IN THE COURT OF COMMON PLEAS

CUYAHOGA COUNTY, OHIO

GLORIA MASLANKA, as parent and guardian for Shane Maslanka,

-vs-

Plaintiff,

JUDGE NANCY McDONNELL CASE NO. 552424

METROHEALTH MEDICAL CENTER,

Defendant.

- - - -

Deposition of JUDETTE LOUIS, M.D., taken as if upon cross-examination before Kelli Rae Page, a Notary Public within and for the State of Ohio, at MetroHealth Medical Center, Legal Department, 2500 MetroHealth Drive, Cleveland, Ohio, at 9:26 a.m. on Monday, May 1, 2006, pursuant to notice and/or stipulations of counsel, on behalf of the Plaintiff in this cause.

PAGE REPORTING SERVICE 1303 GIEL AVENUE LAKEWOOD, OHIO 44107 (216) 228-1028 FAX (216) 228-1028 Email: kellirpage@yahoo.com Page 1

	Page 2		Page 4
1	APPEARANCES:	1	A. Yes.
2	David A. Kulwicki, Esq.	2	Q. And when did your residency start at
3	Becker & Mishkind Co., L.P.A. Skylight Office Tower	3	MetroHealth?
	1660 West 2nd Street, Suite 600	4	A. In the middle of June of 2000.
4	Cleveland, Ohio 44113	5	Q. At the time that you cared for Mrs. Maslanka, it
5	(216) 241-2600,	6	looks like it was in July 2001, so you would have
	On behalf of the Plaintiff;	7	been just finishing up your first year of
6		8	residency, is that right?
7	Christine S. Reid, Esq. James L. Malone, Esq.	9	A. Yes.
Ĺ	Reminger & Reminger	10	
8	1400 Midland Building	11	Q. And prior to your residency did you do an internship here at MetroHealth?
9	101 Prospect Avenue, West Cleveland, Ohio 44115	12	A. No.
-	(216) 687-1311,	13	
10		14	Q. Do you remember, in other words, in your mind's eye do you have a picture of Mrs. Maslanka?
11	On behalf of the Defendant.	15	A. No.
12		16	Q. With regard to your recollection of events that
13		17	took place and involved your care is it limited
15		18	to what's in the medical chart?
16		19	A. I'm not sure what you are asking.
17 18		20	Q. Sure. Let me thank you for stopping me and tell
19		21	you that throughout this deposition if I do ask
20		22	you any questions that you don't understand, go
21 22		23	
23		24	ahead and stop me and tell me that. A. Okay.
24		25	•
25		لہ س <i>ک</i>	Q. I want to make sure that you understand what I'm
-	Page 3		Page 5
1	JUDETTE LOUIS, M.D., of lawful age,	1	asking and that your answers are clear. So that
2	called by the Plaintiff for the purpose of	2	was very good.
3	cross-examination, as provided by the Rules of	3	A. Okay.
4	Civil Procedure, being by me first duly sworn, as	4	Q. What I'm trying to understand is do you have any
5	hereinafter certified, deposed and said as	5	recollection of any conversation, conversations
7	follows:	6	with Mrs. Maslanka or any of the other caregivers
8	CROSS-EXAMINATION OF JUDETTE LOUIS, M.D.	7	or any information about this case that is
9	BY MR. KULWICKI:	8	outside of what's contained in the medical
10	Q. Dr. Louis, would you please state your name and we'll have you spell your first and last names	9	records, or on the other hand, is your
11	for an accurate record here.	10 11	recollection limited to what's actually charted
12	A. Yes. It is Judette Louis, M.D. First name is	6	in Mrs. Maslanka's medical chart?
13	J-U-D-E-T-T-E. Louis is L-O-U-I-S.	12	A. No. I do recall the clinical scenario.
14	J-U-D-E-1-1-E. Louis is L-U-U-1-5. Q. Thank you.	13	Q. Okay. Good. Well, I'm going to ask you about
15	And, Doctor, where do you currently practice	14	that. Have you had a chance to review the record
16	medicine?	15 16	before today's deposition?
17	A. I am a fellow in maternal fetal medicine at Wayne	17	A. Yes.
18	State University in Detroit, Michigan.	18	Q. And tell me, maybe give me an overview of your
19	Q. And how long when did your fellowship start?		care of Mrs. Maslanka. I know it was Dr. Rezaee
20	A. I started in July of 2004.	19	that delivered her. Can you tell me what your
21	-	20	involvement was from the admission to the time of
21	<ul><li>Q. Is that a two-year fellowship?</li><li>A. Three years.</li></ul>	21	delivery?
23	Q. Three years?	22	A. At the time I was the resident on call that
24	· ·	23	night, so I was involved in her care from the
25	And prior to that you were a resident here at MetroHealth, is that correct?	24 25	time that she came in through triage until I
25		45	left, which was around 6:00 in the morning.

	Page 6		Page 8		
1	Q. Okay. And then when she first comes in there is	1	handwriting.		
2	an admit note done. Is that the first note that	2	Q. Screening visits equal 4 on file. Last menstrual		
3	appears in the labor and delivery record?	3	period November 30, 2000. That's your		
4	MS. REID: Go ahead and refer to the	4	handwriting?		
5	record. Do you want to use that set or	5	A. No. Actually I'm sorry. If you look where it		
6	THE WITNESS: Okay.	6	says antenatal course, crossed out, OB history,		
7	MR. MALONE: You referred to her as	7	that is my handwriting.		
8	Mrs. Maslanka I think three or four times.	8	Q. Why don't you just read that for us so I		
9	I don't believe that's true. I think she	9	understand what you wrote.		
10	was married twice but never to anybody named	10	MS. REID: Slowly.		
11	Maslanka. She was married to a fellow named	11	•		
12		12	Q. To make it easier for all of us where you have		
13	O'Connor and a fellow named Oneida, so				
14	objection for the record as to	13 A. Okay. 1994 LTCS, low transverse cesarean sec			
15	Mrs. Maslanka.	14	for fetal distress at 42 weeks. 1996, SVD,		
	MR. KULWICKI: Fine.	15	spontaneous vaginal delivery, at 34 weeks. 1998,		
16	Q. We are looking at the admit July 31?	16	spontaneous vaginal delivery at 35 weeks. 2000,		
17	A. Yes.	17	spontaneous vaginal delivery at full term.		
18	Q. Do you recognize the signature in the lower	18	Q. And then besides the OB history that you have		
19	right-hand corner?	19	just read for us is there anything else on this		
20	A. I believe it is the emergency resident rotator.	20	page that you wrote?		
21	Q. Is that an OB resident or ER resident?	21	A. No.		
22	A. An ER resident.	22	Q. Do you know where you would have gotten the		
23	Q. So this patient would have come in to the	23	information for the OB history?		
24	emergency room and the admit note would have been	24	A. When we do a history and physical exam we rely on		
25	done by the ER resident, correct?	25	the medical records and also the patient's report		
		í.			
	Page 7		Page 9		
1	Page 7 A. No, incorrect.	1	Page 9 of facts.		
1		1	-		
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2	<ul><li>A. No, incorrect.</li><li>Q. Okay.</li></ul>	2	of facts. Q. Okay. And in this case do you know if you had		
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2 3 4 5 6 7 8 9 10 112 13 14 15 16 7 18 9 20 1 22 22	<ul> <li>A. No, incorrect.</li> <li>Q. Okay.</li> <li>A. This patient came through on labor and delivery, however we have emergency room residents who rotate through so this was on labor and delivery but he just happened to be an emergency room resident who was part of the OB care team that night.</li> <li>Q. Thank you for clarifying that. Do you know his name?</li> <li>A. Matthew Evanhouse.</li> <li>Q. Do you have any idea where Matthew is at today?</li> <li>A. I believe somewhere on the west coast. Maybe Oregon or Washington state. I'm not sure.</li> <li>Q. Were you involved at all in the care of this patient at admission?</li> <li>A. Yes.</li> <li>Q. And tell me where is your first note, or were you there with Dr. Evanhouse?</li> <li>Q. As I look at the admit note I don't see any notes that would appear to be from you. Am I wrong?</li> </ul>	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 20 21 22	<ul> <li>of facts.</li> <li>Q. Okay. And in this case do you know if you had medical records available from the '94, '96, '98 and 2000 deliveries?</li> <li>A. No. I would not have had records, but if it's on the A.C.O.G. antenatal care sheet then I would use that, and anything that wasn't clear I would ask the patient.</li> <li>Q. And let me understand that a little bit better. I assume you know sitting here today that Gloria had her prenatal care at, I believe, the McCafferty Clinic, is that correct?</li> <li>A. Yes.</li> <li>Q. When she showed up for L and D I understand it's the usual policy or procedure for the folks in L and D to obtain the A.C.O.G. flow sheet from the McCafferty Clinic, is that correct?</li> <li>A. Yes.</li> <li>Q. Besides the A.C.O.G. flow sheet is there anything else that the folks in L and D would request from the Clinic?</li> <li>A. No.</li> </ul>		
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2 3 4 5 6 7 8 9 0 112 3 4 5 6 7 8 9 112 13 14 15 6 7 18 9 20 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<ul> <li>A. No, incorrect.</li> <li>Q. Okay.</li> <li>A. This patient came through on labor and delivery, however we have emergency room residents who rotate through so this was on labor and delivery but he just happened to be an emergency room resident who was part of the OB care team that night.</li> <li>Q. Thank you for clarifying that. Do you know his name?</li> <li>A. Matthew Evanhouse.</li> <li>Q. Do you have any idea where Matthew is at today?</li> <li>A. I believe somewhere on the west coast. Maybe Oregon or Washington state. I'm not sure.</li> <li>Q. Were you involved at all in the care of this patient at admission?</li> <li>A. Yes.</li> <li>Q. And tell me where is your first note, or were you there with Dr. Evanhouse?</li> <li>Q. As I look at the admit note I don't see any notes that would appear to be from you. Am I wrong?</li> </ul>	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 20 21 22	<ul> <li>of facts.</li> <li>Q. Okay. And in this case do you know if you had medical records available from the '94, '96, '98 and 2000 deliveries?</li> <li>A. No. I would not have had records, but if it's on the A.C.O.G. antenatal care sheet then I would use that, and anything that wasn't clear I would ask the patient.</li> <li>Q. And let me understand that a little bit better. I assume you know sitting here today that Gloria had her prenatal care at, I believe, the McCafferty Clinic, is that correct?</li> <li>A. Yes.</li> <li>Q. When she showed up for L and D I understand it's the usual policy or procedure for the folks in L and D to obtain the A.C.O.G. flow sheet from the McCafferty Clinic, is that correct?</li> <li>A. Yes.</li> <li>Q. Besides the A.C.O.G. flow sheet is there anything else that the folks in L and D would request from the Clinic?</li> <li>A. No.</li> </ul>		

1       ii. I would imagine either mode of faxing or maling, but may prove that not privy to which centers do it which way.       1       would just interpret your abbreviations as you go forward.         2       Okay, Suffice it to say, in preparing this OB history that you have last reviewed for us, is it sufficient to understand that be only thing that you would have at the time you prepared this would be the A.C.O.G. flow sheet from the one sit would a stafe for me to understand the energy this oB matching to you continued to follow the labor, is that correct?       A. No.       Yes, Now you continued to follow the labor, is that correct?       10       A. No.       Yes, any signature.         3       O. Okay, Now you continued to follow the labor, is that correct?       10       No with appende to Dr. Evanhouse? Did he go away or did he continue to follow the patient as the first time I here so that scorect?       10       A. That is correct.       10       11       Pares 11         11       kind of situation where there is an ER physician to scontard. Just try and understand this a lifte bit so that scorted?       2       A. That would just and consideration there?       1       11       Pares 11         12       M. No. staff, Erst and Sing Parker on the notes it would a sphere. This is the first time I here for this scorted?       2       A. That is correct?       2       A. That is correct?       1       1       1       1       What happened to Dr. Evanhouse? Did he go away time of min the first try and index stand this a lifte bit?       2       A. That is corr	1	Page 10	100 107 100 100 100 100 100 100 100 100	Page 12		
2       mailing, but fin not privy to which centers do it       2       forward.         4       Q. Okay. Suffice it to say, in preparing this OB       5       history that you have just reviewed for us, is it         5       as afe for me to understand that the only thing       6       83, blood pressure 98 over 63. Setal heart rate         6       as would bave at the time you prepared this       6       50% with accels to 160. No decels. Dectrode         7       d. Correct.       10       Assessment and plan, 27-year-old gravida 7.         10       Now the next page that Have looks like a       11       para 2224, at 36 and 3/7 weaks with spontaneous         12       anything on that page that you worde?       14       No.         13       A. Okay. Now you continued to follow the labor; is       16       forward.       17         14       A. No.       The astain toft. Is there       18       Pritocia aggmentation. No sigms or symptoms of         14       A. No.       That secarrect.       10       Charks with spontaneous         15       O. Kay. Now you continued to follow the labor; is       16       Charks with spontaneous         16       Q. Math bappened to Dr. Evanhouse? Did he go awn       17       A resta         20       Well?       A. That would be in the hissory and physical exam.	· · · ·	it. I would imagine either mode of faxing or	1	would just interpret your abbreviations as you go		
3         which way,         3         A. Okay, OB progress notes. S. subjective, pailent           4         Q. Okay, Suffice it to say, in preparing this OB         5         history that you have just reviewed for us, is it           5         asfe for me to understand that the only thing         6         83, blood pressure 98 over 63. Fetal heart rate           6         safe for me to understand that the only thing         7         Now would have at the time you prepared this           7         A. Okay, OB progress notes. S. subjective, pailent         4         Now you would have at the time you prepared this           8         would be the A.C.O.G. flow sheet from the         6         and UTPC Placed.           10         A. Correct.         10         Assessment and plan, 27-year-old gravida 7, para 2224, at 35 and 37 weeks with spontaneous           11         anything on that page that you worde?         11         para 224, at 35 and 37 weeks with spontaneous           12         outpressare that oplan, any signature.         10         O.C.O. Flow show you continue to follow the labor, is           15         that papened to Dr. Evanhouse? Did he go away         14         inferetom.         13           14         A.Was, CBB negative.         14         14         14           15         Q. Okay. Now you continue to follow the labor, is         15 <td< td=""><td>2</td><td>mailing, but I'm not privy to which centers do it</td><td>2</td><td></td></td<>	2	mailing, but I'm not privy to which centers do it	2			
4       Q. Okay, Suffice it to say, in preparing this OB       is without complaints. Under objective, pulse of         5       history that you have just reviewed for us, is it       6         6       ask for me to understand that the only thing       7         7       that you would have at the times you prepared this       83, blood pressure 98 over 63. Fetal heart rate         8       would bave at the times you prepared this       83, blood pressure 98 over 63. Fetal heart rate         9       McCafferty Clinic and Mrs. Maslanka?       10         10       A. Correct.       10         11       Q. Now the next page that 1 have looks like a       11         12       continuet on the admit note. Is there       11         13       pare 224, at 36 and 3/7 weeks with spontaneous         14       A. No.       11         15       Q. Okay, Now you continued to follow the labor. is       11         16       that correct?       12         17       A. Yes.       12       Q. Hat may many and machina a little bit         16       Q. What happened to Dr. Evanhouse? Did he go away       18       18         17       A. Yes.       Q. And, Doctr, 1 don't see any where in this note         18       Q. Let me go back to that. Let me just make sure.         2	3		3	A. Okay. OB progress note. S. subjective, patient		
5       history that you have just reviewed for us, is it       5       83, blood pressure 98 over 63, Frait heair rate         6       safe for me to understand that the only thing       7       blood pressure 98 over 63, Frait heair rate         7       hat you would have at the time you prepared this       8       blood pressure 98 over 63, Frait heair rate         8       would be the A.C.O.O. flow sheet from the       10       A. Correct.       10         10       A. Correct.       10       A. Correct.       10         12       O. Now the next page that 1 have looks like a       11       parse 224, at 36 and 37, weeks with spontaneous         12       continuation of the admit note. Is there       12       rapture of membranes times two hours. Continue         13       continue to follow the labor, is       infection. Continue to monitor. Feal status       11         14       A. No.       14       infection. Continue to monitor. Feal status       16         15       O. Okay. Now you continue to follow the patient as       15       or did be continue to follow the patient as       16       0. The estimate of fold age is based on patients.         16       A. He was still there, but from the notes it would       13       14       A. That would be in the history and physical exam.         12       D. Let me just may and understand this a little	4		4			
6       safe for me to understand that the only thing       150's with accels to 160. No decels. Moderate         7       thar you would have at the time you prepared this       150's with accels to 160. No decels. Moderate         8       would be the A.C.O.G. flow sheet from the       16         9       McCafferty Clinic and Mrs. Maslamka?       17         10       A. Correct.       10         11       A. Correct.       10         12       on would be the A.C.O.G. How sheet from the       11         13       off and mit note. Is there       12         14       A. No.       12       Pupture of membranes times two hours. Continue         14       A. No.       16       thar correct?       17         14       A. No.       16       thar correct?       17         14       A. No.       16       thar correct?       18         14       A. Wes.       16       the assetill there, but from the notes it would       20       where you mention the ultrasound that was done on         12       Q. Let me just try and understand this a little bit       21       21       Let me just try and this a little bit         24       A. Eve asside there is an ER physician       1       1       ultrasound, is that correct?       2	5		5			
7       that you would have at the time you prepared this       7       long-term variability. TOCO. Q1 to 3. Vaginal         8       would be the A.C.O.G. flow sheet from the       9       and TUPC placed.         10       A. Correct.       10       A. Correct.       10         12       O. Now the next page that 1 have looks like a continuation of the admit note. Is there       11       para 2224, at 36 and 37 weeks with spontaneous rupture of membranes times two hours. Coutinue         13       anything on that page that you work?       14       infection. Continue to monitor. Fetal status         14       the torrect?       14       infection. Continue to monitor. Fetal status       reassuring. GBS negative. And my signature.         15       Q. Okay. Now you continued to follow the labor, is       16       Q. The estimate of fetal age is based oupon last         17       A. Yes.       17       A. Bocort, I don't see anywhere in this note       10         16       Q. Mat happened to Dr. Evanhouse? Did heg yaavai       12       20       A. That is correct.       12         16       Q. Let me just try and understand this a little bit       24       A. That would be in the history and physical exam.       12         24       Q. Let me just try and understand this a little bit       24       A look at this note I don't see any reference       10	6		6			
8       would be the A.C.O.G. flow sheet from the McCafferty Clinic and Mrs. Maslanka?       9       exam. one long and high. Fetal scalp electrode and IUPC placed.         10       A. Correat.       10       Assessment and plan, 27-year-old gravida 7, para 2224, at 36 and 37 weeks with spontaneous continuation of the admit note. Is there         13       anything on that page that you wrote?       10         14       A. No.       11         15       Q. Okay. Now you continued to follow the labor, is that correct?       12         16       that correct?       13         17       A. Yes.       14         18       Q. What happened to Dr. Evanhouse? Did he go away       18         19       or did he continue to follow the patient as well?       19         20       werl?       14         21       A. He was still there, but from the notes it would appear that night I was the one who was manging the patient.       14         23       the patient.       24         24       Q. Let me just ry and understand this a liftle bit scenario?       14         25       the trai still from this the first time I heard of this scenario?       26         3       A. No, not at all. He's my junior.       2         4       A Stess       Q. Day wou know who your senior attending resident scenario?       3	7		2			
9       McCafferty Clinic and Mrs. Maslanka?       9       and LIPC placed.         10       A. Correct.       Assessment and plan, 27-year-old gravida 7, para 2224, al 5 and 37/ weeks with spontaneous rupture of membranes times two hours. Continue to continuation of the admit note. Is there       10         11       O. Now the next page that I have looks like a       11       Descention of the admit note. Is there         12       continuation of the admit note. Is there       12       If an 2274, al 5 and 37/ weeks with spontaneous rupture of membranes times two hours. Continue to monitor. Fetal status         12       o. Okay. Now you continued to follow the labor, is       15         13       P. What happened to Dr. Evanhouse? Did he go away       16       O. The estimate of fetal age is based upon last mestinal period, is that correct?         14       A. Yes.       19       O. And, Doctor, I don't see any where in this note or where you mention the ultrasound that was done on where you mention the ultrasound that was done on a poing forward physical examt.         12       out the eight I was the cone who was managing the patient.       20       Let me go back to that. Let me just make sure.         22       Q. Let me gi back to that. Let me is an ER physicial time from this note lass as look at this note I don't see any reference       21         23       considered a senior attending to you in his scenario?       30       And let me just ask you on a going forward basis from this note uniil the f	8		8			
10       A. Correct.       10       Assessment and plan, 27-year-old gravida 7,         11       Q. Now the next page that I have looks like a       11       para 2224, at 36 and 3/7 weeks with spontaneous         13       anything on that page that you wrote?       13       infection. Continue to monitor. Feat status         14       A. No.       14       infection. Continue to monitor. Feat status         15       Q. Okay. Now you continued to follow the labor, is       15       infection. Continue to monitor. Feat status         15       Q. What happened to Dr. Evanhouse? Did he go away       16       Q. The costimate of feat age is based upon last         16       Q. What happened to Dr. Evanhouse? Did he go away       18       A. That is correct.         19       or did he continue to follow the patient as       19       Q. And Doctor, I don't see anywhere in this note         20       well?       23       A. That would be in the history and physical exam.         21       July 12th by Dr. Ashmead.       224       As I look at this note I don't see anywhere in this note         21       kind of situation where there is an ER physician       1       ultrasound, is that correct?       2         21       kind of situation where there is an ER physician       1       ultrasound, is that correct?       2         32       O. And I	9		9			
11       Q. Now the next page that have looks like a       11       para 2224, at 36 and 37 weeks with spontaneous         12       continuation of the admit note. Is there       11       para 2224, at 36 and 37 weeks with spontaneous         13       Q. Okay. Now you continued to follow the labor, is       infection. Continue to monitor. Fetal status         14       A. No.       15       reassuring. GBS negative. And my signature.         16       Q. What happened to Dr. Evanhouse? Did he go away       18       Continue to follow the patient as         19       or did he continue to follow the patient as       19       Q. And, Doctor, I don't see anywhere in this note         20       welt?       20       where you mention the ultrasound that was done on         21       A. He was still here, but from the notes it would       21       A. That is correct.         23       the patient.       22       A. That would be in the history and physical exam.         24       Q. Let me just try and understand this a little bit       24       A. That is correct?       2         24       D. the sit sitte first time 1 heard of this       25       to the estimated gestational age based on that         25       to the estimated gestational age based on that       24       A. That is correct?       2         2       A. That is cororect.       30	10		10			
12       continuation of the admit note. Is there       12       rupture of membranes times two hours. Continue         13       anything on that page that you wrote?       13       Pilocin augmentation. No signs or symptoms of         14       A. No.       14       Pilocin augmentation. No signs or symptoms of         15       Q. Okay. Now you continued to follow the labor, is       15       reassuring. GBS negative. And my signature.         15       Q. What happened to Dr. Evanhouse? Did he go away       16       Q. The stimate of fetal age is based upon last         16       Q. What happened to Dr. Evanhouse? Did he go away       18       A. That is correct.       0         20       well?       18       A. He was still there, but from the notes it would       20       A. That would be in the history and physical exam.         23       the patient.       24       A. That would be in the history and physical exam.         24       Q. Let me just ray and understand this a little bit       24       A. That would be in the inter see any reference         25       better. This is the first time I heard of this       25       A. That would be in the fast         24       Q. Let me gust ray and understand this a little bit       24       A. That would be in the fast         3       Q. And the structure of the structure of the structure the set is an SER physician <td< td=""><td>11</td><td>Q. Now the next page that I have looks like a</td><td>11</td><td></td></td<>	11	Q. Now the next page that I have looks like a	11			
<ul> <li>anything on that page that you wrote?</li> <li>A. No.</li> <li>A. No.</li> <li>A. No.</li> <li>C. Okay. Now you continued to follow the labor, is</li> <li>G. Okay. Now you continued to follow the labor, is</li> <li>G. What happened to Dr. Evanhouse? Did he go away</li> <li>anything on that page that you wrote?</li> <li>Q. What happened to Dr. Evanhouse? Did he go away</li> <li>anything of the continue to follow the patient as</li> <li>well?</li> <li>A. He was still there, but from the notes it would</li> <li>appear that night I was the one who was managing</li> <li>the patient.</li> <li>Q. Let me just try and understand this a little bit</li> <li>better. This is the first time I heard of this</li> <li>considered a senior attending to you in this</li> <li>scenario?</li> <li>A. No, not at all. He's my junior.</li> <li>M. SRID: He was a resident she said.</li> <li>G. My kell you were a resident she said.</li> <li>G. My kell you were a resident she said.</li> <li>G. My kell you were a resident she said.</li> <li>G. My kell you were a resident she said.</li> <li>G. My kell you were a resident she said.</li> <li>G. My kell you were a resident she said.</li> <li>G. My kell you were a resident she said.</li> <li>G. My kell you were a resident she said.</li> <li>G. My kell you were a resident she said.</li> <li>G. My kell you were a resident she said.</li> <li>G. My kell you were a resident she said.</li> <li>G. My well you were a resident she said.</li> <li>G. My kell you were a resident she said.</li> <li>G. My kell you were a resident she said.</li> <li>G. My kell you were a resident she said.</li> <li>G. My kell you were a resident she said.</li> <li>G. My kell you were a resident she said.</li> <li>G. My kell you were a resident she said.</li> <li>G. My kell you were a resident she said.<td>12</td><td></td><td colspan="2"></td></li></ul>	12					
14       A. No.       14       infection. Continue to monitor. Fetal status reassuring. GBS negative. And my signature.         15       Q. Okay. Now you continue to follow the labor, is       15       reassuring. GBS negative. And my signature.         17       A. Yes.       16       Matter particle       Q. The estimate of fetal age is based upon last mestrual period, is that correct?         18       A. He was still there, but from the notes it would       18       A. That is correct.         20       well?       20       A. He was still there, but from the notes it would       21         21       A. He was still there, but from the notes it would       21       July 12th by Dr. Ashmead.         23       the parient.       22       Q. Let me just try and understand this a little bit       23         25       better. This is the first time I heard of this       24       As I look at this note 1 don't see any reference         26       considered a senior attending to you in this       2       4       14       It autrasound, is that correct?         2       Q. Oh, well, you were a resident as well, right?       3       0. And there was this ultrasound out there?       7         7       Q. Oh, well, you were aresident as well, right?       4       14       inflection.       9         8       O you know who your senior attending r	13	anything on that page that you wrote?				
15       Q. Okay. Now you continued to follow the labor, is that correct?         16       that correct?         17       A. Yes.         18       Q. What happened to Dr. Evanhouse? Did he go away or did he continue to follow the patient as well?       18         19       or did he continue to follow the patient as well?       19         20       well?       14         21       A. He was still there, but from the notes it would appear that night I was the one who was managing the patient.       19         22       Q. Let me just try and understand this a little bit setter. This is the first time I heard of this       21         24       Q. Let me just try and understand this a little bit setter. This is the first time I heard of this       22         24       Let me just try and understand this a little bit secter. This is the first time I heard of this       21         11       kind of situation where there is an ER physician that's rotating through. Would Dr. Evanhouse be considered a senior attending to you in this secenario?       3       Q. And I be me just ask you on a going forward basis from this note until the time of delivery at any time during the time any one, including you were a resident see said.       4       Q. And Let me just ask you on a going forward basis from this note until the time of which Mass Maslanka any time during the time access to it.         12       Q. Oh, well, you were arresident as well, right?       A. No.       4. No.	14					
16       that correct?         17       A. Yes.         19       or did he continue to follow the patient as         10       or did he continue to follow the patient as         19       or did he continue to follow the patient as         10       or did he continue to follow the patient as         11       A. Haw as still there, but from the notes it would appear that night I was the one who was managing the patient.         12       Q. Let me just try and understand this a little bit better. This is the first time I heard of this         12       Yes.         11       kind of situation where there is an ER physician tast scenario?         12       A. No, not at all. He's my junior.         13       A. No, not at all. He's my junior.         14       M. S. REID: He was a resident she said.         17       Q. Oh, well, you were a resident she said.         18       A. Yes.         19       Q. Joy ou know who your senior attending resident or residents were during the course of this labor?         11       A. No.         12       Q. And, Portor.         13       forward. Just tell me when we do.         14       The first progress note that I see is dated         15       July 31, 2001 at 11:20, do you see that?         19       Q. Kat hat would be yo	15	Q. Okay. Now you continued to follow the labor, is				
17       A. Yes.       17       menstrual period, is that correct?         18       Q. What happened to Dr. Evanhouse? Did he go away       18       A. That is correct.         19       or did he continue to follow the patient as       19       Q. And Doctor, I don't see anywhere in this note         20       well?       10       A. That would be in the history and physical exam.         21       A. Hat would be in the history and physical exam.       20         23       the patient.       21       A. That would be in the history and physical exam.         24       Q. Let me just try and understand this a little bit       24       A. That would be in the history and physical exam.         25       better. This is the first time I heard of this       24       A. That would be in the history and physical exam.         26       values try and understand this a little bit       24       A. That would be in the history and physical exam.         26       better. This is the first time I heard of this       25       A. I look at this note I don't see any reference         21       that's rotating through. Would Dr. Evanhouse be       20       A. That is correct.       30         3       c. And that more of delivery at any       time did you take into consideration the fact       4         4       M.S. REID: He was a resident she said.       6 <td>16</td> <td></td> <td>16</td> <td></td>	16		16			
<ul> <li>Q. What happened to Dr. Evanhouse? Did he go away or did he continue to follow the patient as ordine to consider the continue to follow the patient.</li> <li>A. He was still there, but from the notes it would appear that night I was the one who was managing the patient.</li> <li>Q. Let me just try and understand this a little bit better. This is the first time I heard of this 24 Q. Let me just try and understand this a little bit better. This is the first time I heard of this 24 Q. Let me just try and understand this a little bit better. This is the first time I heard of this 24 Q. Let me just try and understand this a little bit better. This is the first time I heard of this 25 Use and the first time I heard of this 25 Considered a senior attending to you in this scenario?</li> <li>A. No, not at all. He's my junior.</li> <li>M. No, not at all. He's my junior.</li> <li>M. No, not at all. He's my junior.</li> <li>M. Yes.</li> <li>Q. Do you know who your senior attending resident or residents were during the course of this labor?</li> <li>A. No.</li> <li>Q. Maybe we'll come across that information as we go forward. Just tell me when we do.</li> <li>The first progress note that I see is dated</li> <li>The first progress note that I see is dated</li> <li>The first progress note that I see is dated</li> <li>A. Yes.</li> <li>Q. Okay. And that would be your signature down about 15 lines down?</li> <li>Q. Nad, Doctor, if you would read for us what you</li> <li>A. Yes.</li> <li>Q. And, Doctor, if you would read for us what you</li> <li>A. Yes.</li> <li>Q. And, Doctor, if you would read for us what you</li> <li>C. Pel me what you recall of your efforts to obtain</li> </ul>	17	A. Yes.	17	· · · ·		
<ul> <li>19 or did he continue to follow the patient as well?</li> <li>19 or did he continue to follow the patient as well?</li> <li>10 A. He was still there, but from the notes it would appear that night I was the one who was managing the patient.</li> <li>20 Let was back to that. Let me just make sure.</li> <li>21 Q. Let me go back to that. Let me just make sure.</li> <li>22 Q. Let me go back to that. Let me just make sure.</li> <li>23 Q. Let me go back to that. Let me just make sure.</li> <li>24 A. That would be in the history and physical exam.</li> <li>25 better. This is the first time I heard of this</li> <li>26 considered a senior attending to you in this a scenario?</li> <li>3 A. No, not at all. He's my junior.</li> <li>4 A. Yes.</li> <li>9 Q. Do you know who your senior attending resident or residents were aresident as well, right?</li> <li>9 Q. Do you know who your senior attending resident or residents were during the course of this labor?</li> <li>11 A. No.</li> <li>2 Q. Maybe we'll come across that information as we go</li> <li>13 forward. Just tell me when we do.</li> <li>14 A. Yes.</li> <li>19 Q. And, Doctor, I don't see anywhere in this note until the time of delivery at any time during the triage visit I did.</li> <li>9 Q. Do you know who your senior attending resident or forward. Just tell me what we do.</li> <li>14 A. No.</li> <li>15 A. 10:20, yes.</li> <li>19 Q. Is that your note?</li> <li>19 Q. Is that your note?</li> <li>19 Q. Kay. And that would be your signature down about 15 lines down?</li> <li>24 Q. And, Doctor, if you would read for us what you</li> </ul>	18	Q. What happened to Dr. Evanhouse? Did he go away	18			
<ul> <li>where you mention the ultrasound that was done on July 12th by Dr. Ashmead.</li> <li>appear that night I was the one who was managing the patient.</li> <li>Q. Let me just try and understand this a little bit better. This is the first time I heard of this</li> <li>Let me just ry and understand this a little bit better. This is the first time I heard of this</li> <li>Page 11</li> <li>Rind of situation where there is an ER physician that's rotating through. Would Dr. Evanhouse be considered a senior attending to you in this scenario?</li> <li>A. No, not at all. He's my junior.</li> <li>M. No, well, you were a resident as well, right?</li> <li>Q. Oh, well, you were a resident as well, right?</li> <li>Q. Do you know who your senior attending resident or residents were during the course of this labor?</li> <li>A. No.</li> <li>Q. May be well come across that information as we go forward. Just tell me when we do.</li> <li>July 31, 2001 at 11:20, do you see that?</li> <li>A. 10:20, yes.</li> <li>Q. Okay. And that would be your signature down about 15 lines down?</li> <li>Q. Okay. And that would be your signature down about 15 lines down?</li> <li>Q. And, Doctor, if you would read for us what you</li> <li>Q. And, Doctor, if you would read for us what you</li> </ul>	19		19	Q. And, Doctor, I don't see anywhere in this note		
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<ul> <li>appear that night I was the one who was managing the patient.</li> <li>Q. Let me just try and understand this a little bit</li> <li>Q. Let me go back to that. Let me just make sure.</li> <li>Q. Let me go back to that. Let me just make sure.</li> <li>Q. Let me go back to that. Let me just make sure.</li> <li>Q. Let me go back to that. Let me just make sure.</li> <li>As I look at this note I don't see any reference to the estimated gestational age based on that</li> <li>Page 11</li> <li>Page 11</li> <li>kind of situation where there is an ER physician</li> <li>that's rotating through. Would Dr. Evanhouse be considered a senior attending to you in this</li> <li>scenario?</li> <li>A. No, not at all. He's my junior.</li> <li>M. No, well, you wree a resident as well, right?</li> <li>A. Yes.</li> <li>Q. May be we'll come across that information as we go forward. Just tell me when we do.</li> <li>The first progress note that I see is dated</li> <li>July 31, 2001 at 11:20, do you see that?</li> <li>A. Yes.</li> <li>Q. Nad I'm sorry, 10:20?</li> <li>A. Yes.</li> <li>Q. Okay. And that would be your signature down about 15 lines down?</li> <li>A. Yes.</li> <li>Q. Okay. And that would be your signature down about 15 lines down?</li> <li>A. Yes.</li> <li>Q. Okay. And that would be your signature down about 15 lines down?</li> <li>A. Yes.</li> <li>Q</li></ul>	21	A. He was still there, but from the notes it would	21			
<ul> <li>23 the patient.</li> <li>24 Q. Let me just try and understand this a little bit better. This is the first time I heard of this</li> <li>24 Q. Let me just try and understand this a little bit better. This is the first time I heard of this</li> <li>25 and the standard estance of this is the first time I heard of this</li> <li>26 and the standard estance of this is the first progress note that I see is dated</li> <li>27 A. No.</li> <li>29 And I'm sorry, 10:20?</li> <li>20 And poctor, if you would be your signature down 2a bout 15 lines down?</li> <li>24 A. A, Yes.</li> <li>25 A. No, and that would be your signature down 2a bout 15 lines down?</li> <li>26 A. A, Yes.</li> <li>27 A. A, A, Doctor, if you would read for us what you</li> <li>29 And, Doctor, if you would read for us what you</li> <li>20 And, Doctor, if you would read for us what you</li> <li>23 A. Yes.</li> <li>24 A. A test me go back to that. Let me just make sure. As I look at this note I don't see any reference to the estimated gestational age based on that</li> <li>20 And, Doctor, if you would read for us what you</li> <li>23 A. Yes.</li> <li>24 A. The time you have the stand for us what you</li> <li>25 A. Yes.</li> <li>26 A. A, Yes.</li> <li>27 A. A provide the standpoint of going through her records to the standpoint of your efforts to obtain</li> <li>21 A. No.</li> <li>22 A. No.</li> <li>23 A. No.</li> <li>24 D. And, Doctor, if you would read for us what you</li> </ul>	22		22			
24Q. Let me just try and understand this a little bit better. This is the first time I heard of this24As I look at this note I don't see any reference to the estimated gestational age based on that25better. This is the first time I heard of this24As I look at this note I don't see any reference to the estimated gestational age based on that26Page 11Page 131kind of situation where there is an ER physician that's rotating through. Would Dr. Evanhouse be a considered a senior attending to you in this scenario?1ultrasound, is that correct?3A. No, not at all. He's my junior.4A. No, not at all. He's my junior.3Q. And let me just ask you on a going forward basis from this note until the time of delivery at any time did you take into consideration the fact that there was this ultrasound out there?7Q. Oh, well, you were a resident see said. 9Q. Okay. Do you know who your senior attending resident or residents were during the course of this labor?9Q. Okay. Do you know whether anyone, including yourself, obtained a copy of that ultrasound at any time during the time from which Miss Maslanka antrived at L and D until her delivery?12A. No,11any tree during the course of this labor?13Q. Did you try to get it. We tried to get it.14The first progress note that I see is dated 1514The first progress note that I see is dated141415A. Yes.16from the sandpoint of going through her records to your knowledge?142415A. Yes.16A. Yes.20Vasy. And te	23		23			
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	Page 14		Page 16		
1	where you tried to go to get it?	1	Q. Tell me what chart you are talking about.		
2	A. To backtrack, my first knowledge that the	2	A. Every patient that has A.C.O.G. records sent over		
3	ultrasound existed came from the patient. And if	3	has a manila envelope that includes the copies of		
4	you go back to the history and physical portion	4	the A.C.O.G., the A.C.O.G. work sheets and also		
5	you will see there is a date as to when the	5	any ultrasound or any other information that we		
6	ultrasound was done, that came from the patient.	6	may have received from their provider.		
7	We would have no way of knowing when it was	7	Q. Tell me where does this manila envelope come		
8	done. At that time we then went back into her	8	from?		
9	chart to look for the record of that ultrasound	9	A. It's filed in the labor and delivery conference		
10	and it was not there. We did not have computer	10	area.		
11	access.	11	Q. Let me try to understand that a little bit		
12	Q. Go ahead.	12	better. So there is this chart at the McCafferty		
13	A. And it was the middle of the night therefore we	13	Clinic, correct?		
14	would not be able to call McCafferty Clinic and	14	A. Correct.		
15	obtain records. To obtain the information we did				
16	ask the patient about the ultrasound.	ation we did 15 Q. And then there is this chart in the labor and 16 delivery conference center?			
17	Q. And what did she say?	17	A. Conference area.		
18	A. She stated to me on the original ultrasound the	18	Q. Conference area?		
19	fetus was noted to be breach and there was a	19	A. Yes.		
20	problem with the kidney. I specifically asked	20	Q. Is that chart in the labor and delivery		
21	her did they change her due date to which she	21	conference area, is that maintained by the		
22	said no. And I asked her what discussion took	22	L and D staff or is that maintained by the Clinic		
23	place at McCafferty with Dr. Sciarrotta because	23	staff?		
24	she informed us she had a recent visit with him	24	A. I'm not sure.		
25	and she said he did discuss the ultrasound with	25	MR. MALONE: When you say clinic do you		
	Page 15		Page 17		
1	her.	1	mean the McCafferty Clinic staff?		
2	Q. Anything else that you recall?	2	MR. KULWICKI: Yes. Yes.		
3	A. Not regarding the ultrasound.	3	Q. Did you understand that?		
4	Q. You gave me a lot of information here. Let's go	4	A. No.		
5	through some of that. With regard to the	5	Q. Let me clarify that.		
6	McCafferty Clinic did it maintain, back in 2001,	6	A. Okay.		
7	set hours, like from 8:00 in the morning until	7	Q. Here's what I'm trying to understand, is it just		
8	5:00 or something like that?	8	it's unclear to me why there would be this		
9	A. I'm not sure.	9	chart over at McCafferty Clinic and then a chart		
10	Q. Did you actually call the McCafferty Clinic and	10	over at the L and D conference area.		
11	find out they were closed or did you make the	11	MS. REID: Is it actually a chart or is		
12	assumption they were closed because it was at	12	it a manila envelope with some		
13	night?	13	A. It's a manila envelope with information that has		
14	A. I made the assumption based on previous	14	been provided to us by the providers of prenatal		
15	experience. It is an outpatient, it's not a	15	care. So it would be a copy of whatever A.C.O.G.		
16	hospital.	16	work sheet they send over which has relevant		
17	Q. Right. And your previous experience you had	17	information as a form of communication to those		
	called for records after hours and no one	18	who will be delivering the woman.		
18	an average is that a second if	19	Q. And let me talk to you a little bit more about		
19	answered, is that correct?	20	that To the star and the second start in the second start is the second start in the second start is the s		
19 20	A. That is correct.	20	that. Is this the same thing as what we talked		
19 20 21	<ul><li>A. That is correct.</li><li>Q. Okay. Now you also said, if I say this wrong</li></ul>	21	about earlier as the thing that McCafferty Clinic		
19 20 21 22	<ul><li>A. That is correct.</li><li>Q. Okay. Now you also said, if I say this wrong please correct me, I don't want to misquote you,</li></ul>	21 22	about earlier as the thing that McCafferty Clinic folks send over at the time the patient shows up		
19 20 21 22 23	<ul><li>A. That is correct.</li><li>Q. Okay. Now you also said, if I say this wrong please correct me, I don't want to misquote you, that you checked in her chart and it was not in</li></ul>	21 22 23	about earlier as the thing that McCafferty Clinic folks send over at the time the patient shows up in L and D either by facsimile or some other		
19 20 21 22	<ul><li>A. That is correct.</li><li>Q. Okay. Now you also said, if I say this wrong please correct me, I don't want to misquote you,</li></ul>	21 22	about earlier as the thing that McCafferty Clinic folks send over at the time the patient shows up		

	Page 18		Page 20
1	Q. I understand now. All right.	1	_
2	And did you tell us that normally when a	2	she said yes. Based on that we had a calculated
3	patient has undergone an ultrasound prenatally	3	due date. I asked her if that had been changed
4	that that is made part of that manila envelope?	4	based on the ultrasound, because she had recollection of her ultrasound and the discussion
5	1 1	5	
6	A. At the time back in 2001, no.	6	that occurred, and she said it had not been
7	Q. So when you said earlier that you checked the	7	changed.
8	checked her chart you were referring to this	8	Along with that I did examine what A.C.O.G.
9	manila envelope, correct? A. Correct.	9	prenatal records we did have and her fundal
10		10	height at that point had been consistent with
	Q. And you were looking specifically for the ultrasound?	11	around what we would expect in terms of
12		12	gestational age. At that point I did not think
13	A. I was looking specifically for any information	13	there was a problem. If I had had any
14	regarding the ultrasound which would be on the	14	inclination it was inaccurate and the patient was
15	A.C.O.G. sheets. Once the provider receives the	15	did not remember then I certainly would have
16	ultrasound and they have discussed it with the	1	taken further steps.
17	patient they make reference to it or they update the information on the A.C.O.G. sheets.	16	Q. And let me ask you about that. Let's say
18		17 18	Dr. Sciarrotta had written on the A.C.O.G. flow
19	Q. Do you know Dr. Ashmead? A. Yes.	10	sheet an ultrasound had been done and the
20		20	assigned date had been changed from 36 weeks or
21	Q. My understanding is that he does the ultrasound	20	so to closer to 24 or 26 weeks, what would you
22	in an area that's not part of the OB clinic and	22	have done differently in managing this particular
23	is not part of the L and D unit, is that correct? A. Correct.	23	patient's labor?
24		24	MS. REID: Objection. If that
25	Q. And what's that area called where he does obstetrical ultrasounds at?	25	information was available to her do you mean?
		<u> </u>	
1	D 10	-	
	Page 19		Page 21
1	A. Fetal Diagnostic Center.		MR. KULWICKI: Yes.
2	<ul><li>A. Fetal Diagnostic Center.</li><li>Q. Is that open 24 hours?</li></ul>	2	MR. KULWICKI: Yes. A. I would not have augmented her labor that evening
23	<ul><li>A. Fetal Diagnostic Center.</li><li>Q. Is that open 24 hours?</li><li>A. No.</li></ul>	2 3	MR. KULWICKI: Yes. A. I would not have augmented her labor that evening and I would have approached it with expectant
2 3 4	<ul><li>A. Fetal Diagnostic Center.</li><li>Q. Is that open 24 hours?</li><li>A. No.</li><li>Q. What were its hours in 2001?</li></ul>	2 3 4	MR. KULWICKI: Yes. A. I would not have augmented her labor that evening and I would have approached it with expectant management.
2 3 4 5	<ul><li>A. Fetal Diagnostic Center.</li><li>Q. Is that open 24 hours?</li><li>A. No.</li><li>Q. What were its hours in 2001?</li><li>A. I'm not certain what time they open, but they</li></ul>	2 3 4 5	<ul><li>MR. KULWICKI: Yes.</li><li>A. I would not have augmented her labor that evening and I would have approached it with expectant management.</li><li>Q. Why is it that you would not have augmented?</li></ul>
2 3 4 5 6	<ul><li>A. Fetal Diagnostic Center.</li><li>Q. Is that open 24 hours?</li><li>A. No.</li><li>Q. What were its hours in 2001?</li><li>A. I'm not certain what time they open, but they usually closed at 5:00 p.m.</li></ul>	2 3 <del>4</del> 5 6	<ul><li>MR. KULWICKI: Yes.</li><li>A. I would not have augmented her labor that evening and I would have approached it with expectant management.</li><li>Q. Why is it that you would not have augmented?</li><li>A. I would want to have time to administer</li></ul>
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	Page 22		Page 24		
1	have done two things well, three things. You	1	currently.		
2	wouldn't have augmented, you would have gotten	2	Q. In retrospect, looking back at these events of		
3	steroids started and you would have advised the	3	July 31 at 11:30 where fetal heart rate becomes		
4	attending physician, is that true?	4	nonreassuring and then recovers would you agree		
5	A. Correct.	5	that was due to the patient the baby being		
6	Q. Anything else that you would have done?	6	premature and stressed in the face of		
7	A. No.	7	augmentation, in all likelihood?		
8	Q. Now with respect to the baby's or the mom's	8	A. Not at all.		
9	condition from this point until the point of	9	Q. Tell me what you think was causing the fetal		
10	delivery, I see a lot of notes from you here	10	heart rate to decelerate here.		
11	well, not that many. Why don't we go through	11	A. Actually when you have someone who has no fluid		
12	them.	12	around the fetus it's a common occurrence during		
13	The next one I see here, and I don't think	13	contractions that the umbilical cord can get		
14	this is yours, it's July 31 at 11:30. Is that	14	compressed. The fact that it recovered		
15					
16	A. No.	16	actually reassuring.		
17	Q. Do you know whose that is?	17	Q. Okay. Did you or anyone else while you were		
18	A. No.	18	there perform an ultrasound between the time of		
19	Q. I don't even really see a signature. Maybe it's	19	admission to L and D and the time of delivery?		
20	on the next page. Yeah. On the next page in the	20	A. No. The ultrasound I did was in triage.		
21	about midway down on the right-hand side, do	21	Q. Let me ask you about that. I'm sorry, I knew		
22	you see that signature there?	22	there was one and I wasn't sure where.		
23	MS. REID: That's her signature.	23	MS. REID: I was looking for that,		
24	MR. KULWICKI: Okay.	24	too.		
25	A. That's mine.	25	MR. KULWICKI: Thank you for		
	Page 23		Page 25		
1	raye 20				
-		·	-		
1	MS. REID: That note ends with a pager	1	clarifying.		
2	MS. REID: That note ends with a pager number at the end.	2	clarifying.		
2 3	MS. REID: That note ends with a pager number at the end. MR. KULWICKI: Thank you. Thank you.	2	clarifying. (Thereupon, a discussion was had off		
2 3 4	MS. REID: That note ends with a pager number at the end. MR. KULWICKI: Thank you. Thank you. Got it.	2 3 4	clarifying.		
2 3 4 5	MS. REID: That note ends with a pager number at the end. MR. KULWICKI: Thank you. Thank you. Got it. Q. The next note would be at the same date and time	2345	clarifying. (Thereupon, a discussion was had off the record.)		
2 3 4 5 6	MS. REID: That note ends with a pager number at the end. MR. KULWICKI: Thank you. Thank you. Got it. Q. The next note would be at the same date and time and that one is signed by you?	23456	clarifying. (Thereupon, a discussion was had off the record.) MR. KULWICKI: Where is the note of the		
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1	Page 26		Page 28
1	a month ago in Clinic by ultrasound.	1	a.m., is that it?
2	Q. Does this comport with your recollection of that	2	A. Yes.
3	ultrasound?	3	Q. Please read that for us.
4	A. Absolutely.	4	A. OB progress note. Subjective, patient complained
5	Q. Was there anything else about this ultrasound	5	of increased discomfort. Objective, temperature
6	that you remember?	6	is 37.4, pulse 90. Respiratory rate 18, blood
7	A. No. It was a very limited ultrasound. I had	7	pressure 115 over 65. Fetal heart rate 130's
8	already examined the patient vaginally and felt	8	with accelerations to 150's. Positive severe
9	sutures and felt she was vertex. However,	9	variable decels. Moderate long-term
10	because as I was walking out of the room she	10	variability. Tocometer Q3 minutes. Vaginal exam
11	reemphasized she had been breach on the previous	11	2 to 3 centimeters, long and high.
12	ultrasound and I went back and did a limited	12	Assessment and plan, 27-year-old gravida 7,
13	ultrasound looking at the lower abdomen to see if	13	para 2224, at 36 and 4/7 weeks with spontaneous
14	I saw a fetal head.	14	rupture of membranes times six hours. Continue
15	Q. If I understand you correctly then, the purpose	15	to monitor. Continue Pitocin, Fetal status
16	of this ultrasound was really to determine the	16	reassuring. GBS negative.
17	baby's position as opposed to trying to determine	17	Q. Let's go to your next note. Is that yours at
18	a gestational age, true?	18	5:10 a.m.?
19	A. Correct.	19	A. Correct.
20	Q. Did you try to determine the baby's gestational	20	Q. Is that your signature? Mine is kind of cut off
21	age with this particular ultrasound?	21	here.
22	A. No.	22	A. Yes.
23	Q. Now let's go back to the progress notes, if we	23	Q. And then to the left of that on the same line
24	could, and continue with the exercises that we	24	there is something else cut off. What does that
25	were engaged with, that is having you interpret	25	read?
a, 114, 12311, 14, 1997	Page 27		Page 29
1	the notes that you yourself recorded.	1	A. I can't I can't read it.
2	I think the last one we looked at was	2	Q. Okay. But the rest of the note appears to be
3	11:30. The next one is 1:40 a.m. on August 1.	3	intact?
4	A. Correct.	4	A. Correct.
5	Q. Again, let's do the same thing. Please read for	5	Q. It does say continued, and as I flip my page I
6	us	6	
			don't see the continuation, instead I see
7	A. OB progress note. Subjective, patient is without	7	don't see the continuation, instead I see Dr. Rezaee.
7 8	A. OB progress note. Subjective, patient is without complaints. Objective, blood pressure 107 over	7 8	Dr. Rezaee.
			Dr. Rezaee. MR. MALONE: Rezaee.
8	complaints. Objective, blood pressure 107 over	8	Dr. Rezaee.
8 9	complaints. Objective, blood pressure 107 over 50. Fetal heart rate 150's with accelerations to	89	Dr. Rezaee. MR. MALONE: Rezaee. Q. Rezaee Rezaee.
8 9 10	complaints. Objective, blood pressure 107 over 50. Fetal heart rate 150's with accelerations to 160's. Mild variable decels, moderate long-term	8 9 10	Dr. Rezaee. MR. MALONE: Rezaee. Q. Rezaee Rezaee. Do you know where the continuation of your
8 9 10 11	complaints. Objective, blood pressure 107 over 50. Fetal heart rate 150's with accelerations to 160's. Mild variable decels, moderate long-term variable. Tocometer Q4 to 7 minutes. Vaginal,	8 9 10 11	Dr. Rezaee. MR. MALONE: Rezaee. Q. Rezaee Rezaee. Do you know where the continuation of your note is from August 1 or whether, in fact, it was continued?
8 9 10 11 12	complaints. Objective, blood pressure 107 over 50. Fetal heart rate 150's with accelerations to 160's. Mild variable decels, moderate long-term variable. Tocometer Q4 to 7 minutes. Vaginal, no exam, deferred.	8 9 10 11 12	<ul><li>Dr. Rezaee.</li><li>MR. MALONE: Rezaee.</li><li>Q. Rezaee Rezaee.</li><li>Do you know where the continuation of your note is from August 1 or whether, in fact, it was</li></ul>
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8 9 10 11 12 13 14 15 16 17	<ul> <li>complaints. Objective, blood pressure 107 over</li> <li>50. Fetal heart rate 150's with accelerations to</li> <li>160's. Mild variable decels, moderate long-term</li> <li>variable. Tocometer Q4 to 7 minutes. Vaginal,</li> <li>no exam, deferred.</li> <li>Assessment plan, 27-year-old gravida 7, para</li> <li>2224, at 36 and 4/7 weeks with spontaneous</li> <li>rupture of membranes times four hours. Continue</li> <li>to monitor. Restart Pitocin. Fetal status</li> <li>reassuring, and the GBS negative.</li> </ul>	8 9 10 11 12 13 14 15 16 17	<ul> <li>Dr. Rezaee. MR. MALONE: Rezaee.</li> <li>Q. Rezaee Rezaee. Do you know where the continuation of your note is from August 1 or whether, in fact, it was continued?</li> <li>A. No, I do not know.</li> <li>Q. Okay.</li> <li>A. Although reading from this note I can't see what that last line was, but I don't see anything else that I would have added in my assessment and</li> </ul>
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8 9 10 11 12 13 14 15 16 17 18 19	<ul> <li>complaints. Objective, blood pressure 107 over</li> <li>50. Fetal heart rate 150's with accelerations to</li> <li>160's. Mild variable decels, moderate long-term</li> <li>variable. Tocometer Q4 to 7 minutes. Vaginal,</li> <li>no exam, deferred.</li> <li>Assessment plan, 27-year-old gravida 7, para</li> <li>2224, at 36 and 4/7 weeks with spontaneous</li> <li>rupture of membranes times four hours. Continue</li> <li>to monitor. Restart Pitocin. Fetal status</li> <li>reassuring, and the GBS negative.</li> <li>Q. What's the significance of GBS negative?</li> <li>A. We routinely document. If she was GBS positive</li> </ul>	8 9 10 11 12 13 14 15 16 17 18 19	<ul> <li>Dr. Rezaee. MR. MALONE: Rezaee.</li> <li>Q. Rezaee Rezaee. Do you know where the continuation of your note is from August 1 or whether, in fact, it was continued?</li> <li>A. No, I do not know.</li> <li>Q. Okay.</li> <li>A. Although reading from this note I can't see what that last line was, but I don't see anything else that I would have added in my assessment and plan.</li> <li>Q. All right. If you would, Doctor, read for us</li> </ul>
8 9 10 11 12 13 14 15 16 17 18 19 20	<ul> <li>complaints. Objective, blood pressure 107 over</li> <li>50. Fetal heart rate 150's with accelerations to</li> <li>160's. Mild variable decels, moderate long-term</li> <li>variable. Tocometer Q4 to 7 minutes. Vaginal,</li> <li>no exam, deferred.</li> <li>Assessment plan, 27-year-old gravida 7, para</li> <li>2224, at 36 and 4/7 weeks with spontaneous</li> <li>rupture of membranes times four hours. Continue</li> <li>to monitor. Restart Pitocin. Fetal status</li> <li>reassuring, and the GBS negative.</li> <li>Q. What's the significance of GBS negative?</li> <li>A. We routinely document. If she was GBS positive</li> <li>we would have administered penicillin.</li> </ul>	8 9 10 11 12 13 14 15 16 17 18 19 20	<ul> <li>Dr. Rezaee. MR. MALONE: Rezaee.</li> <li>Q. Rezaee Rezaee. Do you know where the continuation of your note is from August 1 or whether, in fact, it was continued?</li> <li>A. No, I do not know.</li> <li>Q. Okay.</li> <li>A. Although reading from this note I can't see what that last line was, but I don't see anything else that I would have added in my assessment and plan.</li> <li>Q. All right. If you would, Doctor, read for us what you can of the note on August 1 at 5:10 a.m.</li> </ul>
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	Page 30	the second s	Page 32
1	variability. Tocometer 180 montevideo [phonetic]	1	A. No. That would be inappropriate.
2	units. Vaginal exam 3 to 4, 50 percent minus 3.	2	Q. Inappropriate?
3	Assessment and plan, 27 gravida 7, para	3	A. Yes.
4	2224, at 36 and 4/7 weeks with spontaneous	4	Q. Why would that be inappropriate?
5	ruptures of membranes times eight hours.	5	A. If it wasn't entered at the time adding more
6	Continue Pitocin, augmentation, not yet	6	information later we felt would be
7	adequate. Fetal status reassuring given good	7	inappropriate.
8	variability.	8	Q. Well, you have done late entries or addendum
9	Q. It says continued, right?	9	notes, haven't you?
10	A. Correct. It does.	10	A. Yes, but usually in the same night. I don't come
11	Q. Then the next note some time between 5:10 and	11	back the next day and do a late entry.
12	6:40 a.m. the baby was delivered, correct?	12	Q. And certainly there is no rule or law that says
13	A. Correct.	13	that you can't come back either a day later or
14	Q. Were you present at delivery?	14	some other time and write down late entry, the
15	A. No.	15	time that you are putting the entry in and then
16	Q. Do you know why you weren't available at the time	16	putting the information down?
17	of delivery?	17	MS. REID: I object to law. I don't
18	A. My shift ended at 6 a.m.	18	know that she knows the law.
19	Q. Did you learn later that the baby was actually	19	A. I would you would have had a field day with
20	significantly younger than by last menstrual	20	it.
21	period?	21	Q. I'm testing your understanding at the time. Did
22	A. Yes.	22	you have an understanding that there was anything
23	Q. How did you learn that information?	23	that prevented you from writing an addendum note?
24	A. After delivery I was paged and given that	24	A. No.
25	information.	25	Q. Did you relate your conversation with
	Page 31		Page 33
1	Q. Who was it that gave you that information?	1	Miss Maslanka that we've been talking about to
2	A. Dr. Goodwin, now Merleno [phonetic].	2	any of your superiors?
3	Q. Amy Goodwin?	3	A. I do not recall.
4	A. Yes.	4	Q. As part of the training process did you have a
5	Q. I recognize that name. It may be from another	5	conversation with any attending or any of your
6	case.	6	superiors about this particular labor and
7	Do you know where Dr. Goodwin is today?	7	delivery?
8	A. Yes, she is here at MetroHealth.	8	MS. REID: I'm going to object if it
9	Q. What did Dr. Goodwin tell you, as best you	9	has anything to do with quality assurance or
10	recall, after you answered her page?	10	an M and M conference or anything along
11	A. She told me that the neonate at the time of	11	those lines.
12	delivery looked either very growth restricted or	12	You can answer.
13	premature.	13	A. Yes.
14	Q. Anything else?	14	Q. Tell me in the context where this meeting took
15	A. No.	15	place or where this conversation took place.
16	Q. Did you prepare any notes after the August 1 at	16	A. On labor and delivery.
17	5:10 a.m. note that we have here in the progress	17	Q. Who were the superiors that you spoke to?
18	notes?	18	MS. REID: Let me let me ask her
19	A. No.	19	what the context is off the record, Dave,
20	Q. Did you do any kind of addendum or other note to	20	just to make sure it's not quality
21	signify the conversation that you had with	21	assurance. If it's not she can answer. If
22	Ms. Maslanka wherein as you tell us here today	21	it is we'll go forward. Let's take a
1 ~ ~			
22	she related to you that the dates by ultrasound	122	break
23	she related to you that the dates by ultrasound	23	break.
23 24 25	she related to you that the dates by ultrasound were consistent with the dates by last menstrual period?	23 24 25	MR. KULWICKI: Okay.

	Page 34		Page 36
1	(Thereupon, a discussion was had off	1	deemed to be error?
2	the record.)	2	A. No.
3	_ ~ ~ ~	3	Q. Do you know who wrote, "hold, error," on there?
4	MS. REID: I will allow her to answer	4	A. No.
5	who she spoke to, but the person she spoke	5	Q. At any time during the labor up until the time of
6	with was Dr. LeRoy Dierker who was director	6	delivery were antibiotics started?
7	of labor and delivery at the time and it was	7	A. I don't recall.
8	a conversation for the purposes of quality	8	Q. Now with respect to the things we talked about,
9	assurance, so any of the contents of that	9	had you known that this baby was closer to 24, 26
10	information at this point I'm not going to	10	weeks as opposed to 36 weeks we talked about the
11	have her discuss.	11	things that you would have done differently.
12	MR. KULWICKI: Just so the record is	12	Would you also have started or would IV
13	clear so I'm not wasting my wind, are you	13	antibiotics have been indicated with this
14	instructing the witness not to answer under	14	particular baby while cortical steroids were
15	the claim of privilege with respect to all	15	being attempted?
16	conversations between Dr. Louis and	16	
17	Dr. Dierker with respect to this labor and	17	MS. REID: Objection for the record based on the retrospect and the
18	1	18	*
19	delivery? MS. REID: Yes, I am.	19	hypothetical, but you can answer. A. Yes.
20	,	20	
21	MR. KULWICKI: All right. Q. Doctor, as of your last note, 5:10 a.m. on the	20	Q. And why would that be?
22		5 A	A. I'm not sure what you are asking.
23	morning of August 1, were there any signs or	22	Q. Why would it be that antibiotics would have been
24	symptoms of infection in either the mom or the	23 24	indicated if you had known the assigned date as
24	baby based on your observations?	i.	set forth in Dr. Ashmead's July 12th, ultrasound?
2 D	A. Not at that time. Earlier in the labor course	25	A. Because we would have administered ampicillin and
	Page 35		Page 37
1	there was a fetal heart rate of 170's, which is	1	erythromycin to try to lengthen the time between
2	fetal tachycardia, and so at that point I had	2	rupture and delivery.
3	been notified in the nurse's notes about the	3	Q. When there is a premature rupture of membranes
4	170's and it was decided to just continue the	4	the mom and baby are at risk for infection?
5	course.	5	A. Or may already be infected.
6	Q. Now with regard to the orders, let's go to that,	6	Q. So you treat with the hope of prolonging the
7	if we could. Well, let me ask you about that	7	period in which you can administer cortical
8	before we go on. With regard to this bout of	8	steroids, true?
9	fetal tachycardia, did that come and go?	9	A. Correct.
10	A. I don't recall the duration of it, but it did	10	Q. With respect to managing a patient, a pregnant
11	resolve.	11	patient who's had premature rupture of membranes
12	Q. Okay. And obviously there are lots of other	12	are there also ways with respect to positioning
13	things that can cause fetal tachycardia other	13	the patient and other interventions that can be
14	than infection, true?	14	done to try to maintain the fluid barrier around
15	A. Correct.	15	the baby?
16	Q. Looking at the orders, if you would, there is an	16	A. None that are effective.
17	order at 2116 on July 31 to start penicillin. It	17	Q. Okay. The term amnioinfusions I came across,
18	looks like it's Dr. Evanhouse's signature. I may	18	what does that mean? Is that used in this
19	be wrong. And then there is a note to hold and	19	context?
20	an error note, do you see that?	20	A. An amnioinfusion is basically a procedure where
21	A. Yes.	21	you insert an intrauterine pressure catheter and
1	Q. Is that Dr. Evanhouse?	22	administered fluid back into the uterus.
22	•	23	Q. Is that used in the context of premature rupture
22	A. I believe so. I'm not certain.	· · · · ·	
	<ul><li>A. I believe so. I'm not certain.</li><li>O. Do vou know the circumstances underlying him</li></ul>	24	
23	<ul> <li>A. I believe so. I'm not certain.</li> <li>Q. Do you know the circumstances underlying him putting this order on and then it being held and</li> </ul>	1	of membranes? A. No.

eposition of budette Louis, M.D.				
Page 38		Page 40		
1 Q. What is that used for?	1	MS. REID: Assuming those two facts.		
2 A. There are two described indications, one of which	2	A. Actually taking them one by one, the standard of		
<sup>3</sup> is to dilute meconium or if you have severe	3	care would be to notify the attending that at		
4 variable decelerations which are due to cord	4	that time an administration of steroids would be		
5 compression amnioinfusion can decrease that.	5	appropriate, but at the time not necessarily an		
6 Q. So you sort of float the baby off the cord?	6	administration of antibiotics.		
7 A. Or float the cord off the baby.	7	Q. But holding off the augmentation would be		
8 Q. Is that the plan?	8	indicated by the standard of care under that		
9 A. Correct.	9	scenario?		
10 Q. With respect to the positioning it was my	10	A. Not necessarily.		
understanding, maybe I'm dead wrong on this, and	11	Q. When would augmentation be appropriate?		
12 this is actually from a personal experience, that	12	A. If there was underlying infection.		
13 they can position the mother in a way to get the	13	Q. Okay. Which we don't have here, correct?		
14 baby towards a pocket of fluid or towards where	14	A. I disagree. We don't know.		
15 the fluid is at? Is that anything that you all	15	Q. If there is a question of infection would that be		
16 did	16	something that should be charted?		
17 A. No.	17	A. Yes.		
18 Q in 2001?	18	Q. Is it something that should be brought to the		
19 A. No.	19	attention of an attending physician?		
20 Q. With respect to the orders are any of these notes	20	A. Not necessarily.		
21 your handwriting?	21	Q. Is it something that requires a consult from		
A. The amnioinfusion at 2:10, I believe, or 2110. I	22	another specialty of medicine, whether infectious		
think it's 2:10. Other than that, no.	23	disease or neonatology?		
24 Q. Besides the triage notes, the progress notes and	24	A. No. In the case of chorioamnionitis the case is		
25 the orders that we have gone through is there	25	to deliver.		
Page 39	and and and the date	Page 41		
anything else in this chart that you yourself	1	Q. Besides this transient bound of fetal tachycardia		
2 authored?	2	what were the other signs of symptoms of		
3 A. No.	3	infection?		
4 Q. With regard to the various interventions we	4	A. Either clinical or subclinical in instances of		
5 talked about that would be indicated if the	5	premature ruptured membranes there is a high risk		
6 child's true gestational age or assigned age by	6	of underlying infection as part of the etiology		
7 Dr. Ashmead's ultrasound had been taken into	7	of it. The question is whether or not the		
8 consideration can we agree those interpretations,	8	patient has clinical infection that would require		
9 stopping augmentation or withholding	9	antibiotic treatment. At that time we did not		
10 augmentation, administering cortical steroids,	10	think she had clinical infection.		
administering antibiotics and advising the	11	Q. And with subclinical was the standard of care in		
12 attending, that all of those interventions were	12	2001 to withhold augmentation while cortical		
required by the standard of care in the face of	13	steroids were given?		
14 premature rupture of membranes and a premature	14	A. If they were of a gestational age between 24 to		
infant in the age frame that we're talking about	15	32 weeks, yes.		
16 here?	16	Q. Let me ask a little bit more about yourself. In		
17 MS. REID: I'm going to object for the	17	the course of your residency did you begin and		
18 record. And also I don't know if you need	18	end that in the routine time frame?		
19 to take them one at a time	19	A. Yes.		
	20	Q. Your privileges and your status as a resident		
20 MR. KULWICKI: Sure.	21	here at MetroHealth, I assume, were never subject		
21 MS. REID: Also, the assumption make	2			
21MS. REID: Also, the assumption make22sure the assumption is clear that we have	22	of any disciplinary proceedings, never called		
<ul> <li>MS. REID: Also, the assumption make</li> <li>sure the assumption is clear that we have</li> <li>premature rupture membranes and knowledge of</li> </ul>	22 23	into question? Your privileges were never		
21MS. REID: Also, the assumption make22sure the assumption is clear that we have	22			

[	Page 42			Page	44
1	You can answer.	1			
2	A. Never.	2 3	CERTIFICATE		
3	Q. Same scenario with your current fellowship,	4			
4	everything is going according to schedule and	5	The State of Ohio, ) SS:		
5	your privileges at Henry Ford up there	7	County of Cuyahoga.)		
6	A. No, Hutzel Hospital.	8			
1		9	I, Kelli Rae Page, a Notary Public within and for the State of Ohio, and authorized to		
7	Q haven't been restricted, called into question,	_	administer oaths and to take and certify		
8	suspended or subject to any disciplinary	10	depositions, do hereby certify that the		
9	proceedings?	11	above-named JUDETTE LOUIS, M.D., was by me, before the giving of her deposition, first duly		
10	MS. REID: Objection.		sworn to testify the truth, the whole truth, and		
11	A. No.	12	nothing but the truth; that the deposition as above-set forth was reduced to writing by me by		
12	Q. That's true?	13	means of stenotypy, and was later transcribed		
13	A. Correct.	14	into typewriting under my direction; that this is		
14	Q. Did you have any conversations with Miss Maslanka	14	a true record of the testimony given by the witness, and was subscribed by said witness in my		
15	after the delivery?	15	presence; that said deposition was taken at the		
16	A. No.	16	aforementioned time, date and place, pursuant to notice or stipulations of counsel; that I am not		
17	Q. Are you aware of any conversations that she had		a relative or employee or attorney of any of the		
18		17	parties, or a relative or employee of such		
1	with any other physicians here?	18	attorney or financially interested in this action. I am not, nor is the court reporting		
19	A. No.		firm with which I am affiliated, under a contract		
20	Q. Have you spoken with any of the other treating	19 20	as defined in Civil Rule 28 (D). IN WITNESS WHEREOF, I have hereunto set my		
21	physicians or caregivers, including nurses,	20	hand and seal of office, at Cleveland, Ohio, this		
22	regarding Miss Maslanka's case after you heard	21	day of, A.D. 20		
23	about the lawsuit, other than the conversation	22 23			
24	you had with Dr. Goodwin and Dr. Dierker?		Kelli Rae Page, Notary Public, State of Ohio		
25	A. No.	24 25	My commission expires October 30, 2010.		
et an	Page 43			Page	45
-		1			
1	MR. KULWICKI: Okay. That's all the	*	WITNESSINDEX		
2	questions I have.	2			
3	MR. MALONE: Judette, give your address		PAGE		
4	to the court reporter who will send the	3	CROSS-EXAMINATION JUDETTE LOUIS, M.D.		
5	transcript to you for you to proofread and	4	BY MR. KULWICKI 3		
6	she will send you the letter about what to	5			
7	do.	_	OBJECTION INDEX		
8	THE WITNESS: It's 2155 Somerset,	6	OBJECTION BY PAGE		
9	S-O-M-E-R-S-E-T, Boulevard, Troy, T-R-O-Y,	7	MR. MALONE; 6		
10	Michigan 48084.		MS. REID: 19		
11	MR. MALONE: Send it to her, not me,	8	MS. REID: 20 MS. PEID: 32		
12	and we will buy copy.	9	MS. REID: 32 MS. REID: 33		
13			MS. REID: 36		
14	(Whereupon, the deposition was	10	MS. REID: 39		
15	concluded at 10:25 a.m.)	11	MS. REID: 41 MS. REID: 42		
16		$12^{11}$	1955. NERE, 42		
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	JUDETTE LOUIS, M.D.	15 16			
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