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June 8, 1967

Mr. Patrick J. Murphy
Jacobson, Maynard, Tuschman & Kalur
100 Erieview Plaza - 14th Floor
Cleveland, Ohio 44114

re: Berlinger et al vs. Robert Schwartz, M.D. et al

Dear Mr. Murphy:

At your request, I have reviewed various records and documents regarding the above litigation. The records and documents reviewed, up to the present time, include:

1. Dr. Schwartz' office records for Heidi Berlinger
2. The Mt. Sinai chart for Heidi Berlinger's admission from 7/9/84 to 7/19/84.
3. The Mt. Sinai chart for Baby Girl Berlinger's admission from 7/10/84 to 7/15/84.
4. University Hospital charts for admissions from 7/15/84 to 8/16/84, 2/11/86 to 2/19/86 and 2/26/86 to 3/1/86.
5. Heather Hill Hospital records for an admission from 8/16/84 to 10/6/84.
6. Cleveland Clinic Foundation records for a period from April, 1985 until April, 1986.
7. PediatriCenter of Cleveland records
8. Records from Dr. Clem.
9. Records from Genetics center

After review of the above materials, I have reached the following opinions and conclusions regarding this case.

Mrs. Berlinger's antepartum course was essentially uncomplicated. Her expected date of confinement of 7/11/84 that was calculated from her last menstrual period of 10/4/83 was confirmed by ultrasound examination on 12/14/83. Her pelvis was

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considered adequate by initial clinical mensuration. A positive family history for diabetes was evaluated by a two hour post-prandial blood sugar which was within normal limits. She apparently was evaluated in the Emergency Room for syncope, and dizziness on 6/11/84 which did not recur.

On 7/9/84, Mrs. Berlinger was admitted to Mt. Sinai Medical Center for approximately three hours for observation of early labor. She was readmitted at 11:15 p.m., on 7/9/84 in early latent phase labor. Membranes were intact and the cervix was 1cm. dilated, 50% effaced with the vertex at -2 station. Throughout the morning hours of 7/10/84, latent phase labor was characterized by progressive cervical effacement and dilatation with no evidence of fetal stress, from external fetal monitoring. At 8:00 a.m., with the cervix 3-4cm. dilated and 90% effaced and the vertex at -1 station, artificial rupture of membranes was performed and internal scalp electrode placed. This was appropriate and accepted medical practice. At 10:00 a.m., the cervix was 4-5 cm. dilated and 100% effaced. At 11:00 a.m., the cervix was 5-6 cm., completely effaced and the vertex at 0 station. Between 11:15 a.m. - 11:45 a.m. an epidural was placed and Pitocin augmentation was appropriately initiated for protraction of the active phase. By approximately 1:30 p.m., the patient was fully dilated and pushing. At 3:30 p.m., after approximately two hours of pushing with no further descent of the fetal vertex beyond 0 station, a decision for a primary cesarean section was made. The decision to perform a primary cesarean section under these conditions represents appropriate and acceptable obstetrical practice. At 4:15 p.m., a female infant weighing 3700 grams with Apgars of 6¹ and 9⁵ was delivered under epidural/spinal anesthesia. The newborn required immediate intubation for suctioning of meconium below the cords. The baby was transferred to Rainbow Babies and Children's on 7/15/84 with a diagnosis of: 1) Full term baby girl; 2) Poor suck - etiology unknown. A skull ultrasound, blood cultures and neurologic examination are all recorded as normal.

The mother's postpartum course was complicated by headaches for four days followed by a seizure on Day 4. This was unassociated with pre-eclampsia. A CT-scan and EEG were normal. The headaches were apparently resolved by placement of a blood patch.

In summary, it is my opinion that the care offered Mrs. Berlinger by Dr. Schwartz et al was well within the accepted standards of obstetrical care in 1984. I find no deviation from accepted standards of medical care. It is my opinion, with a reasonable degree of medical certainty, that the apparent problems of Rebekah Berlinger are not related to the events of labor and delivery.

June 8, 1987

Thank *you* for the opportunity to review this interesting case.

Sincerely yours,

A handwritten signature in cursive script, reading "Leon I. Mann M.D.", written in dark ink.

Leon I. Mann, M.D.

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