:10 30:16 32:5 33:4,14,16  clinically 24:10  clinician 21:12  close 25:22 31:8  cluster 19:5,10,14 27:20  clustered 19:19  coagulate 12:18  coagulation 12:16  coauthored 8:11</p>	<p>comes 29:4,8  commencing 4:24  comment 15:7  Commission 37:13 38:24  common 1:4 4:4 20:9,10  complete 6:10 38:14  completed 35:6,21  Composite 7:22 34:16,18  concerned 27:19  conclude 19:2  concluded 34:21  concurrently 32:21 34:1  confused 17:16  connected 38:19  connection 31:8  connective-tissue 13:4  consequences 32:19  considered 26:24 28:6,6  consistent 11:21 32:4,13 32:15 33:8,23  contrary 26:2  copies 17:13 34:24  copy 7:16 34:22 35:7  correct 6:11,19 8:21 9:6 10:19 15:22 24:19 29:2 29:6,7,9 30:6,13 31:11  CORRECTION 36:10  corrections 35:15 36:8,18  counsel 2:3,8,13,19 18:2 23:21 35:9 38:17  County 1:2 4:2 37:4 38:6 38:22  course 24:24 27:15  Court 1:4 4:4,22  courtroom 10:10  co-defense 18:2 23:21  criteria 24:5,9 31:4  criticize 29:24 30:1  current 5:13 7:11,16  curriculum 8:9  CUYAHOGA 1:2 4:2  CV 3:11 7:23</p> <p><b>D</b></p> <p>D 3:1  date 8:14  dated 6:18 8:12 38:21  DAVID 2:15  day 36:23 37:8 38:21  DD 37:13  death 9:4 20:1 32:22  deaths 9:3 28:21,22  decidua 15:4  decompensation 24:23 29:16 30:11,16 31:8 32:6  decreased 12:19  defendant</p>
--	--	--	--

2:8,13,19 10:15 Defendants 1:11 4:11 defense 10:21 defer 34:5,6 definitive 27:7,22 degeneration 28:9,11 31:19 delayed 25:19 delivered 21:20 25:15 35:4,7,8,10 delivery 24:24 25:19,22 26:21 31:6 demise 21:8 34:3 depict 19:2 depicts 17:13 deponent 35:7,12 DEPONENT'S 35:1 deposition 1:13 3:7 4:13 4:15 5:20 9:12 22:13 23:9 34:20,23 35:10,14 36:1,7,20 38:1,11,13 depositions 10:4,5,18 described 12:2,12 27:14 Description 3:10 descriptions 22:17,20 descriptive 19:15 developed 25:25 diabetic 13:2 diagnosed 9:7 diagnosis 27:8,16,22 28:7 diagnostic 19:22 diameter 12:8 DIC 20:3,8 die 21:17,20 difference 28:25 31:20 different 24:10 difficult 27:18 29:20 digital 17:3,18,21,22 18:10 23:13,18 31:17 DIRECT 3:6 5:5 director 5:16 disagree 26:9 disagreed 31:18 disagreement 29:13 30:2 disagreements 16:9,12 discovery 4:17 discuss 25:10 discussed 7:10 Discussion 13:13 20:14 23:11 DISILVIO 2:15 23:15,20 23:23 34:10,24 disorders 13:4,5 disruption 26:16 doctor 5:7,10 6:12 8:4 9:1 9:12,17,22 11:6 13:6,15 14:15 15:8 18:9 20:16	21:15 22:11 23:17,25 24:11,20 26:2 28:20 29:12 31:23 33:9 doctor's 34:12 Dr 2:19 3:11 6:25 7:23 12:2,11 16:7 18:16 27:13 29:13 31:16 33:5 due 13:18,25 15:2 duly 5:4 37:7 duration 14:1 dyspnea 33:6,21	31:12 excessive 13:1 16:5 20:25 exemplify 25:8,11 Exhibit 3:13 7:20,22 8:5 34:16,18 existence 14:19 16:1 experience 27:9 30:21 expert 10:22 Expires 37:14 38:24 explain 25:12 26:12 extremely 21:16	27:20 28:14 four 18:13 frequent 12:22 frequently 12:23 19:11 full 5:8,9 fully 6:8 Fulton 2:21 further 25:10 26:16 38:16
G			
gain 24:5 Gallagher 2:21 gathering 6:17 32:23 general 5:17 20:8 generating 22:12 Gilbert-Barness 1:13 3:3 3:11 4:13,15 5:2,9 7:23 34:21 35:4 36:1,6,25 give 9:1 17:11 given 6:9 10:20 13:6,22 15:16 24:16 36:7,19 gives 18:17 giving 10:18 glossy 17:19 go 9:12 14:20 15:23 16:21 18:23 21:7 25:12 31:10 goes 14:14 going 6:8 16:17 18:23 21:19 34:12 good 5:7 grams 11:17 great 21:6 ground 5:22 Group 1:10 2:13 4:10 guess 18:23 24:18 guessing 15:21 guys 18:3 gynecology 5:15			
H			
H 2:15 3:10 half 10:16,16 hand 8:4 19:17 27:9 37:8 Hanna 2:10 happened 25:5 hard 19:9 28:16 31:24 head 24:21 hear 22:23 25:9 heard 24:2 heart 20:17,18,20 held 4:19 34:23 Hello 13:12 HELLP 13:7,18 19:25 20:4,8,9 22:2 32:12,18 32:19,20,22,24,25 33:11,24 34:1,4 high 21:16 highly 7:4			

highly 7:4 Hillsborough 37:4 38:6 38:22 Hold 8:15 16:13 20:12 hopefully 8:4 Hospital 5:17 hours 24:23 25:23,25 29:17 30:11,11,16 31:3 hypertension 12:25 hypotension 33:7,22 hypovolemia 34:4 hypoxic 12:25	13:22 15:14 18:18 21:14 23:13 24:4,20 25:2,14 27:25 28:2,20 knowing 24:3 known 7:2,3 21:15 KRAUSE 2:15	matter 8:23 10:22 ma'am 13:20 25:9 31:15 33:20 McElfish 1:6 4:6 19:25 30:10 36:2 mean 24:9 27:1 28:10 29:24 means 10:24 12:14 14:16 measured 12:7 medical 1:10 2:13 4:10 26:3 medicine 5:11,15 31:12 medicolegal 9:21 meet 24:4 members 7:2 memory 18:24 mentioned 7:13,14 14:8 33:5 Meridia 1:10 2:13 4:10 36:2 MICHAEL 2:5 Middle 2:6 Midland 2:16 Mike 7:25 9:15 16:13 17:15 20:12 34:14 mimic 27:23 28:2 Mishkind 2:5 misinterpret 28:12 mom 26:5 29:17 30:16 32:6,11 mom's 26:8 morning 5:7 mortality 21:16 Moscario 2:9 move 11:6 mucous 28:17 multinucleated 19:4 M.D 1:13 3:3 4:13,15 5:2 34:21 35:4 36:1,6,25	15:16 numbered 17:8
<b>I</b>	<b>L</b>	<b>N</b>	<b>O</b>
identification 7:24 34:17 34:19 identify 8:6 identity 10:25 II 1:6 4:6 imbedded 28:15 immediately 31:6 important 5:23 26:10 impossible 27:19 inartfully 6:2 Including 32:5 inconsistent 32:11,12,18 32:24 33:11 increase 12:10 increased 11:25 13:3 20:17 21:3 indicate 6:7 35:15 indicative 19:22 infant 25:20 29:10 infants 13:2 infaret 12:6 infarction 13:1 infrequent 16:4 28:24 instance 4:16 INSTRUCTIONS 35:1 35:12 interested 38:20 Internet 23:5 interpret 28:13 interpretation 16:8 intervillous 12:17 29:5 issue 29:14	laboratory 5:14 large 4:21 7:13 11:17,20 14:13 38:9 larger 11:19 LEE 2:9 left 20:22,23 letter 11:16 let's 9:21 11:6,9 15:23 16:21 18:14 22:21 26:25 limits 20:20 Line 3:15 36:10 lining 15:4 list 11:2 listed 22:25 23:2 listing 23:9 literature 28:4 30:19 litigation 38:19 little 9:21 28:17 liver 33:24,25 Locksmith 24:12 long 9:22 14:17 15:25 27:20 29:21 look 6:20 10:7 22:14 24:6 24:17 looked 31:16,24 32:14 looking 30:2 loss 33:7,22 lost 20:12 lung 16:24 lupus 13:4 L-O-C-K-S-M-I-T-H 24:12 L.L.P 2:9	name 5:8,9 11:4 24:11 named 37:6 National 24:1 necessarily 15:3 need 27:21 neither 28:7 38:16 normal 11:19 12:23 20:20 20:22 27:4 Norman 2:21 Notary 4:20 37:13 38:8 notations 35:17 NOTE 34:22 notes 6:12,15 38:14 NOTICE 4:14 November 6:18 11:7 number	oath 3:7 5:23 37:1 object 14:20 21:22 22:4 Objection 31:10 obstetrician 21:24 24:19 obstetrics 5:15 OB-GYN 24:15 occur 12:22 25:23 26:24 31:3,5 occurred 25:16,22,24 32:20 34:1 occurs 25:17 office 17:10 official 37:8 Oh 9:23 10:8 16:19 21:14 21:23 24:6 Ohio 1:1 2:6,11,17,23 4:1 okay 5:13 6:20 7:7,21,25 8:22 9:11 10:5,9,12,17 10:20,24 11:4,18,23 12:1,4,9,13,20 14:15 15:23 17:8,15,24 18:6,8 18:16 19:8,14,24 20:16 21:19 23:15,19 24:17 28:4 29:23 30:14,20 31:23 33:16 34:12 once 10:11 22:6 26:8 28:6 onset 33:6,21 opinion 12:21 14:10,15 15:9,15,19,24,25 26:18 31:20 opinions 16:11 oral 4:15 ordered 38:24 ordinarily 20:23 original 34:22 35:3,8,9 outcome 38:20 owe 18:3
<b>J</b>	<b>M</b>		<b>P</b>
journal 22:19 23:3 Julie 1:24 4:19 23:7,10 37:12 38:7,23	major 7:5,13 manifestation 12:18,24 Marginally 21:5 Marilena 2:15 20:13 23:12 mark 7:19 18:9,14 23:7,7 marked 7:23 8:1,5 34:17 34:19 marks 35:17 material 28:15,17 32:14 materials 6:13 maternal 9:2,4 12:25 24:23 25:18 26:17,19 27:4,6 28:21,22 29:5		page 3:5,10,15 11:12 16:21 35:20 36:10 paper 23:3 paragraph 21:8 part 20:8 particularly 13:4 16:6 parties 38:17 party 35:8 38:18 paternal 12:25 pathological 14:12 15:10 pathologically 13:25 24:9 pathologist 7:1 21:13 28:1 pathology 5:14,17 7:3,9 14:18
<b>K</b>			
Karl 1:6 4:6 Kennedy 4:22 kind 28:15 knots 11:25 know 6:3,25 13:6,11,17			



<p>pathonomic 28:6  patient 20:20 29:17  patients 21:17 22:17  pediatric 5:17 7:1,3  pediatrics 5:15  people 30:22 31:7  percent 14:17 21:16  31:13  percentage 10:13  perfectly 12:23  performed 9:2  perfusion 13:24  perivillous 12:10,13,15  personally 25:1,1 37:6  photograph 17:13 19:17  31:17  photographed 28:19  photographs 17:1 18:4,10  18:10,18,19 19:1 31:16  phrase 28:9  phrased 6:2  picture 19:3,5  pictures 17:10,21,22  23:13,19  place 25:14 29:21  placenta 7:9 11:10,17  12:19 13:2 14:13,23  15:3,11,17 16:2,17,18  16:19,20 25:15 26:13  26:15 27:3 30:12  placental 24:7  placentas 12:23 16:4,8  plain 23:2  plaintiff 1:8 2:3 3:4 4:8  4:17 5:3 10:14,21 35:9  Plaintiff's 7:20,22 8:5  34:16,18  PLEAS 1:4 4:4  please 5:8 7:20 8:6 13:16  pleased 6:4 17:11  point 22:8  posed 6:9  position 5:13 25:13  possible 25:7  potential 15:16  pounds 20:21  practicing 5:11  preclude 32:8  preeclampsia 12:25 13:10  13:18,23,25 14:6,14,17  14:23 15:2,6  preexisting 13:9  pregnancies 27:5  prerogative 31:22  presence 15:6 31:9  present 28:21 30:9  presentation 33:4,15,17</p>	<p>preventable 22:9  prevented 21:9  previous 30:21  prior 16:1 22:11,12 30:20  probability 14:16 15:20  probably 7:14 9:6 12:6  problem 9:15  Procedure 4:19  proceedings 4:19,25  PRODUCED 3:13  product 12:16  Professional 1:24 4:20  38:7  professionals 31:21  professor 5:14  proposition 28:5  Prospect 2:17  Public 4:21 37:13 38:8  PubMed 23:4  pulmonary 19:4 24:8  purposes 4:17  pursuant 4:14,18</p> <hr/> <p style="text-align: center;"><b>Q</b></p> <hr/> <p>question 3:15 5:24 6:2,2,5  6:9 13:16,19,21 33:10  questions 34:8,10,11  question-and-answer  5:23  quickly 11:6</p> <hr/> <p style="text-align: center;"><b>R</b></p> <hr/> <p>rare 27:15 30:22  rarely 9:4  ratio 10:17  ravages 32:11,25  Ray 6:25  reaction 26:4,6,8  read 34:13 36:6  reading 35:14  reads 36:19  real 31:24  really 24:2  reason 13:1 25:23 26:5  36:10  reasonably 8:13  reasons 35:16  recall 11:4 19:3 30:21  RECEIVED 35:21  recognize 28:2  record 8:6 13:13 20:14  23:11 35:8 38:14  recordings 38:14  records 11:3  Redline 6:25 12:2,11 18:5  27:13 29:13 31:16 33:5  Redline's 16:7  refer 30:19</p>	<p>references 3:12 22:14,22  22:24,25 34:19  reflection 13:9  reflects 17:5 31:5  Registered 1:24 4:20 38:7  registering 31:4  registry 24:1,5  related 14:7 20:6  relative 16:7 38:18  remember 18:12,25  Reminger 2:16,16  removed 16:2 22:2 26:13  26:15 30:12,17  repeat 13:15  rephrase 6:4  REPLACE 35:20  report 6:17,21 11:7 16:21  21:8 22:12 38:12  reported 1:24 24:22  25:21  Reporter 1:24 3:7 4:20  37:1 38:8  Reporters 4:22  REPORTER'S 3:7 38:1  reports 22:22 23:8  represented 31:19  research 22:11  responded 8:19  restate 6:4  result 6:12  review 5:22 6:13 10:6,14  23:18  reviewed 10:2  reviewing 9:22  RICHTHAMMER 2:21  34:11  right 5:10 7:16,19 8:4  9:25 10:1,8 11:6,13  12:4 14:4,5,9 15:18,23  16:7,11,18 17:12,23  18:3 20:16 22:19 23:6  23:20 26:18 29:11 30:3  30:7,24 31:15 32:23  34:7  ROBERT 2:9  RPR 37:12 38:23  rules 4:18 5:22</p> <hr/> <p style="text-align: center;"><b>S</b></p> <hr/> <p>S 3:10  sac 19:7  Santo 1:24 4:20 37:12  38:7,23  satisfy 24:9  saying 25:5  says 16:14 31:2  scenario 32:3  Selafani</p>	<p>4:22  seal 37:8  search 29:21  searched 27:20  second 8:15 16:21 30:8  secondary 14:6 20:3  second-to-last 21:7  see 12:23 13:25 15:2  16:23 20:17 21:3,10  22:21 27:9 28:16  seen 30:23 31:2  send 23:14,18  sense 9:1 10:7  sensitive 28:7  September 13:23  session 5:23  setting 22:2 27:11  Seventh 2:22  severe 13:23 32:12,19,25  33:22  Sharp 2:21  sheet 3:6 23:3 35:1,3,6,16  35:21 36:5  Sherry 30:10  shock 33:7,21  show 15:5  sic 21:9  sign 35:17  SIGNATURE 35:1  signed 35:7,21 36:22  significance 11:15,18  12:7  similar 10:22  situation 30:10  size 14:13  slides 16:24 17:8,9  slightly 11:19  slow 12:16  small 12:6 19:5,10,14  Society 7:3  somewhat 17:16 25:19  soon 17:24  sorry 13:15  sounds 29:12 31:24  South 5:16  space 12:17 29:5  speaking 21:12  specific 28:7 30:5  specifically 13:17 26:5  29:14 33:16  squamous 19:6,10,12,15  19:22 23:17 27:15,16  27:21,23 28:5,14,19  29:15,20 30:5 31:18,25  33:2  SS 1:1 4:1  stands 28:5</p>
---	--	---	--

start 10:14	7:4,12,14 8:12,17	21:17	08/14/2009 37:14 38:24
state 1:1 4:1,21 16:3 37:3	11:16 12:2 14:2,22 15:6	use 4:17	
37:13 38:5,8	15:21 16:5,14 18:25	usual 12:24	<b>I</b>
states 30:15	19:12,24 20:7,12,21,24	usually 26:24	1 3:11 7:20,23 8:5
statistics 20:11	21:5,23,23 22:1,5,5,6	uteroplacental 11:21 12:5	1.2 20:24
stay 16:17	24:7,7 25:7 27:21 28:1	12:21 13:8,21,24 14:12	1.4 20:23,24
stenographic 38:14	28:24 32:7,13,16,16,20	15:1,25	1.5 12:7
stenographically 38:12	32:21 34:1	uterus 15:4 30:18	1/05 8:12
Stine 2:19	<b>Thirty</b> 9:24		1/2 30:16
stop 6:3	thought 14:25	<b>V</b>	100 31:13
subject 8:23 10:22 36:18	three 9:10 18:12 19:18	ventricle 20:22,24 21:4	101 2:17 4:22
submitted 32:14	22:21,22 23:7 30:11	versus 10:15	11:43 34:21
sudden 33:6,21	tie 32:11	vessels 15:5	134 2:6
suggest 31:23	time 14:17 15:15 16:1	vitae 7:17 8:9,11 9:13	1400 2:16
Suite 2:11 4:23	19:25 25:19,22 26:15	volume 35:14,18	1422 2:10
supplied 35:16	26:21 27:20 29:21	vouch 28:18	15th 6:18 11:7
sure 18:1 25:12	34:10,11	vs 1:9 4:9 36:2	1501 2:23
survived 22:3	times 9:10		16 1:25 4:23 36:7
sworn 5:4 37:7	timing 32:5	<b>W</b>	16th 13:23
symptoms 25:25	tissue 24:8	wall 19:6 20:18 21:4	17th 13:24
syncytial 11:25	today 6:10 7:17	want 5:22 6:23 21:1 23:1	19 22:24
Syndrome 13:7,18 19:25	told 14:25 33:14,18	25:7,10 33:9,18	1970 4:23
20:4,8,9 22:2 32:12,18	top 24:21	week 21:20	
32:19,20,22,25,25	topic 7:10 9:14	weighed 20:21	<b>2</b>
33:11,24 34:1,4	touch 8:23	weight 20:19,21	2 3:13 18:10 30:16
system 26:8	touches 9:13	West 2:17	2-A 18:14
	tracking 10:24	we'll 18:17,17 23:7,7,13	2-B 18:15
<b>T</b>	transcript 35:10,18,20	23:18	2-C 18:15
T 3:10	36:9 38:13,24	we're 7:2 16:17 18:23	2-D 18:15
take 17:1,9 24:17	trial 4:18	Williams 4:22	2004 6:18 11:7
taken 5:1,20 17:19	trophoblast 19:4	willing 9:16	2005 1:25 4:24 36:7 37:9
talk 9:21 11:9 26:25	trophoblastic 27:1,5,10	wish 17:11 22:15	38:21
talking 20:16 23:13	28:21 29:1,4	witness 5:3 9:18 17:18,21	216.241.5310 2:24
Tampa 4:23 5:17,18 36:8	trophoblasts 27:2	17:23 18:12,21 37:6,8	216.621.1000 2:12
38:22	true 2:9 38:13	38:9	216.622.1556 2:12
Telephone 2:4,14,20	trying 10:6 14:9	woman 13:6,23 19:24	216.786.1311 2:18
tell 5:7 11:14 12:13 24:6	twice 10:6,8,11	21:19	22nd 37:8 38:21
24:20 26:20 27:25 31:7	two 9:10 19:18 22:21	woman's 34:2	286 20:21
32:17 33:19	25:23,25 30:11 31:3,21	women 13:2,3	
ten 10:4,5	two-volume 7:13	work 9:22	<b>3</b>
term 16:4,6		wouldn't 21:5	3 3:12 20:17 34:17
terms 14:11,15 15:19,24	<b>U</b>	write 7:5,8	3-A 23:8
24:3	Uh-huh 19:20	writings 7:15	3-B 23:8
Terry 19:25	underlying 22:7	written 7:12,15 8:13,18	3-C 23:8
testified 5:4	underperfusion 11:22	8:20,23 24:14	30 9:23
testimony 10:20 35:15	12:5,21 13:9,22 14:8,12	wrote 6:18	34 3:12,12
36:19	15:1,1,11,17 16:1,4		350 20:21
textbook 7:6,11,13	undersigned 37:5	<b>X</b>	36 3:6
textbooks 7:11,12	understand 5:24 6:1	X 3:1,10	37 3:7
Thank 6:6 9:19 23:20,23	understanding 26:3		375 20:21
therefor 4:19 35:16 36:10	understood 6:8	<b>Y</b>	38 3:7
thereof 35:7 38:15	unequivocal 19:13	yeah 9:18 17:15 18:1,25	
THERESA 2:21	unequivocally 27:17	23:4	<b>4</b>
thickness 20:17,22,23	unfortunate 21:9	year 10:1,2,4,5,11	4 3:12 23:10 34:19
21:3	units 27:2	years 7:2 9:9,23,24 10:2,3	440.323.1879 2:7
thing 32:17	University 5:16	10:23	44035 2:6
things 27:23	unpredictable 21:18 22:8		44115 2:11,17,23
think	unpreventable	<b>0</b>	461400 37:13

465040 1:9 4:9

5

5 3:6

51 14:16

6

600 11:20

630 2:11

640 11:17

7

7 3:11

8

8-16-05 38:24

9

9:59 4:24

90 21:16