State of Ohio,)
County of Cuyahoga.) SS:

IN THE COURT OF COMMON PLEAS

PATRICIA TIPPIE, et al.,)
)
Plaintiffs,)
)
vs.) Case No. 299575
)
SHOBHA TAMASKER, M.D.,)
et al.,)
)
Defendants.)

- - - - -

THE DEPOSITION OF SHOBHA R. TAMASKER, M.D.
TUESDAY, APRIL 27, 1999

- - - - -

The deposition of Shobha R. Tamasker, M.D., a Witness herein, called by the Plaintiffs for examination pursuant to the Ohio Rules of Civil Procedure, taken before me, the undersigned, Tracy L. Barker, a Registered Professional Reporter and Notary Public within and for the State of Ohio, taken at the offices of Gallagher, Sharp, Fulton & Norman, Seventh Floor Bulkley Building, Cleveland, Ohio, commencing at 2:15 p.m., the day and date above set forth.

APPEARANCES:

On behalf of the Plaintiffs:

Dennis R. Lansdowne, Esq.
Spangenberg, Shibley & Liber
2400 National City Center
1900 East Ninth Street
Cleveland, Ohio 44114

On behalf of the Defendants:

Ernest W. Auciello, Jr., Esq.
Gallagher, Sharp, Fulton & Norman
Seventh Floor Bulkley Building
1501 Euclid Avenue
Cleveland, Ohio 44115

DEPOSITION INDEX OF SHOBHA TAMASKER, M.D.

SHOBHA R. TAMASKER, **M.D.**

of lawful age, called by the Plaintiffs for examination pursuant to the Ohio Rules of Civil Procedure, having been first duly sworn, as hereinafter certified, **was** examined and testified **as follows:**

EXAMINATION OF SHOBHA R. TAMASKER, M.D.

BY MR. LANSDOWNE:

Q Doctor, would you state your full name for the record, please.

A My name is Shobha, S-H-O-B-H-A, that's first name, R. Tamasker, T-A-M-A-S-K-E-R.

Q Thank you very much. Doctor, I'm going to be asking you some questions today relating to care and treatment of Patricia Tippie, a former patient of yours, and issues relating to the lawsuit that is currently pending in the Common Pleas Court of Cuyahoga County. You understand that that's our purpose for being here?

A Yes.

Q If at any time you don't understand my question, if I use a medical term incorrectly, please tell me that and we'll try and get the question to match up with the answer. Okay?

A Okay.

Q If at any time you don't hear my question, the whole question, every word in it, please tell me that, and we'll restate it so that you do hear it. All right?

A Okay.

Q If at any time you need to take a break for any reason, please feel free to do so. All right?

A Sure.

Q Have you given depositions before?

A Yes.

Q On how many occasions?

A I think once.

Q Once before? When was that?

A This was, I think, '95, something like that.

Q And what was that in connection with?

A This was another case of a malpractice suit.

Q And did that case go to trial?

A One day.

Q It went to trial for one day?

A Yes.

Q What happened?

A Then it was just settled out of court.

Q It settled?

A Yes.

Q Was that here in Cuyahoga County?

A Yes.
Q Have you been involved in any other medical negligence cases as a defendant?
A Yes.
Q How many?
A I don't know.
Q But you only gave a deposition in one case?
A Right.
Q What happened to the other cases?
A Many of them, they never followed anywhere. Sometimes it was -- this was a long time ago, and they just settled for medical bills or something like that.
Q Have you ever testified in a court?
A Yes.
Q Was that in that one case that you talked about, or a different one?
A No, that was as a witness.
Q As a witness in a medical case?
A Yes.
Q And how was it you came to become a witness in that case?
A I took care of this woman who I got from the emergency room.
Q Any other court testimony?

A No.
Q What have you reviewed in preparation for your testimony today?
A Just my original chart of Mrs. Tippie.
Q Your office chart?
A Yes.
Q Did you review the hospital chart?
A No, not recently.
MR. AUCIELLO: There are parts of the hospital chart in her record.
Q Did you review any medical literature?
A No.
Q Did you do any kind of a search on the Internet for literature relating to this matter?
A No.
Q Have you ever, since the time of the filing of this lawsuit, which is now several years ago, done any kind of review or research into the literature relating to episiotomies and repairs?
A I did not do any kind of research, no.
Q Well, have you looked at any material relating to those subjects since the filing of this lawsuit?
A Not particularly this patient, but, yes, I read books, but I don't -- this is '94 you're talking

about.

Q Right. Are you saying that you saw literature that related to episiotomies and lacerations and repairs, but it was just as a matter of course in your practice?

A Right.

Q You've never done any specific looking at literature for purposes of this lawsuit, correct?

A No. Correct.

Q All right. Do you know a Dr. Maddoff?

A No.

Q How about a Dr. Sogor?

A Dr. Sogor I have come across.

Q And how is it that you know him?

A I used to work for Planned Parenthood and I knew him from there, and I met him different places.

Q Have you discussed this case with Dr. Sogor?

A No.

Q Have you discussed this case with Dr. Maddoff?

A No.

Q Other than your counsel, who have you discussed this case with?

A My counsel, before Mr. Auciello there was Susan Sanker who used to be my counsel.

Q Right.

MR. AUCIELLO: Anybody who wasn't your attorney that you talked with.

A This was many times we're talking with people, but nothing specifically about the case.

Q Other than what you brought with you today -- or let me repeat that.

You brought your office chart with you today?

A The entire chart, yes.

Q Do you have any other records besides the office chart that relate to Patty Tippie?

A No.

Q Any notes or diaries or anything like that?

A No.

Q Your counsel was kind enough to provide me with a copy of your curriculum vitae. Is this a current vitae here?

A Quite current.

MR. LANSDOWNE: Let's mark this.

- - - - -

(Plaintiffs' Exhibit No. I was marked.)

- - - - -

Q Just so we can identify this for the record. Dr. Tamasker, Plaintiffs' Exhibit 1, would you

tell us what that is?

A That's my curriculum vitae.

Q Okay. What year did you come to the United States?

A 1969.

Q And what did you do when you got here? Where did you work?

A I worked as a resident in St. Joseph's Hospital in Syracuse.

Q Was that a residency in obstetrics and gynecology?

A No, residency in anesthesia.

Q What happened with respect to that residency?

A Oh, this time my husband and I both were there and my husband got a residency in anesthesia in Cleveland, and I wanted to do obstetrics and gynecology anyway. Then I had a residency in OB/GYN in Huron Hospital, which used to be called Huron Road Hospital.

Q Did you ever complete your anesthesia residency?

A No.

Q You just left --

A No. I had never intended to complete anesthesia.

Q So then you obtained a residency at Huron Road?

A Yes.
Q That was a three-year residency?
A Right.
Q Who was the director *of* that program?
A Who is or --
Q Who was?
A It used to be Dr. Burkhart. He was gone a long time.
Q Burkhart or --
A H-A-R-T, Samuel Burkhart.
Q Did you complete your residency in OB/GYN at Huron Road Hospital?
A Yes.
Q Then what did you do?
A Then I did one year house officer at Huron Hospital. In the meantime, I was working in free clinic and Planned Parenthood and looking to start my practice.
Q Where were you house officer?
A Huron.
Q Okay. And you maintained your hospital privileges at Huron Road since 1974, correct?
A Right.
Q Any other hospitals that you've had privileges at other than Meridia Euclid Hospital and

Meridia Huron Hospital?

A Now 1 have privileges just at Meridia Hillcrest. I used to be on staff at Booth Memorial Hospital, which closed.

Q You got a license in Pennsylvania --

A Yes.

Q -- in 1973. Why did you get a license in Pennsylvania?

A Those days you could take the license in Pennsylvania after two years of residency, while Ohio needed three years.

Q Okay. Has your license or any medical license ever been suspended for any reason?

A No.

Q Any license ever terminated?

A No.

Q How about any of your hospital privileges?

A No.

Q You were certified in 1987?

A Right.

Q Why did it take you from '74 to '87 to get certified?

A It was just no particular reason.

Q Did you take the exam --

A Yes.

Q How many times?
A I took the written only once.
Q Pardon me?
A There are two parts of the examination. The written examination I took once and the oral I passed the third attempt.
Q The first written you did pass?
A Yes.
Q Then you were recertified in '98?
A Right.
Q What do you have to do to recertify?
A You take the written test.
Q You're a fellow of ACOG?
A Yes.
Q Do you have any office, positions in that organization?
A No.
Q How about the Cleveland OB/GYN Society, do you have any offices?
A No.
Q Have you published any literature in the area of obstetrics and gynecology?
A No.
Q Done any research in that area?
A No.

Q What is your practice? Can you describe your practice?

A My practice is, again, obstetrics/gynecology.

Q And has it been that, again, practice since 19-74?

A Yes, always.

Q Is there a breakdown between obstetrics and gynecology percentage wise?

A 50/50. Half and half.

Q With respect to obstetrics, back in 19 -- well, let me back up a little bit. Do you keep any type of statistics relating to your own practice and complication rates and things like that in your practice?

A No.

Q Does the hospital for you?

A No. They only keep the C-section rates, the Caesarean section rates.

Q What about episiotomy rates, does anybody keep that kind of information as far as your patients?

A No.

Q Do you have any idea what percentage of your patients who have vaginal deliveries also have episiotomies?

A 50 percent.
Q 50 percent?
A (Witness nods head.)
Q Has it remained 50 percent throughout the practice, or has it gone up or down?
A About the same.
Q When you say 50 percent, is that something that you just kind of carry around in your head? It's an estimate, or is that something that we could go find some figures for?
A There won't be any way for you to tell that, and this is just something I think that's what happens, I do as little as possible.
Q I'm sorry?
A I do as little episiotomies as possible. I mean, number wise.
Q Okay. Why is that?
A Why do anything if you don't need to?
Q Okay. With respect to the method of episiotomy on the 50 percent of vaginal births where an episiotomy's used, can you tell me the percentage that are midline versus those that are mediolateral?
A 100 percent midline.
Q You always do midline?

A Always.
Q Why is that?
A Because it's more anatomical.
Q More anatomical?
A Right.
Q What do you mean by that?
A Because that area is already thinned out when patient is pushing, and healing is much better when you do a midline episiotomy.
Q Now, let's talk about perineal lacerations for a minute, okay?
A Okay.
Q Do you have any numbers as far as how many of your vaginal delivery patients experience third- or fourth-degree lacerations?
A No.
Q Is there anywhere we could find that information?
A I don't think so.
Q Do you have an estimate, a best estimate, as far as that's concerned?
A I can't even think, or give an estimate.
Q I mean, I assume that first-degree tears would be more common than second-degree tears and second more common than third and so forth?

A Say it again.
Q Are first-degree tears or lacerations more common than second-degree lacerations?
A Okay. Episiotomy's pretty much secondary laceration.
Q Just doing an episiotomy itself?
A That's the second-degree laceration because you've got exactly the same if she tears on her own. But if the first-degree laceration will be only just the skin, and I would imagine it will be more common than going to second degree.
Q So first degree would only be in patients that you don't have an episiotomy?
A Yeah. Laceration will be mostly --
Q And all the patients that you do episiotomy have at least a second degree, correct?
A That's the anatomical. Exactly, that's the area you cut.
Q And the third-degree lacerations are either from the episiotomy or from the birth trauma?
A Yes. When the episiotomy extends in the lower part, then that's the third degree.
Q Extends by virtue of the birth or extends because of where the doctor's scalpel ends?
A Oh, no. That won't happen. I don't know, I

have never saw anybody have that.

MR. AUCIELLO: The question was, was it one or the other, and you said no.

THE WITNESS: No, but he said --

MR. AUCIELLO: I know what you meant.

Q You're right. We'll clear that up.

A Right.

Q The third-degree tear would be one in which the episiotomy extends because of the birth process, correct?

A I would say yes to that, yeah.

Q And you, I think, were trying to tell me before, that third-degree tear is not because the surgeon's scalpel goes that deeply, correct, or that far, correct?

A I don't want to correct you, but we don't use scalpel to do an episiotomy.

Q Okay.

A Usually just the bandage scissors and it has a blunt end on one side.

Q Well, I appreciate that.

A So it cuts where you cut.

Q I appreciate that. All right. If there is a

third- or fourth-degree laceration following a vaginal birth, the obstetrician and gynecologist has, I guess, some options as to how to repair that; is that correct?

A Yes, pretty common way to do it.

Q Do you have a preferred method for your repairs?

A Yes.

Q And what is that method?

A Now, you're talking about third degree first, right?

Q Right.

A In third-degree laceration only the anal sphincter is lacerated, and as soon as that happens, just by the nature's way, the levator ani muscles that form the sphincter, they retract. So first thing you do, we have a clamp called Allister's clamp, get both ends of the muscle together. You have to -- sometimes you have to search for it. And then you --

Q Up in the buttocks area?

A Not that far. If the anus is this, this is, it will go a little bit lateral. And you hold that and then you -- I put two, it's called figure of eight stitches.

Q Figure of eight stitches?

A Right. And it depends how many it needs. Sometimes just one is enough. Sometimes you need three.

Q What kind of sutures are **you** using?

A I use 00 -- it is called 0020 chromic catgut.

Q Catgut?

A Yes.

Q Has your procedure, as far as repair of third-degree lacerations, changed at all since 1994?

A No, not really.

Q You use the same procedure?

A Same procedure, same suture.

Q Same sutures?

A Yes.

Q Now, sometimes I'm told these repairs fail; **is** that right?

A Sometimes they fail, yes.

Q Do **you** know in what percentage of the cases in which you've done a repair of a third-degree laceration that repair has failed?

A I can't give you percentages on it. Since 1974 **I** had about maybe two or three people who had any problems where they had to need another surgery, so whatever that percentage is.

Q Two or three since 1974?
A Right.
Q I assume -- well, I shouldn't assume anything, should I? You have, I don't know, how many third-degree tears a year?
A I can't tell you that.
Q Like ten or five or twenty or --
A I don't know. It's pretty common.
Q Third-degree tears are pretty common?
A Pretty common.
Q I mean, you must deliver how many babies a year?
A I deliver between 90 to 100 a year.
Q And 50 percent of those are episiotomies, right?
A Right.
Q With respect to those two or three -- I'm assuming you're excluding Patty Tippie from that?
A No, including.
Q So the two or three includes her?
A Yeah, definitely.
Q Now, in the others that were not Patty Tippie, the one or two that needed a further surgery, did you perform the surgery or did somebody else?
A No, I performed surgery, at a later date.

Q Was that repair successful?
A Yes.
Q In terms of a woman who has a third-degree laceration and a repair at the time of delivery or shortly after delivery, does the fact that she's had that third-degree laceration and repair change anything with respect to how that woman is treated post delivery?
A Not usually for third degree, but we make sure that the patient does not get constipated, so she's given stool softeners. And we advise her to drink lots of water; same reason, not to get constipated or hard stool.
Q Anything else?
A She is advised to drink a lot of juices, water. The reason is the same, so that she does not get hard stools.
Q What about with respect to enemas?
A Enemas, they -- I don't know how many years now we're not giving enemas, very rarely. But if there is a third-degree tear, it was definitely avoided giving her an enema or a suppository.
Q Why is that?
A Just not to cause any trauma.
Q Anything else that would be different in the

postpartum care of the woman who has a third-degree laceration and repair, as opposed to one who has either no tear or first- or second-degree?

A That's probably just try to make her so she does not get constipated.

Q What about if it's a fourth-degree tear?

A Fourth-degree tear also is the same thing, but then here you're actually in the rectum area, and so nothing per rectum, and drink as much fluids so -- just avoid constipation. That's the main thing with this.

Q Okay. Are there any articles or texts discussing these lacerations and repairs that you're familiar with?

A No.

Q I mean, you've seen some articles, I assume?

A Right.

Q But you can't think of any off the top of your head?

A I can't think of any, no.

Q How about any textbooks?

A All the textbooks would explain about the lacerations.

Q What OB/GYN text do you refer to?

A References depends on what are you going to look for. Mostly Williams text is a pretty common book.

Q If you were going to refer to a textbook about third-degree lacerations and repairs, what would you refer to?

A Any OB/GYN textbook, because this is such a common thing they'll explain, one, two, three, four laceration.

Q And what journals do you receive relating to OB/GYN?

A I am a member of ACOG, so I receive their journal. Then also Contemporary OB/GYN, Female Patient.

Q What would be the indications that a repair of a third-degree laceration is failing?

A What will be the indication in general? Many times people who have a -- they can hold this hard stool, but if they start diarrhea or something, then they cannot control it.

Q So some incontinence?

A For liquid stool.

Q And gas, I assume?

A There's no reason for gas to --

Q Any other indications?

A But this wouldn't be an indication just because of the sphincter, because most often when the sphincter does not heal, the muscle, levator ani muscles --

Q The what muscle?

A Levator ani muscles which close, they take the function, and women pretty much can control their stools. But if there's a rectal tear or there's a fistula, that's a totally different condition, where the vagina will join the rectum.

Q With respect to follow-up on somebody with a third-degree tear, what is the -- strike that.

Let me ask this: If a repair of a third-degree laceration does begin to fail, there are indications of that, what does the standard of care require as far as anything, any involvement with that patient?

A When these people go home, not only with the rectal tear, or sphincter tear, anybody, when they go home postpartum, we gave them exercises which are called Kegel's exercises.

Q Can you spell that?

A K-E-G-E-L, and that is apostrophe S. They're the tightening of the muscles of the vaginal

area, perineal area, and that's automatic. And many times that does the trick and they don't need anything.

Q Okay. If there are indications that the repair' is failing, there's incontinence or whatever, what does the OB/GYN have to do?

A Now, it depends on what stage. Is that when the patient has not gone home?

Q Why does it depend? What depends?

A Because any time we repair this tissue which is traumatized and which is not healthy at that particular time, we just have to tell the patient that it will take time and use the Kegel's exercises, and we teach them how to do those. If she comes at postpartum -- you're asking me when, what time?

Q I'm saying when does it make a difference? You said it depends, and I was asking, what is the difference?

A Difference, again, if the patient comes for postpartum checkup, what are her symptoms? And even at six weeks, no surgery is recommended or indicated. You --

Q If -- I'm sorry. Go ahead.

A Even if there is incontinence.

Q No surgery would be recommended at that time?
A At six weeks post-op checkup. We usually give them about four to six months for the tissue to heal.
Q So the earliest you would do any kind of a, I guess re-repair on this type of third-degree laceration, would be how many months out?
A About four to six months after delivery.
Q And until that time, you would be telling the patient, continue with your Kegel's exercises?
A Yes.
Q Why do you wait those four to six months?
A As I told you in the beginning, many times the levator ani takes over the function and the patient does not need a repair. Second thing is, tissue is traumatized and it takes that long for it to, even for the repaired tissue to hold.
Q So, basically, you'd be hoping that the exercises would resolve this problem by themselves during that four to six months?
A Depends also what actually you see and the examination time. If it's just the sphincter, yes, it will heal.
Q Okay. Now, and please feel free to refer to your notes, when did you first have any

involvement with Patty Tippie?

A First time when I saw her?

Q Yes.

A 1989, April 10, 1989.

Q And how did she come to be your patient?

A She was referred to me by her sisters.

Q Where did she see you at, what office?

A I have only one office, on Euclid. That's where I saw her. Same address.

Q What was the purpose of her, of that initial visit?

A Annual checkup, and wanted to go on birth-control pills.

Q I'm trying to match up my notes to yours. Patty saw you after that initial visit, what would you say, on a regular basis up through '93 or what?

A Yes, up until, the last was July '94.

Q Okay. And she became pregnant sometime in '93; is that right?

A Her first pregnancy was October 6, '93.

Q And she followed with you for her pregnancy visits, ccrrect?

A Yes.

Q How did the pregnancy progress?

A According to these notes, pretty normal, except once she fell down on ice and had some pain, but nothing else.

Q Did that fall on ice prove to be anything of any significance?

A No, nothing.

Q Was she compliant with your program for her as far as her pregnancy?

A Yes.

Q She followed your directions and advice and so forth?

A Yes.

Q She made her appointments?

A Yes.

- - - - -

(Plaintiffs' Exhibit No. 2 was marked.)

- - - - -

Q Doctor, would you take a look at Exhibit 2, please. I think it is the obstetric admitting record.

A I don't know that I have it. That's the hospital -- can I just take a look at yours?

Q Yes. That's what I'd like you to do.

A Oh, okay. Sure.

Q Does that appear to you to be a copy of the

obstetric admitting record?

A It seems to be, yes.

Q For Ms. Tippie?

A Yes.

Q Is that Exhibit 2 signed by you?

A Yes.

Q Down as the attending physician?

A Right.

Q Are you able to read what is in the admission physical examination?

A Okay. Complains of SROM -- that will be spontaneous rupture of membranes -- at 1530, clear bloody show. I don't know what that is. Maybe no contractions. I can't read that.

Past histories, past medical history, past surgical history, negative, negative. This is two, that will be dilated two, baby at minus two station, 70 percent effaced, per RN. That's, diagnosis is spontaneous rupture of membranes, but this other thing I cannot read.

Q Whose handwriting is that?

A It's probably the house officer.

Q We're looking at the box that's marked, "Admission Physical Examination"?

A Right. The house officer who was on. I don't

know who he was.

- - - - -

(Plaintiffs' Exhibit No. 3 was marked.)

- - - - -

Q Take a look at Exhibit 3. Does that look like the labor and delivery summary for Ms. Tippie?

A Yes.

Q Is any of this your handwriting on this Exhibit 3?

A Just the last, remarks, and if the nurses did not fill the crosses, then I might have done it.

Q The remarks are what? Can you read those?

A Under epidural anesthesia, term female delivered vertex by Mity vacuum.

Q And that's your signature?

A That's my signature.

Q There's timing listed in the chronology box there for onset of labor, complete cervical dilation, delivery of infant, etc. Delivery of placenta. When did you perform the episiotomy?

A The baby was born, delivery of infant is 12:23. So somewhere around five, ten minutes before that, five minutes. I can't recall.

Q Do you have any specific recollection of Patty Tippie at all?

A Yes. I remember Patty Tippie somewhat, yeah. But if you asked me, of this particular incident, no, I can't remember that.

Q And consistent with your practice, it would have been a median episiotomy, right?

A It would say here, yes. Median episiotomy.

Q Right. And then you have indicated third-degree laceration?

A Yes.

Q And that degree of laceration is based upon your observation?

A Yes.

Q Why was the episiotomy performed?

A First thing was, by looking at the chart, if the patient needed Mity vacuum or vacuum delivery for the head, that itself means two things, either she was too exhausted to push, or the second thing would mean if there was baby's heartbeat was dropping, which is not shown anywhere.

And then the third thing would be that she's already tearing in that area, so instead of having an irregular tear, you will cut a straight episiotomy, clean cut.

Q Do you know what the sequence was as far as Mrs.

Mippi?

A No. I wouldn't remember.

Q What about the repair you performed, when did that take place?

A Right after the delivery

Q After the delivery of the infant?

A Depends how fast the placenta is coming. Sometimes I start the repair before even the placenta is delivered, because if it's not ready, sometimes I wait until the placenta delivers and then --

Q Do you know in this case whether you repaired before the placenta or after?

A No.

Q When did you know that Patty had a third-degree tear?

A Oh, that I would know right away, at the time of delivery.

Q You can see that?

A Yes

Q And this third-degree tear would have been an extension of your midline episiotomy?

A Most often that happens.

Q What else could it be?

A If there is any tear anywhere else, but most

common was third degree was for the episiotomy to extend.

Q And that's what you believe happened in her case?

A Probably.

Q And you were describing, for the episiotomy you used scissors?

A Yes.

Q And you did the same repair that you described earlier on Patty Tippie?

A That's the way I do it, so most probably I did it this way.

Q You don't have any specific recollection, correct?

A No.

Q Is that correct? You just don't remember?

A I don't remember exactly what I did, but that's the way I repair.

Q Do you have protocols at the hospital, at Meridia Euclid, that you use for your deliveries, you know, sets of orders that you use for deliveries?

A Now we have order sheets, but I don't remember whether we had, or we had to write it.

MR. LANSDOWNE: Mark that.

- - - - -

(Plaintiffs' Exhibit No. 4 was marked.)

- - - - -

Q Take a look at Exhibit 4.

A (Witness complies.)

Q Could you identify that, please?

A That's a standing doctor's orders.

Q And this would have been for --

A Patricia Tippie, yes.

Q Is this the protocol we were referring to?

A Yes.

Q So it was in effect back at this time then, correct?

A Must be. I can't remember.

Q And, again, this is your signature on there?

A Yes.

Q Any other of your handwriting on there?

A The last one where it says, "For discharge today, p.m."

Q All right. What about the check marks and that kind of thing?

A That will be either I did it or one of the nurses did it. I don't know.

Q Now, what do the check marks mean?

A It means that's the -- those are the standing

orders.

Q For what the patient is to receive?

A Right.

Q Is there a different protocol of standing orders for a patient who has had a episiotomy?

A No.

Q Is there a different set of standing orders for a patient who's had a third-degree or fourth-degree laceration?

A No.

Q When would you have signed these orders, right after delivery?

A I don't have the time when I signed, but probably it will be after delivery sometime.

Q Let's go through these. The first order is what?

A "Up ad lib," she can move whenever she wants to.

Q And that's checked?

A Uh-huh.

Q Meaning that that's what you ordered?

A Uh-huh.

Q You have to say yes or no, Doctor.

A Yes.

Q And then she may shower?

A Yes.

Q She's to have a regular diet, right?
A Yes.
Q Does that squiggly line mean anything?
A Regular diet.
Q It's signed regular diet?
A Uh-huh.
Q Or circled?
A Just circled.
Q I'm sorry. So she's going to have a regular diet?
A Uh-huh.
Q You have to say yes, doctor. I'm sorry.
A Yes.

Can I just read it? Regular diet; vital signs per protocol; catheterize bladder, if necessary; hemoglobin and hematocrit, urinalysis first postpartum day; Peri-Colace --

Q Wait a minute. These three that are crossed out means those are not going to be given?
A Not necessary.
Q So you would have made that decision and said, don't give those?
A Right. That is if patient is RH negative.
Q Right.
A Even if I would not have signed it or crossed it

up, it would automatic, because she was not RH negative. And --

Q Peri-Colace, what's that for?

A That's for stool softener. Then Dalmane was sleeping pill, if necessary. She had sitz baths and tucks for her episiotomy and laceration. Here it says, she could have had fleets enema. She could have ice pack to her perineum, peri wash, Nupercaine for the hemorrhoids, and that's it.

Q Peri-Colace is a stool softener?

A Yes.

Q So that's given to, in every -- that's one of the normal --

A That's one of the normal orders, yes.

Q *So* that's not special for third-degree or fourth-degree tears, correct?

A There's a difference between third-degree and fourth-degree tear, *so* -- fourth-degree tear is -- there might be some extra orders.

Q Okay

A But third-degree tear usually is pretty regular, pretty common, so we don't have to specially change anything.

Q But do people with just a second degree get

Peri-Colace too?

A If they need it. The order is as necessary.

Q Do you know if she did get it?

A No. Her nurse's notes will tell whether she got it or not, but I don't know.

Q How would they tell if she needed it?

A They make rounds each night. They check them. They teach all the nurses with the patient, they teach what should be done, what happened in the delivery.

Q But how do they decide whether this patient needed the stool softener?

A Oh, they would have to assess it.

Q What would they look for?

A They would look for if that patient is having any trouble passing gas or if she feels constipated, she has any problems with hard stools, that type of thing.

Q What about this fleets enema?

A Right. She would not get it. That would be pretty automatic because if she has a tear, the nurses would first ask whether you want to give an enema or not.

Q But it's checked?

A Yeah, it's checked. But there is -- somebody is

always there to look at the orders too.

Q Well, was it checked when you signed it?

A My signature is there, so I don't know, but I guess so.

Q Well, couldn't you have crossed that out?

A Yes, I could have. Did she get it? I don't know.

- - - - -

(Plaintiffs' Exhibit No. 5 was marked.)

- - - - -

Q If you would look at number five. Is that the obstetric discharge summary?

A Yes.

Q Again, is that your signature on there?

A Yes.

Q Did you fill this out?

A Probably.

Q Does that appear to be your handwriting on the rest of the page?

A Yes.

Q When did you fill this out?

A This will be most probably when I get the chart postpartum sometimes, incomplete chart.

Q As far as the discharge information, her activity was going to be unrestricted, correct?

A Yes.
Q Her diet was going to be routine, correct?
A Yes.
Q No special diet?
A No special diet.
Q Her medications, none?
A Right.
Q Instructions were routine, nothing special, correct?
A Right.
Q Now, I see up in the complications, operative and postpartum, you have X'd in there, none?
A Yes.
Q And then there's a box there for degree of perineal laceration and whether it's a vaginal or cervical laceration and you don't have anything marked there?
A True.
Q Why not?
A I have no idea. Probably this was done after a few days or in the medical records, so 1 don't have any idea why.
Q Well, if you had put in third-degree perineal laceration, vaginal, would that have changed any of your discharge information?

A No.

Q Going back to before the labor and delivery, did you have any discussions with Patty Tippie about the possibility of an episiotomy?

A Usually, when they reached their ninth month, I discuss all of these things, epidural anesthesia, whether they want anesthesia, medications, episiotomies, chances of C-sections.

Q What do you tell the patient about the episiotomy?

A That if they need it, I'll do it. If they don't, I won't.

Q Do you talk about the risks, complications, with them?

A About the episiotomy?

Q Yes.

A No.

Q What are the risks and complications of episiotomy?

A Complications, the risk will be bleeding, non-healing. There would be sometimes infection, and extension, of course.

Q Extension of the tear?

A Which is one of the known complications, yes.

Q Again, you never discussed any of those complications with Patty Tippie prior to her labor and delivery, correct?

A I don't remember.

Q Okay. Well, your practice would be not to?

A No.

Q Correct?

A Yes.

Q And then during the hospitalization, prior to doing the episiotomy, did you have any discussions with Patty about the complications, risks of the episiotomy?

A No.

Q Okay. Then did you tell her that -- when you discovered that she had a third-degree tear, did you tell her that?

A Yes.

Q So you said to her, you have a third-degree laceration?

A No. I would say that, "Your episiotomy has gone down and we need to repair it." And if she was feeling pain, then I would give her some more local anesthesia.

Q After you performed the repair, when is the next time that you had any contact with Mrs. Tippie

in the hospital?

A The next day.

Q So you see the patient the next day?

A Yes.

Q And did you discuss anything about the episiotomy or the repair with her on that next day?

A Yes.

Q What did you discuss?

A I don't know.

Q Well, why do you think you discussed something?

A Because I always discuss whatever happened at the time of the delivery, why she had to have the Mity vacuum delivery, and she had had a third-degree laceration. I'll explain everything to her.

Q Did you tell her what the -- what did you tell her with respect to what would likely happen regarding that laceration?

A I don't know.

Q Did you tell her, you know, there's a certain amount of percentage of these that fail and have to be re-repaired or anything like that?

A No, I wouldn't discuss that at that time.

Q Did you tell her any specific things to look for

regarding the potential for failure?

A I don't know what I told her, but the way I would set up, not to get constipated and glass of water and do Kegel's. That is pretty automatic with me.

Q What about stool softeners?

A Yes, that's pretty automatic too.

Q Well, are you saying she was given a prescription for stool softeners?

A No. You can get this over the counter, Peri-Colace, Colace, Doxidan, anything.

Q And you're saying that she was told to get those?

A I don't know. I don't remember whether I specifically told her. Usually, I'll tell them, all my patients, that they get -- this has nothing to do with third degree, just right after delivery we want them not to get constipated.

Q Would she get a sheet, like home-going instructions?

A Probably she would.

Q And is a copy of that sheet in your chart?

A No, I won't have it. It will be from the hospital record.

Q Do you know what's on it?
A No. She even got a hospital nurse visit the next day.
Q She got a visit from the nurse the next day?
A Right. The next day. I have something.
Q Did you have any discussions with Mr. Tippie?
A I don't remember.
Q When you discharged Patty, what did you think was the likelihood or risk of failure of the repair that you had done?
A I would say very minimal because I don't think there was any difficult repair or anything. I think unremarkable repair. I don't remember anything but according to the chart. So I would say minimal.
Q When is the next time that you had any kind of contact with Mrs. Tippie?
A According to the chart, when she came for a six-week checkup. I don't know whether she called or anything. That I don't remember. I don't know if she had called.
Q You don't know one way or the other whether she called?
A One way or the other, right.
Q Would you get a copy of the nurse's visit

report?

A Yeah. I have it here.

Q And that received stamp, is that your stamp?

A June 16th, yes.

- - - - -

(Plaintiffs' Exhibit No. 6 was marked.)

- - - - -

Q Can you read that note for me?

A That was her first postpartum examination. I think July 29, '94. Urine negative, weight 118. She has not had a period yet. Blood pressure 110 over 76. Her vulva appeared normal. Perineum normal. Vagina, normal. PAP was taken. Uterus --

Q What was that?

A PAP test.

Q What was next after that?

A Uterus was anteverted. It was normal size. It was firm, and she did not have any cyst on the ovaries. And she was put on birth-control pills, which she had taken in the past, to start after her periods.

Q All that said right there?

A Yeah. AV, anteverted, normal size, firm.

Q What's this part over here?

A That's the Demulen, your birth-control pills. This is all chart, this says initial exam. In the old days they used to have one paper. This is not initial. That's why. The whole thing is used.

Q So the repair at that point would have looked what?

A It would have looked normal because perineum is pretty healthy.

Q It doesn't appear that you have any complaints noted here at this time.

A Right.

Q Do you recall Ms. Tippie complaining of anything on this first visit?

A I don't recall it, no. It probably would have been there, but, again, I don't remember.

Q Did you have a receptionist or a nurse by the name of Lori or Laura back at this time?

A Yeah, probably. That was her handwriting.

Q Is she still with you?

A No.

Q When did she leave?

A Beginning of this year. No, January '98. She had a baby, so she was pregnant, so --

Q Is that her second baby?

A That's the second baby.
Q Was the first one around 1994?
A I don't remember, probably.
Q Have you read any of the answers or the interrogatories that Ms. Tippie has provided in this case?
A No.
Q Ms. Tippie says that at least by this first visit she was complaining about some incontinence and that she specifically told you of that at that time. That's what she says.
A Okay. If she says, you have to believe her, but I don't remember.
Q Okay. Well, if she had said that, if she had said in the six-week checkup that, you know, I'm having some incontinence, stool, gas, what would you have done?
A At that particular time?
Q Yes.
A I would have asked her the questions whether it is just liquid stools, it's only gas, or if she actually even -- if she has incontinence when she has hard stools or whether she has incontinence when she tried to push it through the rectum and it was coming out the vagina.

That would mean that she may have had a fistula. General questions.

Q And if she was having incontinence of liquid stool and gas, what would that do to you?

A The beginning I told you that I would tell her to continue with the Kegel's exercises, at least for a month and a half, and let me know what happens, and she would call if she had any symptoms, or the symptoms got worse, got better And I would bring her to get checked again

Q Speaking of that, when was she supposed to see you again?

A If she had no problems, she would see in six months, for her birth-control pills checkup.

Q Did you have any contact with Ms Tipple after this 7-29-94 visit?

A Not according to the chart.

Q Did you have any phone contact with her?

A I don't remember.

Q Did you refer her to any other physician?

A For?

Q For her problems with her episiotomy repair.

A I don't remember her calling me with the problems, so, no.

Q I think I know the answer to this, but have you

referred other patients to a colorectal surgeon for follow-up with respect to their episiotomy repair?

A No, not colorectal surgeon.

Q Have you referred them to other gynecologists?

A Yes.

Q Why would you refer them?

A Depends, but each person is different. What's going on, how their body is, what sort of tears they have, do they have fistula. Because I wouldn't repair mostly the fistulas. Things like that. Each person is different.

Q When we were talking before about repairs that you had that failed, I think you could only remember one other one, one or two other ones besides Patty, right?

A Uh-huh.

Q You have to say yes.

A Sorry, yes.

Q And that other one, you repaired it -- you re-repaired it yourself, right?

A Right.

Q And then that was taken care of?

A Yes.

Q So what are these other ones that you're talking

about that you referred people to other physicians? Are those other cases in which you've had a repair that failed?

A No. Not the repair that failed. It was one person who was not happy cosmetically. That her sphincter control was good. She had no problem that way, but it didn't look good. So I referred her to Dr. Lester Ballard who is an expert in this, at the Cleveland Clinic. He does most of the GYN, that kind of work, of rectal-vaginal repairs.

Q And that's the one you were thinking of when you were talking about referring to other physicians?

A That's the one, yes.

Q When did you first notify your insurance company about Patty Tippie?

A When?

MR. AUCIELLO: Objection to the line of questioning. You can answer if you know.

A I don't remember when, probably I got a letter for the chart or something like that. That PIE wanted us to phone them.

MR. LANSDOWNE: Okay. That's

all I have for you. Your counsel can explain signature to you.

MR. AUCIELLO: We'll read it. If you wouldn't mind extending the seven days to 14 days or something like that, something reasonable.

MR. LANSDOWNE: No problem.

THE STATE OF OHIO,) SS: CERTIFICATE
COUNTY OF CUYAHOGA.)

I, Tracy L. Barker, a Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that the within-named witness, Shobha R. Tamasker, M.D., was first duly sworn to testify the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony then given by her was by me reduced to stenotypy in the presence of said witness, afterwards transcribed on a computer/printer, and that the foregoing is a true and correct transcript of the testimony so given by her, as aforesaid.

I do further certify that this deposition was taken at the time and place in the foregoing caption specified.

I do further certify that I am not a relative, counsel or attorney of either party, or otherwise interested in the event of this action.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal of office at Cleveland, Ohio, on this 5th day of May 1999.

Tracy L. Barker, Notary Public
within and for the State of Ohio
My Commission expires May 23, 1995.

THE STATE OF _____)
) SS:
COUNTY OF _____)

Before me, a Notary Public in and for said state and county, personally appeared the above-named Shobha R. Tamasker, M.D., who acknowledged that she did sign the foregoing transcript and that the same is a true and correct transcript of the testimony so given.

IN TESTIMONY WHEREOF, I have hereunto affixed my name and official seal at _____, this _____ day of _____, 1999.

_____
SHOBHA R. TAMASKER, M.D.

_____
Notary Public

My Commission expires: _____

ERRATA SHEET

Page	Line	

CURRICULUM VITAE

SHOBHA R. TAMASKER, M.D.
26300 EUCLID AVE.
EUCLID, OH 44132
TELEPHONE: (216) 731-8686

PLACE & DATE OF BIRTH: NAGPUR, INUIA 7-7-1941

COLLEGE: HISLOP COLLEGE, NAG'F'UR, INDIA

MEDICAL COLLEGE: GANDHI MEDICAL COLLEGE, BHOPAL, INDIA
M.B, B.S.: MAY 1963

INTERNSHIP: GANDHI MEDICAL COLLEGE, BHOPAL, INDIA 6-1-63/11-30-63

HOUSE SURGEON: GANDHI MEDICAL COLLEGE, BHOPAL, INDIA 1-7-6/1-6-65

RESIDENCY: ST. JOSEPH'S HOSPITAL, SYRACUSE, N.Y. 7-1-69/6-30-70
HURON RD. HOSPITAL, OB/ GYN, CLEVELAND, OH 7-1-70/6-30-73

POST GRADUATE STUDIES: OB\GYN NAGPUR MEDICAL COLLEGE
INDIA JAN.1965-MAY-1968

LICENSES:
PENNSYLVANIA	034408 JAN.1973
OHIO	036711 NOV. 1974
D.E.A.	AT5867633
E.C.F.M.G.	105-974-0 FEB.,1969

HOSFITAL PRIVILEGES: MERIDIA HURON HOSPITAL, GYN, 1974, ACTIVE
MERIDIA EUCLID HOSPITAL, OB\GYN, 1985, ACTIVE

MEMEJEKSHIPS: FELLOW A.C.O.G. 1988
CLEVELAND OB\GYN SOCIETY
CLEVELAND MED. WOMEN'S SOCIETY
AMERICAN MED. WOMEN'S SOCIETY

SFECIALTY BOARDS: OBSTRETICS & GYNECOLOGY DEC. 1987

I e recertification Oct 1993

PLAINTIFF'S DEPOSITION EXHIBIT
1
4/27/99
PENGAD-Bayonne, N.J.

PLAINTIFF'S DEPOSITION EXHIBIT 2 4/27/99 PENGAD-Bayonne, N.J.

Obstetric Admitting Record

HOLLISTER® maternal/newborn RECORD SYSTEM

TIPPIE, PATRICIA
94161-00138 MCC
F WH A1 31Y 09/12/62
OBG TAMASKER, SHOBHA R
71 [illegible] 06/10/94

Basic Admission Data

G	T	Pl	A	L	LMP	EDC	AGE
1	0	0	0	0	8/10/93	6/5/94	31

Date 6/10/94 Time 7:55 AM PM

☒ Direct admit ☐ Transport ☐ Other

☐ Ambulatory ☐ Wheelchair ☐ Cart/stretcher

Next of kin Daniel Tippie Husband Tel. no. 271-7951

Reasons for admission

☐ Onset of labor ☐ Induction of labor ☐ Spontaneous abortion ☐ Cesarean section ☐ Primary ☐ Repeat

Observation/evaluation ☐ Fetal status ☐ Medical complication ☐ Obstetric complication ☐ Other

Detail reasons:

Patient Care Data

Contractions on admission ☐ None

Frequency irregular Duration ____ Quality mild

Began on ____ mo/day/yr at ____ AM PM

Membranes on admission ☐ Intact

☒ Ruptured: date 6/10/94 at 3:30 AM PM

Fluid was: ☒ Clear ☐ Meconium ☐ Foul smelling

Vaginal bleeding ☐ None

☐ Normal show ☐ Bleeding (describe) mucousy discharge

Patient has:

☐ Recent URI ☐ Dentures/Caps

☐ Exposure to infection ☐ Contact lenses

☐ Been vomiting ☒ Glasses

☒ h/c migraines x 10 yrs. ☐ ____

Plans for anesthesia ☐ None planned

☐ Specify type: EPIDURAL

Last oral intake 6.10.94 at 7:45 AM PM ☒ Fluids ☐ Solids water 5P

Allergies/sensitivities ☐ None

☐ Specify ~~ASA~~, IBUPROPHEN

Current medications ☐ None

Name/type of medication	Last taken	Check if brought in
Prenate Vits	a.m.	☐
"ISOSET" for migraines	a.m.	☐
		☐
		☐

Patient plans: (check which applies) 1 pack/day

☒ Smoker ☐ Non-smoker

☐ Private ☒ Semi-private ☐ Rooming in

☒ Support person in labor and delivery ☒ Circumcision

☐ Breast ☒ Bottle feeding

Procedures ☐ Prep ☐ Enema (results) ____

☐ Other: ____

Physician's name Tamasket

Notified by Madsadyk

Date 6/10/94 Time 8:50 AM PM

Significant Prenatal Data

Prenatal education

NO YES

☐ ☐ Attended classes/received instruction 4-5

☐ ☐ Received prenatal care beginning at the ____ week.

☐ ☐ Records available on admission

Source of prenatal data: Pt.

Baby's physician Huff

Lab findings ☐ None

Blood type & Rh Apos

Rubella titer Immune

Serology NR

Fetal assessment tests ☐ None

Date	Test	Result
4/94	u/s	
4/94	u/s	
/		
/		

Latest risk assessment

☒ No risk noted at present

☐ At risk ☐ High risk

1. ____
2. ____
3. ____
4. ____
5. ____

Admission Physical Examination

Check and detail all positive findings

Ht 5'5½ Wt 134 BP 121/79

Temp 37.3 Pulse 97 Resp 18

System	WNL	Abn
HEENT	☒	☐
Breasts	☒	☐
Heart and lungs	☒	☐
Abdomen	☒	☐
Extremities	☒	☐
Reflexes	☒	☐

Obstetrical history; [illegible] pregnancy, [illegible] delivery, [illegible] abortion, [illegible] living; PMH: 0 PSH: 0 Allergy (penicillin) [illegible] 2/-2/79 ?? primip. NT: [illegible] normal [illegible] Rh pos. Specimen sent.

Fetal evaluation

Fundal height ____

Estimated fetal weight ____

FHR 150s.

Station ____

Effacement ____

Dilatation ____

Estimated weeks gestation 40 5/7 weeks

Presentation ☐ Vertex ☐ Face/brow ☐ Breech (type) ____ ☐ Transverse lie ☐ Compound

Position

Blood sent ____ AM PM

Hgb ____ Hct ____

Urine Alb ____ Glu ____

Other tests

Nurse Madsadyk

Attending [signature]

Labor and Delivery Summary

HOLLISTER® maternal/newborn RECORD SYSTEM

PENGAD-Bayonne, N.J. PLAINTIFF'S DEPOSITION EXHIBIT 3 4/27/99

TIPPIE, PATRICIA
94161-00138 NSD
F WH AI 31Y 08/12/62
OBG TAMASKER, SHOBHA R
[illegible]

06/10/94

Labor Summary

G	T	Pt	A	L	Type and Rh
1	0	0	0	1	A+

Presentation **Position**

- ☒ Vertex
- ☐ Face or brow
- ☐ Breech
- ☐ Transverse lie ☐ Compound
- ☐ Unknown

Intrapartum Events ☐ None

- ☐ No prenatal care
- ☐ Preterm labor (≤ 37 wks.)
- ☐ Postterm (≥ 42 wks.)
- ☐ Febrile (≥ 100.4°)
- ☐ PROM (≥ 1 hr before onset of labor)
- ☐ Meconium
- ☐ Foul smelling fluid
- ☐ Hydramnios
- ☐ Abruption
- ☐ Placenta previa
- ☐ Bleeding-site undetermined
- ☐ Toxemia (mild) (severe)
- ☐ Seizure activity
- ☐ Precipitous labor (< 3 hrs)
- ☐ Proionged labor (≥ 20 hrs)
- ☐ Proionged latent phase
- ☐ Prolonged active phase
- ☐ Prolonged 2nd stage (> 2.5 hrs.)
- ☐ Secondary arrest of dilatation
- ☐ Cephalopelvic disproportion
- ☐ Cord prolapse
- ☐ Decreased FHT variability
- ☐ Extended fetal bradycardia
- ☐ Extended fetal tachycardia
- ☐ Multiple late decelerations
- ☒ Multiple variable decelerations
- ☐ Acidosis (pH < 7.2)
- ☐ Anesthetic complications
- ☐ _____
- ☐ _____

Induction ☒ None
☐ ARM ☐ Oxytoc ☐ _____

Augmentation ☒ None
☐ ARM ☐ Oxytoc ☐ _____

Monitor ☐ None
FHT ☒ UC ☐

Medications Total dosage

Time of last narcotic A P

Delivery Data

Method of Delivery

Cephalic
- ☐ Spontaneous Type
- ☐ Low forceps
- ☐ Mid forceps
- ☐ Rotation _____ to _____
- ☒ Vacuum extraction

Breech
- ☐ Spontaneous
- ☐ Partial extraction (assisted)
- ☐ Total extraction
- ☐ Forceps to A.C. head

Cesarean (details in operating notes)
- ☐ Low cervical: transverse
- ☐ Low cervical: vertical
- ☐ Classical
- ☐ Cesarean hysterectomy

Placenta
- ☒ Spontaneous
- ☐ Expressed
- ☐ Manual
- ☐ Adherent
- ☐ Ut. exploration

Configuration
- ☒ Normal
- ☐ Abn _____

If weighed _____ gms

Blood loss
- ☐ < 500 ml.
- ☒ ≥ 500 ml.

Specify amount detail in Remarks
(_____ ml.)

Cord
- ☐ Nuchal cord x _____
- ☐ True knot
- ☒ ☐ Umbilical vessels

Cord blood: (to lab) (recog) (discard)
For: ☐ Type & Rh ☐ Coombs ☐ VDRL ☐ _____

Episiotomy ☐ None
Suture
- ☒ Median
- ☐ Mediolateral _____
- ☐ Other _____

Laceration ☐ None
☐ 1 ☐ 2 ☒ 3 ☐ 4 Degree perineal
Vaginal
- ☐ Cervical
- ☐ Uterine rupture
- ☐ Other _____

Surgical Procedures ☒ None
- ☐ Tubal ligation ☐ Curettage
- ☐ Other _____

Delivery Data (cont.)

Delivery Anesthesia ☐ None

1 = Local 2 = Pudendal 3 = Paracervical 4 = Epidural 5 = Spinal 6 = General

	Agent Drug	Dose
4	Lidocaine	
	Agent Drug	Dose
	Lidocaine	

Administered by: Dr. Lee

Delivery Room Meds. ☐ None

	Dose	Route
Pitocin	20	IV
2316	Cleocin	
Agent Drug	Dose	Route
	Sig	A P
Agent Drug	Dose	Route
	Sig	A P

Chronology

	Date	Time	
EDC	6/25/94		
ADMIT TO HOSPITAL	6/10/94	755	A P
MEMBRANES RUPTURED	6/10	330	A P
ONSET OF LABOR	6/10	830	A P
COMPLETE CERVICAL DIL	6/11	1010	A P
DELIVERY OF INFANT	6/11	1233	A P
DELIVERY OF PLACENTA	6/11	1231	A P

Infant Data

Apgar Scores

	Heart rate	Respiration	Muscle tone	Reflex irritation	Skin color	Totals
1 min	2	2	2	2	0	8
5 min	2	2	2	2	1	9

Resuscitation ☐ None (spontaneous respiration)
- ☒ Oxygen Blow-By
- ☐ Bag and mask × 1½ min.
- ☐ Intubation
- ☐ Ext. cardiac massage
- ☐ Other _____

_____ mins. to sustained respiration

Infant Data (cont.)

Medications ☒ None
- ☐ Volume expander
- ☐ Sodium bicarbonate
- ☐ Drug antagonists
- ☐ Umbilical catheter
- ☐ Other _____

Medications checked below were administered in the delivery room. Otherwise reference the Newborn Flow Record.
- ☒ Erythromycin ½%
- ☐ $AgNo_3$ 1% or _____
- ☒ Aqueous Vitamin K IM

Admin. by: B. Kopelowicz

Initial Newborn Exam
- ☒ No observed abnormalities
- ☐ Gross congenital anomalies
- ☐ Mec. staining ☐ Trauma
- ☐ Petechiae ☐ Other

Describe _____

Basic Data

ID bracelet no. 33793
Hospital record no. _____

- ☐ Male ☐ Female
- Birth order: 1 of ☒ 2 3 4
- Weight 7# 1 oz
- Length 20
- Output
  - ☐ Urine
  - ☒ Meconium
  - ☐ Gastric _____ (ml)
- Transferred:
  - ☒ To newborn nursery
  - ☐ With mother
  - ☐ To NICU
  - ☐ _____ Date 6/11/94 Time 1233 A P
- Deceased:
  - ☐ Antepartum
  - ☐ Intrapartum
  - ☐ Neonatal (in delivery room)

Remarks: Under epidural anesthesia. Term ♀ del from VE by Mity Vac

Pediatrician/Resuscitator _____ Nurse _____

Assisting _____ Attending _____ Date completed 6/11/94

Hollister

LABOR & DELIVERY SUMMARY MATERNAL RECORD COPY 5876-4/86

TIPPIE, PATRICIA
94161-00138 CAP
F WH A1 31Y 08/12/62
OBG TAMASKER, SHOBHA R
714420 06/10/94

STANDING DOCTOR'S ORDERS
(2 PART CONSTRUCTION ONLY)

MERIDIA
EUCLID
HOSPITAL

KEY FOR DISPOSITION
1. Encircle R for Requisition
2. Encircle C for Card
3. Encircle K for Kardex
4. Write in time given for stat; one dose and pre-operative orders.
Write in D.C. when order is discontinued.

DATE/TIME	PHYSICIAN'S ORDERS & SIGNATURE Tippie	✓ Rx	DISP.			INITIALS
6/12/94	PROTOCOL FOR NORMAL VAGINAL DELIVERY		R	C	K	
			R	C	K	
1145	UP AD. LIB.		R	C	K	
	MAY SHOWER		R	C	K	
	REGULAR DIET (LACTATION DIET, IF BREASTFEEDING)		R	C	K	9
	VITAL SIGNS PER PROTOCOL		R	C	K	
	CATHETERIZE BLADDER PRN		R	C	K	
	HCT., HGB; U/A 1st P.P. DAY		R	C	K	7
	~~RHOGAM STUDIES, IF RH NEG~~		R	C	K	
	~~GIVE RHOGAM, IF INDICATED~~		R	C	K	
	~~DELADUMONE OB 2 cc IM STAT (IF BOTTLEFEEDING)~~		R	C	K	
	PERICOLACE — p.o. QHS PRN		R	C	K	
	DALMANE 30 mg p.o. HS PRN		R	C	K	
	~~EMPIRIN WITH CODEINE #3 — or — q 3-4 Hrs. PRN~~ Allergic to ASA		R	C	K	
	DARVOCET *N 100 q 3-4 Hrs. PRN		R	C	K	
	SITZ BATH b.i.d. PRN		R	C	K	7
	TUCKS PRN		R	C	K	
	~~DERMOPLAST~~		R	C	K	
	~~VITAMIN E TO BREASTS PRN (IF NURSING)~~		R	C	K	
	ENEMA PRN MGW FLEETS		R	C	K	8
	ICE PACK TO PERINEUM		R	C	K	
	~~BETADINE~~ PERIWASH b.i.d. AND PRN		R	C	K	
	NUPERCAINE TO HEMORRHOIDS PRN @ BEDSIDE		R	C	K	
	GIVE RUBELLA VACCINE, IF INDICATED		R	C	K	
	PLEASE CHECK TREATMENTS OF CHOICE		R	C	K	
			R	C	K	
	S R Tamasker		R	C	K	
6/12/94 11:00	for discharge today P.P.		R	C	K	
			R	C	K	
	S R Tamasker		R	C	K	

6/12/94

DOCTOR'S ORDERS

9116 2/89

CHART COPY

USE BALL POINT PEN

PLAINTIFF'S DEPOSITION EXHIBIT 4 4/27/99
PENGAD-Bayonne, N.J.

Obstetric Discharge Summary

HOLLISTER® maternal/newborn RECORD SYSTEM

TIPPIE, PATRICIA
94161-00138 M30
F WH AI 31Y 03/12/62
OBG TAMASKER, SHOBHA R
71
05/10/94

Reasons for admission ☒ Onset of labor ☐ Induction of labor ☐ Cesarean section ☐ Observation/evaluation
☐ Spontaneous abortion ☐ Other _____

Procedures: Prenatal — O None
☐ Amniocentesis — ☐ Toxemia mgmt. ☐ _____
☐ Cerclage — ☐ Ultrasound ☐ _____
☐ NST — ☐ _____ ☐ _____
☐ CST — ☐ _____

Procedures: Intrapartum — ☐ Spontaneous vaginal delivery
☐ Forceps (Low) (Mid) — ☐ Cesarean hysterectomy
☐ Rotation _____ to _____ — ☒ Episiotomy: MLE
☐ Breech extraction (Partial) (Total) — ☐ Uterine exploration
☐ Forceps to A.C head — ☐ Tubal ligation
☐ Cesarean. low cervical. transverse — ☐ Curettage
☐ Cesarean low cervical. vertical — ☒ Vacuum Del
☐ Cesarean. classical — ☐ _____

Procedures: Postpartum — ☒ None
☐ Transfusion _____ — ☐ RH_0 (D) Ig
☐ P P tubal ligation — ☐ Rubella Ig
☐ Curettage — ☐ _____
☐ Antibiotics — ☐ _____ _____

Complications: Operative and Postpartum — ☒ None
☐ ____° perineal laceration — ☐ Spinal headache
☐ (Vaginal) (Cervical) laceration — ☐ P.P. eclampsia
☐ Pelvic infection — ☐ Hemorrhage
☐ Urinary infection — ☐ Phlebitis
☐ Pulmonary infection — ☐ Morbidity (undetermined)
☐ Wound infection — ☐ _____
☐ _____ — ☐ _____

Discharge Diagnoses — ☒ Term pregnancy - delivered
☐ Amnionitis — ☐ Premature labor
☐ Antepartum bleeding — ☐ Placenta previa
☐ Failed induction — ☐ PROM x _____ hours
☐ False labor - undelivered — ☐ Spontaneous abortion
☐ Hyperemesis gravidarum — ☐ Toxemia of pregnancy
☐ Incompetent cervix — ☐ _____
☐ Post-date pregnancy — ☐ _____

Comments and Other Diagnoses

PLAINTIFF'S DEPOSITION EXHIBIT 5 4/27/99 PENGAD-Bayonne, N. J.

Discharge Information — Discharge date 5-11-94 at _____ AM PM

Hct	Hgb	Date

Activity — ☒ Unrestricted (or): _____
Diet — ☒ Routine (or): _____
Medications — ☒ None (or) _____ Status ☒ Well ☐ Recovery (or): _____
Instructions — ☒ Routine (or): _____
Discharge to — ☒ Home (or) _____ Follow up in 6 wks at 7318686 Signature SRTamuta

Newborn Data (for physician's reference only) ☐ Female ☐ Male (☐ Circ. ☐ No circ.) Weight _____ Length _____
☒ Home with mother (or): _____ ☐ No complications (or): _____

514

ADC

1-15-93

DATE:	INITIAL EXAM:	FIRST POSTPARTUM EXAM:
~~10-01-94~~ 10-00-94	Guimens wt 118	lmp BP 110/76
Vulva	N	
Perineum	N	
Vagina	N	
Cervix	healthy	
Vaults		
Uterus		
Discharge		
Anus		

Usual wt:

SUBSEQUENT EXAMINATIONS