

IN THE COURT OF COMMON PLEAS  
OF LORAIN COUNTY, OHIO

JASMINE MERRIWEATHER by and  
through her next Friend and  
Parent RHONDA MERRIWEATHER,  
etc., et al.

Plaintiffs,

vs.

Case No.

ELYRIA MEMORIAL HOSPITAL,

98CV120349

and

LIENGKONG SIEW, M.D.

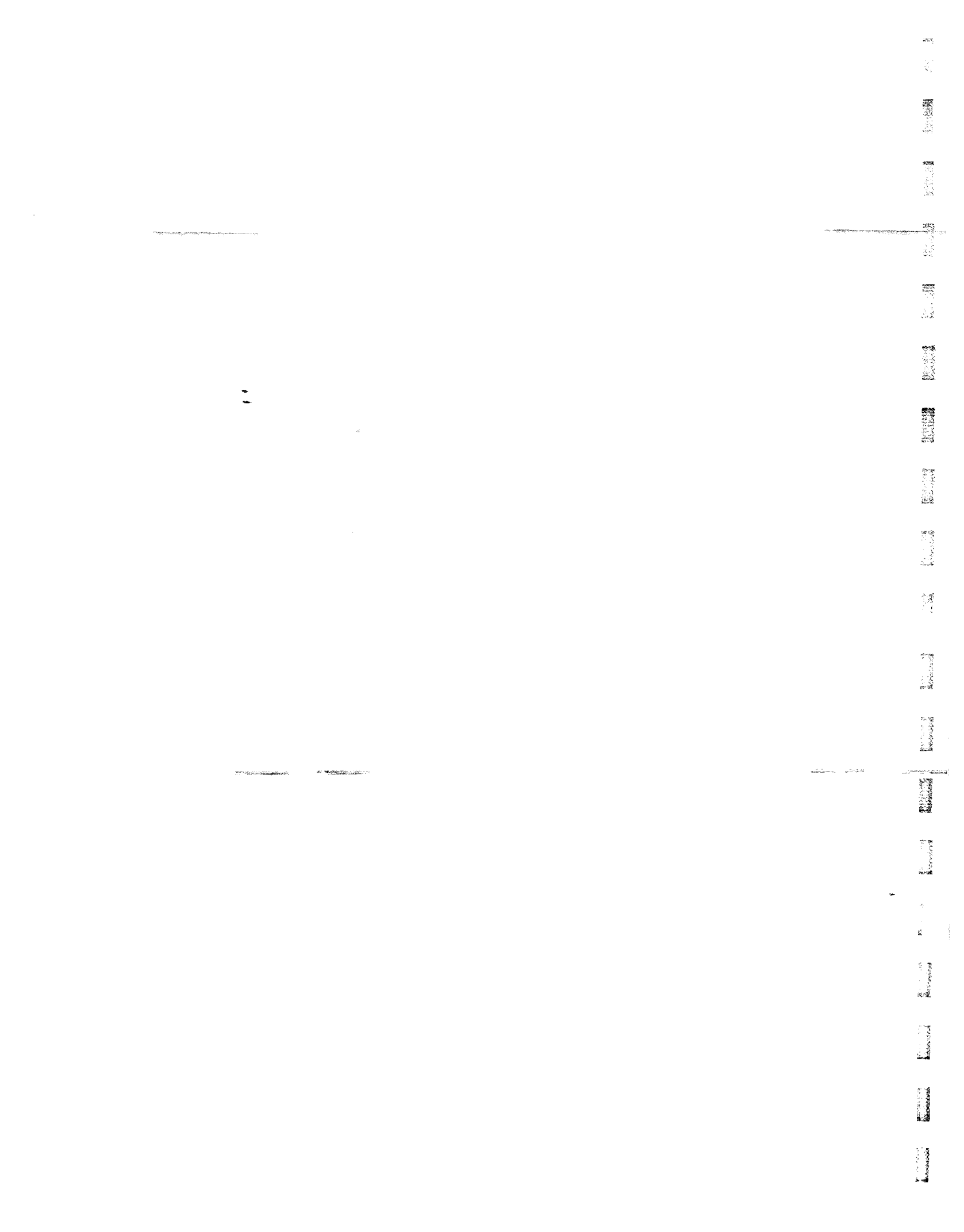
Defendants.

- - - - -

Deposition of WILLIAM J. TODIA, M.D.,  
called for examination under the statute, taken  
before me, Rebecca L. Stonerock, a Registered  
Professional Reporter and Notary Public in and  
for the State of Ohio, by agreement of counsel,  
at MetroHealth Medical Center, 2500 MetroHealth  
Drive, Room G230G, Cleveland, Ohio, on Friday,  
September 17, 1999, at 3:16 o'clock p.m.

- - - - -

RENNILLO REPORTING SERVICES  
A LEGALINK AFFILIATE COMPANY



## 1 APPEARANCES:

2  
3 On behalf of the Plaintiffs:

4 Rubenstein, Novak, Einbund

5 &amp; Pavlik, by

6 WILLIAM J. NOVAK, ESQ.

7 270 Skylight Office Tower

8 1660 West Second Street

9 Cleveland, Ohio 44113-1498

10 (216) 781-8700

11  
12 On behalf of Defendant Elyria Memorial  
13 Hospital Medical Center:

14 Weston, Hurd, Fallon, Paisley &amp;

15 Howley, by

16 JOHN W. JEFFERS, ESQ.

17 2500 Terminal Tower

18 50 Public Square

19 Cleveland, Ohio 44113-2241

20 (216) 687-3214  
21  
22  
23  
24  
25

1 APPEARANCES, Continued:

2  
3 On behalf of Defendant Liengkong Siew,

4 M.D.:

5 Mazanec, Raskin & Ryder, by

6 LYNNE K. SCHOENLING, ESQ.

7 250 Civic Center Drive, Suite 400

8 Columbus, Ohio 43215

9 (614) 228-5931

10  
11 - - - - -

1 WILLIAM J. TODIA, M.D., of lawful age,  
2 called for examination, as provided by the Ohio  
3 Rules of Civil Procedure, being by me first  
4 duly sworn, as hereinafter certified, deposed  
5 and said as follows:

6 EXAMINATION OF WILLIAM J. TODIA, M.D.

7 BY MR. NOVAK:

8 Q. For the record, could we have your  
9 name, please?

10 A. William Todia, T O D I A.

11 Q. And, Dr. Todia, I had an  
12 opportunity to get your CV prior to today. In  
13 1992, November to be specific, could you tell  
14 me what you were doing at that time?

15 A. I was working at MetroHealth  
16 Medical Center, department of obstetrics and  
17 gynecology.

18 Q. And specifically, when you say you  
19 were working, what was your position?

20 A. My position was -- well, there's --  
21 the position has not changed. There are two  
22 positions. I have an appointment as an  
23 assistant professor of reproductive gynecology  
24 at Case Western, and I have an appointment to  
25 the department of obstetrics and gynecology,

1 which is as a generalist  
2 obstetrician/gynecologist. So I have two  
3 positions, but my job at MetroHealth is  
4 primarily as a general  
5 obstetrician/gynecologist.

6 Q. When did that position commence, at  
7 what date?

8 A. 1990.

9 Q. And your residency finished up  
10 when?

11 A. 1990.

12 Q. At Metro?

13 A. No.

14 Q. Where at?

15 A. Northwestern in Chicago.

16 Q. Okay. Have you ever testified for  
17 the Weston Hurd firm before?

18 A. No.

19 Q. Have you ever done any work for Mr.  
20 Jeffers before?

21 A. No.

22 Q. Have you ever reviewed any cases  
23 for defense lawyers on behalf of the defense of  
24 litigating medical malpractice cases before  
25 today?

1 A. Yes.

2 Q. On how many occasions?

3 A. Probably 20.

4 Q. And --

5 MR. JEFFERS: You just said for the  
6 defense only.

7 A. Oh, I misunderstood. A total of  
8 probably 20. And of the 20, maybe 15 were for  
9 the defense, 12 for the defense. Some ratio  
10 like that.

11 Q. And during what period of time?

12 A. Since 1990 to the present.

13 Q. And do you know how Mr. Jeffers got  
14 your name to testify in this case?

15 A. I don't.

16 Q. And did Mr. Jeffers send you any  
17 correspondence before today regarding this  
18 case?

19 A. Yes.

20 Q. Could I see that, please?

21 A. That looks like something  
22 (handing).

23 Q. Thank you.

24 A. I can give you the --

25 MR. NOVAK: Would you mark this as

1 Plaintiff's Exhibit 1?

2 - - - - -

3 (Thereupon, Plaintiff's Deposition  
4 Exhibit 1 was marked for purposes of  
5 identification.)

6 - - - - -

7 A. I think that's all I have.

8 MR. JEFFERS: What's the date on  
9 that one, Bill?

10 MR. NOVAK: February 27, 1998.

11 MR. JEFFERS: Twenty-seven?

12 MR. NOVAK: Uh-huh.

13 Q. And then marked as Plaintiff's  
14 Exhibit 2 --

15 MR. NOVAK: Would you mark this?  
16 This is a letter dated September 3, 1998.

17 - - - - -

18 (Thereupon, Plaintiff's Deposition  
19 Exhibit 2 was marked for purposes of  
20 identification.)

21 - - - - -

22 Q. And in this letter dated February  
23 27, 1998, there's a statement here from Mr.  
24 Jeffers' office, and it's Kathleen Mulligan,  
25 RN, Legal Assistant, and the statement says,



1 "It appears that the baby had three episodes of  
2 cyanosis, hypoxia and limpness, as well as  
3 seizure activity within the first 24 hours of  
4 life. She was transferred to University  
5 Hospitals." Would you agree in general with  
6 that paragraph?

7 A. Can I read it again, please?

8 Q. (Handing.)

9 A. To my knowledge, yes.

10 Q. And then there's a letter dated  
11 September 3, 1998 at which time Mr. Jeffers  
12 enclosed University Hospital records for you.  
13 Could you read to me what the handwriting says  
14 at the bottom?

15 A. It says, "11/23/98, Discussed with  
16 Jeffers. I said I found no evidence in chart  
17 to explain the neonatal seizures - but suggest  
18 that neuro peds." What I meant by that is that  
19 a neurologic pediatrician reviewer give him  
20 that -- an opinion.

21 Q. Okay. So when you provided your  
22 report on March 19, 1998, would it be fair to  
23 state that you did not have any of the  
24 subsequent treating records on this child?

25 A. I did not have records from

1 University Hospital.

2 Q. Right.

3 A. Correct.

4 Q. And when I say "subsequent  
5 treating," that's what I mean.

6 A. Correct.

7 Q. Okay. Now, have you ever been  
8 represented in any lawsuits by the Weston Hurd  
9 law firm?

10 A. No.

11 Q. Have you ever -- are you aware that  
12 Mr. Jeffers' law firm represents MetroHealth  
13 Medical Center in medical malpractice cases?

14 A. No.

15 Q. Let me ask you, what do you  
16 perceive your role as in this case? Do you  
17 perceive your role as being giving an  
18 independent evaluation of what occurred here  
19 and your opinions, or is your perception to be  
20 one of an advocate on behalf of the defendants?

21 A. My role is to review from an  
22 obstetric point of view the obstetric care that  
23 the patient -- the mother received and to give  
24 a fair and honest assessment of that care.

25 Q. Have you ever been sued for medical

1 malpractice?

2 MR. JEFFERS: Objection. Go ahead.

3 A. Yes.

4 Q. And can you tell me on how many  
5 occasions?

6 MR. JEFFERS: May I just have a  
7 continuing objection to this?

8 MR. NOVAK: Uh-huh.

9 MR. JEFFERS: Thank you.

10 A. Two times.

11 Q. And can you tell me, if you recall,  
12 the names of those cases?

13 A. Nope.

14 Q. Do you know how they resolved?

15 A. Yes.

16 Q. Can you tell me?

17 A. They were both dismissed because  
18 the plaintiff's attorney could not produce an  
19 expert witness to say I had done anything  
20 wrong.

21 Q. Now, you've just testified a few  
22 minutes ago that you were never represented by  
23 the Weston Hurd law firm under oath. But,  
24 Doctor, there's a case that I'm aware of filed  
25 March 26, 1993 by the name of Judy Johnson

1       versus William Todia, et al. Are you familiar  
2       with that case?

3               A.       Yes.

4               Q.       In that case you were  
5       represented --

6                       MR. JEFFERS: What year was that,  
7       '93?

8               MR. NOVAK: Ninety-three.

9               Q.       You were represented by Deirdre  
10       Henry, a partner of Mr. Jeffers at the law firm  
11       of Weston, Hurd, Fallon. Do you recall that?

12              A.       No.

13              Q.       So you're telling me you don't  
14       remember who your lawyer was at that time?

15              A.       No. I never met a lawyer regarding  
16       that case.

17              Q.       If I told you that the court  
18       records reflect that you were represented by  
19       Mr. Jeffers' law firm at that time, would you  
20       have any reason to dispute the court records?

21              A.       No.

22                       MR. JEFFERS: What is the name of  
23       that one, Bill?

24                       MR. NOVAK: (Hanging.)

25                       MR. JEFFERS: Did you go through

1 this to see if there's any -- I don't know --  
2 whether there was a subsequent representation  
3 or what happened, Bill?

4 MR. NOVAK: No, I did not.

5 MR. JEFFERS: It shows --

6 MR. NOVAK: That's a different  
7 case.

8 MR. JEFFERS: I was going to say,  
9 it shows Christine Reid.

10 MR. NOVAK: That's a different  
11 case.

12 MR. JEFFERS: Oh, it is?

13 MR. NOVAK: Yeah.

14 MR. JEFFERS: You have no memory of  
15 this?

16 THE WITNESS: I remember the case.  
17 I remember it was dismissed. I remember  
18 talking to a lawyer on my behalf on the phone,  
19 and Deirdre Henry sounds familiar, but I did  
20 not know what firm she worked for. I never met  
21 the person.

22 Q. I'm going to ask you to -- by the  
23 way, do you have any notes that you prepared  
24 other than your report?

25 A. No.

1 MR. JEFFERS: Well, there's some  
2 notes on that --

3 A. Yeah, I read that paper to you,  
4 but, I mean, not any other individual ones that  
5 I have in my stack.

6 Q. I'm going to ask you if you would  
7 please refer to the Elyria Memorial Hospital  
8 chart, specifically the labor and delivery  
9 summary.

10 A. Could you show me what page you're  
11 referring to? I don't know what you're  
12 speaking of.

13 Q. This would be the page here, and  
14 it's got a number 4 on it. I have a couple of  
15 questions about that chart.

Under the cord blood there's a  
17 circle that says "refrigerated." And according  
18 to information given to us by Mr. Jeffers on  
19 Wednesday, it is my understanding that the  
20 hospital would have discarded that blood  
21 approximately three days after discharge?

22 MR. NOVAK: Is that right?

23 MR. JEFFERS: If there's no doctor's  
24 order to do anything with it, it would be  
25 refrigerated for three days and/or to the time

1 that the patient moves.

2 Q. Okay. I guess my question for you  
3 is this: I'm assuming as we sit here today  
4 that cord blood is no longer in existence, nor  
5 was there any analysis of that cord blood.  
6 Whose responsibility would it be to have any  
7 analysis done of that cord blood at a hospital?

8 MR. JEFFERS: Objection. Go ahead.

9 A. What kind of analysis are you  
10 referring to?

11 Q. Well, let's say, for instance, you  
12 wanted to know what the cord blood pH would be.  
13 Who customarily in a hospital setting would  
14 issue an order to determine what cord blood pH  
15 would be?

16 A. That's a test that would be ordered  
17 by the attending obstetrician.

18 Q. Okay. And with respect to any  
19 analysis of the placenta, would your answer  
20 stand the same?

21 MS. SCHOENLING: Note my objection.

22 A. The placental pathology would also  
23 be done at the request of the attending  
24 physician.

25 Q. Okay. Now, when I look at this

1 labor and delivery summary and we look at the  
2 column that says, "Labor summary," there's a  
3 check box for meconium; is that right?

4 A. Where are you looking?

5 Q. First column. Do you see that  
6 there?

7 A. Uh-huh.

8 Q. You would agree with that, right?

9 A. Yes.

10 Q. And then under "Delivery Data,"  
11 under the column there's a subheading for  
12 "Cord," then it says, "Nuchal cord times one,  
13 true knot times one," and then parenthesis  
14 "(loose)." Do you see that there?

15 MR. JEFFERS: I couldn't hear the  
16 last one.

17 MR. NOVAK: I'm basically reading  
18 from here, John.

19 MR. JEFFERS: I didn't hear what  
20 you said after "true knot."

21 MR. NOVAK: "True knot times one  
22 (loose)."

23 MR. JEFFERS: Oh, okay.

24 Q. And then it also says. "Suctioned  
25 for meconium below cords per G. Thomas, RN."



1 That's in the last column. Do you see that?

2 A. Yes.

3 Q. And then there's also a box for  
4 gross congenital anomalies. Is there any  
5 checkmark in that box?

6 A. Show me where you're looking. I  
7 don't know where the --

8 Q. There's a box that says, "Gross  
9 congenital anomalies." Do you see that?

10 MS. SCHOENLING: Which column is it  
11 in?

12 MR. NOVAK: Last column.

13 MR. JEFFERS: Under "Initial  
14 newborn exam."

15 MR. NOVAK: Right.

16 MS. SCHOENLING: Thank you.

17 ~~A.~~ No, I don't see any checkmark  
18 there.

19 Q. Okay. And if there was a gross  
20 congenital anomaly, you would certainly expect  
21 Dr. Siew to mark that box there, wouldn't you?

22 MR. JEFFERS: Objection.

23 A. This was not completed by Dr. Siew.

24 Q. Well, Dr. Siew's signature signs  
25 off on that, does he not?

1           A.     I don't see a signature of any  
2     doctor on this sheet.

3           Q.     I think we'll all agree that the  
4     signature which is there --

5           A.     Was his signature?

6           Q.     -- is Dr. Siew's, yes,

7           A.     All right. I didn't know that was  
8     the signature.

9           MR. JEFFERS: Lynne?

10          MR. NOVAK: Would you agree, Lynne,  
11     that that's Dr. Siew's signature?

12          MS. SCHOENLING: Well, I would just  
13     preserve my objection for the record. I'm not  
14     going to agree that this is his because I don't  
15     remember what he testified to with respect to  
16     this page.

17          Q.     I want you to assume that that's  
18     Dr. Siew's signature. Would it be fair to  
19     state that either the nurse who signs it below  
20     or whoever's responsible for preparing this  
21     labor and delivery summary, if they noticed a  
22     gross congenital anomaly, they would check that  
23     off, wouldn't they?

24          MS. SCHOENLING: Objection.

25          A.     Probably.

1 Q. Okay. And then there is -- I'm  
2 going to turn over to the infant's chart for a  
3 minute, page 37. And instead of having to turn  
4 over, let me just, ask you real quick --

5 MR. JEFFERS: Well, wait a minute.  
6 He wants to see what you're doing.

7 Q. Tell you what I'll do, I'll pull it  
8 out to save you time. Page 37 is a Lubchenco  
9 chart for the weight percentiles, the length  
10 percentiles and the head circumference. Do you  
11 see those there?

12 A. Yes, I do.

13 Q. And would you agree with me that  
14 with respect to the head circumference  
15 percentiles, that is within a category that's  
16 considered appropriate for gestational age; is  
17 that correct?

18 MR. JEFFERS: Object.

19 A. I'm not -- I don't feel qualified  
20 to decide. This is a pediatric record and I'm  
21 not a pediatrician.

22 Q. Okay. But would you agree that  
23 what you're looking at there in the boxes that  
24 are marked off on the page would indicate,  
25 "Appropriate for gestational age"; is that

right?

2           A.       I'd agree someone checked off the  
3       column, "Appropriate for gestational age," but  
4       I can't make an independent judgment if that's  
5       correct or not.

6           Q.       I understand that. You are aware  
7       that this infant was delivered under conditions  
8       of fetal distress; is that correct?

9           A.       That's incorrect.

10          Q.       Well, Doctor, I'm going to refer  
11       you, while you're in the infant's chart, to the  
12       initial newborn profile, page four, and I'll  
13       ask you to turn to that.

14          A.       Which chart is this in? The  
15       newborn chart?

16                   MR. JEFFERS: It's one we had just  
17       a moment ago.

18          A.       Okay.

19          Q.       Do you see under "Newborn data," it  
20       indicates, "Intrapartum problems identified.  
21       Number 1, fetal distress"?

22                   MR. JEFFERS: Where are we looking?

23                   THE WITNESS: (Indicating.)

24          Q.       Number 2, meconium fluid. Do  
25       you agree what is written down there on the

1 hospital chart prepared by Mr. Jeffers'  
2 client --

3 MS. SCHOENLING: Which page are we  
4 on? I'm sorry.

5 MR. NOVAK: Page four, initial  
6 newborn profile.

7 MS. SCHOENLING: Thank you.

8 Q. Do you agree with the assessment  
9 that says, "Fetal distress"?

10 A. No.

11 Q. So you disagree with what someone  
12 saw on 11/11/92 at 1:30 p.m. and 1:10 p.m.  
13 under the "Newborn Data" box marked as "fetal  
14 distress"? You disagree with that, right?

15 A. That's correct.

16 Q. So you feel as you sit here today  
17 that you are in a better position to determine  
18 whether or not there was fetal distress; is  
19 that correct?

20 MR. JEFFERS: Objection; that's  
21 argumentative now.

22 MR. NOVAK: I'm just asking if he  
23 feels he's in a better position.

24 MR. JEFFERS: No, because this is  
25 somebody else writing it down and we don't know

1 who wrote that down. Maybe the nurse was  
2 wrong.

3 MR. NOVAK: I understand.

4 Q. Doctor, I'm asking you a question.  
5 Someone on November 11 wrote down "fetal  
6 distress," and you're sitting here  
7 approximately seven years later, and my  
8 question for you is do you feel as you sit here  
9 today you're in a better position to evaluate  
10 whether or not this infant had fetal distress  
11 versus the person who wrote this down?

12 A. Yes.

13 Q. Now, are you aware that this  
14 newborn had bruises on its face?

15 A. Yes.

16 Q. Are you aware that this newborn had  
17 thick meconium suctioned?

18 A. No.

19 Q. Looking back at that chart, do you  
20 see the notation under "Detail abnormal  
21 findings" the notation, "Thick meconium  
22 suctioned below the cords times 4"?

23 A. I've seen the chart marked  
24 "meconium," but I've not seen "thick meconium."  
25 Could you show me what you're referring to? I

1       could not read the --

2               Q.       Right there.

3               A.       Okay. Now, I see it. I never had  
4       seen the -- I never had seen the "thick"  
5       before. Okay. I believe that.

6               Q.       But it does, in fact, say "thick  
7       meconium," doesn't it?

8               A.       Yes, I agree.

9               Q.       You would agree with me that thick  
10       meconium is certainly different than just  
11       meconium fluid?

12              A.       There are grades of meconium, and  
13       thick is one of the grades. It can be thin  
14       meconium or it can be thick meconium.

15              Q.       From the standpoint of fetal  
16       stress, can you tell me what your understanding  
17       is of the significance of thick meconium?

18              A.       Thick meconium can be an indicator  
19       of fetal stress, but as an independent  
20       variable, meconium alone does not correlate  
21       with fetal distress.

22              Q.       Right. We have to look at all of  
23       the factors considered to come up with that  
24       kind of an analysis; is that right?

25              A.       That's correct.

1 Q. Okay. But you would agree that  
2 thick meconium as has been described in this  
3 chart is an indicator; is it not?

4 A. No, I didn't say that.

5 Q. Is one of the indicators?

6 A. I didn't say that. I said it is  
7 not correlated, it is not an independent  
8 indicator. Thick meconium alone does not  
9 indicate fetal distress.

10 Q. That's not my question. Let me try  
11 to put it a little differently.

12 MR. JEFFERS: You said, "Didn't you  
13 just say," and he just said, "I did not say."

14 Q. No, a factor. Can it be a factor  
15 in looking at a picture of a fetus that was in  
16 distress?

17 MR. JEFFERS: Objection.

18 Q. A factor.

19 MR. JEFFERS: That's not a complete  
20 sentence.

21 A. I'm not sure I understand the  
22 question.

23 Q. Well, would you agree with me that  
24 thick meconium can be found in fetuses that  
25 have distress?



1 A. Yes.

2 Q. Okay. And we have to look at other  
3 factors in looking at a total picture to  
4 determine whether or not a fetus had distress;  
5 is that right?

6 A. Yes. Meconium can be found in 99  
7 percent of patients -- of fetuses who do not  
8 have distress. So it is --

9 Q. Right. But would you agree with me  
10 that as this chart is written, it does indicate  
11 under "Newborn Data" that this fetus had  
12 distress?

13 A. No, this chart indicates that  
14 someone who I'm not even familiar with the  
15 signature wrote "fetal distress."

16 Q. Right. That's what I'm saying.  
17 Somebody wrote down "fetal distress" here,  
18 didn't they?

19 A. Right.

20 Q. Okay. Now, let's talk about Apgar  
21 scores for a few minutes. Those are  
22 subjective, aren't they?

23 A. Everything in medicine is  
24 subjective.

25 Q. Well, pH of cord blood isn't

1 subjective, is it?

2 A. Sure.

3 Q. Well, that's a scientific test,  
4 isn't it?

5 A. It's subjective because it has to  
6 be -- the test has to be performed by someone  
7 and then interpreted, Just like every test in  
8 medicine is -- there's no perfect test.

9 Q. Well, are you telling me, then,  
10 that you can get a false positive on -- that's  
11 the wrong word. Are you telling me that a lab  
12 test that's run on cord blood has a certain  
13 element of inaccuracy to it?

14 A. Yes, it does.

15 Q. Okay. Why don't you tell me what  
16 the range is for cord bloods plus and minus.

17 A. I'm not a pathologist, but there  
18 are ranges of accuracy of every machine that  
19 performs laboratory tests. But I cannot tell  
20 you off the top of my head what the range is  
21 for the machine that performed the cord pH.

22 Q. Well, do you look at -- I'm sorry.

23 A. Go ahead.

24 Q. Do you look at cord pH's on a  
25 regular basis in your practice?

1 A. Yes.

2 Q. Would you anticipate and expect  
3 that the results of those lab tests that you  
4 get back are accurate?

5 A. It depends on what you mean by  
6 "accurate."

7 Q. Well, in other words, if you get a  
8 7.0, don't you expect that to mean what the 7.0  
9 means?

10 A. Not always. It's taken in context  
11 with all of the data available. And there are  
12 times when 7.0 cord pH is inaccurate. There  
13 are mistakes. There are -- there are reasons  
14 why the test is not perfect, for a lot of  
15 reasons; how the sample was taken, how it was  
16 carried to the lab, who performed it in the  
17 lab, how the machine was calibrated.

18 So there are times when you get a  
19 result to any test in medicine which is  
20 inaccurate and which you have to discard  
21 because the whole picture does not add up.

22 Q. Okay. So I guess what you're  
23 telling me, then, is that if we had a blood gas  
24 taken on this infant at 1359 hours and it came  
25 back at 7.21, that's possible that it could

1 have been lower than that?

2 MS. SCHOENLING: Objection.

3 MR. JEFFERS: Object.

4 A. Anything's possible, but I don't  
5 think that that's relevant to that pH.

6 Q. Well, I guess my question is a few  
7 minutes ago you just told me that there can be  
8 inaccuracies based upon the way the lab data is  
9 it arrived at, and my question for you is do  
10 you have any idea as to how they arrived at the  
11 7.21 at 1359 hours?

12 MS. SCHOENLING: Talking about  
13 arterial blood gases?

14 MR. NOVAK: Right.

15 A. That were drawn on the newborn.  
16 No, I don't have any idea. I'm not familiar  
17 with the pathology laboratory at Elyria  
18 Hospital.

19 Q. Okay. So I guess my question is  
20 that based upon the way it's done, the way it's  
21 collected, the way it's turned over to the lab,  
22 could be that the lab result for the pH could  
23 have been lower than the 7.21; isn't that  
24 right?

25 MS. SCHOENLING: Objection.

1 MR. JEFFERS: Objection.

2 A. Anything's possible, but that's a  
3 ridiculous question. This all started by  
4 saying aren't Apgar scores subjective, and I  
5 said that everything in medicine is subjective  
6 to interpretation. And now we're on cord pH's  
7 and whether I know whether the result of the  
8 7.21 is accurate or not.

9 Q. Well, do you know whether or not  
10 it's accurate?

11 A. I don't have independent  
12 information about the accuracy of that. I have  
13 to take it in context with everything else that  
14 was going on.

15 Q. As you sit here today, do you have  
16 any reason to believe that the 7.21 that's  
17 recorded at ~~1359 hours~~ was inaccurate?

18 A. Just as I think that I've no reason  
19 that the Apgars of 6 and 8 would be inaccurate,  
20 I don't have any reason to believe the 7.21 was  
21 inaccurate either.

22 MR. JEFFERS: Stop. Please read  
23 that back.

24 MR. NOVAK: I heard it.

25 MR. JEFFERS: I know. I think I

1 heard it and I think you heard it, and I'm  
2 asking her to read it back, which is my right,  
3 and I'm having it read back.

4 MR. NOVAK: Okay.

5 (Record read.)

6 Q. So, Doctor, I guess my question for  
7 you is, then, you don't have any reason to  
8 believe the 6 or the 8 are inaccurate?

9 A. Correct.

10 Q. You don't have any reason to  
11 believe that the 7.21 is inaccurate, right?

12 A. Correct.

13 Q. But you don't think that the words  
14 "fetal distress" written here are accurate, do  
15 you?

16 A. No, I do not.

17 Q. Did you ever talk to any of the  
18 personnel at Mr. Jeffers' hospital that were  
19 deposed in this case?

20 A. No.

21 Q. Did you ever speak to any  
22 individuals involved in the care of Rhonda  
23 Merriweather or Jasmine Merriweather?

24 A. No, I have not.

25 Q. So your only opinion as to whether

1 or not these recordings are accurate or  
2 inaccurate is based upon a review of the chart  
3 seven years later; is that right?

4 A. That's correct. .

5 Q. And, in fact, as we sit here today,  
6 you didn't even know that there was thick  
7 meconium suctioned four times below the cords  
8 until I pointed it out to you; isn't that  
9 right?

10 MS. SCHOENLING: Objection.

11 A. I did know that there was meconium,  
12 but I did not know that the word "thick" was  
13 included.

14 Q. Right, Now, I want to ask you a  
15 little bit -- you've taken a look at this  
16 chart. Do you see any progress notes written  
17 by Dr. Siew between the time that this patient  
18 enters the hospital and commences labor up  
19 until the time she delivers?

20 A. No, I don't recall any. I don't  
21 recall seeing any.

22 Q. Would it be fair to state that as  
23 we sit here today, we have absolutely no idea  
24 of what Dr. Siew's sense impressions were and  
25 mental thought processes were regarding the

1 care and treatment of this patient during her  
2 labor?

3 MR. JEFFERS: From the record only?

4 MR. NOVAK: From the record. From  
5 the record.

6 MR. JEFFERS: Because he's also had  
7 in front of him Dr. Siew's deposition.

8 MR. NOVAK: I'm talking about the  
9 record.

10 MR. JEFFERS: I just want to make  
11 sure, because you should know that he has seen  
12 Doctor -- I don't know whether he's read it  
13 all, but he's seen it.

14 MS. SCHOENLING: If the question is  
15 do we have any information from the totality of  
16 the record as to Dr. Siew's thought processes  
17 from the time of labor until the delivery -- is  
18 that the question?

19 MR. NOVAK: Right.

20 MS. SCHOENLING: Note my objection  
21 to the question.

22 MR. JEFFERS: Also, if we're  
23 getting into the realm of his evaluation of Dr.  
24 Siew, he wasn't retained for that purpose, but  
25 go ahead. Just so you know.



4 Q. Okay. Now that they've made that  
2 objection, is there any mention anywhere in the  
3 chart -- any writing by Dr. Siew indicative of  
4 his thought processes regarding the care and  
5 treatment of this patient during her labor?

6 MS. SCHOENLING: Objection.

7 A. I don't find any notes by Dr. Siew  
8 of the -- about the patient during labor. So  
9 that's the answer to the question.

10 Q. You train residents in OB/GYN here,  
11 do you not?

12 A. Yes.

13 Q. Would you agree with the general  
14 statement that meticulous recordkeeping by an  
15 OB/GYN is very important, isn't it?

16 A. It's something that I try to teach,  
17 yes.

18 Q. An OB who doesn't write any notes  
19 during an entire period of labor, would you say  
20 that that comports with meticulous  
21 recordkeeping?

22 MR. JEFFERS: Object.

23 MS. SCHOENLING: Join in the  
24 objection.

25 MR. JEFFERS: Go ahead.

1 A. No, it's not meticulous.

2 Q. Are you familiar with Dr. O'Grady,  
3 who is going to testify in this case?

4 A. Only from reading his expert  
5 report, but not -- I have no other personal  
6 knowledge of him.

7 Q. Did you ever know him when he was  
8 here in Cleveland?

9 A. No.

10 Q. Have you ever read his book on  
11 Operative Obstetrics?

12 A. No, I have not.

13 Q. In your library, do you have  
14 Williams on Obstetrics?

15 A. Yes.

16 Q. Do you have Kreasy on Maternal  
17 Medicine?

18 A. Yes.

19 Q. Let me ask you a question, because  
20 Dr. O'Grady is going to be an expert in this  
21 case. I want to ask you, in a preface to the  
22 book he wrote he has a statement here, and it  
23 says --

24 MR. JEFFERS: This is the book  
25 that's written subsequent to this case?

1 MR. NOVAK: Right. This is the  
2 immortal book.

3 MR. JEFFERS: This is in 1990 when?

4 MR. NOVAK: Right.

5 MR. JEFFERS: No, 1990 when?

6 MR. NOVAK: Five.

7 Q. "In the preparation of this text,  
8 our purpose is to promote thoughtful,  
9 compassionate, and technically and ethically  
10 competent clinical medicine with close  
11 attention to patient communication and  
12 meticulous recordkeeping." You'd agree with  
13 that in general, wouldn't you --

14 MS. SCHOENLING: Objection.

15 Q. -- about meticulous recordkeeping?

16 MS. SCHOENLING: Objection.

17 A. I'd like to read the paragraph in  
18 context, please. Do you want to read it to me?

19 Q. Sure.

20 MR. JEFFERS: Why don't you just  
21 hand it to him?

22 MR. NOVAK: Sure.

23 A. I've never seen the book, so --

24 Q. It's pretty good. You ought to  
25 take a look at it. Tells doctors how to stay

1 out of trouble.

2 A. We could all use that.

3 MR. JEFFERS: Don't respond to his  
4 comments.

5 A. Would you like me to read the rest  
6 of this in the record? "It is not possible to  
7 practice obstetric without complications with  
8 either damaged infants or mothers. The  
9 unfortunate result seems to speak very clearly  
10 to this case,"

11 "While the majority of these  
12 problems prove to be of trivial consequence,  
13 some are potentially serious. Some rarely will  
14 prove fatal. These misadventures can be  
15 prevented while others remain unavoidable. The  
16 only certain statement is that any serious  
17 injury to mother or infant could be subjected  
18 to peer and usually legal review."

19 He then goes on to say, "In  
20 preparation of this text, our purpose is to  
21 promote thoughtful, compassionate, and  
22 technically and ethically competent clinical  
23 practice with close attention to patient  
24 communication and recordkeeping."

25 So I would agree with the intent of

1       this preface. It seems to be good common sense  
2       for all medical practice.

3               Q.       While we're on the issue of  
4       meticulous medical records, is there any  
5       indication in the chart between the hours of  
6       9:30 and the time when Dr. Siew comes back to  
7       see this patient at approximately noon that any  
8       of Mr. Jeffers' nurses contacted Dr. Siew?

9               A.       I'd have to look at the nursing  
10       notes.

11                       8:30 a.m. there's a note, "Dr. Siew  
12       notified." 9:30 a.m. there's a notation that  
13       says, "Dr. Siew here to check patient." I  
14       can't remember the time parameters you gave me  
15       in the question.

16                       MR. JEFFERS: Nine-thirty and noon,  
17       Bill?

18                       MR. NOVAK: Uh-huh.

19               A.       It appears to be the next note  
20       about Dr. Siew is 12 something, maybe 12:10. I  
21       can't read the -- "Dr. Siew here. Internal  
22       monitor placed."

23                       I'd also need to look at the  
24       tracings because there were some notations on  
25       the tracings that I don't know if there was --

1 I can't remember what they said about Dr. Siew.

2 "8:30, 4 CM, vaginal exam per Dr.  
3 Siew." So that means Dr. Siew was there then.

4 MR. JEFFERS: What time?

5 THE WITNESS: Eight-thirty a.m.

6 A. I don't see any other notations  
7 until the 12:10 notation that I read.

8 Q. Okay. So my question, then, is  
9 between the hours of 9:30 and 12:10, at no time  
10 did any of the nurses at Elyria Memorial  
11 Hospital notify Dr. Siew, at least as far as  
12 the record reflects, regarding this patient's  
13 condition?

14 A. None that I'm aware of.

15 Q. Okay. Now, I'd like to look at the  
16 fetal heart strips, if we could, and I'd like  
17 to start at the beginning of the strips. Now;  
18 would it be fair to state that --

19 MR. JEFFERS: You're starting at  
20 65404?

21 MR. NOVAK: Right.

22 Q. Would it be fair to state that  
23 virtually all the literature, including  
24 Williams on Obstetrics, indicates that a normal  
25 baseline fetal heart rate is between 120 and

1 160?

2 A. Yes.

3 Q. Now, looking at 65404 and 05, would  
4 you agree with me that that baseline is above  
5 160?

6 A. Yes.

7 Q. And that baseline continues above  
8 160 for 06, 07 and 08; isn't that correct?

9 A. Yes.

10 Q. And then on 09 it continues above  
11 160, doesn't it?

12 A. Yes.

13 Q. And 10 it's above 160, isn't it?

14 A. Uh-huh.

15 Q. And then we see some variability on  
16 11. Do you see that there?

17 A. I see variability all the way from  
18 65404. So if you want to point out what you're  
19 referring to -- I'm not sure what you're  
20 referring to.

21 Q. Well, just in general there's  
22 variability on 11. Because we do have  
23 periods --

24 A. There's variability -- I don't  
25 understand the question.

1           Q       Well, we'll get to that in a  
2       minute, but what would you say the baseline is  
3       on 11?

4           A.       It looks like the baseline is about  
5       160.

6           Q.       And then at 12 we have a baseline  
7       above 160 again, don't we?

8           A.       Yes.

9           Q.       At 13 we're above 160?

10          A.       Uh-huh.

11          Q.       At 14 we're above 160?

12          A.       I think so.

13          Q.       Now, 12 and 13 represent somewhat  
14       diminished variability, don't they?

15                 MR. JEFFERS: Which numbers, Bill?

16                 MR. NOVAK: 12 and 13.

17          A.       I would define it as minimal  
18       variability in those panels. Variability is  
19       taken over a period of time, so it's difficult  
20       to -- to do variability by each minute is  
21       incorrect.

22          Q.       Now, 15, 16 and 17, would you agree  
23       that the baseline is still above 160?

24          A.       No, it looks like it's at about  
25       160. Maybe we're quibbling over 160 or 162.



1 It appears to be -- baseline is a mean heart  
2 rate, and so it appears to be right around 160.  
3 Maybe it's 162.

4 Q. Now, 18 and 19 and 20, baseline  
5 above 160?

6 A. On 18, 19, 20, yes.

7 Q. Okay. Now, 21, 22, 23, right at  
8 about 160; is that right?

9 A. Looks like that, yes.

10 Q. And then 24, 25 and 26; pretty much  
11 the same at about 160?

12 A. Yes.

13 Q. And 27, 28, 29, the same?

14 A. At 27, 28, 29, yes.

15 Q. Same with 30. And then at 31 and  
16 32 would you give me your impression of what  
17 the baseline is there?

18 A. Could you repeat the question?

19 Q. Yeah. At 31 and 32, what's your  
20 impression of what the baseline is?

21 A. Still looks like about 160 as an  
22 average. Maybe 155. It's been -- there's a  
23 moderate variability and an acceleration, so  
24 it's difficult to average it out over two  
25 minutes.

1 Q. Now, at 34 and 35 and 36 --

2 MR. JEFFERS: Which ones?

3 Q. At 34, 35 and 36 we are once again  
4 above 160, are we not?

5 A. At 34, 35 and 36, that's hard to  
6 average. It's going to be -- there's moderate  
7 variability in this area, which makes it  
8 tougher to say. It may be 165. It's 160 to  
9 165. It's -- yeah, maybe it's 165. It's hard  
10 to average in that short a time.

11 Q. We had some recordings at that time  
12 that were almost as high as 180; isn't that  
13 right?

14 A. It looks like it was 180 one second  
15 is the only one I see.

16 Q. Okay. And then --

17 A. That looks like it's part of the  
18 moderate variability I'm speaking of.

19 MR. JEFFERS: And you're responding  
20 to his questions not by looking at the broad  
21 spectrum of the graph, but only by looking at  
22 the sections he's asking for --

23 A. Correct.

24 Q. Correct. If we go to 36, 37 and  
25 38, it appears that we are above 160; isn't

1       that right?

2               A.       For times -- you mean is the  
3       baseline above 160?

4               Q.       Yes.

5               A.       It looks like it averages out to  
6       165. I don't see an appreciable change there.

7               Q.       And at about 9:30, which is panel  
8       36; according to the chart, Dr. Siew was there;  
9       is that right?

10              A.       Panel 36, did you say?

11              Q.       Yes.

12              A.       I believe that's what the note said  
13       in the nurses note. Yes, "Dr. Siew here to  
14       check patient."

15                      MS. SCHOENLING: This is at 9:30?

16                      MR. NOVAK: Yes.

17              A.       At 9:30 that's what the note  
18       indicates.

19              Q.       Now, panels 39, 40 and 41, can you  
20       tell me what your interpretation of those is of  
21       the baseline there?

22              A.       At 39, 40 and 41? Okay. It goes  
23       to -- looks like it's, again, about 160. At  
24       160, maybe 162. Between 160 and 165.

25              Q.       And then 42, 43, 44?

1 A. One sixty.

2 Q. And how about 45, 46, 47?

3 A. I'm going to say 160 again.

4 Between 160 and 165.

5 Q. And how about 48, 49 and 50?

6 A. Same. No appreciable change.

7 Q. Now, when I look at panels 51, 52,  
8 53, would you agree with me that we are  
9 beginning to see some change?

10 A. Tell me the panel numbers again:  
11 I'm sorry.

12 Q. On 51, 52 and 53.

13 A. Change in what? I don't know what  
14 you're asking.

15 Q. Well, you're talking around 160.  
16 We're seeing a change now above 160; isn't that  
17 right?

18 A. No, I don't agree.

19 Q. All right.

20 A. I think you're seeing moderate  
variability and accelerations. Accelerations  
are not a change in the baseline. They're a  
23 sign of good fetal oxygenation. They're a  
24 reassuring part of the strip. They do not --  
25 and that's what you're seeing in those areas is

1 moderate variability with fetal accelerations,  
2 over-15-beat-per-minute accelerations for 15  
3 seconds or more.

4 Q. Okay. Now, when we see these  
5 accelerations to 180 --

6 MR. JEFFERS: Where are we talking  
7 about?

8 MR. NOVAK: On 51, 52 and 53.

9 A. Uh-huh.

P0 MS. SCHOENLING: Objection. Just  
11 note my objection. I don't think that we see  
12 180 on each of those panels, but go ahead.

13 MR. JEFFERS: You mean because  
14 there's none on 52?

15 MR. NOVAK: But there is on 51.

16 MR. JEFFERS: Yeah, but in your  
17 question you said all three.

18 MS. SCHOENLING: You said 51, 52  
19 and 53.

20 Q. Here, my question is on 51, 52, 53  
21 where you have accelerations to 180, do you  
22 feel comfortable with those accelerations?

23 A. Very comfortable. That's a very  
24 good sign.

25 Q. Even though the baseline at this

1 point has been generally around 160 or above?

2 A. That meets the definition for  
3 acceleration. A greater-than-15-beat  
4 acceleration from baseline lasting for more  
5 than 15 seconds is a reassuring sign on a fetal  
6 monitor strip of good fetal oxygenation.

7 Q. All right. Now, panels 54, 55, 56,  
8 would you agree the baseline's above 160?

9 A. It's again about 160 with the  
10 accelerations, 163, maybe 162. I don't think  
11 there's appreciable change in it.

12 Q. Panels 57, 58, 59, above 160?

13 A. 57, 58, 59 was the question?

14 Q. Uh-huh.

15 A. No change.

16 Q. Above 160?

17 A. Yes, same as it was in the previous  
18 panels.

19 Q. And panels 60, 61, 62, above 160?

20 A. It's 163. Looks like the same to  
21 me.

22 Q. And panels 63, 64, 65, above 160?

23 A. 63, 64 and 65?

24 Q. Yes.

25 A. Baseline's still 163, 165,

1 something in that same range, same baseline.

2 Q. Now, we're at a time period that,  
3 according to the labor and progress chart,  
4 would be when Nurse Lanser at 10:30 writes down  
5 for baseline fetal heart rate 160's, 170's, and  
6 at 11:00 writes down 160's, 170's. Given what  
7 her interpretation is, 160's, 170's, do you  
8 feel that her interpretation is accurate?

9 A. I need to see the note where you're  
10 speaking of her writing it down. I don't have  
11 that page.

12 Q. (Indicating.)

13 A. Thank you. So this says at 10:30  
14 -- okay, baseline, heart rate. And then at  
15 11:00 was the second part of your question?

16 Q. Right. And she writes down 160's,  
17 170's.

18 A. Yes, I think the baseline was  
19 between 160 and 170 at those two times.

20 MS. SCHOENLING: I'm sorry, your  
21 answer was that it was accurate?

22 THE WITNESS: My answer was, yes,  
23 that it was accurate, that the baseline was  
24 between 160 and 170 at those two times.

25 Q. Now, 69, 70, 71 --

1 MR. JEFFERS: We were just now  
2 referring to 66, 67 and 68.

3 MR. NOVAK: Right. Now I'm on 69,  
4 70, 71.

5 Q. Baseline?

6 A. It has not changed. It's the same.

7 Q. Okay. And 72, 73, 74, baseline?

8 A. Again, I don't see an appreciable  
9 change.

10 Q. So we're still over 160; is that  
11 right?

12 A. 163 it looks like to me. Between  
13 160 and 165, yep.

14 Q. Okay. And panels 75, 76, 77,  
15 baseline?

16 A. I think it's the same. Unchanged.

17 Q. Okay. Now, at any time between the  
18 time that Dr. Siew saw this patient at 9:30 and  
19 up through panel 65477, which would take us up  
20 to a little past 11:30, are you aware of  
21 anytime when Nurse Lanser or any other nurse  
22 notified Dr. Siew that this patient never came  
23 below 160 as a baseline?

24 MS. SCHOENLING: From 9:30 to  
25 11:30?



1 MR. NOVAK: Yes.

2 A. I don't see any -- I'm not aware of  
3 any written indication in the charts that there  
4 was a conversation between the two of them.

5 Q. And I'd like you to assume, also,  
6 that neither one of these individuals have any  
7 independent recollection of any conversations  
8 that took place at that time. Do you  
9 understand that?

10 A. I can't assume that. I don't know  
11 that's true or not.

12 Q. Well, did you read the depositions  
13 of these individuals?

14 A. I don't recall either of them  
15 saying that either way.

16 Q. I want you to assume that the  
17 records reflect that neither one of them have  
18 any independent recollection other than what is  
19 in the chart. Can you assume that?

20 A. No. How can I assume something I  
21 don't know if it's true?

22 Q. I'm asking you to --

23 MR. JEFFERS: Bill, he's already  
24 stated he doesn't see that there was any  
25 communication between 9:30 and 12:00 or 12:10,

1       whatever that is. So why do you keep going  
2       with this?

3               O.       And you would agree with me that  
4       the text such as Williams on Obstetrics --

5               MR. JEFFERS: The what?

6               MR. NOVAK: Williams on Obstetrics.

7               O       -- which you use as a teaching text  
8       here at this hospital; isn't that right?

9               ^       It's one of many sources of  
10       information we use, yes.

11              Q       It's a reliable authority, isn't  
12       it?

13              ^       It's informative. It's not --  
14       nothing is the authority in obstetrics.

15              ^       Right. But it's something that you  
16       people rely on in obstetrics?

17              A.       O. We rely -- we take all  
18       information, not just one textbook.

19              ^       No, I understand that.

20              ^       One is one. Williams is one of  
21       the --

22              Q.       Right.

23              ^       - textbooks that I read and that I  
24       incorporate into the body of knowledge that  
25       lets me practice obstetrics.

1 Q. Okay. And you would agree with me  
2 that the baseline in Williams for a normal  
3 fetus is between 120 and 160?

4 MR. JEFFERS: He's already said  
5 that is a generality.

6 MR. NOVAK: You're stipulating  
7 that, aren't you, John?

8 MR. JEFFERS: I'm stating that, in  
9 fact, you already got the answer to 120 to 160,  
10 and now we're doing this again.

11 Q. Now I'm going to ask you this  
12 question: Given that this patient's baseline  
13 exceeded 160 from the time that Dr. Siew saw  
14 this patient up until 11:30, do you see  
15 anything in there where any of Mr. Jeffers'  
16 nurses notified Dr. Siew?

17 MR. JEFFERS: You said exceeded it  
18 from that time on. I'm not sure we agreed that  
19 it exceeded 160 from that time on. I think  
20 that's a misstatement and mischaracterization  
21 of what has just been testified over a number  
22 of minutes.

23 MS. SCHOENLING: Assuming that's an  
24 objection, I'm joining in that objection.

25 MR. NOVAK: Okay. Whatever.

1 Q. Would you agree with me that there  
2 is nothing in the chart to indicate that  
3 whenever this patient had baselines above 160,  
4 Mr. Jeffers' nurses never notified Dr. Siew?

5 A. I cannot find any written record of  
6 a conversation between any nurse and Dr. Siew  
7 during that time, no.

8 Q. Okay. Now, on panel 483 --

9 MR. JEFFERS: Wait. Wait. I'm  
10 skipping. At 483?

11 MR. NOVAK: Uh-huh.

12 Q. There was a spontaneous rupture of  
13 membranes at approximately 11:50; is that  
14 right?

15 A. At 483. Let me find the right  
16 sheet. 483, 11:50, yes, the notation says,  
17 "Spontaneous rupture of membranes, clear  
18 liquid" -- "clear fluid, Nitrazine positive."

19 Q. Okay. And then when we look at  
20 panels 87, 88, 89, would you agree with me that  
21 the baseline stays at about 160?

22 A. Was it 87?

23 Q. 87, 88, 89.

24 A. It looks like it's about 160 from  
25 84, 85, 86, 87, 88, 89, yes.

1 Q. Okay. Now, when we go to panels  
2 90, 91 and 92, we see that Dr. Siew appears,  
3 according to the fetal heart strips, on panel  
4 91. And would you tell me what your  
5 interpretation of the baseline is for those  
6 panels?

7 MS. SCHOENLING: For 91, 92?

8 MR. NOVAK: For 90, 91, 92.

9 A. Appears again to be around 160 --  
10 160, maybe 165 for the same -- I don't see an  
11 appreciable change from the last -- over the  
12 last two hours.

13 Q. Now, one appreciable change we have  
14 here is that there was meconium expelled; is  
15 that right?

16 A. Note says, "Dr. Siew here. Vaginal  
17 exam, 5 centimeters. More fluid expelled,  
18 meconium stained," yes.

19 Q. Now, panels 93, 94, 95, would you  
20 agree with me that the baseline is above 160?

21 A. It looks the same. It looks like  
22 it's in that 160-to-165 range.

23 Q. And 96, 97, 98, would you agree  
24 with me now that the baseline is at about 170?

25 A. At 96, 97, 98, did you say?

1 Q. Yes.

2 A. Yeah, it looks like in that --  
3 those three panels, yes.

4 Q. Any recording there that any of Mr.  
5 Jeffers' nurses notified Dr. Siew?

6 MR. JEFFERS: There's nothing to  
7 indicate that Dr. Siew wasn't still present at  
8 that time.

9 A. I don't -- I'm not sure what time  
10 this is. Let me figure out what time it is.  
11 12:20, 21, 22 -- 28, 29, 30. What were the  
12 panels you were asking the question about? Was  
13 it 96, 97 and 98, during that time?

14 Q. Yes. Yes. Yes,

15 A. I have to look back at the nurses  
16 notes again.

17 MR. JEFFERS: Are you indicating  
18 that the testimony isn't that Dr. Siew was  
19 basically there that entire time?

20 MR. NOVAK: Say that again?

21 MR. JEFFERS: By the way, what time  
22 are those panels, 96 --

23 THE WITNESS: 12:30 is the time.  
24 12:30 would be right here. 12:30 would be  
25 right under 96, if I counted the minutes

1 correctly. I counted from the 12:20 notation,  
2 and each solid line is a minute. So I think  
3 that's 12:30, but I still -- I can't -- let me  
4 -- I'm still looking for the nurses notes.

5 MR. NOVAK: And while he's doing  
6 that, John, just so the record reflects it,  
7 your issue as to whether or not Dr. Siew was  
8 there, apparently at 12:55 there's a note that  
9 says he was notified --

10 MR. JEFFERS: Notified, right.

11 MR. NOVAK: -- so we have to assume  
12 he wasn't there.

13 MR. JEFFERS: I don't assume that.

14 MR. NOVAK: I know you don't.

15 MS. SCHOENLING: You're saying at  
16 12:45 you've got a notification on the record?

17 MR. JEFFERS: 12:55.

18 MR. NOVAK: 12:55.

19 MS. SCHOENLING: Okay. I was going  
20 to say, I don't see 12:45. Thanks.

21 A. I don't know if Dr. Siew was there  
22 or not.

23 Q. Okay.

24 A. The nurses note -- there's not an  
25 independent note that I can find about 12:30,

1 so I don't know what was said at 12:30 at that  
2 time. I don't know whether there was -- I  
3 mean, I can't find any -- I can't find any note  
4 about the time 12:30, so I don't have any  
5 information in the chart.

6 Q. I have a question for you. At this  
7 hospital, if you ordered an emergent C-section,  
8 from the time you ordered the emergent  
9 C-section up until the time of delivery, what  
10 was the average amount of time it takes?

11 MR. JEFFERS: Objection.

12 MS. SCHOENLING: Join in the  
13 objection.

14 A. I don't know. I honestly don't  
15 know what the average in this hospital is.

16 Q. Well, let me ask you in your  
17 experience, when you order an emergent  
18 C-section, how quickly do you want to get the  
19 delivery finished?

20 MS. SCHOENLING: Objection.

21 MR. JEFFERS: Objection. This is a  
22 tertiary care institution. Go ahead.

23 A. The standard of care is to perform  
24 a C-section within 30 minutes.

25 Q. But there are different kinds of



1 C-sections, aren't there?

2 A. No, that's what -- then I misspoke.  
3 The standard of care is to perform an emergent  
4 C-section within 30 minutes of the decision to  
5 perform the C-section, to have the baby  
6 delivered. That's the national standard of  
7 care.

8 Q. If you wanted to, you could do one  
9 quicker, couldn't you?

10 MR. JEFFERS: Object.

11 A. Depends on the circumstances. No,  
12 it's not if you wanted to. Unfortunately, it  
13 depends on personnel, it depends on a lot of  
14 things. So it's not a desire, it's limited by  
15 your physical constraints.

16 Q. Wouldn't it be fair to state that  
17 at this institution you've performed them  
18 within seven minutes?

19 MR. JEFFERS: Objection; that's not  
20 relevant.

21 A. I don't have any independent  
22 recollection of that. I've not -- I mean,  
23 that's possible, but I don't have an  
24 independent recollection. I've not kept a  
25 stopwatch on the time from when I've decided to

1 perform one and when the baby's been out. So I  
2 can't honestly answer you -- I can't give you  
3 an honest time of my best time ever performing  
4 a C-section.

5 Q. How many babies do you deliver a  
6 year?

7 A. About 100. Maybe between 100 and  
8 150.

9 Q. And out of those 100 to 150, how  
10 many of those are C-sections?

11 A. Twenty to twenty-five.

12 Q. And out of that --

13 A. It's about 15 percent, yeah.

14 Q. And out of that 20 to 25, how many  
15 of those are emergent C-sections?

16 MR. JEFFERS: Object to what his  
17 experience is.

18 MR. NOVAK: Are you telling me he  
19 doesn't have any, John?

20 MR. JEFFERS: No, I'm just  
21 saying --

22 MS. SCHOENLING: He didn't say --

23 MR. JEFFERS: -- I'm objecting to  
24 this line of questioning at this hospital,  
25 meaning Metro.

1 MR. NOVAK: Oh, okay.

2 A. I don't know how you define  
3 "emergent." I'm having --

4 Q. Okay. Let's talk about C-sections.  
5 Within the realm of emergency C-sections, isn't  
6 there a category called "emergent," emergent  
7 being the highest priority, let's get it done  
8 right now?

9 A. Yeah, there would be a group that  
10 you want to get done ASAP.

11 Q. Out of the 20 to 25 that you've  
12 done --

13 MR. JEFFERS: It was 20 to 25, you  
14 said?

15 MR. NOVAK: That's what I thought.

16 THE WITNESS: Uh-huh. I think so.

17 Q. Out of those, how many of those  
18 were what we would call "emergent."

19 A. I don't have an independent  
20 recollection. I can only guess that it would  
21 probably be a fifth, a fourth, if that. I mean  
22 -- but -- so I can't give you an exact number.  
23 That would just be my guesstimate.

24 Q. And out of that fifth or fourth,  
25 did you ever perform any of those under 30

1 minutes?

2           A       Yes, I performed all of them within  
3 30 minutes.

4           Q       Okay. In looking at panels 02, 03  
5 and 04 --

6                   MR. JEFFERS: Going back?

7                   MR. NOVAK: Uh-huh.

8           A       I'm sorry, 02 -- is that the  
9 beginning or the end?

10          Q       It's 02, 03, 04. It's near the  
11 end.

12          A       Near the end. Sorry. Wait. Can  
13 you help me with where you're at? What's the  
14 full number?

15          Q       65502?

16          A       65502, all right. I'm back to 654.

17          65502. Okay. It's after where we were.

18          Q       02, 03, 04.

19          A       Correct. I've got the panels.

20          C       Would you agree with me the  
21 baseline is above 170?

22          A       Yes, looks like it's about 170,  
23 173, 175.

24          Q.       Now, I'm going to go up to 05 and  
25 06. I'm going to stop there for a minute, if I



1 could. We're almost at the end. I'm going to  
2 stop at 06 for a minute. We see a notification  
3 at that point that Dr. Siew was notified, and  
4 then it says "FHR," and then arrow up. Let me  
5 first of all ask you, what do you take FHR with  
6 an arrow pointing up to mean?

7 A. FHR usually stands for fetal heart  
8 rate. And that arrow up would, I assume, mean  
9 up.

10 Q. Okay. Now, prior to the notation  
11 here of Dr. Siew being notified because FHR up,  
12 are there any other notations in the chart that  
13 Dr. Siew was notified of fetal heart rates  
14 being above a baseline of 160?

15 A. Just the notations I've read  
16 before.

17 Q. Okay. And then when we go over to  
18 07, 08 and 09, we already get to the delivery;  
19 is that right?

20 MR. JEFFERS: Get to the what?

21 MR. NOVAK: Delivery.

22 A. 07, 08 and 09? Correct.

23 Q. Okay. Now, in a patient that has a  
24 baseline above 160, is it your practice to use  
25 an internal fetal monitor?

1 MR. JEFFERS: Object.

2 A. That's too general a question to  
3 answer. The baseline is not the only thing  
4 that's taken into account when I make the  
5 decision to use an internal monitor.

6 Q. Okay. Was there ever an internal  
7 monitor used on this patient?

8 A. I believe so, but I, again, need to  
9 look back and see where -- I think there was an  
10 indication, but maybe I misread it. One  
11 second.

12 Maybe my recollection is from one  
13 of the depositions, but I thought I read  
14 somewhere -- it may have been in the deposition  
15 -- that there was an internal monitor, but now  
16 I can't find the notation to say where it was.

17 Q. I want you to assume that sometime  
18 after 12:00 there was an internal fetal monitor  
19 placed based on the record.

20 A. I think there was.

21 MR. JEFFERS: I'm trying to find  
22 the --

23 MS. SCHOENLING: I think it was  
24 12:18.

25 THE WITNESS: 12:18. Thank you.

1           Q.       Now, let me ask you, in the face of  
2       a persistent baseline heart rate above 160, do  
3       you routinely use any internal fetal monitor?

4                   MR. JEFFERS:   I thought we just had  
5       that question.

6                   MR. NOVAK:    I changed it a little  
7       bit.

8           A.       I don't do anything as a routine.  
9       Again, it depends. The baseline is not the  
10      only criteria for evaluating a fetal monitoring  
11      strip. The decision to use an internal fetal  
12      monitor is based on baseline and the rest of  
13      the criteria. So the answer is it's too  
14      general a question for me to give you a  
15      "routinely" answer.

16          Q.       Okay. Now, according to the chart,  
17      12:18 is the time the internal fetal monitor  
18      was placed. Let me ask you, the decision to do  
19      or not to do any fetal scalp sampling, whose  
20      decision is that?

21          A.       It would be the decision of the  
22      attending physician.

23          Q.       And would it be fair to state that  
24      as you look at this chart, there were no fetal  
25      scalp samplings done?


1           A.       None that are indicated in the  
2 chart that I'm aware of.

3           Q.       And would you agree with me that a  
4 fetal scalp sample is used generally to detect  
5 whether or not there's any metabolic acidosis  
6 taking place; is that right?

7           A.       No, it's to detect the pH in the  
8 fetal blood. It does not give an indication of  
9 the reason for the pH. You get only a pH  
10 reading. You cannot tell metabolic or  
11 respiratory acidosis from a scalp pH sample.

12          Q.       Let me ask you, what is the value  
13 of the pH sample for you from a scalp sample --  
14 pH value from a scalp sample? What is the  
15 value to you?

16          A.       The value is to either -- it's used  
17 to either reassure the physician that the baby  
18 is -- that the pH is normal or to -- or to find  
19 that the pH is below the normal range and  
20 requires some sort of -- I mean, in which case  
21  
22  
23  
24 there are other criteria that would make you  
25 suspicious that there is -- that the baby might





1 have some degree of stress or that the fetal  
2 heart rate tracing is nonreassuring to you so  
3 that you then need to use an additional test,  
4 which scalp sampling is, to either refute your  
5 suspicions or confirm them.

6 Q. Okay. Now, if you are confronted  
7 with a pH of less than 7 from a fetal scalp  
8 sample, would that concern you?

9 MR. JEFFERS: Object.

10 A. That would not be a normal value  
11 for a fetus, no, of a scalp sample.

12 Q. Would it be a concern on your part  
13 of some metabolic acidosis taking place?

14 A. As I said, you can't tell the  
15 reason for the metabolic acidosis without a  
16 complete blood sample -- without a complete  
17 blood analysis of actual cord blood or arterial  
18 blood.

19 Q. Right. Right.

20 A. And a scalp sample only gives the  
21 pH. It doesn't give you the indication of the  
22 reason why the pH is low.

23 Q. Right. Right. And Mr. Jeffers'  
24 expert on Wednesday agreed with the statement  
25 that the best predictor of metabolic acidosis

1 is, in fact, the cord blood. Would you agree  
2 with that?

3 A. The cord blood -- the cord blood  
4 gives you all the parameters that make it  
5 possible to judge whether acidosis is  
6 respiratory, mixed or metabolic. So the cord  
7 blood does give you the parameters to make that  
8 assessment.

9 Q. You've read Dr. Reilly's report?

10 A. I think so, yes. His expert  
11 report? Yes.

12 Q. Dr. Reilly, in his testimony on  
13 Wednesday, his testimony was that the best  
14 predictor of metabolic acidosis was the cord  
15 blood. Would you agree with that statement in  
16 general?

17 A. You mean an arterial cord --

18 Q. Yes.

19 A. -- a sample of the arterial cord pH  
20 and complete evaluation? Yes.

21 C. Okay. And unfortunately, in this  
22 case we don't have it because the cord blood no  
23 longer exists; is that right?

24 I. Right. I wish we did have it. It  
25 would settle a lot of questions.

1 Q. And that decision not to do an  
2 analysis was Dr. Siew's; is that right?

3 MS. SCHOENLING: Objection.

4 A. As I said before, the decision to  
5 run the test is the decision of the attending  
6 physician to order the test. So the fact that  
7 it wasn't ordered means he didn't -- he decided  
8 not to order it.

9 Q. Are you going to give any testimony  
10 in this case regarding whether or not one has  
11 to have cerebral edema in the case of  
12 hypoxic-ischemic encephalopathy?

13 A. No, I'm not.

14 Q. And are you going to give any  
15 testimony in this case regarding CT scans or  
16 MRIs?

17 A. No, I'm not.

18 Q. Are you going to give any testimony  
19 in this case regarding any anemia that this  
20 newborn had?

21 A. No.

22 Q. And by the way, there was no  
23 maternal infection here, was there --

24 MR. JEFFERS: No what?

25 MR. NOVAK: Maternal infection.

1 MR. JEFFERS: Okay.

2 Q. -- as far as you could see?

3 A. The way you'd know is if we had the  
4 placenta to evaluate. But I don't have any  
5 other independent -- there's no information in  
6 the chart that says that there was maternal  
7 infection that I know of.

8 Q. We went through this with Dr.  
9 Reilly on Wednesday and I asked him obviously,  
10 since we don't have any placenta, we can't  
11 determine whether or not there was any  
12 placental causes for any perinatal asphyxia in  
13 this newborn. Is that a fair statement?

14 MR. JEFFERS: Objection. This is  
15 outside of his realm now.

16 A. Could you repeat the question?

17 Q. Would it be fair to state that  
18 since we don't have a placenta here, we can't  
19 determine whether or not any causes of this  
20 child's problems are related to placental  
21 problems?

22 MR. JEFFERS: Objection.

23 A. Not having a placenta just means  
24 that we don't have any information that it  
25 could have given us.

1           Q.     Right. Right. And would it be  
2     fair to state that the antepartum history of  
3     this mother doesn't demonstrate any issues  
4     relating to anything going on in her that would  
5     cause a situation of hypoxic-ischemic  
6     encephalopathy in this newborn?

7           A.     Ask that again or read it again,  
8     either one.

9                     MR. JEFFERS: Why don't you read it  
10    back?

11          Q.     Well, here, maybe I'll ask it a  
12    little better. Prior to her labor, is there  
13    anything that Mrs. Merriweather demonstrated  
14    that would lead you to believe that the cause  
15    of this newborn's hypoxic-ischemic  
16    encephalopathy is related to her?

17          A.     I can't answer the question because  
18    the infant did not have hypoxic-ischemic  
19    encephalopathy. I don't -- so the question  
20    doesn't make any sense in this case. It's not  
21    -- that's not the diagnosis. That's not the  
22    reason for this infant's subsequent course that  
23    I'm aware of, so I don't understand what you  
24    mean.

25          Q.     Okay. Well, here, you are now

1 saying it's not the reason, so obviously you're  
2 going to testify with respect to cause, and I  
3 want to know what you feel the cause of this  
4 infant's subsequent neurologi~~cal~~ sequelae was.

5 A. What I know is that the cause of  
6 the subsequent neurologic sequelae was not  
7 asphyxia in the intrapartum period, meaning in  
8 the period of labor and delivery. I don't know  
9 what the cause was. I'm not a neurologist.  
10 I'm not able to tell you the -- I'm not able to  
11 give you the differential diagnosis or the  
12 cause of what it was, but I can tell you what  
13 it was not and it was not asphyxia in the  
14 intrapartum period.

15 Q. Would you agree with me that cord  
16 compression can cause asphyxia?

17 A. Not in this case.

18 Q. I'm asking you in general. Can  
19 cord asphyxia cause compression?

20 MS. SCHOENLING: Can cord  
21 compression --

22 MR. JEFFERS: You've got them  
23 reversed.

24 MR. NOVAK: Cord compression.

25 MR. JEFFERS: Yeah, but you said

1 "cord asphyxia."

2 MR. NOVAK: No, I didn't.

3 MS. SCHOENLING: Yes, you did.

4 MR. NOVAK: All right. I'm sorry.

5 MR. JEFFERS: Just trying to help  
6 you out and you want to fight me on that one.

7 Q. Can cord compression cause  
8 asphyxia?

9 A. It would have to be cord occlusion,  
10 prolonged occlusion of the cord, if that's what  
11 you mean. Usually when we talk about cord  
12 compression, we talk about an intermittent or  
13 short-term event. So usually we don't talk  
14 about cord compression and asphyxia together.

15 Asphyxia results from no flow or  
16 severely decreased blood flow and oxygen to the  
17 fetus. So you would have to occlude the flow  
18 of blood to the fetus. And if you did that by  
19 occluding the cord, then, yes, you can cause  
20 asphyxia.

21 Q. If you have a true knot in the cord  
22 that's not loose, you can have asphyxia, can't  
23 you?

24 MR. JEFFERS: Objection.

25 MS. SCHOENLING: Objection.

1           A.       If the true knot occludes the cord  
2           and there's no blood or oxygen to the fetus,  
3           then that would cause hypoxia and subsequent  
4           asphyxia.

5           Q.       Would you agree that one of the  
6           manifestations of cord compression is a fetal  
7           heart rate above baseline?

8           A.       Would I agree that a manifestation  
9           of cord compression is -- that's too general a  
10          question. That's not -- there's -- it's --

11          Q.       Can you have elevated fetal heart  
12          baseline above 160 with cord compression?

13                   MR. JEFFERS: Wait. Say that one  
14          again.

15          Q.       Can you have an elevated fetal  
16          heart rate above 160 with cord compression?

17                   MR. JEFFERS: I'm going to object  
18          to this line of questioning that relates to all  
19          these possibilities, but go ahead.

20          A.       The opposite happens with cord  
21          compression. As a rule, with cord compression  
22          when you occlude or compress the cord and  
23          decrease the flow of blood and oxygen to the  
24          fetus, what you see is a decrease in heart  
25          rate, a deceleration in the heart rate. And



1       when the cord compression is relieved, because  
2       it frequently is a short time-defined event,  
3       then the fetal heart rate actually returns to  
4       its baseline. So I disagree that cord  
5       compression generally causes an increase in  
6       fetal heart rate.

7               Q.       So if we come to trial in this case  
8       and I cross-examine you with standard  
9       literature that one of the manifestations of  
10      cord compression or a knot in the cord can be  
11      an elevated baseline and the fetal heart rate  
12      above 160, you're going to refute that  
13      literature; is that right?

14              MR. JEFFERS:   Objection to it  
15      because you aren't showing him the literature.

16              A.       I'd like to see the literature  
17      you're referring to. You just changed the  
18      wording of the question. That wasn't the  
19      question that I answered, the previous  
20      question.

21              Q.       All right. Well, I'm going to ask  
22      you --

23              A.       The previous question didn't say,  
24      "one of the manifestations." You said cord  
25      compression results in an increase in fetal

1 heart rate above baseline.

2 Q. I didn't, but I'm going to make it  
3 a little clearer if I didn't. Would you agree  
4 with me that one of the manifestations of a  
5 compression of a cord can be a fetal heart rate  
6 above 160?

7 THE WITNESS: Read that one to me  
8 again, please.

9 (Record read.)

10 MS, SCHOENLING: I'm going to  
11 object to the question. We're on this path of  
12 possibilities, and I'll just object on that  
13 basis.

14 A. It's too general a question. I'd  
15 need the specifics of where the cord -- how  
16 much the cord's compressed, for how long, at  
17 what time, where things started. It's not a --  
18 there's a lot of manifestations of cord  
19 compression, and so it's -- I'm having trouble  
20 giving you one of the cord compression  
21 manifestations.

22 Q. Well, if Dr. Reilly testified on  
23 Wednesday that one of the manifestations of  
24 cord compression is an elevated fetal heart  
25 rate, are you telling me that that's a lot of

1 hogwash?

2 MR. JEFFERS: Objection.

3 MS. SCHOENLING: Objection.

4 A. I'm not familiar with what Dr.  
5 Reilly testified or the question that he  
6 answered on Wednesday.

7 Q. Well, I'm telling you that that's  
8 what the testimony was.

9 MS. SCHOENLING: Objection.

10 Q. And if that is, in fact, the  
11 testimony, are you telling me that that's a lot  
12 of hogwash?

13 MR. JEFFERS: Objection.

14 MS. SCHOENLING: Objection.

15 A. I don't know what the testimony  
16 was. I can't answer for someone else and I'm  
17 not going to tell someone else that they're--  
18 incorrect.

19 MS. SCHOENLING: Here, Bill --

20 MR. NOVAK: I know what it says. I  
21 know what it says.

22 MR. JEFFERS: You don't want to --

23 MS. SCHOENLING: You don't want to  
24 show this --

25 MR. NOVAK: It's firmly imprinted

1 in my cerebrum.

2 MR. JEFFERS: But you have a  
3 defective cerebrum.

4 MR. NOVAK: Horse apples.

5 MR. JEFFERS: Like --

6 MR. NOVAK: Horse apples.

7 A. Would you like me to read his  
8 testimony and then comment about it?

9 MR. JEFFERS: Sure.

10 Q. My question is I want you to assume  
11 that Dr. Reilly testified that a manifestation  
12 of an elevated fetal heart rate is -- I'm  
13 sorry, I want you to assume that Dr. Reilly  
14 testified that a compressed cord can manifest  
15 itself as an elevated fetal heart rate. Do you  
16 degree or disagree with that?

17 MR. JEFFERS: A what cord?

18 MS. SCHOENLING: A compressed cord  
19 manifests itself in an elevated fetal heart  
20 rate. And we're asked to assume that Dr.  
21 Reilly testified to that effect. I object to  
22 the question.

23 MR. JEFFERS: I object, too.

24 I There are multiple manifestations.  
25 Increased fetal heart rate can be one of them,

1 but that's -- it's too -- it's too broad a  
2 statement for me to agree with.

3 Q. I'm going to be done right away, so  
4 let me just look at this.

5 MR. JEFFERS: Off the record.

6 (Discussion off the record.)

7 Q. All right. I'm going ask you if  
8 you agree or disagree --

9 MR. JEFFERS: What page?

10 MR. NOVAK: Page 88.

11 MR. JEFFERS: Okay. I'll give him  
12 that in a second. Let me find it first.

13 (Handing.)

14 Q. I'm going to ask you if you agree  
15 or disagree --

16 MR. JEFFERS: Note the context.

17 A. Can I read the --

18 Q. Well, I'm going to read the  
19 question and answer to you, and you tell me if  
20 you agree or disagree with his response. On  
21 page 88 the question is, "Would you agree with  
22 me that a true knot in the cord can cause cord  
23 compression and can lead to perinatal  
24 asphyxia?" Answer: "Yes."

25 MR. JEFFERS: What line is this?

1 MR. NOVAK: Line 5 to line 8.

2 Q. Do you agree with his response to  
3 that question?

4 A. If the cord -- if the knot  
5 completely occludes the cord, then yes, I  
6 agree.

7 Q. And then the question is on line  
8 12, "At various stages it was recorded as  
9 having a true knot?" And he answers, "Yes."  
10 Do you see that?

11 A. I see that. I see what you're  
12 reading.

13 Q. And did you see at various portions  
14 in the chart there was a recording of a true  
15 knot?

16 A. I saw one place at the time of  
17 delivery they recorded there was a loose true  
18 knot in the cord.

19 Q. Okay. And then it says, Question:  
20 "Would you agree with me that cord compression  
21 can produce elevated fetal heart recordings?"  
22 And his answer was, "Yes."

23 MR. JEFFERS: Where are we now?

24 MR. NOVAK: Line 15, response line  
25 18.

1           Q.     Do you agree with that answer to  
2     the question?

3           A.     It's too short an answer.  It's  
4     yes, in context with a lot of things, which I  
5     already described to you what happens when you  
6     get cord compression, and it's not just  
7     elevated fetal heart rate.  It's only -- it's  
8     that in the context of a number of other  
9     things.

10                     In other words, elevated fetal  
11     heart rate alone does not come from cord  
12     compression.  That would be an incorrect answer  
13     to that statement.  If it's one of many things  
14     -- if it's in a pattern of other things, as I  
15     described, then the answer is yes.

16           Q.     Would you agree with me that we  
17     have three abnormal recordings in this chart  
18     with respect to this newborn, and those  
19     recordings were, apart from the fetal heart  
20     rates, fetal distress -- would you agree that  
21     that's an abnormal recording?

22                     MR. JEFFERS:  Wait a minute.

23           A.     No, I don't -- we talked about  
24     someone we're not familiar with writing the  
25     words "fetal distress" after the delivery, and

1 I disagreed with that when you brought it up  
2 the first time. So I don't -- I guess I'm  
3 missing your question.

4 Q. Doctor, I understand you disagree  
5 with the person who was there on November 11 of  
6 1992, but would you agree with my statement  
7 that someone who wrote down the words "fetal  
8 distress" is indicative of less than a normal  
9 newborn?

10 A Repeat that question.

11 Q Would you agree with me that the  
12 words "fetal distress" -- that's not a normal  
13 recording, is it?

14 A You mean -- no, fetal distress is  
15 not written in most initial newborn profiles  
16 that I've read.

17 Q. Would you agree with me that thick  
18 meconium suctioned four times below the cord,  
19 that is not normal, is it?

20 MR. JEFFERS: And where are you  
21 reading from now?

22 MR. NOVAK: From the initial  
23 newborn profile. I think that's what it is.  
24 Or is it the labor and delivery sheet on page  
25 four?



1 MS. SCHOENLING: I think it's the  
2 L&D sheet.

3 MR. NOVAK: L&D sheet on page four.

4 A. No, the vast --

5 MR. JEFFERS: Where are you  
6 looking?

7 THE WITNESS: He's saying thick  
8 meconium.

9 Read the question again, please.

10 Q. I'm sorry, no, it's not. It's on  
11 the initial newborn profile. And my question  
12 for you is is thick meconium suctioned below  
13 the cord times four, is that a normal finding  
14 at the time of delivery?

15 MR. JEFFERS: Object. Go ahead.

16 A. Almost always it's associated with  
17 a normal neonate.

18 Q. So you're telling me that thick  
19 meconium suctioned below the cords is almost  
20 always associated with a normal neonate?

21 A. Normal neonatal outcome, yep.

22 Q. Didn't you tell me earlier that  
23 thick meconium is of more concern to you than  
24 just meconium fluid?

25 A. Yes.

1 MR. JEFFERS: He said 99 percent, I  
2 think, or some fantastic sum like that.

3 A. Maybe I'm misunderstanding the  
4 question, but meconium in all of the studies is  
5 almost always associated with normal neonatal  
6 outcome, meaning that after the meconium is  
7 identified and is suctioned, there is a  
8 completely normal baby, goes home with the  
9 mother and grows up to be a healthy normal  
10 person. And that's what I'm saying.

11 So most -- the vast, vast majority  
12 of the time, meconium is associated with a  
13 normal neonatal outcome. And I think that's  
14 what you asked; is it normal.

15 Q. It's an abnormal finding, isn't it?

16 A. It's a finding that happens 15  
17 percent of all deliveries. I mean, so it's not  
18 -- 85 percent of the time it's not there, so  
19 it's not -- so it's more uncommon.

20 When there's meconium, it means you  
21 need to be assured that there -- I mean, you  
22 need to look at the rest of the picture and you  
23 need to suction meconium at delivery. But as I  
24 said, in the end, it's a normal part of labor  
25 and delivery for the vast, vast majority of

1 infants.

2 Q. Is it an abnormal finding? That's  
3 my question. It's that simple: Is it an  
4 abnormal finding?

5 MR. JEFFERS: It's not that simple,  
6 and he's defined it and answered you. And he's  
7 answered you twice actually. He answered your  
8 earlier --

9 MR. NOVAK: Well --

10 MR. JEFFERS: Wait. I'm not  
11 through with my sentence. And he's now  
12 answering you again.

13 MR. NOVAK: Are you done with your  
14 speaking objection, which is not permitted?  
15 Are you done with that?

16 MR. JEFFERS: No, I'm pointing out  
17 to you that you are now being repetitious, and  
18 that is an appropriate objection.

19 Q. Doctor, let me ask you, in this  
20 chart they have a column that says, "Detail all  
21 abnormal findings," and in this chart they  
22 write down, "Thick meconium suctioned below the  
23 cord times 4," under a column that says,  
24 "Abnormal findings." Now, do you disagree with  
25 the placement of "thick meconium" under a

1 heading that says, "Abnormal findings"?

2 A. Not in that context, no.

3 Q. And are we all on the same page on  
4 this Apgar score thing? You agree with me and  
5 you agree with Dr. Reilly that they're  
6 subjective, aren't they?

7 A. Yeah, this is the same line of  
8 questioning we had. We went through what  
9 subjectivity there is in all of the  
10 interpretation of tests.

11 Q. Right.

12 A. So, yes, as it's -- as there's  
13 subjectivity in every other test that the  
14 patient had, it's subjective.

15 Q. I want to talk a little bit about  
16 the last four numbered comments you have in  
17 your report.

18 MR. JEFFERS: Pull your report out.  
19 Do you have it there?

20 THE WITNESS: Yeah. Okay, I have  
21 it in front of me.

22 Q. Okay. Before the four numbered  
23 comments, you have a sentence that says, "It  
24 should be noted that making a diagnosis of  
25 intrapartum asphyxia causing a neonatal

1 neurologic deficit requires all of the  
2 following, '' and then you go through four  
3 numbers. Okay. The first question I have is  
4 where and in what literature did you come up  
5 with these four numbered items?

6 A. This is the criteria established by  
7 The American College of Obstetrics and  
8 Gynecology and The Academy of Pediatrics. It's  
9 a joint statement that was established and  
10 published in both literatures, and it's been --  
11 it was not a -- and it was decided after a  
12 number of studies bore out the fact that this  
13 was -- that this condensation of information  
14 was necessary in order to make a diagnosis of  
15 intrapartum asphyxia.

16 Q. What year did that study take  
17 place?

18 A. There were multiple studies. I  
19 cannot -- I can't give you that off the top of  
20 my head. I can look them up and I can pull  
21 them, but I can't give you the year of all the  
22 studies that contributed to that statement.

23 Q. Prior to today, did you have an  
24 opportunity to review any literature before  
25 writing your report?

1           A.       Prior to today? In the last two  
2 years?

3           Q.       Prior to writing this report, did  
4 you look at any literature?

5                   MR. JEFFERS: Are you asking him  
6 for the purposes of writing the report, did  
7 he --

8           -           MR. NOVAK: Yeah.

9                   MR. JEFFERS: That's not what you  
10 asked him.

11                   MR. NOVAK: Well, whatever. I'm  
12 getting tired.

13           A.       Okay. These are taken directly out  
14 of the -- they're a quotation from the American  
15 College of Obstetrics and Gynecology technical  
16 bulletin that discusses birth asphyxia.

17           Q.       All right. Do you --

18           A.       And I don't have that with me, but  
19 that's -- but I reviewed that and a number of  
20 other studies in my file that talk about birth  
21 asphyxia, cerebral palsy, fetal heart rate  
22 abnormalities.

23           Q.       Can you provide us with a copy of  
24 that bulletin that you are referring to?

25                   MR. JEFFERS: He can provide me

1 with a copy of the bulletin. I will make  
2 copies of that and I will send it to anybody  
3 interested. I mean, it's open to the public.

4 MR. NOVAK: But would you please be  
5 so kind as to do that?

6 MR. JEFFERS: I will. I mean, once  
7 I get it, I will then do that.

8 Q. Okay. Question number 1 --

9 MS. SCHOENLING: By the way, Bill,  
10 it's January 1992.

11 MR. NOVAK: What is?

12 MS. SCHOENLING: When the technical  
13 bulletin was published.

14 MR. NOVAK: That depends on the one  
15 that he used.

16 MS. SCHOENLING: Well, I'm pretty  
17 sure --

18 (Discussion off the record.)

19 Q. All right. Now, number 1, it says,  
20 "Profound umbilical acidosis, metabolic or  
21 mixed acidemia." Now, Doctor, the fact of the  
22 matter is we can't have umbilical acidosis  
23 because Mr. Jeffers' hospital discarded the  
24 blood, right?

25 A. Yeah, the test was never ordered.

1 Q. The closest thing we have here is  
2 the arterial blood gas which has a pH of 7.21,  
3 and that took place at 1359 hours; is that  
4 right?

5 A. Correct.

6 Q. Okay. And would you agree with me  
7 that this newborn was on oxygen from the time  
8 of delivery up until 1359 hours when that was  
9 done; is that right?

10 A. I think -- I think that's right. I  
11 think it was -- there was oxygen in the hood.  
12 I think I remember reading that. I can't  
13 remember the percentage or how it was given,  
14 but I think you're right.

15 Q. Okay. And would you agree with me  
16 that a pH of 7.21, according to the standards  
17 at Elyria Memorial Hospital, is below normal?

18 A. For arterial pH?

19 Q. Uh-huh.

20 A. Yes, it's lower than their  
21 referenced normals.

22 Q. Okay. Now, number 2, you say,  
23 "Persistence of an Apgar score of 0 to 3 for  
24 longer than five minutes." And we're all in  
25 agreement that Apgar scores are subjective; is



1       that right?

2               A.       As is everything else.

3               Q.       Except your testimony.

4               A.       ~~merely~~ ~~it's~~ ~~it's~~ ~~it's~~ it's just as subjective as  
5       everyone else's.

6               Q.       I see. Then on number 3, "Neonatal  
7       neurologic sequelae." Now, are you telling me  
8       that this newborn did not have neonatal  
9       neurologic sequelae?

10              A.       From my reading of the summaries, I  
11       think they did have neonatal neurologic  
12       sequelae. That's why we're here.

13              Q.       Okay. And then you say number 4,  
14       "Multiorgan system dysfunction; for example,  
15       cardiovascular, gastrointestinal, hematologic,  
16       pulmonary or renal." But the fact of the  
17       matter is that you did not have the University  
18       Hospital records at the time you wrote your  
19       report, did you?

20              A.       No. I only had the neonatal  
21       records from Elyria Hospital.

22              Q.       Now, Dr. Reilly yesterday was  
23       familiar with the studies of Perlman that  
24       indicated that in 67 percent of the cases of  
25       hypoxic-ischemic encephalopathy there is

1 multiorgan compromise, and out of that 67  
2 percent, 70 percent is limited to only one  
3 organ. Are you familiar with that study?

4 MR. JEFFERS: Objection. Go ahead.

5 MS. SCHOENLING: I'm going to  
6 object to that as well.

7 A. I don't have an independent  
8 recollection of reading it. I haven't read it  
9 recently enough to know the -- I'd need to  
10 reread it to comment on it.

11 Q. Would you have any disagreement  
12 with the notion that you don't have to have  
13 multiorgan system compromise in every case of  
14 hypoxic-ischemic encephalopathy?

15 MR. JEFFERS: Objection.

16 A. No, I won't -- I can't agree with  
17 that because I'm not -- I'm not familiar with  
18 the study you're quoting, so I can't --

19 Q. I'm just asking you a general  
20 question.

21 MR. JEFFERS: He answered.

22 MS. SCHOENLING: He answered it.

23 MR. NOVAK: No, he didn't.

24 MS. SCHOENLING: He said, no, he  
25 wouldn't agree with it.

1 MR. NOVAK: No, he said he's not  
2 familiar with the study. I'm asking the  
3 question now in general.

4 Q. Do you agree or disagree with the  
5 following statement that I'm going to make:  
6 That you don't have to have multiorgan system  
7 compromise in every case of hypoxic-ischemic  
8 encephalopathy?

9 A. Honestly, I don't know the -- I  
10 can't say for sure. I can't say for sure  
11 either way. I'm not familiar enough with all  
12 of the neonatal literature to comment on  
13 whether there's ever been a case that was  
14 reported that -- so my -- I mean, my answer is  
15 I can't give you -- I can't give you a firm  
16 answer. I don't know.

17 Q. All right. And having reviewed the  
18 University Hospital chart, are you aware that  
19 the serum creatinine was.9?

20 A. I don't remember that. I don't --

21 Q. I want you to --

22 A. Again, as a -- I did not review the  
23 charts with a view to the neonatal care because  
24 I didn't -- I'm not an expert. I'm not a  
25 pediatrician or a neonatologist. So I don't

1 have an independent recollection of the serum  
2 creatinine.

3 Q. Doctor --

4 A. I just -- I remember reading the  
5 summaries of the hospitalizations, but I don't  
6 remember them commenting upon that.

7 Q. I'm not trying to be flip with you,  
8 but you were the one who put number 4 in here,  
9 and so -- and you said that there was --  
10 required all of the following, and I take that  
11 to mean that you didn't find any multiorgan  
12 system dysfunction or compromise; is that  
13 right?

14 A. I do not think there was -- that  
15 the definition of "multiorgan system  
16 dysfunction" -- how do I -- let me say that  
17 over again. The information that I'm aware of  
18 there was not a diagnosis in this infant or in  
19 this neonate of multiorgan system dysfunction  
20 in any of the records that I reviewed.

21 Q. And at the time you had reviewed  
22 this case, you did not have the UH records?

23 A. At the time I wrote the letter?

24 MR. JEFFERS: But he has had them  
25 now.

1           A.       I since have had -- I since have  
2 read the summaries of the UH records, and in no  
3 summary does anyone give the diagnosis of  
4 multiorgan system dysfunction.,

5           Q.       Let me ask you this question: Did  
6 you see that there were grossly bloody stools  
7 in this newborn?

8           A.       I saw that there was a note that  
9 said that on one day, yes.

10          Q.       And can grossly bloody stools be a  
11 manifestation of enteritis?

12                   MR. JEFFERS: Of what?

13                   MR. NOVAK: Enteritis,

14                   MR. JEFFERS: Okay. Objection.

15          A.       In a neonate?

16          Q.       Uh-huh.

17          A.       Again, I'm not sure of the complete  
18 differential of bloody stools in an intensive  
19 care neonate. I'm not a neonatologist, so I'm  
20 going to leave that up to the neonatologists to  
21 say. I don't treat neonates, so I'm not -- I  
22 really can't tell you.

23          Q.       Are you aware that from a  
24 cardiovascular standpoint, this newborn had  
25 tachycardia?

1 A. Yes, I remember reading that.

2 Q. Are you aware that from a pulmonary  
3 standpoint this newborn had respiratory  
4 distress?

5 A. That I think they -- I think they  
6 quantified it. The neonatologist said that  
7 there was respiratory distress. There was  
8 transient tachypnea of the newborn was the  
9 diagnosis, yes.

10 Q. And are you aware that from a rena  
11 standpoint, the serum creatinine was at.9?

12 A. That one I wasn't aware of. I  
13 didn't see that.

14 MR. NOVAK: I'm done.

15 EXAMINATION OF WILLIAM J. TODIA, M.D.

16 BY MS. SCHOENLING:

17 Q. Dr. Todia, I've got some questions  
18 for you. I represent Dr. Siew. My name is  
19 Lynne Schoenling. I think we met for the first  
20 time this afternoon. I have a couple of  
21 questions that I'm going to follow up from the  
22 questions that Mr. Novak had.

23 First of all, I want to ask you  
24 about the cord blood that was discussed at  
25 length by Mr. Novak. Mr. Novak, of course,

1 pointed out to you that there was no cord pH  
2 taken in this case, correct?

3 A. Correct.

4 Q. Do you have any opinions within a  
5 reasonable degree of medical certainty whether,  
6 if there had been a cord pH reading in this  
7 case, what proposition, if any, that reading  
8 would support --

9 MR. NOVAK: Objection --

P0 Q. -- under the records as you see  
11 them in this case?

12 MR. NOVAK: -- conjecture and  
13 speculation.

14 MR. JEFFERS: Go ahead.

15 A. The -- I believe that the fetal  
16 heart rate tracings were reassuring and that  
17 the Apgars of 6 and 8 indicated that the baby  
18 -- that the neonate was not depressed at birth.  
19 And so I would expect a cord pH at birth to be  
20 in the normal range.

21 Q. All right. And you would expect  
22 that cord pH in this case to have been in the  
23 normal range based on the fact that the fetal  
24 heart rate tracings were, as you say,  
25 reassuring and the fact that this infant was

not in distress at birth; is that correct?

2           A.     Correct.

3           Q.     Same question with respect to the  
4           placenta pathology, which was also an area of  
5           inquiry that Mr. Novak addressed. Do you have  
6           any opinions within a reasonable degree of  
7           medical certainty whether, if there had been an  
8           opportunity to have a placenta pathology taken  
9           in this case, whether or not that would have --  
10          or let me just ask it this way: If it had been  
11          done, what proposition, if any, would that  
12          support in this case, as you read these  
13          records?

14          A.     If it supported anything, I would  
15          expect it to support the proposition that there  
16          was -- that there was ongoing long-term  
17          abnormalities, meaning that there were events  
18          that happened sometime before the onset of  
19          labor in this pregnancy.

20                 But what it would show -- I mean, I  
21          can't give you an answer what would it show  
22          when, but that's the -- that's what I would  
23          expect the information -- if it gave us any  
24          information, that's the information I would  
25          expect it would help to give.



1 Q. All right. And I guess my  
2 follow-up question to that is on what basis  
3 would you expect it to give that information?

4 A. The basis is because I don't think  
5 that there's an explanation for the outcome for  
6 the health of this baby, and so that I think  
7 the reason is still unknown from my reading at  
8 least of the experts' reports and of the  
9 neonatologists' -- or the pediatric  
10 neurologists' reports. So I hope it would shed  
11 some light on the reason of the diagnosis of  
12 the infant's condition.

13 Q. Mr. Novak asked you a little bit  
14 about chart notes --

15 MR. JEFFERS: What?

16 Q. -- chart notes recorded by Dr. Siew  
17 during the labor and delivery process. And I  
18 know that you've reviewed the records. You  
19 would agree with me that there are some orders  
20 written by Dr. Siew in this case in the Elyria  
21 Memorial records?

22 A. Yes --

23 MR. NOVAK: I guess he knew how to  
24 use a pen.

25 A. Yes, I would agree.

1           ^       And that these orders that you see  
2       in the chart are both in the labor and delivery  
3       portion of the chart as well as the infant's  
4       records?

5           ^       There are orders that I see in the  
6       mother's chart. I don't -- I have to look at  
7       the infant's.

8           ^       Let me ask you to take a look at  
9       the mother's orders for a minute. Do you have  
10      those in front of you?

11           A       I'm looking at those.

12           ^       All right. It looks like we have  
13      -- at 11/11/92 we've got a chart note at 8:30  
14      a.m., 2:10 p.m., and then we've got a couple of  
15      chart notes on 11/12 and 11/13/92. Is that  
16      what you see?

17           A.       Yes

18                   MR. JEFFERS: We're looking at page

19                   166

20                   THE WITNESS: Page 16, yes.

21                   MS. SCHOENLING: Page 16, yeah.

22                   And just to cater to Mr. Novak's  
23      line of questions for a minute as to these  
24      chart notes, assuming that we had more chart  
25      notes, in other words, additional chart notes

1 beyond what we do have in the record, would  
2 that have changed or altered the outcome in  
3 this case, in your opinion?

4 A. No.

5 Q. Why not?

6 A. Because I think that the notes  
7 would have said that the doctor believed this  
8 was a normal labor and a reassuring fetal heart  
9 rate tracing and would have allowed labor to  
10 progress as it had, and that the patient would  
11 have progressed through labor and delivered at  
12 1:10 whether there was a note saying he was  
13 going to allow that or not.

14 Q. Whether or not Dr. Siew actually  
15 recorded the thoughts that you just verbalized,  
16 you did have an opportunity to review his  
17 deposition transcript prior to today?

18 A. Yes.

19 Q. Are you aware that, in fact, in his  
20 deposition testimony he did, in fact, verbalize  
21 the same thoughts that you just verbalized,  
22 that is that we had a reassuring chart? Are  
23 you aware of that?

24 A. Yes.

25 Q. So despite the fact that we don't

1 have these detailed thoughts recorded in the  
2 chart, we do know from the doctor's own  
3 testimony that these were his thoughts. And  
4 given the fact that we know that these were his  
5 thoughts, is it your testimony that whether he  
6 wrote them down or not, the outcome in this  
7 case would not have been altered as a result of  
8 his recording or not recording additional  
9 thoughts, true?

10 A. Correct.

11 Q. All right. What do the bruises on  
12 the face in this case tell you, if anything?

13 MR. JEFFERS: What?

14 MS. SCHOENLING: The bruises.

15 A. That the patient had a very rapid  
16 second stage of labor.

17 Q. What does that mean?

18 A. Means she -- that the head  
19 descended quickly from the time she was  
20 complete to the time it delivered, she pushed a  
21 short time and the head came through the  
22 pelvis, rotated through the pelvis in that  
23 short period of time,

24 Q. Is that a common occurrence in the  
25 delivery of infants?

1 A. Is what a common occurrence?

2 Q. This bruising that results from  
3 what you just described.

4 A. Bruising from a rapid second stage  
5 of labor?

6 Q. Yes. Yes.

7 A. Yes.

8 Q. Do you see that in your practice in  
9 delivering infants?

10 A. Yes.

11 Q. And would you say that it's more  
12 common than not?

13 A. Having such a short second stage of  
14 labor as Mrs. Merriweather had would not be  
15 common. It would probably be 10 or 20 percent  
16 of deliveries.

17 But of those that had such a short  
18 second stage -- I believe from the tracings she  
19 probably pushed 10 minutes at most, maybe even  
20 less. There's no note that says when she  
21 actually started to push. But from the time  
22 she had a strong urge to push to the time the  
23 baby was delivered was 10 minutes. And of that  
24 time she may have only pushed five minutes.

25 But of those patients that would

1 have pushed such a short time and delivered the  
2 head so rapidly, it would be a relatively  
3 common finding.

4 Q. I'm going to ask you a little bit  
5 about the strips. I'm not going to belabor  
6 what you've already testified to, but I do want  
7 to ask you a couple of follow-up questions.  
8 65412 and 65413, you were asked about the  
9 variability in those two panels. And one --

10 MR. JEFFERS: Do you have that yet?  
11 Wait until he finds it.

12 A. 65412?

13 Q. And 65413.

14 A. Uh-huh.

15 Q. Do you have those?

16 A. 65409, 10 -- 12 and 13.

17 Q. Right.

18 A. Uh-huh.

19 Q. Mr. Novak was asking you a question  
20 about panels 12 and 13 with respect to the  
21 variability, and one of the answers I heard you  
22 give was that it's not proper to interpret  
23 variability minute by minute. Do you remember  
24 giving that response?

25 A. Yes.

Q. And can you explain to me what you mean by that?

A. The reason is that you have to take the -- you have to take the fetal monitor strip in a -- you need to look at a 10- to 20-minute segment of time because there -- the infant goes through cycles.

■ The variability changes depending on the fetal activity, meaning how much the baby is moving around inside, whether the baby is sleeping or at rest or moving. So you can't look at one minute of fetal heart rate tracing and say -- make a statement about the variability and have that extend to the -- and have that have any relation to the fetal condition at that time.

Q. Okay.

A. It's usually a result of what the fetus is doing. So you just need to look at a longer time.

Q. All right.

A. I think what I said is that my opinion over an appropriate length of time was that there was either minimal or moderate variability, depending on the time segment,

1 with periods of accelerations, both of which  
2 are reassuring.

3 Q. Is it also important when you're  
4 looking at the baseline not to interpret that  
5 minute by minute, but instead, as you described  
6 the interpretation of the variability, to also  
7 interpret the baseline on the same criteria,  
8 meaning over an expanded period of time?

9 A. Yeah, the most important thing  
10 about baseline -- about interpreting the  
11 baseline is putting it in context with the  
12 other criteria. Baseline's only one of the --  
13 only one of the things you look at, and the  
14 variability and the accelerations are more  
15 important than the baseline in making a  
16 judgment about the overall condition of -- the  
17 overall interpretation of the monitor strip.

18 Q. Okay. So in addition to the  
19 baseline, even though Mr. Novak focused quite a  
20 bit on the baseline, as I understand your  
21 responses, it's more important to look at the  
22 variability and the accelerations, frankly,  
23 than it is to look at the baseline.

24 A. Correct. And I would also add in  
25 the absence of decelerations.



1           Q.     And that was my next question.  If  
2     you have an absence of decelerations coupled  
3     with good variability and minimal accels, would  
4     that be a good sign?

5           A.     Well, I wouldn't answer that  
6     "minimal accelerations," I would answer that  
7     "and accelerations," meaning accelerations of  
8     15 beats per minute over 15 seconds.  Those  
9     things taken together are a reassuring sign, a  
10    sign of reassuring fetal status.

11          Q.     And when we take all of those  
12    criteria together -- that is the variability,  
13    the accelerations, the lack of decelerations as  
14    well as the baseline -- and we look at this  
15    strip in its totality rather than panel by  
16    panel, what do we see, in your opinion, Doctor,  
17    in terms of whether or not this is a reassuring  
18    or nonreassuring strip?

19          A.     My opinion is this is a reassuring  
20    fetal heart rate tracing.

21          Q.     And your opinion is based on the  
22    criteria that I've just referred to?

23          A.     Correct.

24          Q.     And in terms of the decelerations,  
25    what, if anything, do you see when taking this

1 strip in its totality?

2 That I'm struck by the absence of  
3 decelerations. There are a couple of variable  
4 decelerations during second stage which go  
5 along with and would be expected in a rapid  
6 descent of the fetal head, as she had.  
7 Otherwise, the absence of decelerations  
8 throughout the rest of the fetal heart rate  
9 tracing indicate to me that the baby was well  
10 oxygenated during the labor.

11 Looking at 65451, 52 and 53 for a  
12 moment --

13 A 65451 --

14 Q 51, 52 and 53.

15 A 51 -- oh, 654. I'm sorry, 654 --  
16 say it again.

17 Q. 65451, 52 and 53. 654.

18 MR. JEFFERS: 51, 52, 53.

19 I Got you. Sorry.

20 Q Do you have that in front of you?

21 I Yes, I do.

22 Earlier in your testimony when  
23 asked about this page, in looking at these  
24 three panels, you indicated in your words that  
25 you thought that these reflected a very good

1 sign. I believe those were your words. Do you  
2 remember that testimony?

3 A. I think so.

4 Q. I guess what I'm --

5 A. What I mean to say is that this is  
6 a reassuring segment of fetal heart rate  
7 tracing.

8 Q. And I'm taking this segment just as  
9 an example because I want to make sure that I  
10 understand why, in your opinion, this strip is  
11 reassuring. And in looking at these three  
12 panels as just a segment or an example, what do  
13 we see here that, in your opinion, indicates a  
14 reassuring strip?

15 A. There's moderate variability,  
16 meaning that there are cycles of between five  
17 and 25 beats per minute, and there are periods  
18 of accelerations, meaning there are fetal heart  
19 rate accelerations of 15 beats above the  
20 baseline lasting for 15 or more seconds. Taken  
21 together, both of those are -- have an  
22 extremely strong predictive value, meaning they  
23 predict that the baby is in a normal  
24 oxygenated, normal pH environment.

25 Q. Okay. Now, when Mr. Novak took you

1 through this entire strip, what I generally  
2 heard were questions about the baseline. And  
3 what I seem to, at least according to my notes,  
4 have written down consistently, according to  
5 your testimony, was that this baseline  
6 throughout this strip really maintained itself  
7 at about 160 to 165. True?

Q A That's correct.

Q All right. Now, given the fact  
10 that the baseline is just one of the criteria,  
11 and that we have to consider variability as  
12 well as accelerations, and also the absence of  
13 decelerations, my question is is that 160 to  
14 165 consistent baseline -- so I understand, in  
15 and of itself, it's not necessarily indicative  
16 of anything until you take into account the  
17 other criteria that you've described; is that  
18 correct?

A That's correct. It's the company  
20 that the baseline keeps. The most important  
21 criteria are absence of decels, variability,  
22 accelerations.

Q In that order, or equally to be  
24 considered, or does it matter?

A. That's a good question. No, I

1 think taken all together, because there would  
2 be a lot of debate among experts about which  
3 one they would put the most credence on. But I  
4 think there's uniform agreement that to make a  
5 diagnosis of nonreassuring fetal status, that  
6 there needs to be a combination of those  
7 things, that you need to see decelerations  
8 along with -- I mean, that you need to see --  
9 you need to take all those parameters together,  
10 that one of them alone isn't -- is not -- it's  
11 the sum of the parts, I guess I mean to say.

12 Q. And of those criteria, are any of  
13 those criteria absent in this strip?

14 A. The only concern in this strip, as  
15 we've been questioned about the whole day, is  
16 the fact that the baseline runs about 165.

17 Q. Other than that, though, we've got  
18 a pretty reassuring strip with respect to  
19 variability, accelerations and the lack of  
20 decelerations?

21 A. Other than that, all the other  
22 criteria are reassuring.

23 Q. Okay.

24 A. And the fact that the fetal heart  
25 rate -- that the baseline -- that that's --

1 that baseline is the same over the period of  
2 time we've seen is also a reassuring -- also  
3 indicates that we're not looking at a period of  
4 change, that nothing changed over those hours  
5 that we went through the strip and kept saying  
6 the baseline was 163 or 165.

7 Q. Okay. Let me skip topics here and  
8 turn to emergency C-sections. What criteria,  
9 in your opinion, determines whether or not an  
10 emergency C-section needs to be done?

11 A. There's a lot of criteria. I can  
12 give you a list, but, I mean, the short answer  
13 is that there's a --

14 Q. Tell you what, let me ask it a  
15 different way. As you read these records and  
16 these charts, do you see anything that supports  
17 a decision to perform an emergency C-section?

18 No. An emergency C-section would  
19 have in no way affected the outcome of this --  
20 of the neonate and would only have left the  
21 mother with an unnecessary surgery.

22 Well, that was my next question;  
23 whether or not -- even if one had been done,  
24 whether the outcome would have changed. And as  
25 I understand your answer, your answer is no, it

1 would not have changed; is that correct?

2 A. I have no reason to believe that  
3 there would be any difference in the outcome of  
4 the infant.

5 Q. And what do you base that response  
6 on?

7 A. The fact that there's -- there's no  
8 evidence in this record that this baby suffered  
9 from asphyxia. And so doing a C-section  
10 anytime during this record would have delivered  
11 a baby that was not asphyxic, just like the  
12 baby that was delivered was not asphyxic.

13 Q. With respect to the fetal scalp  
14 sampling that Mr. Novak asked about, I know  
15 that it wasn't done in this case. Do you have  
16 any opinions, Doctor, within a reasonable  
17 degree of medical certainty that had a fetal  
18 scalp sampling been taken, whether or not we  
19 would have had, first of all, a different  
20 outcome, and secondly, what proposition such a  
21 scalp sampling would support if it had been  
22 done?

23 A. I believe it would have been  
24 reassuring and would have just reassured the  
25 physician that labor could continue as it did,

1 and that the delivery would have occurred at  
2 the same time in the same fashion.

3 Q. And why do you believe that?

4 A. Because I don't believe that --  
5 because I believe that the pH would have been  
6 normal because I believe the baby was -- had a  
7 normal pH and a normal oxygenation during this  
8 entire course of labor.

9 Q. Does cord compression reveal itself  
10 on the strips? Not in this case, but just  
11 generally. Is that something that can be  
12 detected on the strips?

13 A. Yes.

14 Q. And in what form and how does it  
15 manifest itself on the strips?

16 A. It manifests as -- well, in one of  
17 two ways. Intermittent cord compression,  
18 meaning cord compression that happens for some  
19 period of time, 30 seconds or a minute, and  
20 then resolves, would show intermittent  
21 variability. Decelerations, meaning a  
22 deceleration down of the heart rate from  
23 whatever the baseline was down to a certain  
24 level, and when the compression resolved it  
25 would come back up.



1 A cord compression that was  
2 ongoing, meaning the compression was not  
3 released, would show a terminal bradycardia,  
4 meaning that as the cord was compressed and the  
5 oxygen level and the blood flow to the fetus  
6 went down, you'd see the heart rate come down  
7 and come down and come down, and it would not  
8 go back up unless you resolved the cord  
9 compression.

10 Q. We don't see either one of those on  
11 this strip, do we?

12 A. No. The only time that you could  
13 postulate that that would happen was there are  
14 two decelerations that I see in panel 65508,  
15 like, three minutes before delivery when the  
16 patient's pushing. There appear to be two  
17 variable decelerations which would fit with the  
18 patient who had a nuchal cord, because as the  
19 head descended rapidly in the pelvis and as the  
20 patient pushed to make that happen, there was  
21 enough of a degree of cord compression to cause  
22 that heart rate to go down to 90.

23 And then when the patient stopped  
24 the contraction and stopped pushing, it  
25 immediately returned to baseline, which would

1 indicate to me there was probably a mild degree  
2 of intermittent, meaning short-acting,  
3 30-second compression at that time.

4 Q. And other than in that minute or so  
5 prior to delivery that you've just described,  
6 we don't see any evidence of what you called  
7 bradycardia or variable decels to support a  
8 cord compression finding at any time before  
9 that point on the strip; is that true?

10 A. No, there's no cord compression  
11 pattern on this fetal monitor tracing.

12 Q. Is cord compression on a fetal  
13 monitor tracing typically seen in a pattern?

14 A. Yes. It has to be repetitive with  
15 intermittent -- I mean, with repetitive cord  
16 compression, meaning you continue to compress  
17 the cord at intervals of time.

18 There's a very defined predictable  
19 pattern of repetitive variable decelerations  
20 with each compression. And if the cord  
21 compression is continuous, ongoing, and oxygen  
22 is going down, up, and pH is changing or is  
23 worsening, then you will see a bradycardia,  
24 you'll see a fetal heart rate that decelerates.

25 Q. So not only do we not see a pattern

E on this strip as you've just described, but we  
2 certainly don't see any bradycardia either; is  
3 that correct?

4 A That's correct.

5 Q. Okay. How about cord occlusion?  
6 Is that something that's traceable on a strip?

7 A. If there's complete occlusion of  
8 the cord?

9 Q. Yes.

10 A. Absolutely.

11 Q. And how do we interpret that from  
12 the strip?

13 A. From when you occlude the cord,  
14 you'll see a deceleration of the fetal heart  
15 rate that becomes a bradycardia and eventually  
16 results in -- if you don't do something about  
17 it, in fetal death. The heart rate goes down  
18 until the point where the fetal heart rate  
19 disappears, stops. The heart stops after a  
20 long enough time of no blood to the fetus.

21 Q. So is that also something that we  
22 see in a pattern format, or is that something  
23 that is an immediate onset that's easily  
24 detected from the reading of the strip?

25 A. If there's complete occlusion --

1 Q. Yes.

2 A. -- it's not a pattern. Once it's  
3 complete occlusion -- the minute complete  
4 occlusion happens, you start to see changes  
5 that just get worse and worse over the next 10  
6 minutes to 15 minutes until the fetus expires.

7 Q. And that's nowhere on this strip;  
8 is that correct?

9 A. No.

10 Q. That is correct?

11 A. That's correct. It's not anywhere  
12 on this strip. There's no evidence of complete  
13 cord occlusion.

14 Q. All right. Have you reviewed the  
15 reports of Drs. Johnston and O'Grady and of Dr.  
16 Steven Donn as part of your records in the  
17 file?

18 A. Yes.

19 Q. Dr. Donn is a neonatologist, Dr.  
20 O'Grady is an OB/GYN and Dr. Johnston is a  
21 pediatric neurologist, all three of which have  
22 been retained on behalf of Dr. Siew. And I  
23 guess my question to you is do you have any  
24 disagreements as to the opinions that either  
25 Drs. Donn, O'Grady or Johnston set forth in

1 their reports?

2 MR. JEFFERS: He --

3 MS. SCHOENLING: Go ahead.

4 MR. JEFFERS: Some of this is not  
5 in his area of expertise,

6 MS. SCHOENLING: I understand that.

7 A. Right.

8 Q. Well, let's talk about Dr.  
9 O'Grady's report. Can we do that?

P0 A. Yeah. I'd like to -- I haven't  
11 read it recently enough to remember the exact  
12 details of the report. I've read all of them,  
13 but it hasn't been within the last two days. I  
14 thought I had it -- I must not have them all  
15 with me. If I do -- I have a pile of -- it  
16 must be with all the other depositions. I'm  
17 sorry. Or is that -- no, there they are.  
18 There they are. Okay. Which one do you want  
19 to talk about?

20 Q. Dr. O'Grady.

21 A. Dr. O'Grady, okay. I do remember  
22 reading --

23 Q. I guess I really just have a very  
24 general question with respect to his report,  
25 and that is --

1           A.     Yeah, I didn't -- I mean, I didn't  
2     have any -- I do remember it now because I --  
3     as I see the format, I can remember having --  
4     which one I read recently. But no, I did not  
5     have any disagreements that I recall from  
6     reading this report.

7           Q.     Now, as far as your opinions that  
8     you're going to be rendering in this case, it's  
9     my understanding that you have not -- or do not  
10    intend to offer any opinions with respect to  
11    Dr. Siew's care and treatment either during  
12    labor and delivery or during the prenatal  
13    phase. Is that correct?

14          A.     That's correct.

15          Q.     Let me check my notes here, Doctor.  
16    I may be done.

17                     You stated that had we had the cord  
18    pH, you would be able to definitively determine  
19    whether or not metabolic acidosis was present  
20    in this case? Did I understand that from your  
21    testimony?

22          A.     I think it would have been another  
23    piece of information that I think would have  
24    corroborated, would have agreed with the  
25    interpretation of the fetal monitor that the

1 baby was normally oxygenated at birth.

2 Q. Okay. So in other words, we do not  
3 have to have the cord pH in and of itself in  
4 order to reach that conclusion; is that  
5 correct?

6 A. No. It's just -- it would just be  
7 another piece of information that would be --  
8 it would just add to what we already have, in  
9 my opinion.

10 Q. In fact, support what we already  
11 have?

12 A. Correct.

13 MS. SCHOENLING: I don't think I  
14 have any other questions. Thank you.

15 EXAMINATION OF WILLIAM J. TODIA, M.D.

16 BY MR. NOVAK:

17 Q. While we're kind of rolling on this  
18 pH thing, would you agree with me that the only  
19 scientific demonstration of metabolic acidosis  
20 would have been the cord blood?

21 MR. JEFFERS: Metabolic acidosis?

22 MR. NOVAK: That's what I said.

23 MR. JEFFERS: Okay. I'm just  
24 making sure.

25 A. The only way I know of to make a

1 diagnosis of metabolic acidosis is to have a  
2 pH, PCO2, bicarbonate and base excess analysis.  
3 I think that's what you mean by "cord pH," but  
4 -- I mean, the pH alone wouldn't have made it,  
5 but if we had that complete study, yeah, I  
6 think that's -- yes.

7 Q. My question wasn't related to the  
8 pH. My question was the only scientific  
9 demonstration of metabolic acidosis would have  
10 been the cord blood; is that correct?

11 A. The only scientific -- the only way  
12 that -- yeah, that's the only -- that's the  
13 only test I know of that you can characterize  
14 the degree of metabolic acidosis. But there  
15 are signs and symptoms of various degrees of  
16 acidosis that you can find, also. So it's not  
17 the only scientific test.

18 In the absence of that test, you  
19 can make a determination about severe acidosis  
20 based on a number of other -- by examining a  
21 patient. But that's the only way to  
22 characterize the exact number.

23 Q. If Mr. Jeffers' other expert, Dr.  
24 Thomas Reilly, agreed that the only scientific  
25 demonstration of metabolic acidosis would have



1       been the cord blood, and he agreed that that  
2       was correct, would you agree or disagree with  
3       his statement?

4               ~~MS.~~ MS. SCHOENLING:  Objection.  First  
5       of all --

6               MR. JEFFERS:  What page are you on?

7               MR. NOVAK:  Page 67, line 6.  And  
8       he went through that, and it goes from line 6  
9       to line 16.

10              MS. SCHOENLING:  I'm going to  
11       object.  It's a mischaracterization.  He quotes  
12       his question accurately, but it's a  
13       mischaracterization of Dr. Reilly's response to  
14       that question.

15              Q.       Let me read it here.  "So the only  
16       scientific demonstration of metabolic acidosis  
17       would have been the cord blood?"  "Answer:  
18       That's correct.  But it's simply not a standard  
19       of care for cord blood to have studies done  
20       when the Apgars are 6 and 8."

21              But with respect to the issue of  
22       whether or not the only scientific  
23       demonstration of metabolic acidosis would be  
24       the cord blood, would you agree with his  
25       statement when he says, "That's correct"?

1 Would you agree with his answer to that?

2 MS. SCHOENLING: Objection.

3 A. I think so. I just answered the  
4 question ~~when I~~ explained -- when I answered  
5 what scientific demonstration of metabolic  
6 acidosis was. I think I said the pH and cord  
7 bloods is a scientific demonstration, but that  
8 there are other things or other signs and  
9 symptoms in a person -- in a neonate that would  
10 also indicate severe metabolic acidosis.

11 So I don't understand why I have to  
12 answer the question over again. I answered  
13 that. And what you're trying to do is get me  
14 to interpret his answer and say he's wrong, but  
15 I answered the question already.

16 C No, my question is pretty simple.  
17 You don't agree with him because he says the  
18 only scientific --

19 MR. NOVAK: Let me finish my  
20 question. Okay?

21 MR. JEFFERS: Don't raise your  
22 voice to me.

23 MR. NOVAK: Don't start butting  
24 into my question right in the middle of it.  
25 You started ~~ed to butt~~ into my question right in

1 the middle. So back off.

2 MR. JEFFERS: Don't raise your  
3 voice to me, Sonny.

4 MR. NOVAK: Don't get smart, John.

5 MR. JEFFERS: You just got smart  
6 with me. You raised your voice. You pointed  
7 your finger --

8 MR. NOVAK: I'm going to point my  
9 finger and I'm going to keep pointing my  
10 finger. Back off.

11 MR. JEFFERS: I'm not doing  
12 anything. So just cool it. Things aren't  
13 going well for you and you're upset.

14 MR. NOVAK: Things aren't going  
15 well for me? I just don't like you to butt in  
16 when you're off the wall. Okay?

17 MR. JEFFERS: The record will  
18 demonstrate I didn't butt in.

19 Q. My question for you is the only  
20 scientific demonstration of metabolic acidosis  
21 is the cord blood, isn't it?

22 A. That wasn't -- no, I didn't answer  
23 that that was the only scientific  
24 demonstration.

25 Q. So you don't agree with that?

1           A.     I said the cord blood is one of the  
2     scientific demonstrations of metabolic  
3     acidosis.

4           Q.     All right.

5           A.     And that, yes, it is one of, but I  
6     didn't say it was the only scientific  
7     demonstration of metabolic acidosis.

8           Q.     Okay. So we'll let your answer  
9     stand and we'll let Dr. Reilly's answer stand  
10    and we'll let a jury decide --

11           MS. SCHOENLING: Is that a  
12    question?

13           Q.     -- we'll let the jury decide who's  
14    telling the truth on that.

15           MS. SCHOENLING: Are you asking a  
16    question?

17           MR. JEFFERS: No, this is Bill ~~the~~  
18    giving a final argument.

19           Q.     You gave a statement to this line  
20    of questioning by your codefendant's lawyer,  
21    Doctor.

22           MR. JEFFERS: Wait a minute. This  
23    is not his codefendant's --

24           MS. SCHOENLING: Excuse me?

25           MR. NOVAK: Well, the codefendant.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

normal, I'm going to change my statement because what I said -- at least what I said one of the times, but the questions keep getting re-asked, is that the pH would have reassured me. It would have been reassuring that -- I said the fetal monitor strips would have been reassuring and that the pH would have gone along with the fetal monitor strips. They would have reassured me that the labor would continue as it was allowed to continue.

MR. NOVAK: Would you go back to

1 the initial line of questioning that counsel  
2 for Dr. Siew asked and -- it's at the very  
3 beginning, about the question of the cord  
4 blood. And I want you to find the doctor's  
5 answer where he said the pH would be in the  
6 normal range. Would you find that for me,  
7 please.

8 A Even if you can find it, it's my  
9 right to explain what I meant. And I'm  
10 explaining to you that whether I said "normal"  
11 once or not, what I'm explaining to you is that  
12 -- because I'm not going to get into an  
13 argument about what you say is normal and what  
14 I say is normal.

15 What I'm saying is that I would  
16 have expected the pH to be reassuring, that the  
17 pH would have gone along with the fetal  
18 monitoring tracing and would have a --

19 MS. SCHOENLING: Bill, are you  
20 saying he doesn't have a right to respond?

21 MR. NOVAK: I'm saying he's under  
22 oath and -- just because I asked the question  
23 instead of you -- I'd like to hear the response  
24 to the question.

25 Would you please go back to the

1 statement he made that said it would be a  
2 normal range pH? I have the right to have that  
3 read back.

4 MR. JEFFERS: Do whatever you want.

5 Let the record show Mr. Novak is  
6 again raising his voice. And let the record  
7 also show that during the doctor's response,  
8 Mr. Novak said something to the effect of  
9 "uh-huh" seven times during his response.

10 MR. NOVAK: Are you done?

11 MR. JEFFERS: I'm done now.

12 MR. NOVAK: Okay. Would you please  
13 go back? We can wait here.

14 (Record read.)

15 (Discussion off the record.)

16 Q. Doctor, we've just had your  
17 testimony reread and you've indicated that  
18 based upon the Apgar scores and based upon what  
19 you believe were reassuring fetal heart strips,  
20 you believe that the cord blood would have had  
21 a pH in the normal range. Am I characterizing  
22 that answer correctly?

23 MR. JEFFERS: Did you add fetal  
24 heart rate tracings?

25 MR. NOVAK: Yes, I did.

1 Q. Am I characterizing that answer as  
2 correct?

3 A. That's the answer I gave. And I  
4 think -- I'm sure that when you asked it  
5 another time, that I used the word  
6 "reassuring." And we must have been talking  
7 about scalp pH rather than cord blood. But I  
8 would expect that the -- what I mean by  
9 "normal" is in the normal range. What I mean  
10 by that, because you bring it up, is that the  
11 -- that it would not show that the baby had  
12 metabolic acidosis at the time of delivery.

13 Q. Based upon the cord pH?

14 A. Right, the cord pH and the  
15 attendant measurement, PCO<sub>2</sub>, bicarbonate, base  
16 excess, could have indicated that the infant  
17 did not suffer from metabolic acidosis.

18 Q. I didn't ask you these questions,  
19 she did.

20 A. I know. I'm just clarifying the  
21 question.

22 Q. But her question, she asked you  
23 based upon a reasonable medical probability  
24 would the cord pH be within the normal range,  
25 and your response to that question would be



1       yes; is that right?

2               A.       No, that would be what I've just  
3       clarified. It would be that it would be -- it  
4       would indicate that there was not metabolic  
5       acidosis. PHs vary for a number of reasons by  
6       what we were -- just the question was and the  
7       whole point of the discussion is does this baby  
8       have asphyxia, was there metabolic acidosis and  
9       hypoxia at the time of birth. And I said and  
10      my belief is that the pH would not indicate  
11      that there was hypoxia and metabolic acidosis  
12      at birth.

13              Q.       Would you agree with me that you  
14      stated that you believed that there would be a  
15      pH in the normal range? You did say that?

16              A.       Sure. And I've now explained  
17      exactly what I mean by pH in the normal range  
18      in answer to that question. So, I mean, I'm  
19      not going to sit here --

20              Q.       so --

21                      MR. JEFFERS: Let him finish. Let  
22      him finish. Let him finish.

23                      MR. NOVAK: Now you're raising your  
24      voice and you're turning red and the top of  
25      your head is turning red, Mr. Jeffers.

1 MR. JEFFERS: Absolutely. And  
2 you're very irritating.

3 (Discussion off the record.)

4 Q. Would you describe for me what  
5 normal pH range is? What are those values?

6 A. What are the values for normal pH?

7 Q. Uh-huh.

8 A. In what circumstance?

9 Q. Well, you --

10 A. Here's what I would -- the -- it  
11 depends on which time we're talking about. The  
12 -- if the infant had a scalp pH during the time  
13 of labor, then I would expect it to be above  
14 7.20. That would be reassuring and that would  
15 be normal for this fetal heart rate tracing.

16 Q. How about a cord --

17 A. Now, when the baby is born, then --'

18 Q. -- cord pH?

19 A. A cord pH?

20 Q. Uh-huh.

21 A. Then the pH depends on the PCO<sub>2</sub>,  
22 bicarbonate and base excess, because a pH -- a  
23 corrected pH would be -- meaning corrected for  
24 respiratory -- for PCO<sub>2</sub> I would expect to be  
25 normal in this infant. You're talking

1       arterial, right?

2               Q.       Yes.    So give me a number that you  
3       would expect it at.

4               A.       I would expect it to be above --  
5       corrected for PCO<sub>2</sub>, above 7.20.

6               Q.       Okay.  Now, we do know that the  
7       arterial blood gas taken at 1359 was 7.21; is  
8       that right?

9               A.       That was just the pH.  That's not  
10       the corrected pH for the respiratory component.

11              Q.       I'm just talking about the pH.

12              A.       That's what I said.  That's what I  
13       said, right.

14              Q.       Now, the pH that you would expect  
15       from the cord, what would you expect, 7.20?

16              A.       I said the corrected pH and the  
17       cord corrected for PCO<sub>2</sub>, because what we're  
18       interested in at the time of delivery is the  
19       metabolic acidosis.  That's what we're trying  
20       to get at.  Which means that the PCO<sub>2</sub> level has  
21       to be taken into account in order to decide  
22       whether the pH is coming from respiratory,  
23       meaning the amount of PCO<sub>2</sub>, or from metabolic.  
24       So I said the corrected pH would -- I would  
25       expect to be above 7.20 at the time of

1 delivery.

2 Q. What's the corrected pH from the  
3 arterial blood gas?

4 A. The one that was 7-21?

5 Q. Uh-huh.

6 A. I need to see all the measurements

7 to the pH was 7.21. The PCO2 was 63.

8 --  
Normal PCO2 would be 40. In order to correct  
9 -- in order to correct the pH, you have to use  
10 a factor of .08 pH, meaning you raise the pH.08  
11 for every 10 millimeters of mercury for PCO2.  
12 So I can't do the math exactly, but it would --  
13 corrected it would be 7.21 plus .16. It would  
14 be 7.37 at 1359.

15 MS. SCHOENLING: Is that the  
16 corrected ABG or corrected --

17 THE WITNESS: Corrected ABG pH.

18 MS. SCHOENLING: Thank you.

19 A. The one that we're looking on at  
20 1359. And what that means is that this pH, the  
21 reason this pH was 7.21 was because of the  
22 PCO2. It was not -- there was not metabolic  
23 acidosis at 1359. If there was metabolic  
24 acidosis, this pH would still be low after you  
25 corrected the PCO2.

1                   This says that this abnormal pH is  
2 solely because of respiratory component, solely  
3 because the PCO<sub>2</sub>, which is blown off at the  
4 lungs when you breathe, was not happening as  
5 much as it should have. There wasn't as much  
6 PCO<sub>2</sub> being blown off as there should have been.

7           Q.       So you're saying the 7.21 is not  
8 acidotic, right?

9           A.       I didn't say that. I said the  
10 corrected pH is not acidotic. And I said 7.21  
11 is respiratory acidosis alone. There is no  
12 metabolic acidosis. I should say there's no  
13 significant metabolic acidosis because there's  
14 never no anything in medicine.

15          Q.       And you are aware that by the time  
16 that this blood gas was done, this infant was  
17 on oxygen, right?

18          A.       Uh-huh. That's correct.

19          Q.       Okay. Now, this pH that you feel  
20 is in the normal range, the cord blood, that is  
21 a guess on your part, isn't it?

22          A.       No, it's not a guess. That's an  
23 educated opinion based on all of the other  
24 information I've reviewed.

25          Q.       By the way --

1 A. It's not a guess at all.

2 Q. -- did Mr. Jeffers talk to you  
3 about this line of inquiry that Ms. Schoenling  
4 was going to ask you about the cord blood?

5 A. No.

6 Q. Did she --

7 MS. SCHOENLING: Came up with it  
8 all on my own, Bill.

9 MR. NOVAK: Let me finish.

10 Q. By the way, let's get on to the  
11 placenta. You said that you expected to see a  
12 normal placenta?

13 A. No, I didn't expect to see a normal  
14 placenta.

15 Q. You expected to see a placenta that  
16 demonstrated something that would have shown a  
17 long-standing problem; is that right?

18 A. Right, which would not -- which  
19 would be the opposite of a normal placenta.

20 Q. Would you do me a favor, then, and  
21 tell me on a gross examination what color  
22 placenta would you expect?

23 A. What color placenta?

24 Q. Yes.

25 A. I don't know, I'm not a

1 pathologist.

2 Q. Would you tell me what the cord  
3 would look like on gross examination?

4 A. Again, I'm not a pathologist,

5 Q. Would you tell me what the chorion  
6 would look like?

7 A. I'm not going to testify about the  
8 pathologic exam of the placenta. I was not  
9 trained in the pathologic exam of the placenta.  
10 I rely on a placental pathologist who I send my  
11 placentas to to interpret the findings of the  
12 placenta and give me a report about that  
13 placenta.

14 Q. But you're testifying here today  
15 that you would expect a placenta in this case  
16 to look like something long-term was going on;  
17 isn't that right?

18 A. I said I expected the placental  
19 pathology, which is a microscopic and  
20 macroscopic exam by a placental pathologist, to  
21 give us more information about the cause of  
22 that infant's long-term deficit.

23 Q. Doctor, the fact of the matter is  
24 that as you sit here, you would have no idea as  
25 to what the color, the composition, the

1 chorion, the villi, the cord or anything else  
2 would look like on this infant based upon a  
3 reasonable medical probability; isn't that  
4 right?

5 A. That's not what I said.

6 Q. That's my question. You wouldn't  
7 really know what any of those components would  
8 look like, would you?

9 A. That's incorrect.

10 Q. But you're not a placental  
11 pathologist, are you?

12 A. That's correct. I'm not a  
13 placental pathologist, so I'm not going to  
14 claim to be an expert in placental pathology.  
15 That does not mean that I have no idea what a  
16 placenta looks like. That's an incorrect  
17 characterization of what I said.

18 Q. Well, I guess I want to know that  
19 if you're going to testify that you expected  
20 the placenta to look like there was an issue  
21 which antedated labor and delivery, then I want  
22 you to tell me what this placenta should look  
23 like in terms of its gross color. Can you do  
24 that for me?

25 A. No, I didn't say that. I said I



1 would expect the placental pathology to reveal.  
2 I didn't say I would do the placental  
3 pathology. I didn't say I could tell you all  
4 of the findings of the placental pathologist.

5 I said that if you take the  
6 placenta and send it to a placental  
7 pathologist, that the placental pathologist, in  
8 their expertise, would be able to give me  
9 information that would help or potentially help  
10 explain why the baby has the disease that the  
11 baby has. That's all that I intended to say.

12 Q. Doctor, are you aware of all the  
13 literature out there with respect to placental  
14 pathology and hypoxic-ischemic encephalopathy?  
15 Are you aware of a lot of literature that's out  
16 there?

17 MR. JEFFERS: You said all of it.

18 Q. Let's say all of it. Are you aware  
19 of the literature that's out there on placental  
20 pathology as it relates to hypoxic-ischemic  
21 encephalopathy?

22 A. I'm aware there's literature out  
23 there.

24 Q. Are you aware that placental  
25 pathologists even disagree on what they see in

1 a placenta and whether or not the timing of the  
2 event antedates or occurs during labor and  
3 delivery based upon what they see in a  
4 placenta?

5 MR. JEFFERS: Objection. Go ahead.

6 A. I'm aware that doctors disagree  
7 about most every subject. So it wouldn't  
8 surprise me at all if there is pathologists  
9 that have disagreements on reading the  
10 placental pathology.

11 Q. Now, I'm a little confused about  
12 this issue about the orders in the chart.  
13 You're not telling us, are you, that the orders  
14 in the chart reflect Dr. Siew's ongoing thought  
15 processes as it relates to the labor and  
16 delivery of this patient, are you?

17 A. No.

18 Q. And you would agree with me that as  
19 this Elyria Memorial Hospital chart is  
20 composed, we don't see anything in there about  
21 congenital microcephaly, do we?

22 A. I don't recall seeing that written  
23 anywhere in the chart.

24 Q. And if there was something abnormal  
25 with respect to a gross congenital anomaly, one

1 would expect that a nurse or Dr. Siew would  
2 appropriately note that; isn't that correct?

3 A. I wouldn't expect Dr. Siew would,  
4 but -- because usually that's a pediatric  
5 function, not the function of the obstetrician.  
6 But if there was a congenital abnormality that  
7 the pediatrician or the pediatric nurse  
8 recognized, then you may find it documented in  
9 the chart, sure.

10 Q. Would you agree with me that a  
11 baseline fetal heart rate above 160 represents  
12 some form of tachycardia?

13 A. It's defined as tachycardia if it's  
14 above 160. That's the definition of fetal  
15 tachycardia, yes.

16 Q. Okay. Let me ask you if you agree  
17 with any of these clinical associations with  
18 baseline heart rate tachycardia. How about  
19 maternal thyrotoxicosis?

20 MS. SCHOENLING: I'm sorry, what  
21 was the question?

22 MR. NOVAK: Maternal  
23 thyrotoxicosis.

24 MS. SCHOENLING: What's the  
25 question, though?

1 MR. NOVAK: Would you read back the  
2 question?

3 (Record read.)

4 MS. SCHOENLING: Thank you.

5 Q. How about maternal --

6 A. Do you mean the disease maternal  
7 thyrotoxicosis --

8 Q. Yes.

9 A. -- can be associated with fetal  
10 tachycardia?

11 Q. Right.

12 A. Yes, I agree that's an association.

13 Q. How about tachyarrythmia? Can that  
14 be associated --

15 A. Yes, it could be associated with  
16 fetal tachycardia.

17 Q. How about prematurity?

18 A. Prematurity? It's possible.

19 Q. How about drugs such as beta  
20 agonists?

21 A. It's possible, yes.

22 Q. How about fetal infection?

23 A. It's possible.

24 Q. How about maternal fever?

25 A. It's possible, too.

1 Q. Now do we have any maternal fever  
2 here?

3 A. Not that I recall.

4 Q. Do we have any fetal infection?

5 A. Don't know the answer to that  
6 question. The infant was treated with  
7 antibiotics after delivery, but I don't  
8 remember whether there was any -- I don't  
9 remember whether there was documentation of  
10 infection or if the antibiotic treatment was a  
11 precaution for infection. So I can't answer  
12 whether there was infection.

13 Q. How about beta agonists?

14 A. I don't believe the mother received  
15 beta agonist medicines in labor.

16 Q. We don't have any prematurity, do  
17 we?

18 A. She's 37 weeks?

19 Q. Thirty-nine weeks.

20 A. No, there is not prematurity.

21 Q. How about tachyarrythmia?

22 A. Tachyarrythmia means that the --  
23 that there was an intrinsic fetal tachycardia.  
24 That's certainly possible, especially since the  
25 summary from University Hospital talks about

1 persistent fetal tachycardia with a negative  
2 workup.

3 Q. Okay. How about maternal  
4 thyrotoxicosis?

5 A. It's possible, but I'm not aware of  
6 the patient having a thyrotoxicosis in the  
7 chart.

8 Q. Would you agree with me that a  
9 clinical association with tachycardia can be  
10 hypoxia?

11 A. That -- say that again? That a --

12 Q. Clinical association with  
13 tachycardia can be hypoxia.

14 A. Would a clinical association --  
15 it's possible just like all the other things  
16 are possible.

17 MS. SCHOENLING: Excuse me, noting  
18 that the last 10 or 12 questions have been  
19 referencing Dr. O'Grady's text, I would just  
20 ask you to identify the page numbers that  
21 you're referencing.

22 MR. NOVAK: I really don't have to  
23 because I'm not quoting anything.

24 MS. SCHOENLING: I believe that you  
25 are --

1 MR. NOVAK: No, I'm not. If I have  
2 this on the floor --

3 MS. SCHOENLING: For the record,  
4 Mr. Novak is reading from the text --

5 MR. NOVAK: Page 322 entitled Table  
6 13.2 Baseline Heart Rate Abnormalities, and for  
7 tachycardia as an abnormality -- by the way,  
8 Dr. O'Grady, your wonderful expert, here in his  
9 book edited by him, lists at the top of the  
10 list the clinical association of hypoxia.

11 MS. SCHOENLING: Thank you.

12 Q. You would agree that that's a  
13 possibility, isn't it?

14 A, I would.

15 MR. JEFFERS: That what's a  
16 possibility?

17 MR. NOVAK: That hypoxia can be a  
18 clinical association with tachycardia.

19 MS. SCHOENLING: Note my objections  
20 to all the possibilities that we're referencing  
21 here.

22 Q. But the fact of the matter is that  
23 other than the tachyarrythmia which you said  
24 may have been present here, none of the other  
25 causes that I just gave to you appear to be in

1 this case; isn't that correct?

2 A. The tachyarrythmia seems to be  
3 the only cause that there's any just indication  
4 for --

5 Q. Right.

6 A. -- because that's the only thing  
7 that persists into the neonatal period and that  
8 there's any documentation.

9 Q. Would you disagree with me that  
10 this newborn had hypoxia?

11 A. Yes.

12 Q. So, then, would you disagree with  
13 Dr. Dominguez at --

14 MR. JEFFERS: University Hospital.

15 Q. -- University Hospital who wrote  
16 down on 11/12/92 by actually seeing the infant  
17 that -- he says, "The infant **may** have suffered  
18 from asphyxia. Although Apgar scores were  
19 fairly good, this is the most likely cause."  
20 Would you agree or disagree with him?

21 A. I would disagree with that.

22 Q. And would you agree or disagree  
23 with this statement on 11/13/92: "Most likely  
24 cause ischemia with anemia secondary to true  
25 knot in cord"?



1 MS. SCHOENLING: Whose statement  
2 are you reading, Bill?

3 MR. NOVAK: Looks like a Dr. Walla.

4 MS. SCHOENLING: At UH?

5 MR. NOVAK: Yes.

6 MR. JEFFERS: Do you want to read  
7 that once more?

8 Q. Question, "Etiology most likely is  
9 ischemia with" -- "secondary to true knot in  
10 cord." Would you agree or disagree with that?

11 A. I'd disagree.

12 Q. On 11/13/92 there's another note  
13 here, "Neurology consulted," and then it says,  
14 "Etiology," question mark. "Hypoxic  
15 event/ischemia secondary to nuchal cord."  
16 Would you agree or disagree with that?

17 A. Disagree with that.

18 Q. And on 11/14/92 there's an  
19 assessment that says, "Number 1, Seizures on  
20 day of life number 1 probably due to a hypoxic  
21 episode from a nuchal cord with a true knot."  
22 Do you agree or disagree with that?

23 A. Disagree.

24 Q. And continuing on, on 11/15/92 a  
25 note that says, "Seizures probably secondary to

1 hypoxia." Do you agree or disagree with that?

2 A. Disagree.

3 MR. JEFFERS: What day was that,  
4 Bill, the last one?

5 MR. NOVAK: Fifteenth.

6 MR. JEFFERS: Pardon me?

7 MR. NOVAK: The fifteenth.

8 MR. JEFFERS: Thank you.

9 Q And then on November 17, 1992, the  
10 note says, "Seizures probably secondary to  
11 hypoxia (tight nuchal cord)." Do you agree or  
12 disagree with that?

13 A Disagree.

14 Q And then on 11/17/92, a note,  
15 "Birth asphyxia with seizures." Do you agree  
16 or disagree with that?

17 I disagree.

18 Q And on 11/18/92 there's a note here  
19 that says, "Seizures probably secondary to  
20 hypoxia (tight nuchal cord)." Do you agree or  
21 disagree with that?

22 A. Disagree.

23 Q And also on that same page it says,  
24 "Six-day-old 39 weeks with seizures, probably  
25 hypoxic." Would you agree or disagree with

1 that?

2 A. Disagree.

3 MR. JEFFERS: Pardon me?

4 THE WITNESS: I disagree.

5 Q. And then on 11/19 it says,  
6 "Seizures secondary to hypoxia presumed."

7 Would you agree or disagree with that?

8 A. Disagree.

9 Q. And on 11/20/92 it says, "Seizures  
10 probably hypoxic in etiology." Would you agree  
11 or disagree with that?

12 A. Disagree.

13 Q. And also on 11/19/92, would you  
14 agree or disagree with the note that says, "HIE  
15 seizures"? Would you agree or disagree?

16 A. What's HIE?

17 Q. Hypoxic-ischemic encephalopathy.

18 A. Disagree.

19 Q. And on 11/21/92, "Seizures  
20 secondary to birth asphyxia," question mark.  
21 Would you agree or disagree?

22 A. I agree with the question mark. I  
23 disagree with the proposition that it was birth  
24 asphyxia.

25 Q. And on 8/3/93 in a consult, do you

1 agree or disagree --

2 MR. JEFFERS: Consult by whom,  
3 please?

4 Q. The consultant's note has the  
5 patient was being observed for constipation and  
6 hepatomegalia and a consult's note has, "Nine  
7 months old with history of birth asphyxia." Do  
8 you agree with the note "birth asphyxia"?

9 A. No, I don't.

10 Q. And on 8/10/93, pediatric clinical  
11 pharmacology consulting, it says, "Admission at  
12 birth for neonatal seizures thought to be  
13 secondary to a hypoxic-ischemic event." Do you  
14 agree or disagree with that?

15 A. Disagree.

16 Q. And under the EEG summary at the  
17 Cleveland Clinic on 3/31/93 --

18 MR. JEFFERS: The date again was?

19 MR. NOVAK: 3/31/93.

20 Q. "Etiology perinatal asphyxia." Do  
21 you agree or disagree with that?

22 A. Disagree.

23 Q. And under Conclusions of  
24 Recommendations on that EEG summary it says,  
25 "Jasmine Merriweather was a 16-month-old girl

1 who had perinatal asphyxia with meconium and a  
2 nuchal cord." Do you agree or disagree with  
3 that?

4 A. Disagree with perinatal asphyxia.

5 Q. And also under Etiology for  
6 Perinatal Complications it says, "Asphyxia."  
7 Do you agree or disagree with that?

8 A. Disagree.

9 Q. And on a note that was done for the  
10 Ohio Department for Hearing, the notation  
11 indicates that this infant had seizures related  
12 secondary to birth. Do you agree or disagree  
13 with that?

14 A. Seizures related --

15 Q. Related to birth.

16 A. -- to birth. The seizures were  
17 around birth, I don't know what it means by  
18 "seizures related to birth." If you mean  
19 seizures related to birth asphyxia, I disagree  
20 with it just like all of the above.

21 MR. JEFFERS: What department was  
22 that, Bill?

23 MR. NOVAK: I'll find it.

24 Q. The Infant Hearing Assessment  
25 reporting form that goes to the Ohio Department

1 of Health says, "Seizure disorder secondary to  
2 birth asphyxia." Do you agree or disagree with  
3 that?

4 A. Disagree.

5 Q. Do you agree or disagree with the  
6 patient progress note on 11/15/92 when it says,  
7 "Seizures and hypoxic episode at birth." Do  
8 you agree or disagree with that?

9 A. Disagree.

10 MR. JEFFERS: That's 11/15/92?

11 MR. NOVAK: Yeah.

12 Q. My last question, then, is as you  
13 sit here today having never seen this patient,  
14 having never met any of the nurses in this  
15 case, having never met Dr. Siew, having never  
16 seen this patient face to face, it's your  
17 opinion today that you're disagreeing with all  
18 of what I've just read you as respects the  
19 notations in the chart as to the cause of this  
20 event; is that right?

21 MS. SCHOENLING: Objection.

22 A. All of the people you just read me  
23 never reviewed the fetal heart rate tracing and  
24 never saw the course of labor. So their  
25 opinion about birth asphyxia is less founded

1       than the opinion I've given you today based on  
2       all of the information I've reviewed with you.

3               Q.       Whoa, whoa, whoa, whoa, Doctor.  
4       Here we go.

5               A.       I want you to show me one of those  
6       notes you read that was done by a  
7       perinatologist or obstetrician or anyone who  
8       reviewed the fetal heart rate tracing in the  
9       labor course.

10              Q.       Are you telling me --

11              A.       Those are all pediatric notes.  
12       They're notes from the neonatologist who read a  
13       summary from a nurse from Elyria when the  
14       patient was transferred.

15              Q.       Are you --

16              A.       Go ahead.

17              Q.       Are you telling me that -- so  
18       you're telling me that --

19              A.       You've just read for me the notes  
20       in -- the notes by pediatricians, all of which  
21       you said have question marks after the  
22       diagnosis. You didn't read the body of the  
23       whole report. These are not anyone who viewed  
24       the labor, who saw the tracing, who saw the  
25       infant at birth, who assessed the Apgars and

1 who made any assessment of the baby except for  
2 the fact that the baby had seizures two days  
3 later.

4 Q. Are you telling me University  
5 Hospital didn't have the EMH records when this  
6 patient was seen?

7 MS. SCHOENLING: Objection. That's  
8 not --

9 A. Didn't have the fetal monitor  
10 tracings.

11 Q. How do you know?

12 A. Because there's not any indication  
13 in anything you just read to me because none of  
14 them commented on the fetal monitor tracings.

15 Q. How do you know they didn't have  
16 it?

17 MR. JEFFERS: Objection --

18 (Discussion off the record.)

19 Q. Well, there's a note here on  
20 11/12/92 at 4:15 p.m. and it says, "Source  
21 medical records from Elyria Memorial Hospital."  
22 Are you telling me that they just got part of  
23 the records, but not all of them? Is that what  
24 you're telling me?

25 A. I'm telling you when an infant is



1 transferred to another neonatal intensive care  
2 unit, the record that's sent is the neonatal  
3 record. That's an independent patient. The  
4 patient that goes is the baby, and the record  
5 that's transferred is the baby's. The mother's  
6 record is not part -- is not the baby's record.  
7 The mother's record doesn't go to the intensive  
8 care unit.

9 They don't make any independent  
10 assessment of what happened during labor. They  
11 write down what it says on the neonatal sheet  
12 from the pediatrician at the previous hospital  
13 and then they make a judgment.

14 Q. So you're telling me --

15 A. So they base everything on that  
16 sheet that we already reviewed that I disagreed  
17 with where someone who we can't even find their  
18 name wrote "fetal distress."

19 Q. Are you telling me that the fact  
20 that this newborn had seizure activity within  
21 the first 24 hours is irrelevant as represents  
22 its connection to hypoxic-ischemic  
23 encephalopathy?

24 A. I'm saying that hypoxic-ischemic  
25 encephalopathy did not cause this infant's

1 seizure disorder in the first 24 hours.

2 Q. My question for you is do you feel,  
3 or not, that the fact that the seizure activity  
4 started within 24 hours of birth is  
5 significant?

6 A. Significant to this baby, of  
7 course.

8 Q. Do you feel that it's significant  
9 as respects the timing of the event?

10 A. Timing of what event?

11 Q. The hypoxic-ischemic event.

12 A. Baby didn't have a hypoxic-ischemic  
13 event, not in the time of -- not in the time of  
14 labor. My comments are about the patient's  
15 labor course and her delivery. There is no  
16 evidence from the record that this baby  
17 suffered a hypoxic-ischemic event from the time  
18 the baby went into labor that I have a record  
19 of to the time the baby was delivered. That's  
20 what I'm commenting upon.

21 I can't tell you if it suffered a  
22 hypoxic-ischemic event at 18 weeks or 22 weeks  
23 or 32 weeks, and I can't tell you if it  
24 suffered the event at three hours of age. I  
25 can't comment on that part. I can comment on

1       what happened during labor.

2               Q.       So all you're concerned with is  
3       labor. But from a standpoint of looking at  
4       this from a perspective of a pediatric  
5       neurologist or a pediatrician, you don't care  
6       about those factors, do you?

7               A.       What I -- I don't care about those  
8       factors?

9               MS. SCHOENLING: Objection.

10              MR. JEFFERS:: If you don't  
11       understand the question --

12              MR. NOVAK: I understand it.

13              MR. JEFFERS: You can understand  
14       whatever you say, but --

15              A.       Can you repeat it, please?

16              MR. JEFFERS: -- others have to  
17       understand it.

18              A.       I don't understand your question.  
19       You can reread it if you like and I'll try --

20              Q.       Here's my question: Are you  
21       telling me that the people who wrote down --  
22       those physicians at University Hospital, are  
23       you telling me that the opinions they wrote  
24       down and the assessments they wrote down are  
25       totally invalid?

1           A.       I'm telling you that this infant  
2       did not sustain neurologic damage from hypoxic  
3       encephalopathy during her course of labor and  
4       delivery.

5           Q.       Based upon your review seven years  
6       later?

7           A.       Based upon all the information  
8       contained in her labor and delivery course,  
9       that's what I'm telling you.

10          Q.       Including the true knot in the  
11       cord, right?

12          A.       Including the loose true knot in  
13       the cord which we've reviewed already, yes.

14          Q.       And including issues relating to  
15       the cord around the neck, right?

16          A.       Yes.

17          Q.       And including the fetal distress  
18       that's marked down in the chart, right?

19          A.       The incorrect fetal distress that's  
20       written in the initial newborn profile, but is  
21       never written in the maternal record, yes.

22          Q.       I just want to make sure before I  
23       leave here that you and I are on the same page  
24       on one thing: That you're going to tell the  
25       jury that Mr. Jeffers' client was wrong when it

1 wrote down "fetal distress" on 11/11/92. Is  
2 that what you're going to tell this jury? I  
3 want to know that.

4 A. What I'm going to say is that that.  
5 is an incorrect characterization of the labor  
6 course. Yes, I'm going to say that.

7 MR. NOVAK: Okay. All righty. I  
8 am done.

9  
10 (Deposition concluded at 6:15 p.m.)  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

## CERTIFICATE

The State of Ohio, )

SS:

County of Cuyahoga. )

I, Rebecca L. Stonerock, a Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that the within-named witness, WILLIAM J. TODIA, M.D., was by me 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 the above-referenced witness was by me reduced to stenotypy in the presence of said witness; afterwards transcribed, and that the foregoing is a true and correct transcription of the testimony so given by the above-referenced witness.

I do further certify that this deposition was taken at the time and place in the foregoing caption specified and was completed without adjournment.

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

5 IN WITNESS WHEREOF, I have hereunto  
6 set my hand and affixed my seal of office at  
7 Cleveland, Ohio, on this 22<sup>nd</sup> day of  
8 September 1999.  
9  
10  
11  
12

13 Rebecca L. Stonerock

14 Rebecca L. Stonerock, Notary Public  
15 within and for the State of Ohio  
16

17 My commission expires March -17, 2002.  
18  
19  
20  
21  
22  
23  
24  
25

## I N D E X

EXAMINATION OF WILLIAM J. TODIA, M.D.	
BY MR. NOVAK.....	4:6
EXAMINATION OF WILLIAM J. TODIA, M.D.	
BY MS. SCHOENLING.....	93:15
EXAMINATION OF WILLIAM J. TODIA, M.D.	
BY MR. NOVAK.....	118:15
Exhibit 1 was marked.....	7:4
Exhibit 2 was marked.....	7:19



2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

The deposition of WILLIAM J. TODIA,  
M.D., taken in the matter, on the date, and at  
the time and place set out on the title page  
hereof.

It was requested that the  
deposition be taken by the reporter and that  
same be reduced to typewritten form.

It was agreed by and between  
counsel and the parties that the Deponent will  
read and sign the transcript of said  
deposition.

AFFIDAVIT

The State of Ohio, )

) SS:

County of Cuyahoga )

Before me, a Notary Public in and for  
said County and State, personally appeared  
**WILLIAM J. TODIA, M.D.**, who acknowledged that  
he/she did read his/her transcript in the  
above-captioned matter, listed any necessary  
corrections on the accompanying errata sheet,  
and did sign the foregoing sworn statement and  
that the same is his/her free act and deed.

In the TESTIMONY WHEREOF, I have hereunto  
affixed my name and official seal at this \_\_\_\_\_  
day of \_\_\_\_\_ A.D 1999:

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires:

DEPOSITION ERRATA SHEET

RE : JASMINE MERRIWEATHER, ETC., ET AL.

VS. ELYRIA MEMORIAL HOSPITAL, ET AL.

RRS File No.: 836

Deponent: WILLIAM J. TODIA, M.D.

Deposition Date: SEPTEMBER 17, 1999

To the Reporter:

I have read the entire transcript of my  
Deposition taken in the captioned matter or the  
same has been read to me. I request that the  
following changes be entered upon the record  
for the reasons indicated. I have signed my  
name to the Errata Sheet and the appropriate  
Certificate and authorize you to attach both to  
the original transcript.

10/10/2020 10:10:10 AM

10/10/2020 10:10:10 AM

10/10/2020 10:10:10 AM

10/10/2020 10:10:10 AM

10/10/2020 10:10:10 AM

10/10/2020 10:10:10 AM

10/10/2020 10:10:10 AM

10/10/2020 10:10:10 AM

10/10/2020 10:10:10 AM

10/10/2020 10:10:10 AM

10/10/2020 10:10:10 AM

10/10/2020 10:10:10 AM

10/10/2020 10:10:10 AM

DEPOSITION ERRATA SHEET

PAGE LINE

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
22  
23  
24  
25

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

~~%t~~ ———  
RENNILLO REPORTING SERVICES

A LEGAL INTELLIGENCE COMPANY

Recognized and Trusted for Over 30 Years

216.523.1313

Erievue Tower, 1301 East Ninth Street, Cleveland, Ohio 44114

ESS.391.DEPO



William J. Todia, M.D.

<b>A</b>	148:20	152:20 153:3	76:14,20,21 77:; 77:6,20 78:1,16 78:20 79:6,11,17 83:4,5 87:6,15 89:16,25 90:4 96:19,25 118:18 120:2,24 121:1 121:17 122:25 128:13 137:18 138:10,16 139:12 141:8 142:12 143:20 143:22 144:10 144:16,22 145:1 145:11,15,20,25 146:7,10,14,15 146:21,22 147:1 147:8,14,21 148:2,7,12 149:2 149:5,8 agreed 50:18 64:24 117:24 119:24 120:1 160:13 agreement 1:20 87:25 108:4 ahead 10:2 14:8 25:23 31:25 32:25 44:12 55:22 71:19 80:15 89:4 94:14 116:3 137:5 150:16 il 1:7 11:1 162:3,4 ilow 98:13 ilowed 98:9 124:24 ilmost 41:12 60:1 80:16,19 81:5 ilone 22:20 23:8 78:11 108:10 119:4 132:1 long 105:5 108:8 124:22 125:17 lready 48:23 50:4 50:9 60:18 78:5 101:6 118:8,10 121:15 152:16 155:13 altered 98:2 99:7 Although 143:18 always 26:10 80:16,20 81:5 American 84:7 85:14 among 108:2 amount 55:10 130:23	above-captioned 161:12 above-referencec 157:13,18 absence 103:25 104:2 105:2,7 107:12,21 119:18 absent 108:13 absolutely 30:23 114:10 129:1 Academy 84:8 acceleration 40:23 45:3,4 accelerations 43:21,21 44:1,2 44:5,21,22 45:10 103:1,14,22 104:6,7,7,13 106:18,19 107:12,22 108:19 accels 104:3 accompanying 161:13 according 13:17 42:8 46:3 52:3 62:16 87:16 107:3,4 account 61:4 107:16 130:21 accuracy 25:18 28:12 accurate 26:4,6 28:8,10 29:14 30:1 46:8,21,23 accurately 120:12 acidemia 86:21 acidosis 63:5,11 64:13,15,25 65:5 65:14 86:20,22 117:19 118:19 118:21 119:1,9 119:14,16,19,25 120:16,23 121:6 121:10 122:20 123:3,7 127:12 127:17 128:5,8 128:11 130:19 131:23,24 132:11,12,13 icidotic 132:8,10 icknowledged 161:10 ict 161:15 iction 158:4 ictivity 8:3 102:9	152:20 153:3 actual 64:17 actually 72:3 82:7 98:14 100:21 143:16 add 26:21 103:24 118:8 126:23 addition 103:18 additional 64:3 97:25 99:8 addressed 95:5 adjournment 157:22 Admission 147:11 advocate 9:20 affected 109:19 AFFIDAVIT 161:1 affixed 158:6 161:17 aforesaid 157:12 after 13:21 15:20 59:17 61:18 78:25 81:6 84:11 114:19 131:24 140:7 150:21 afternoon 93:20 afterwards 157:15 again 8:7 39:7 41:3 42:23 43:3 43:10 45:9 47:8 50:10 52:9 53:16 53:20 61:8 62:9 63:22 68:7,7 71:14 73:8 80:9 82:12 90:22 91:17 92:17 105:16 121:12 126:6 134:4 141:11 147:18 age 4:1 18:16,25 19:3 153:24 ago 10:22 19:17 27:7 tagonist 140:15 tagonists 139:20 140:13 rgree 8:5 15:8 17:3,10,14 18:13 18:22 19:2,25 20:8 22:8,9 23:1 23:23 24:9 32:13 34:12 35:25 38:4 39:22 43:8,18 45:8 49:3 50:1 51:1,20 52:20,23 59:20 63:3 65:1 65:15 69:15 71:5 71:8 73:3 76:2,8	76:14,20,21 77:; 77:6,20 78:1,16 78:20 79:6,11,17 83:4,5 87:6,15 89:16,25 90:4 96:19,25 118:18 120:2,24 121:1 121:17 122:25 128:13 137:18 138:10,16 139:12 141:8 142:12 143:20 143:22 144:10 144:16,22 145:1 145:11,15,20,25 146:7,10,14,15 146:21,22 147:1 147:8,14,21 148:2,7,12 149:2 149:5,8 agreed 50:18 64:24 117:24 119:24 120:1 160:13 agreement 1:20 87:25 108:4 ahead 10:2 14:8 25:23 31:25 32:25 44:12 55:22 71:19 80:15 89:4 94:14 116:3 137:5 150:16 il 1:7 11:1 162:3,4 ilow 98:13 ilowed 98:9 124:24 ilmost 41:12 60:1 80:16,19 81:5 ilone 22:20 23:8 78:11 108:10 119:4 132:1 long 105:5 108:8 124:22 125:17 lready 48:23 50:4 50:9 60:18 78:5 101:6 118:8,10 121:15 152:16 155:13 altered 98:2 99:7 Although 143:18 always 26:10 80:16,20 81:5 American 84:7 85:14 among 108:2 amount 55:10 130:23	analysis 14:5,7,9 14:19 22:24 64:17 66:2 119:2 and/or 13:25 anemia 66:19 143:24 anomalies 16:4,9 anomaly 16:20 17:22 137:25 another 117:22 118:7 127:5 144:12 152:1 answer 14:19 32:9 46:21,22 50:9 57:2 61:3 62:13 62:15 68:17 74:16 76:19,24 77:22 78:1,3,12 78:15 90:14,16 95:21 104:5,6 109:12,25,25 120:17 121:1,12 121:14 122:22 123:8,9 125:5 126:22 127:1,3 128:18 140:5,11 answered 72:19 74:6 82:6,7,7 89:21,22 121:3,4 121:12,15 answering 82:12 answers 77:9 101:21 antedated 135:21 antedates 137:2 antepartum 68:2 antibiotic 140:10 antibiotics 140:7 anticipate 26:2 anybody 86:2 anyone 92:3 150:7 150:23 anything 10:19 13:24 50:15 62:8 68:4,13 95:14 99:12 104:25 107:16 109:16 122:12 132:14 135:1 137:20 141:23 151:13 anything's 27:4 28:2 inytime 47:21 110:10 inywhere 32:2 115:11 137:23 ipart 78:19 ipgar 24:20 28:4
----------	--------	--------------	--	--	---	--	--

83:4 87:23,25 126:18 143:18 <b>Apgars</b> 28:19 94:17 120:20 150:25 <b>apparently</b> 54:8 <b>appear</b> 112:16 142:25 <b>APPEARANCES</b> 2:1 3:1 <b>appeared</b> 161:9 <b>appears</b> 8:1 36:19 40:1,2 41:25 52:2,9 <b>apples</b> 75:4,6 <b>appointment</b> 4:22 4:24 <b>appreciable</b> 42:6 43:6 45:11 47:8 52:11,13 <b>appropriate</b> 18:16 18:25 19:3 82:18 102:23 162:15 <b>appropriately</b> 138:2 <b>approximately</b> 13:21 21:7 36:7 51:13 <b>area</b> 41:7 95:4 116:5 <b>areas</b> 43:25 <b>argument</b> 123:18 125:13 <b>argumentative</b> 20:21 <b>around</b> 40:2 43:15 45:1 52:9 102:10 148:17 155:15 <b>arrived</b> 27:9,10 <b>arrow</b> 60:4,6,8 <b>arterial</b> 27:13 64:17 65:17,19 87:2,18 130:1,7 131:3 <b>ASAP</b> 58:10 <b>asked</b> 67:9 75:20 81:14 85:10 96:13 101:8 105:23 110:14 125:2,22 127:4 127:22 <b>asking</b> 20:22 21:4 29:2 41:22 43:14 48:22 53:12 69:18 85:5 89:19 90:2 101:19 123:15 <b>asphyxia</b> 67:12	69:7,13,16,19 70:1,8,14,15,20 70:22 71:4 76:24 83:25 84:15 85:16,21 110:9 128:8 143:18 145:15 146:20 146:24 147:7,8 147:20 148:1,4,6 148:19 149:2,25 <b>asphyxic</b> 110:11 110:12 <b>assessed</b> 150:25 <b>assessment</b> 9:24 20:8 63:23 65:8 144:19 148:24 151:1 152:10 <b>assessments</b> 154:24 <b>assistant</b> 4:23 7:25 <b>associated</b> 80:16 80:20 81:5,12 139:9,14,15 <b>association</b> 139:12 141:9,12 141:14 142:10 142:18 <b>associations</b> 138:17 <b>assume</b> 17:17 48:5,10,16,19,20 54:11,13 60:8 61:17 75:10,13 75:20 <b>assuming</b> 14:3 50:23 97:24 <b>assured</b> 81:21 <b>attach</b> 162:16 <b>attendant</b> 127:15 <b>attending</b> 14:17 14:23 62:22 66:5 <b>attention</b> 34:11 35:23 <b>attorney</b> 10:18 158:2 <b>at.9</b> 93:11 <b>authority</b> 49:11,14 <b>authorize</b> 162:16 <b>available</b> 26:11 <b>average</b> 40:22,24 41:6,10 55:10,15 <b>averages</b> 42:5 <b>aware</b> 9:11 10:24 19:6 21:13,16 37:14 47:20 48:2 63:2 68:23 90:18 91:17 92:23 93:2	93:10,12 98:19 98:23 132:15 136:12,15,18,22 136:24 137:6 141:5 <b>away</b> 76:3 <b>A.D</b> 161:18 <b>a.m</b> 36:11,12 37:5 97:14  <b>B</b> <b>babies</b> 57:5 <b>baby</b> 8:1 56:5 63:17,25 81:8 94:17 96:6 100:23 102:10 102:10 105:9 106:23 110:8,1 110:12 111:6 118:1 127:11 128:7 129:17 136:10,11 151:1 151:2 152:4 153:6,12,16,18 153:19 <b>Baby's</b> 57:1 152:5 152:6 <b>Back</b> 21:19 26:4 26:25 28:23 29:2 29:3 36:6 53:15 59:6,16 61:9 68:10 111:25 112:8 122:1,10 124:25 125:25 126:3,13 139:1 <b>base</b> 110:5 119:2 127:15 129:22 152:15 <b>based</b> 27:8,20 30:2 61:19 62:12 94:23 104:21 119:20 126:18 126:18 127:13 127:23 132:23 135:2 137:3 150:1 155:5,7 <b>baseline</b> 37:25 38:4,7 39:2,4,6 39:23 40:1,4,17 40:20 42:3,21 43:22 44:25 45:4 46:1,5,14,18,23 47:5,7,15,23 50:2,12 51:21 52:5,20,24 59:21 60:14,24 61:3 62:2,9,12 71:7 71:12 72:4,11	73:1 103:4,7,10 103:11,15,19,20 103:23 104:14 106:20 107:2,5 107:10,14,20 108:16,25 109:1 109:6 111:23 112:25 138:11 138:18 142:6 <b>baselines</b> 51:3 <b>baseline's</b> 45:8,25 103:12 <b>basically</b> 15:17 53:19 <b>basis</b> 25:25 73:13 96:2,4 <b>beats</b> 104:8 106:17,19 <b>becomes</b> 114:15 <b>before</b> 1:18 5:17 5:20,24 6:17 22:5 60:16 66:4 83:22 84:24 95:18 112:15 113:8 155:22 161:8 <b>beginning</b> 37:17 43:9 59:9 125:3 <b>behalf</b> 2:3,12 3:3 5:23 9:20 12:18 115:22 <b>being</b> 4:3 9:17 58:7 60:1 114 82:17 132:6 147:5 <b>belabor</b> 101:5 <b>belief</b> 128:10 <b>believe</b> 22:5 28:16 28:20 29:8,11 42:12 61:8 68:14 94:15 100:18 106:1 110:2,23 111:3,4,5,6 126:19,20 140:14 141:24 <b>Believed</b> 98:7 128:14 <b>Below</b> 15:25 17:19 21:22 30:7 47:23 63:19 79:18 80:12,19 82:22 87:17 <b>best</b> 57:3 64:25 65:13 <b>beta</b> 139:19 140:13,15 <b>better</b> 20:17,23 21:9 68:12	<b>between</b> 30:17 36:5 37:9,25 42:24 43:4 46:19 46:24 47:12,17 48:4,25 50:3 51:6 57:7 106:16 160:13 <b>beyond</b> 98:1 <b>bicarbonate</b> 119:2 127:15 129:22 <b>Bill</b> 7:9 11:23 12:3 36:17 39:15 48:23 74:19 86:9 123:17 125:19 133:8 144:2 145:4 148:22 <b>birth</b> 85:16,20 94:18,19 95:1 118:1 128:9,12 145:15 146:20 146:23 147:7,8 147:12 148:12 148:15,16,17,18 148:19 149:2,7 149:25 150:25 153:4 <b>bit</b> 30:15 62:7 83:15 96:13 101:4 103:20 <b>blood</b> 13:16,20 14:4,5,7,12,14 24:25 25:12 26:23 27:13 63:8 64:16,17,17,18 65:1,3,3,7,15,22 70:16,18 71:2,23 86:24 87:2 93:24 112:5 114:20 118:20 119:10 120:1,17,19,24 122:21 123:1 124:6 125:4 126:20 127:7 130:7 131:3 132:16,20 133:4 <b>Bloods</b> 25:16 121:7 <b>Bloody</b> 92:6,10,18 <b>blown</b> 132:3,6 <b>body</b> 49:24 150:22 <b>book</b> 33:10,22,24 34:2,23 142:9 <b>core</b> 84:12 <b>corn</b> 129:17 <b>both</b> 10:17 84:10 97:2 103:1 106:21 162:16 <b>bottom</b> 8:14
--	--	--	---	--



William J. Todia, M.D.

box 15:3 16:3,5,8 16:21 20:13 boxes 18:23 bradycardia 112:3 113:7,23 114:2 114:15 breathe 132:4 bring 127:10 broad 41:20 76:1 brought 79:1 bruises 21:14 99:11,14 bruising 100:2,4 bulletin 85:16,24 86:1,13 butt 121:25 122:15 122:18 butting 121:23	cause 68:5,14 69:2,3,5,9,12,16 69:19 70:7,19 71:3 76:22 112:21 134:21 <del>143:3,19,24</del> 149:19 152:25 157:12 causes 67:12,19 72:5 142:25 causing 83:25 Center 1:21 2:13 3:7 4:16 9:13 centimeters 52:17 cerebral 66:11 85:21 <b>cerebrum 75:1,3</b> <b>certain 25:12</b> 35:16 111:23 certainly 16:20 22:10 114:2 140:24 certainty 94:5 95:7 110:17 certificate 157:1 162:16 certified 4:4 certify 157:8,19 158:1 change 42:6 43:6 43:9,13,16,22 45:11,15 47:9 52:11,13 109:4 124:15 changed 4:21 47:6 62:6 72:17 98:2 <b>109:4,24 110:1</b> changes 102:8 115:4 162:13 changing 113:22 characterization 135:17 156:5 characterize 119:13,22 characterizing 126:21 127:1 <b>chart 8:16 13:8,15</b> 18:2,9 19:11,14 19:15 20:1 21:19 21:23 23:3 24:10 24:13 30:2,16 32:3 36:5 42:8 46:3 48:19 51:2 55:5 60:12 62:16 62:24 63:2 67:6 77:14 78:17 82:20,21 90:18 96:14,16 97:2,3	97:6,13,15,24,24 97:25 98:22 99:2 137:12,14,19,23 138:9 141:7 149:19 155:18 charts 48:3 90:23 109:16 check 15:3 17:22 36:13 42:14 117:15 checked 19:2 checkmark 16:5 16:17 Chicago 5:15 child 8:24 child's 67:20 chorion 134:5 135:1 Christine 12:9 circle 13:17 circumference 18:10,14 circumstance 129:8 circumstances 56:11 Civic 3:7 Civil 4:3 claim 135:14 clarified 128:3 clarifying 127:20 clear 51:17,18 clearer 73:3 clearly 35:9 Cleveland 1:22 2:9 2:19 33:8 147:17 <b>158:7</b> <b>client 20:2 155:25</b> Clinic 147:17 clinical 34:10 35:22 138:17 141:9,12,14 142:10,18 147:10 close 34:10 35:23 closest 87:1 CM 37:2 codefendant 123:25 124:1 codefendant's 123:20,23 collected 27:21 College 84:7 85:15 color 133:21,23 134:25 135:23 Columbus 3:8 column 15:2,5,11 16:1,10,12 19:3	82:20,23 combination 108:6 come 22:23 72:7 78:11 84:4 111:25/12:6,7,7 comes 36:6 comfortable 44:22 44:23 coming 130:22 commence 5:6 commences 30:18 comment 75:8 89:10 90:12 153:25,25 commented 151:14 commenting 91:6 153:20 comments 35:4 83:16,23 153:14 commission 158:17 161:25 commissioned 157:8 common 1:1 36:1 99:24 100:1,12 100:15 101:3 communication 34:11 35:24 48:25 company 107:19 compassionate 34:9 35:21 competent 34:10 35:22 complete 23:19 64:16,16 65:20 92:17 99:20 114:7,25 115:3,3 115:12 119:5 completed 16:23 157:22 completely 77:5 81:8 complications 35:7 148:6 component 130:10 132:2 components 135:7 comports 32:20 composed 137:20 composition 134:25 compress 71:22 113:16 compressed	73:16 75:14,18 112:4 <b>compression</b> 69:16,19,21,24 70:7,12,14 71:6 71:9,12,16,21,21 72:1,5,10,25 73:5,19,20,24 76:23 77:20 78:6 78:12 111:9,17 111:18,24 112:1 112:2,9,21 113:3 113:8,10,12,16 113:20,21 compromise 89:1 89:13 90:7 91:12 concern 64:8,12 80:23 108:14 concerned 154:2 concluded 156:10 conclusion 118:4 Conclusions 147:23 condensation 84:13 condition 37:13 96:12 102:16 103:16 conditions 19:7 confirm 64:5 confronted 64:6 confused 137:11 congenital 16:4,9 16:20 17:22 137:21,25 138:6 conjecture 94:12 connection 152:22 consequence 35:12 consider 107:11 considered 18:16 22:23 107:24 sensitive 107:14 sensitive 107:4 <b>constipation</b> 147:5 <b>constraints 56:15</b> <b>consult 146:25</b> 147:2 <b>consultant's</b> 147:4 <b>consulted 144:13</b> <b>consulting 147:11</b> <b>consult's 147:6</b> <b>contacted 36:8</b> <b>contained 155:8</b>
<b>C</b>				
calibrated 26:17 call 58:18 called 1:17 4:2 58:6 113:6 came 26:24 47:22 99:21 133:7 caption 157:21 captioned 162:11 cardiovascular 88:15 92:24 care 9:22,24 29:22 31:1 32:4 55:22 55:23 56:3,7 90:23 92:19 117:11 120:19 152:1,8 154:5,7 carried 26:16 case 1:9 4:24 6:14 6:18 9:16 10:24 11:2,4,16 12:7 12:11,16 29:19 33:3,21,25 35:10 63:20 65:22 66:10,11,15,19 68:20 69:17 72:7 89:13 90:7,13 91:22 94:2,7,11 94:22 95:9,12 96:20 98:3 99:7 99:12 110:15 111:10 117:8,20 134:15 143:1 149:15 cases 5:22,24 9:13 10:12 88:24 category 18:15 58:6 cater 97:22				

<b>context</b> 26:10 28:13 34:18 76:16 78:4,8 83:2 103:11 <b>continue</b> 110:25 113:16 124:24 124:24 <b>Continued</b> 3:1 <b>continues</b> 38:7,10 <b>continuing</b> 10:7 144:24 <b>continuous</b> 113:21 <b>contraction</b> 112:24 <b>contributed</b> 84:22 <b>conversation</b> 48:4 51:6 <b>conversations</b> 48:7 <b>coot</b> 122:12 <b>copies</b> 86:2 <b>copy</b> 85:23 86:1 <b>cords</b> 15:25 21:22 30:7 80:19 <b>cord's</b> 73:16 <b>correct</b> 9:3,6 18:17 19:5,8 20:15,19 22:25 29:9,12 30:4 38:8 41:23,24 59:19 60:22 87:5 94:2,3 95:1,2 99:10 103:24 104:23 107:8,18 107:19 110:1 114:3,4 115:8,10 115:11 117:13 117:14 118:5,12 119:10 120:2,18 120:25 127:2 131:8,9 132:18 135:12 138:2 143:1 157:17 <b>corrected</b> 129:23 129:23 130:5,10 130:16,17,24 131:2,13,16,16 131:17,25 132:10 <b>corrections</b> 161:13 <b>correctly</b> 54:1 126:22 <b>correlate</b> 22:20 <b>correlated</b> 23:7 <b>correspondence</b> 6:17	<b>corroborated</b> 117:24 <b>counsel</b> 1:20 125:1 158:2 160:14 <del><b>counted</b> 53:25</del> 54:1 <b>county</b> 1:2 157:4 161:4,9 <b>couple</b> 13:14 93:20 97:14 101:7 105:3 <b>coupled</b> 104:2 <b>course</b> 68:22 93:25 111:8 149:24 150:9 153:7,15 155:3,8 156:6 <b>court</b> 1:1 11:17,20 <b>creatinine</b> 90:19 91:2 93:11 <b>credence</b> 108:3 <b>criteria</b> 62:10,13 63:24 84:6 103:7 103:12 104:12 104:22 107:10 107:17,21 108:12,13,22 109:8,11 <b>cross-examine</b> 72:8 <b>CT</b> 66:15 <b>customarily</b> 14:13 <b>Cuyahoga</b> 157:4 161:4 <b>CV</b> 4:12 <b>cyanosis</b> 8:2 <b>cycles</b> 102:7 106:16 <b>C-section</b> 55:7,9 55:18,24 56:4,5 57:4 109:10,17 109:18 110:9 <b>C-sections</b> 56:1 57:10,15 58:4,5 109:8	<b>day</b> 92:9 108:15 144:20 145:3 158:7 161:18 <b>days</b> 13:21,25 116:13 151:2 <b>death</b> 114:17 <b>debate</b> 108:2 <b>decelerates</b> 113:24 <b>deceleration</b> 71:25 111:22 114:14 <b>decelerations</b> 103:25 104:2,13 104:24 105:3,4,7 107:13 108:7,20 <del>111:21 112:14</del> 112:17 113:19 <b>decels</b> 107:21 113:7 <b>decent</b> 105:6 <b>decide</b> 18:20 123:10,13 130:21 <b>decided</b> 56:25 66:7 84:11 <b>decision</b> 56:4 61:5 62:11,18,20,21 66:1,4,5 109:17 <b>decrease</b> 71:23,24 <b>decreased</b> 70:16 <b>deed</b> 161:15 <b>defective</b> 75:3 <b>Defendant</b> 2:12 3:3 <b>defendants</b> 1:13 9:20 <b>defense</b> 5:23,23 6:6,9,9 <b>deficit</b> 84:1 134:22 <b>define</b> 39:17 58:2 <b>defined</b> 82:6 113:18 138:13 <b>definition</b> 45:2 91:15 138:14 <b>definitively</b> 117:18 <b>degree</b> 64:1 75:16 94:5 95:6 110:17 112:21 113:1 119:14 <b>degrees</b> 119:15 <b>Deirdre</b> 11:9 12:19 <b>deliver</b> 57:5 <b>delivered</b> 19:7 56:6 98:11 99:20 100:23 101:1 110:10,12 153:19	<b>deliveries</b> 81:17 100:16 <b>delivering</b> 100:9 <b>delivers</b> 30:19 <b>delivery</b> 13:8 15:1 15:10 17:21 31:17 55:9,19 60:18,21 69:8 77:17 78:25 79:24 80:14 81:23,25 87:8 96:17 97:2 99:25 111:1 112:15 113:5 117:12 127:12 130:18 131:1 135:21 137:3,16 140:7 153:15 155:4,8 <b>demonstrate</b> 68:3 122:18 <b>demonstrated</b> 68:13 133:16 <b>demonstration</b> 118:19 119:9,25 120:16,23 121:5 121:7 122:20,24 123:7 <b>demonstrations</b> 123:2 <b>department</b> 4:16 4:25 148:10,21 148:25 <b>depending</b> 102:8 102:25 <b>depends</b> 26:5 56:11,13,13 62:9 86:14 129:11,21 <b>Deponent</b> 160:14 162:6 <b>deposed</b> 4:4 29:19 <b>deposition</b> 1:16 7:3,18 31:7 61:14 98:17,20 156:10 157:20 160:6,11,16 162:1,7,11 <b>depositions</b> 48:12 61:13 116:16 <b>depressed</b> 94:18 <b>descended</b> 99:19 112:19 <b>describe</b> 129:4 <b>described</b> 23:2 78:5,15 100:3 103:5 107:17 113:5 114:1 <b>desire</b> 56:14 <b>despite</b> 98:25	<b>Detail</b> 21:20 82:20 <b>detailed</b> 99:1 <b>details</b> 116:12 <b>detect</b> 63:4,7 <b>detected</b> 111:12 114:24 <b>determination</b> 119:19 <b>determine</b> 14:14 20:17 24:4 67:11 67:19 117:18 <b>determines</b> 109:9 <b>diagnosis</b> 68:21 69:11 83:24 84:14 91:18 92:3 93:9 96:11 108:5 119:1 150:22 <b>difference</b> 110:3 <b>different</b> 12:6,10 22:10 55:25 109:15 110:19 <b>differential</b> 69:11 92:18 <b>differently</b> 23:11 <b>difficult</b> 39:19 40:24 <b>diminished</b> 39:14 <b>directly</b> 85:13 <b>disagree</b> 20:11,14 72:4 75:16 76:8 76:15,20 79:4 82:24 90:4 120:2 136:25 137:6 143:9,12,20,21 143:22 144:10 144:11,16,17,22 144:23 145:1,2 145:12,13,16,17 145:21,22,25 146:2,4,7,8,11 146:12,14,15,18 146:21,23 147:1 147:14,15,21,22 148:2,4,7,8,12 148:19 149:2,4,5 149:8,9 <b>disagreed</b> 79:1 152:16 <b>disagreeing</b> 149:17 <b>disagreement</b> 89:11 <b>disagreements</b> 115:24 117:5 137:9 <b>disappears</b> 114:19 <b>discard</b> 26:20
--	---	---	--	--

William J. Todia, M.D.

<b>discarded</b> 13:20 86:23 <b>discharge</b> 13:21 <b>discussed</b> 8:15 93:24 <b>discusses</b> 85:16 <b>discussion</b> 76:6 86:18 126:15 128:7 129:3 151:18 <b>disease</b> 136:10 139:6 <b>dismissed</b> 10:17 12:17 <b>disorder</b> 149:1 153:1 <b>dispute</b> 11:20 <b>distress</b> 19:8,21 20:9,14,18,21:6 21:10 22:21 23:9 23:16,25 24:4,8 24:12,15,17 29:14 78:20,25 79:8,12,14 93:4 93:7 95:1 152:18 155:17,19 156:1 <b>doctor</b> 10:24 13:23 17:2 19:10 21:4 29:6 31:12 79:4 82:19 86:21 91:3 98:7 104:16 110:16 117:15 123:21 126:16 134:23 136:12 150:3 <b>doctors</b> 34:25 137:6 <b>doctor's</b> 99:2 125:4 126:7 <b>documentation</b> 140:9 143:8 <b>documented</b> 138:8 <b>doing</b> 4:14 18:6 50:10 54:5 102:19 110:9 122:11 <b>Dominguez</b> 143:13 <b>done</b> 5:19 10:19 14:7,23 27:20 58:7,10,12 62:25 63:23 76:3 82:13 82:15 87:9 93:14 95:11 109:10,23 110:15,22 117:16 120:19 124:6 126:10,11	132:16 148:9 150:6 156:8 <b>Donn</b> 115:16,19 115:25 <b>down</b> 19:25 20:25 21:1,5,11 24:17 46:4,6,10,16 79:7 82:22 99:6 107:4 111:22,23 112:6,6,7,7,22 113:22 114:17 143:16 152:11 154:21,24,24 155:18 156:1 <b>Dr</b> 4:11 16:21,23 16:24 17:6,11,18 30:17,24 31:7,16 31:23 32:3,7 33:2,20 36:6,8 36:11,13,20,21 37:1,2,3,11 42:8 42:13 47:18,22 50:13,16 51:4,6 52:2,16 53:5,7 53:18 54:7,21 60:3,11,13 65:9 65:12 66:2 67:8 73:22 74:4 75:11 75:13,20 83:5 88:22 93:17,18 96:16,20 98:14 115:15,19,19,20 115:22 116:8,20 116:21 117:11 119:23 120:13 123:9 124:1 125:2 137:14 138:1,3 141:19 142:8 143:13 144:3 149:15 <b>drawn</b> 27:15 <b>Drive</b> 1:22 3:7 <b>Dr's</b> 115:15,25 <b>drugs</b> 139:19 <b>due</b> 144:20 <b>July</b> 4:4 157:7,10 <b>luring</b> 6:11 31:1 32:5,8,19 51:7 53:13 96:17 105:4,10 110:10 111:7 117:11,12 126:7,9 129:12 137:2 152:10 154:1 155:3 <b> dysfunction</b> 88:14 91:12,16,19 92:4	<b>E</b> 159:1 <b>each</b> 39:20 44:12 54:2 113:20 <b>earlier</b> 80:22 82:8 105:22 <b>easily</b> 114:23 <b>edema</b> 66:11 <b>edited</b> 142:9 <b>educated</b> 132:23 <b>EEG</b> 147:16,24 <b>effect</b> 75:21 126:8 <b>Eight-thirty</b> 37:5 <b>Einbund</b> 2:4 <b>either</b> 17:19 28:2 35:8 48:14,15 63:16,17 64:4 68:8 90:11 102:24 112:10 114:2 115:24 117:11 158:2 <b>element</b> 25:13 <b>elevated</b> 71:11,15 72:11 73:24 75:12,15,19 77:21 78:7,10 <b>else's</b> 88:5 <b>elyria</b> 1:10 2:12 13:7 27:17 37:10 87:17 88:21 96:20 137:19 150:13 151:21 162:4 <b>emergency</b> 58:5 109:8,10,17,18 <b>emergent</b> 55:7,8 55:17 56:3 57:15 58:3,6,6,18 <b>EMH</b> 151:5 <b>encephalopathy</b> 66:12 68:6,16,19 88:25 89:14 90:8 136:14,21 146:17 152:23 152:25 155:3 <b>enclosed</b> 8:12 <b>end</b> 59:9,11,12 60:1 81:24 <b>enough</b> 89:9 90:11 112:21 114:20 116:11 <b>entered</b> 162:13 <b>enteritis</b> 92:11,13 <b>enters</b> 30:18 <b>entire</b> 32:19 53:19 107:1 111:8 162:10 <b>entitled</b> 142:5 <b>environment</b>	106:24 <b>episode</b> 144:21 149:7 <b>episodes</b> 8:1 <b>equally</b> 107:23 <b>errata</b> 161:13 162:1,15 <b>especially</b> 140:24 <b>ESQ</b> 2:6,16 3:6 <b>established</b> 84:6,9 <b>et</b> 1:7 11:1 162:3,4 <b>etc</b> 1:7 162:3 <b>ethically</b> 34:9 35:22 <b>etiology</b> 144:8,14 146:10 147:20 148:5 <b>evaluate</b> 21:9 67:4 <b>evaluating</b> 62:10 <b>evaluation</b> 9:18 31:23 65:20 <b>even</b> 24:14 30:6 44:25 100:19 103:19 109:23 125:8 136:25 152:17 <b>event</b> 70:13 72:2 137:2 147:13 149:20 153:9,10 153:11,13,17,22 153:24 158:3 <b>events</b> 95:17 <b>eventually</b> 114:15 <b>event/ischemia</b> 144:15 <b>ever</b> 5:16,19,22 9:7,11,25 29:17 29:21 33:7,10 57:3 58:25 61:6 90:13 <b>every</b> 25:7,18 83:13 89:13 90:7 131:11 137:7 <b>everyone</b> 88:5 <b>everything</b> 24:23 28:5,13 88:2 152:15 <b>evidence</b> 8:16 110:8 113:6 115:12 153:16 <b>exact</b> 58:22 116:11 119:22 <b>exactly</b> 128:17 131:12 <b>exam</b> 16:14 37:2 52:17 134:8,9,20 <b>examination</b> 1:17 4:2,6 93:15	118:15 133:21 134:3 159:3,5,7 <b>examining</b> 119:20 <b>example</b> 88:14 106:9,12 <b>exceeded</b> 50:13 50:17,19 <b>except</b> 88:3 151:1 <b>excess</b> 119:2 127:16 129:22 <b>excited</b> 124:3,4,4 <b>Excuse</b> 123:24 141:17 <b>Exhibit</b> 7:1,4,14,19 159:10,11 <b>existence</b> 14:4 <b>exists</b> 65:23 <b>expanded</b> 103:8 <b>expect</b> 16:20 26:2 26:8 94:19,21 95:15,23,25 96:3 127:8 129:13,24 130:3,4,14,15,25 133:13,22 134:15 136:1 138:1,3 <b>expected</b> 105:5 125:16 133:11 133:15 134:18 135:19 <b>expelled</b> 52:14,17 <b>experience</b> 55:17 57:17 <b>expert</b> 10:19 33:4 33:20 64:24 65:10 90:24 119:23 135:14 142:8 <b>expertise</b> 116:5 136:8 <b>experts</b> 96:8 108:2 <b>expires</b> 115:6 158:17 161:25 <b>explain</b> 8:17 102:1 125:9 136:10 <b>explained</b> 121:4 128:16 <b>explaining</b> 125:10 125:11 <b>explanation</b> 96:5 <b>extend</b> 102:14 <b>extremely</b> 106:22
<b>F</b>				
				<b>face</b> 21:14 62:1 99:12 149:16,16 <b>fact</b> 22:6 30:5 50:9 65:1 66:6 74:10

84:12 86:21 88:16 94:23,25 98:19,20,25 99:4 107:9 108:16,24 110:7 118:10 134:23 142:22 151:2 152:19 153:3 factor 23:14,14,18 131:10 factors 22:23 24:3 154:6,8 fair 8:22 9:24 17:18 30:22 37:18,22 56:16 62:23 67:13,17 68:2 fairly 143:19 Fallon 2:14 11:11 false 25:10 familiar 11:1 12:19 24:14 27:16 33:2 74:4 78:24 88:23 89:3,17 90:2,11 fantastic 81:2 Far 37:11 67:2 117:7 fashion 111:2 Fatal 35:14 Favor 133:20 February 7:10,22 feel 18:19 20:16 21:8 44:22 46:8 69:3 132:19 153:2,8 reels 20:23 fetus 23:15 24:4 24:11 50:3 64:11 70:17,18 71:2,24 102:19 112:5 114:20 115:6 Fetuses 23:24 24:7 fever 139:24 140:1 few 10:21 24:21 27:6 FHR 60:4,5,7,11 fifteenth 145:5,7 fifth 58:21,24 fight 70:6 figure 53:10 file 85:20 115:17 162:5 filed 10:24 inal 123:18 ind 32:7 51:5,15 54:25 55:3,3 61:16,21 63:18 76:12 91:11	119:16 125:4,6,8 138:8 148:23 152:17 finding 80:13 81:15,16 82:2,4 101:3 113:8 findings 21:21 82:21,24 83:1 134:11 136:4 finds 101:11 finger 122:7,9,10 finish 121:19 128:21,22,22 133:9 finished 5:9 55:19 firm 5:17 9:9,12 10:23 11:10,19 12:20 90:15 firmly 74:25 first 4:3 8:3 15:5 60:5 76:12 79:2 84:3 93:19,23 110:19 120:4 152:21 153:1 157:10 fit 112:17 Five 34:6 87:24 100:24 106:16 flip 91:7 Floor 142:2 flow 70:15,16,17 71:23 112:5 fluid 19:24 22:11 51:18 52:17 80:24 focused 103:19 Follow 93:21 following 84:2 90:5 91:10 162:13 follows 4:5 follow-up 96:2 101:7 foregoing 157:16 157:21 161:14 form 111:14 138:12 148:25 160:12 format 114:22 117:3 forth 115:25 found 8:16 23:24 24:6 ounded 149:25 our 19:12 20:5 30:7 79:18,25 80:3,13 83:16,22 84:2,5	fourth 58:21,24 frankly 103:22 free 161:15 frequently 72:2 Friday 1:22 Friend 1:5 from 7:23 8:25 9:21 15:18 22:15 31:3,4,4,15,17 33:4 38:17 45:4 47:24 50:13,18 50:19 51:24 52:11 54:1 55:8 56:25 61:12 63:11,13,14 64:7 70:15 78:11,19 79:21,22 85:14 87:7 88:10,21 92:23 93:2,10,21 96:7 99:2,19 100:2,4,18,21 110:9 111:22 114:11,13,24 117:5,20 120:8 127:17 130:15 130:22,23 131:2 140:25 142:4 143:18 144:21 150:12,13,13 151:21 152:12 153:16,17 154:3 154:4 155:2 front 31:7 83:21 97:10 105:20 full 59:14 unction 138:5,5 urther 157:19 158:1	generally 45:1 63:4 72:5 107:1 111:11 gestational 18:16 18:25 19:3 getting 31:23 85:12 124:17 girl 147:25 give 6:24 8:19 9:23 40:16 57:2 58:22 62:14 63:8 64:21 65:7 66:9 66:14,18 69:11 76:11 84:19,21 90:15,15 92:3 95:21,25 96:3 101:22 109:12 130:2 134:12,21 136:8 given 13:18 46:6 50:12 67:25 87:13 99:4 107:9 150:1 157:13,18 gives 64:20 65:4 giving 9:17 73:20 101:24 123:18 go 10:2 11:25 14:8 25:23 31:25 32:25 41:24 44:12 52:1 55:22 59:24 60:17 71:19 80:15 84:2 89:4 94:14 105:4 112:8,22 116:3 124:25 125:25 126:13 137:5 150:4,16 152:7 goes 35:19 42:22 81:8 102:7 114:17 120:8 148:25 152:4 going 12:8,22 13:6 17:14 18:2 19:10 28:14 33:3,20 41:6 43:3 49:1 50:11 54:19 59:6 59:24,25 60:1 66:9,14,18 68:4 69:2 71:17 72:12 72:21 73:2,10 74:17 76:3,7,14 76:18 89:5 90:5 92:20 93:21 98:13 101:4,5 113:22 117:8 120:10 122:8,9 122:13,14 124:15 125:12	128:19 133:4 134:7,16 135:13 135:19 155:24 156:2,4,6 gone 124:21 125:17 good 34:24 36:1 43:23 44:24 45:6 104:3,4 105:25 107:25 143:19 grades 22:12,13 graph 41:21 greater-than-15-... 45:3 gross 16:4,8,19 17:22 133:21 134:3 135:23 137:25 grossly 92:6,10 group 58:9 grows 81:9 guess 14:2 26:22 27:6,19 29:6 58:20 79:2 96:1 96:23 106:4 108:11 115:23 116:23 132:21 132:22 133:1 135:18 guesstimate 58:23 gynecology 4:17 4:23,25 84:8 85:15 G230G 1:22
				H
				hand 34:21 158:6 handing 6:22 8:8 11:24 76:13 handwriting 8:13 happen 112:13,20 happened 12:3 95:18 152:10 154:1 happening 132:4 happens 71:20 78:5 81:16 111:18 115:4 hard 41:5,9 having 18:3 29:3 58:3 67:23 73:19 77:9 90:17 100:13 117:3 141:6 149:13,14 149:15,15 head 18:10,14 25:20 84:20

William J. Todia, M.D.

<p>99:18,21 101:2 105:6 112:19 128:25 <b>heading</b> 83:1 <b>health</b> 96:6 149:1 <b>healthy</b> 81:9 <b>hear</b> 15:15,19 125:23 <b>heard</b> 28:24 29:1,1 101:21 107:2 <b>Hearing</b> 148:10,24 <b>heart</b> 37:16,25 40:1 46:5,14 52:3 60:7,13 62:2 64:2 71:7 71:11,16,24,25 72:3,6,11 73:1,5 73:24 75:12,15 75:19,25 77:21 78:7,11,19 85:21 94:16,24 98:8 102:12 104:20 105:8 106:6,18 108:24 111:22 112:6,22 113:24 114:14,17,18,19 126:19,24 129:15 138:11 138:18 142:6 149:23 150:8 <b>help</b> 59:13 70:5 95:25 136:9,9 <b>hematologic</b> 88:15 <b>Henry</b> 11:10 12:19 <b>hepatomegalia</b> 147:6 <b>her</b> 1:5 29:2 31:1 32:5 46:7,8,10 68:4,12,16 127:22 153:15 155:3,8 <b>hereinafter</b> 4:4 <b>hereof</b> 160:9 <b>hereunto</b> 158:5 161:16 <b>helshe</b> 161:11 <b>HIE</b> 146:14,16 <b>high</b> 41:12 <b>highest</b> 58:7 <b>him</b> 8:19 31:7 33:6 33:7 34:21 67:9 72:15 76:11 85:5 85:10 121:17 128:21,22,22 142:9 143:20 <b>history</b> 68:2 147:7 <b>his/her</b> 161:11,15</p>	<p><b>hogwash</b> 74:1,12 <b>home</b> 81:8 <b>honest</b> 9:24 57:3 <b>honestly</b> 55:14 57:2 90:9 <b>hood</b> 87:11 <b>hope</b> 96:10 <b>Horse</b> 75:4,6 <b>hospital</b> 1:10 2:13 8:12 9:1 13:7,20 14:7,13 20:1 27:18 29:18 30:18 37:11 49:8 55:7,15 57:24 86:23 87:17 88:18,21 90:18 137:19 140:25 143:14,15 151:5 151:21 152:12 154:22 162:4 <b>hospitalizations</b> 91:5 <b>Hospitals</b> 8:5 <b>hours</b> 8:3 26:24 27:11 28:17 36:5 37:9 52:12 87:3 87:8 109:4 152:21 153:1,4 153:24 <b>Howley</b> 2:15 <b>Hurd</b> 2:14 5:17 9:8 10:23 11:11 <b>hypoxia</b> 8:2 71:3 128:9,11 141:10 141:13 142:10 142:17 143:10 145:1,11,20 146:6 <b>hypoxic</b> 144:14,20 145:25 146:10 149:7 155:2 <b>hypoxic-ischemic</b> 66:12 68:5,15,18 88:25 89:14 90:7 136:14,20 146:17 147:13 152:22,24 153:11,12,17,22</p>	<p><b>immediate</b> 114:23 <b>immediately</b> 112:25 <b>immortal</b> 34:2 <b>important</b> 32:15 103:3,9,15,21 107:20 <b>impression</b> 40:16 40:20 <b>impressions</b> 30:24 <b>imprinted</b> 74:25 <b>inaccuracies</b> 27:8 <b>inaccuracy</b> 25:13 <b>inaccurate</b> 26:12 26:20 28:17,19 28:21 29:8,11 30:2 <b>included</b> 30:13 <b>including</b> 37:23 155:10,12,14,17 <b>incorporate</b> 49:24 <b>incorrect</b> 19:9 39:21 74:18 78:12 135:9,16 155:19 156:5 <b>increase</b> 72:5,25 <b>Increased</b> 75:25 <b>independent</b> 9:18 19:4 22:19 23:7 28:11 48:7,18 54:25 56:21,24 58:19 67:5 89:7 91:1 152:3,9 <b>indicate</b> 18:24 23:9 24:10 51:2 53:7 105:9 113:1 121:10 128:4,10 <b>indicated</b> 63:1 88:24 94:17 105:24 126:17 127:16 162:14 <b>indicates</b> 19:20 24:13 37:24 42:18 106:13 109:3 148:11 <b>indicating</b> 19:23 46:12 53:17 <b>indication</b> 36:5 48:3 61:10 63:8 64:21 143:3 151:12 <b>indicative</b> 32:3 79:8 107:15 <b>indicator</b> 22:18 23:3,8 <b>indicators</b> 23:5 <b>individual</b> 13:4</p>	<p><b>individuals</b> 29:22 48:6,13 <b>infant</b> 19:7 21:10 26:24 35:17 68:18 91:18 94:25 102:6 110:4 127:16 129:12,25 132:16 135:2 140:6 143:16,17 148:11,24 150:25 151:25 155:1 <b>infants</b> 35:8 82:1 99:25 100:9 <b>infant's</b> 18:2 19:11 68:22 69:4 96:12 97:3,7 134:22 152:25 <b>infection</b> 66:23,25 67:7 139:22 140:4,10,11,12 <b>information</b> 13:18 28:12 31:15 49:10,18 55:5 67:5,24 84:13 91:17 95:23,24 95:24 96:3 117:23 118:7 132:24 134:21 136:9 150:2 155:7 <b>informative</b> 49:13 <b>initial</b> 16:13 19:12 20:5 79:15,22 80:11 125:1 155:20 <b>injury</b> 35:17 <b>inquiry</b> 95:5 133:3 <b>inside</b> 102:10 <b>instance</b> 14:11 <b>instead</b> 18:3 103:5 125:23 <b>institution</b> 55:22 56:17 <b>intend</b> 117:10 <b>intended</b> 136:11 <b>intensive</b> 92:18 152:1,7 <b>intent</b> 35:25 <b>interested</b> 86:3 130:18 158:3 <b>intermittent</b> 70:12 111:17,20 113:2 113:15 <b>internal</b> 36:21 60:25 61:5,6,15 61:18 62:3,11,17</p>	<p><b>interpret</b> 101:22 103:4,7 114:11 121:14 134:11 <b>interpretation</b> 28:6 42:20 46:7 46:8 52:5 83:10 103:6,17 117:25 <b>interpreted</b> 25:7 <b>interpreting</b> 103:10 <b>intervals</b> 113:17 <b>intrapartum</b> 19:20 69:7,14 83:25 84:15 <b>intrinsic</b> 140:23 <b>invalid</b> 154:25 <b>involved</b> 29:22 <b>irrelevant</b> 152:21 <b>irritating</b> 129:2 <b>ischemia</b> 143:24 144:9 <b>issue</b> 14:14 36:3 54:7 120:21 135:20 137:12 <b>issues</b> 68:3 155:14 <b>items</b> 84:5</p>
<b>J</b>				
<p><b>J</b> 1:16 2:6 4:1,6 93:15 118:15 157:9 159:3,5,7 160:6 161:10 162:6 <b>January</b> 86:10 <b>jasmine</b> 1:4 29:23 147:25 162:3 <b>job</b> 5:3 <b>John</b> 2:16 15:18 50:7 54:6 57:19 122:4 <b>Johnson</b> 10:25 <b>Johnston</b> 115:15 115:20,25 <b>Join</b> 32:23 55:12 <b>joining</b> 50:24 <b>joint</b> 84:9 <b>judge</b> 65:5 <b>judgment</b> 19:4 103:16 152:13 <b>Judy</b> 10:25 <b>jury</b> 123:10,13 155:25 156:2 <b>just</b> 6:5 10:6,21 17:12 18:4 19:16 20:22 22:10 23:13,13 25:7 27:7 28:18 31:10</p>				

31:25 34:20 38:21 44:10 47:1 49:18 50:21 54:6 57:20 58:23 60:15 62:4 67:23 70:5 72:17 73:12 76:4 78:6 80:24 88:4 89:19 91:4 95:10 97:22 98:15,21 100:3 102:19 104:22 106:8,12 107:10 110:11,24 111:10 113:5 114:1 115:5 116:23 118:6,6,8 118:23 121:3 122:5,12,15 125:22 126:16 127:20 128:2,6 130:9,11 141:15 141:19 142:25 143:3 148:20 149:18,22 150:19 151:13 151:22 155:22	118:25 119:13 127:20 130:6 133:25 135:7,18 140:5 148:17 151:11,15 156:3 <b>knowledge</b> 8:9 33:6 49:24 Kreasy 33:16	legal 7:25 35:18 length 18:9 93:25 102:23 less 64:7 79:8 100:20 149:25 let 9:15 18:4 23:10 33:19 51:15 53:10 54:3 55:16 60:4 62:1,18 63:12 76:4,12 82:19 91:16 92:5 95:10 97:8 109:7 109:14 117:15 120:15 121:19 123:8,9,10,13 126:5,6 128:21 128:21,22 133:9 138:16 lets 49:25 letter 7:16,22 8:10 91:23 let's 14:11 24:20 58:4,7 116:8 133:10 136:18 level 111:24 112:5 130:20 <b>library</b> 33:13 liengkong 1:12 3:3 life 8:4 144:20 <b>light</b> 96:11 <b>like</b> 6:10,21 25:7 34:17 35:5 37:15 37:16 39:4,24 40:9,21 41:14,17 42:5,23 45:20 47:12 48:5 51:24 52:21 53:2 59:22 72:16 75:5,7 81:2 97:12 110:11 112:15 116:10 122:15 125:23 134:3,6 134:16 135:2,8 135:16,20,23 141:15 144:3 148:20 154:19 likely 143:19,23 144:8 imited 56:14 89:2 impress 8:2 ine 54:2 57:24 71:18 76:25 77:1 77:1,7,24,24 83:7 97:23 120:7 120:8,9 123:19 125:1 133:3 iquid 51:18 ist 109:12 142:10	listed 161:12 listen 124:2 lists 142:9 literature 37:23 72:9,13,15,16 84:4,24 85:4 90:12 136:13,15 136:19,22 literatures 84:10 litigating 5:24 little 23:11 30:15 47:20 62:6 68:12 73:3 83:15 96:13 101:4 137:11 long 73:16 114:20 longer 14:4 65:23 87:24 102:20 long-standing 133:17 long-term 95:16 134:16,22 <b>look</b> 14:25 15:1 22:22 24:2 25:22 25:24 30:15 34:25 36:9,23 37:15 43:7 51:19 53:15 61:9 62:24 76:4 81:22 84:20 85:4 97:6,8 102:5,12,19 103:13,21,23 104:14 134:3,6 134:16 135:2,8 135:20,22 looking 15:4 16:6 18:23 19:22 21:19 23:15 24:3 38:3 41:20,21 54:4 59:4 80:6 97:1 118 103:4 105:11,23 106:11 109:3 131:19 154:3 <b>looks</b> 6:21 39:4,24 40:9,21 41:14,17 42:5,23 45:20 47:12 51:24 52:21,21 53:2 59:22 97:12 135:16 144:3 <b>oose</b> 15:14,22 70:22 77:17 155:12 <b>ORAIN</b> 1:2 ot 26:14 56:13 65:25 73:18,25 74:11 78:4 108:2 109:11 136:15	low 64:22 131:24 lower 27:1,23 87:20 Lubchenco 18:8 lungs 132:4 lynne 3:6 17:9,10 93:19 <b>L&amp;D</b> 80:2,3
<b>K</b>	<b>L</b>			<b>M</b>
K 3:6 Kathleen 7:24 keep 49:1 122:9 124:17 keeps 107:20 kept 56:24 109:5 kind 14:9 22:24 86:5 118:17 kinds 55:25 knew 96:23 knot 15:13,20,21 70:21 71:1 72:10 76:22 77:4,9,15 77:18 143:25 144:9,21 155:10 155:12 <b>know</b> 6:13 10:14 12:1,20 13:11 14:12 16:7 17:7 20:25 28:7,9,25 30:6,11,12 31:11 31:12,25 33:7 36:25 43:13 48:10,21 54:14 54:21 55:1,2,14 55:15 58:2 67:3 67:7 69:3,5,8 74:15,20,21 89:9 90:9,16 96:18 99:2,4 110:14	L 1:18 157:6 158:14 lab 25:11 26:3,16 26:17 27:8,21,22 labor 13:8 15:1,2 17:21 30:18 31:2 31:17 32:5,8,19 46:3 68:12 69:8 79:24 81:24 95:19 96:17 97:2 98:8,9,11 99:16 100:5,14 105:10 110:25 111:8 117:12 124:23 129:13 135:21 137:2,15 140:15 149:24 150:9,24 152:10 153:14 153:15,18 154:1 154:3 155:3,8 156:5 laboratory 25:19 27:17 lack 104:13 108:19 Lanser 46:4 47:21 <b>last</b> 15:16 16:1,12 52:11,12 83:16 85:1 116:13 141:18 145:4 149:12 asting 45:4 106:20 ater 21:7 30:3 151:3 155:6 aw 9:9,12 10:23 11:10,19 awful 4:1 <b>awsuits</b> 9:8 awyer 11:14,15 12:18 123:20 awyers 5:23 ead 68:14 76:23 east 37:11 96:8 107:3 124:16 eave 92:20 155:23 eft 109:20			machine 25:18,21 26:17 macroscopic 134:20 made 32:1 119:4 126:1 151:1 maintained 107:6 majority 35:11 81:11,25 make 19:4 31:10 61:4 63:24 65:4 65:7 68:20 73:2 84:14 86:1 90:5 102:13 106:9 108:4 112:20 118:25 119:19 152:9,13 155:22 makes 41:7 making 83:24 103:15 118:24 malpractice 5:24 9:13 10:1 manifest 75:14 111:15 manifestation 71:8 75:11 92:11 nanifestations 71:6 72:9,24 73:4,18,21,23 75:24 nanifests 75:19 111:16 nany 6:2 10:4 49:9 57:5,10,14 58:17 78:13 <b>March</b> 8:22 10:25 158:17 nark 6:25 7:15 16:21 144:14 146:20,22 narked 7:4,13,19 18:24 20:13 21:23 155:18 159:10,11 narks 150:21 naternal 33:16 66:23,25 67:6 138:19,22 139:5

William J. Todia. M.D.

139:6,24 140:1 141:3 155:21 <b>math</b> 131:12 <b>matter</b> 86:22 88:17 107:24 134:23 142:22 160:7 161:12 162:11 <b>may</b> 10:6 41:8 61:14 100:24 117:16 138:8 142:24 143:17 <b>maybe</b> 6:8 21:1 36:20 39:25 40:3 40:22 41:9 42:24 45:10 52:10 57:7 61:10,12 68:11 81:3 100:19 <b>Mazanec</b> 3:5 <b>mean</b> 9:5 13:4 26:5,8 40:1 42:2 44:13 55:3 56:22 58:21 60:6,8 63:20,22 65:17 68:24 70:11 79:14 81:17,21 86:3,6 90:14 91:11 95:20 99:17 102:2 106:5 108:8,11 109:12 113:15 117:1 119:3,4 127:8,9 128:17 128:18 135:15 139:6 148:18 <b>meaning</b> 57:25 69:7 81:6 95:17 102:9 103:8 104:7 106:16,18 106:22 111:18 111:21 112:2,4 113:2,16 129:23 130:23 131:10 <b>means</b> 26:9 37:3 66:7 67:23 81:20 99:18 130:20 131:20 140:22 148:17 <b>neant</b> 8:18 125:9 <b>neasurement</b> 127:15 <b>neasurements</b> 131:6 <b>neonium</b> 15:3,25 19:24 21:17,21 21:24,24 22:7,10 22:11,12,14,14 22:17,18,20 23:2	23:8,24 24:6 30:7,11 52:14,18 79:18 80:8,12,19 80:23,24 81:4,6 81:12,20,23 82:22,25 148:4 <b>medical</b> 1:21 2:13 4:16 5:24 9:13 9:13,25 36:2,4 94:5 95:7 110:17 127:23 135:3 151:21 <b>medicine</b> 24:23 25:8 26:19 28:5 33:17 34:10 132:14 <b>medicines</b> 140:15 <b>meets</b> 45:2 <b>membranes</b> 51:13 51:17 <b>memorial</b> 1:10 2:12 13:7 37: 0 87:17 96:21 137:19 151:2 162:4 <b>memory</b> 12:14 <b>mental</b> 30:25 <b>mention</b> 32:2 <b>mercury</b> 131:11 <b>merriweather</b> 1:4 16 29:23,23 68:13 100:14 147:25 162:3 <b>met</b> 11:15 12:20 93:19 149:14,15 <b>metabolic</b> 63:5,10 64:13,15,25 65:6 65:14 86:20 117:19 118:19 118:21 119:1,9 119:14,25 120:16,23 121:5 121:10 122:20 123:2,7 127:12 127:17 128:4,8 128:11 130:19 130:23 131:22 131:23 132:12 132:13 <b>meticulous</b> 32:14 32:20 33:1 34:12 34:15 36:4 <b>Metro</b> 5:12 57:25 <b>VetroHealth</b> 1:21 1:21 4:15 5:3 9:12 <b>nicrocephaly</b> 137:21	<b>microscopic</b> 134:19 <b>middle</b> 121:24 122:1 <b>might</b> 63:25 <b>mild</b> 113:1 <b>millimeters</b> 131:11 <b>minimal</b> 39:17 102:24 104:3,6 <b>minus</b> 25:16 <b>minute</b> 18:3,5 39:2 39:20 54:2 59:25 60:2 78:22 97:9 97:23 101:23,23 102:12 103:5,5 104:8 106:17 111:19 113:4 115:3 123:22 <b>minutes</b> 10:22 24:21 27:7 40:25 50:22 53:25 55:24 56:4,18 59:1,3 87:24 100:19,23,24 112:15 115:6,6 <b>misadventures</b> 35:14 <b>mischaracteriza...</b> 50:20 120:11,13 <b>misread</b> 61:10 <b>missing</b> 79:3 <b>misspoke</b> 56:2 <b>misstatement</b> 50:20 <b>mistakes</b> 26:13 <b>misunderstandi...</b> 81:3 <b>misunderstood</b> 6:7 <b>mixed</b> 65:6 86:21 <b>moderate</b> 40:23 41:6,18 43:20 44:1 102:24 106:15 <b>moment</b> 19:17 105:12 <b>monitor</b> 36:22 45:6 60:25 61:5 61:7,15,18 62:3 62:12,17 102:4 103:17 113:11 113:13 117:25 124:20,22 151:9 151:14 <b>nonitoring</b> 62:10 125:18 <b>nonths</b> 147:7 <b>nore</b> 44:3 45:4	52:17 80:23 81:19 97:24 100:11 103:14 103:21 106:20 134:21 144:7 <b>most</b> 79:15 81:11 100:19 103:9 107:20 108:3 137:7 143:19,23 144:8 <b>mother</b> 9:23 35:17 68:3 81:9 109:21 140:14 <b>mothers</b> 35:8 <b>mother's</b> 97:6,9 152:5,7 <b>moves</b> 14:1 <b>moving</b> 102:10,11 <b>MRIs</b> 66:16 <b>much</b> 40:10 73:16 102:9 132:5,5 <b>Mulligan</b> 7:24 <b>multiorgan</b> 88:14 89:1,13 90:6 91:11,15,19 92:4 <b>multiple</b> 75:24 84:18 <b>must</b> 116:14,16 127:6 <b>M.D</b> 1:12,16 3:4 4:1,6 93:15 118:15 157:10 159:3,5,7 160:7 161:10 162:6	<b>neither</b> 48:6,17 <b>neonatal</b> 8:17 80:21 81:5,13 83:25 88:6,8,11 88:20 90:12,23 143:7 147:12 152:1,2,11 <b>neonate</b> 80:17,20 91:19 92:15,19 94:18 109:20 121:9 <b>neonates</b> 92:21 <b>neonatologist</b> 90:25 92:19 93:6 115:19 150:12 <b>neonatologists</b> 92:20 96:9 <b>neuro</b> 8:18 <b>neurologic</b> 8:19 69:4,6 84:1 88:7 88:9,11 155:2 <b>neurologist</b> 69:9 115:21 154:5 <b>neurologists</b> 96:10 <b>Neurology</b> 144:13 <b>never</b> 10:22 11:15 12:20 22:3,4 34:23 47:22 51:4 86:25 132:14 149:13,14,15,15 149:23,24 155:21 <b>iewborn</b> 16:14 19:12,15,19 20:6 20:13 21:14,16 24:11 27:15 66:20 67:13 68:6 78:18 79:9,15,23 80:11 87:7 88:8 92:7,24 93:3,8 143:10 152:20 155:20 <b>iewborn's</b> 68:15 <b>next</b> 1:5 36:19 104:1 109:22 115:5 <b>line</b> 147:6 <b>linety-three</b> 11:8 <b>line-thirty</b> 36:16 <b>litrazine</b> 51:18 <b>lone</b> 37:14 44:14 63:1 142:24 151:13 <b>ionreassuring</b> 64:2 104:18 108:5 <b>loon</b> 36:7,16
---	---	---	--	--

<b>Nope</b> 10:13 <b>normal</b> 37:24 50:2 63:18,19 64:10 79:8,12,19 80:13 80:17,20,21 81:5 81:8,9,13,14,24 87:17 94:20,23 98:8 106:23,24 111:6,7,7 124:7 124:12,15 125:6 125:10,13,14 126:2,21 127:9,9 127:24 128:15 128:17 129:5,6 129:15,25 131:8 132:20 133:12 133:13,19 <b>normally</b> 118:1 <b>normals</b> 87:21 <b>Northwestern</b> 5:15 <b>Notary</b> 1:19 157:6 158:14 161:8,22 <b>notation</b> 21:20,21 36:12 37:7 51:16 54:1 60:10 61:16 148:10 <b>notations</b> 36:24 37:6 60:12,15 149:19 <b>note</b> 14:21 31:20 36:11,19 42:12 42:13,17 44:11 46:9 52:16 54:8 54:24,25 55:3 76:16 92:8 97:13 98:12 100:20 138:2 142:19 144:12,25 145:10,14,18 146:14 147:4,6,8 148:9 149:6 151:19 <b>noted</b> 83:24 <b>notes</b> 12:23 13:2 30:16 32:7,18 36:10 53:16 54:4 96:14,16 97:15 97:24,25,25 98:6 107:3 117:15 150:6,11,12,19 150:20 <b>nothing</b> 49:14 51:2 53:6 109:4 157:11 <b>noticed</b> 17:21 <b>notification</b> 54:16 60:2	<b>notified</b> 36:12 47:22 50:16 51:4 53:5 54:9,10 60:3,11,13 <b>notify</b> 37:11 <b>noting</b> 141:17 <b>notion</b> 89:12 <b>Novak's</b> 97:22 <b>November</b> 4:13 21:5 79:5 145:9 <b>nowhere</b> 115:7 <b>nuchal</b> 15:12 112:18 144:15 144:21 145:11 145:20 148:2 <b>number</b> 13:14 19:21,24 50:21 58:22 59:14 78:8 84:12 85:19 86:8 86:19 87:22 88:6 88:13 91:8 119:20,22 128:5 130:2 144:19,20 <b>numbered</b> 83:16 83:22 84:5 <b>numbers</b> 39:15 43:10 84:3 141:20 <b>nurse</b> 17:19 21:1 46:4 47:21,21 51:6 138:1,7 150:13 <b>nurses</b> 36:8 37:10 42:13 50:16 51:4 53:5,15 54:4,24 149:14 <b>nursing</b> 36:9	56:19 66:3 67:14 67:22 70:24,25 72:14 74:2,3,9 74:13,14 82:14 82:18 89:4,15 92:14 94:9 120:4 121:2 137:5 149:21 151:7,17 154:9 <b>objections</b> 142:19 <b>observed</b> 147:5 <b>obstetric</b> 9:22,22 35:7 <b>obstetrician</b> 14:17 138:5 150:7 <b>obstetricianlgyn..</b> 5:2,5 <b>obstetrics</b> 4:16,25 33:11,14 37:24 49:4,6,14,16,25 84:7 85:15 <b>obviously</b> 67:9 69:1 <b>OB/GYN</b> 32:10,15 115:20 <b>occasions</b> 6:2 10:5 <b>occlude</b> 70:17 71:22 114:13 <b>occludes</b> 71:1 77:5 <b>occluding</b> 70:19 <b>occlusion</b> 70:9,10 114:5,7,25 115:3 115:4,13 <b>occurred</b> 9:18 111:1 <b>occurrence</b> 99:24 100:1 <b>occurs</b> 137:2 <b>off</b> 16:25 17:23 18:24 19:2 25:20 76:5,6 84:19 86:18 122:1,10 122:16 126:15 129:3 132:3,6 151:18 <b>offer</b> 117:10 <b>office</b> 2:7 7:24 158:6 <b>official</b> 161:17 <b>oh</b> 6:7 12:12 15:23 58:1 88:4 105:15 <b>ohio</b> 1:2,20,22 2:9 2:19 3:8 4:2 148:10,25 157:2 157:7 158:7,15 161:2	<b>okay</b> 5:16 8:21 9:7 14:2,18,25 15:23 16:19 18:1,22 19:18 22:3,5 23:1 24:2,20 25:15 26:22 27:19 29:4 32:1 37:8,15 40:7 41:16 42:22 44:4 46:14 47:7,14,17 50:1,25 51:8,19 52:1 54:19,23 58:1,4 59:4,17 60:10,17,23 61:6 62:16 64:6 65:21 67:1 68:25 76:11 77:19 83:20,22 84:3 85:13 86:8 87:6,15,22 88:13 92:14 102:17 103:18 106:25 108:23 109:7 114:5 116:18,21 118:2,23 121:20 122:16 123:8 126:12 130:6 132:19 138:16 141:3 156:7 <b>old</b> 147:7 <b>once</b> 41:3 86:6 115:2 125:11 144:7 <b>one</b> 7:9 9:20 11:23 15:12,13,16,21 19:16 22:13 23:5 41:14,15 43:1 48:6,17 49:9,18 49:20,20,20 52:13 56:8 57:1 61:10,12 66:10 68:8 70:6 71:5 71:13 72:9,24 73:4,7,20,23 75:25 77:16 78:13 86:14 89:2 91:8 92:9 93:12 101:9,21 102:12 103:12,13 107:10 108:3,10 109:23 111:16 112:10 116:18 117:4 123:1,5 124:16 131:4,19 137:25 145:4 150:5 155:24 <b>ones</b> 13:4 41:2 <b>ongoing</b> 95:16 112:2 113:21	137:14 <b>only</b> 6:6 29:25 31:3 33:4 35:16 41:15,21 58:20 61:3 62:10 63:9 64:20 78:7 88:20 89:2 100:24 103:12,13 108:14 109:20 112:12 113:25 118:18,25 119:8 119:11,11,12,13 119:17,21,24 120:15,22 121:18 122:19 122:23 123:6 143:3,6 <b>onset</b> 95:18 114:23 <b>open</b> 86:3 <b>Operative</b> 33:11 <b>opinion</b> 8:20 29:25 98:3 102:23 104:16,19,21 106:10,13 109:9 118:9 132:23 149:17,25 150:1 <b>opinions</b> 9:19 94:4 95:6 110:16 115:24 117:7,10 154:23 <b>opportunity</b> 4:12 84:24 95:8 98:16 <b>opposite</b> 71:20 133:19 <b>order</b> 13:24 14:14 55:17 66:6,8 84:14 107:23 118:4 130:21 131:8,9 <b>ordered</b> 14:16 55:7,8 66:7 86:25 <b>orders</b> 96:19 97: 97:5,9 137:12,13 <b>organ</b> 89:3 <b>original</b> 162:17 <b>other</b> 12:24 13:4 24:2 26:7 33:5 37:6 47:21 48:18 60:12 63:24 67:5 78:8,10,14 83:13 85:20 97:25 103:12 107:17 108:17,21,21 113:4 116:16 118:2,14 119:20 119:23 121:8,8
---	---	--	--	--



William J. Todia, M.D.

132:23 141:15 142:23,24 <b>others</b> 35:15 154:16 <b>otherwise</b> 105:7 158:3 <b>ought</b> 34:24 <b>out</b> 18:8 30:8 35:1 38:18 40:24 42:5 53:10 57:1,9,12 57:14 58:11,17 58:24 70:6 82:16 83:18 84:12 85:13 89:1 94:1 136:13,15,19,22 160:8 <b>outcome</b> 80:21 81:6,13 96:5 98:2 99:6 109:19 109:24 110:3,20 <b>outside</b> 67:15 <b>over</b> 18:2,4 27:21 39:19,25 40:24 47:10 50:21 52:11 60:17 91:17 102:23 103:8 104:8 109:1,4 115:5 121:12 <b>overall</b> 63:23 103:16,17 <b>over-15-beat-pe...</b> 44:2 <b>own</b> 99:2 133:8 <b>oxygen</b> 70:16 71:2 71:23 87:7,11 112:5 113:21 132:17 <b>oxygenated</b> 105:10 106:24 118:1 <b>oxygenation</b> 43:23 45:6 111:7 <b>o'clock</b> 1:23 <b>O'Grady</b> 33:2,20 115:15,20,25 116:20,21 142:8 <b>O'Grady's</b> 116:9 141:19	141:20 142:5 145:23 155:23 160:8 <b>Paisley</b> 2:14 <b>palsy</b> 85:21 <b>panel</b> 42:7,10 43:10 47:19 51:8 52:3 104:15,16 112:14 <b>panels</b> 39:18 42:19 43:7 44:12 45:7,12,18,19,22 47:14 51:20 52:1 52:6,19 53:3,12 53:22 59:4,19 101:9,20 105:24 106:12 <b>paper</b> 13:3 <b>paragraph</b> 8:6 34:17 <b>parameters</b> 36:14 65:4,7 108:9 <b>Pardon</b> 145:6 146:3 <b>Parent</b> 1:6 <b>parenthesis</b> 15:13 <b>part</b> 41:17 43:24 46:15 63:22 64:12 81:24 115:16 132:2 151:22 152:6 153:25 <b>parties</b> 160:14 <b>partner</b> 11:10 <b>parts</b> 108:11 <b>party</b> 158:3 <b>past</b> 47:20 <b>path</b> 73:11 <b>pathologic</b> 134:8 134:9 <b>pathologist</b> 25:17 134:1,4,10,20 135:11,13 136:4 136:7,7 <b>pathologists</b> 136:25 137:8 <b>pathology</b> 14:22 27:17 95:4,8 134:19 135:14 136:1,3,14,20 137:10 <b>patient</b> 9:23 14:1 30:17 31:1 32:5 32:8 34:11 35:23 36:7,13 42:14 47:18,22 50:14 51:3 60:23 61:7 83:14 98:10	99:15 112:18,20 112:23 119:21 137:16 141:6 147:5 149:6,13 149:16 150:14 151:6 152:3,4 <b>patients</b> 24:7 100:25 <b>patient's</b> 37:12 50:12 112:16 153:14 <b>pattern</b> 78:14 113:11,13,19,25 114:22 115:2 <b>Pavlik</b> 2:5 <b>PC02</b> 119:2 127:15 129:21 129:24 130:5,17 130:20,23 131:7 131:8,11,22,25 132:3,6 <b>pediatric</b> 18:20 96:9 115:21 138:4,7 147:10 150:11 154:4 <b>pediatrician</b> 8:19 18:21 90:25 138:7 152:12 154:5 <b>pediatricians</b> 150:20 <b>Pediatrics</b> 84:8 <b>peds</b> 8:18 <b>peer</b> 35:18 <b>pelvis</b> 99:22,22 112:19 <b>pen</b> 96:24 <b>people</b> 49:16 149:22 154:21 <b>per</b> 15:25 37:2 104:8 106:17 <b>perceive</b> 9:16,17 <b>percent</b> 24:7 57:13 81:1,17,18 88:24 89:2,2 100:15 <b>percentage</b> 87:13 <b>percentiles</b> 18:9 18:10,15 <b>perception</b> 9:19 <b>perfect</b> 25:8 26:14 <b>perform</b> 55:23 56:3,5 57:1 58:25 109:17 <b>performed</b> 25:6,21 26:16 56:17 59:2 <b>performing</b> 57:3 <b>performs</b> 25:19	<b>perinatal</b> 67:12 76:23 147:20 148:1,4,6 <b>perinatologist</b> 150:7 <b>period</b> 6:11 32:19 39:19 46:2 69:7 69:8,14 99:23 103:8 109:1,3 111:19 143:7 <b>periods</b> 38:23 103:1 106:17 <b>Perlman</b> 88:23 <b>permitted</b> 82:14 <b>Persistence</b> 87:23 <b>persistent</b> 62:2 141:1 <b>persists</b> 143:7 <b>person</b> 12:21 21:11 79:5 81:10 121:9 <b>personal</b> 33:5 <b>personally</b> 161:9 <b>personnel</b> 29:18 56:13 <b>perspective</b> 154:4 <b>pH</b> 14:12,14 24:25 25:21 26:12 27:5 27:22 63:7,9,9 63:11,13,14,18 63:19 64:7,21,22 65:19 87:2,16,18 94:1,6,19,22 106:24 111:5,7 113:22 117:18 118:3,18 119:2,3 119:4,8 121:6 124:7,9,11,13,14 124:18,21 125:5 125:16,17 126:2 126:21 127:7,13 127:14,24 128:10,15,17 129:5,6,12,18,19 129:21,22,23 130:9,10,11,14 130:16,22,24 131:2,7,9,10,17 131:20,21,24 132:1,10,19 <b>pharmacology</b> 147:11 <b>phase</b> 117:13 <b>phone</b> 12:18 <b>PHs</b> 128:5 <b>physical</b> 56:15 <b>physician</b> 14:24 62:22 63:17 66:6	110:25 <b>physicians</b> 154:22 <b>pH's</b> 25:24 28:6 <b>pH.08</b> 131:10 <b>picture</b> 23:15 24:3 26:21 81:22 <b>piece</b> 117:23 118:7 <b>pile</b> 116:15 <b>place</b> 48:8 63:6 64:13 77:16 84:17 87:3 157:20 160:8 <b>placed</b> 36:22 61:19 62:18 <b>placement</b> 82:25 <b>placenta</b> 14:19 67:4,10,18,23 95:4,8 133:11,12 133:14,15,19,22 133:23 134:8,9 134:12,13,15 135:16,20,22 136:6 137:1,4 <b>placental</b> 14:22 67:12,20 134:10 134:18,20 135:10,13,14 136:1,2,4,6,7,13 136:19,24 137:10 <b>placentas</b> 134:11 <b>Plaintiffs</b> 1:8 2:3 <b>plaintiff's</b> 7:1,3,13 7:18 10:18 <b>PLEAS</b> 1:1 <b>please</b> 4:9 6:20 8:7 13:7 28:22 34:18 73:8 80:9 86:4 125:7,25 126:12 147:3 154:15 <b>plus</b> 25:16 131:13 <b>point</b> 9:22 38:18 45:1 60:3 113:9 114:18 122:8 128:7 <b>jointed</b> 30:8 94:1 122:6 <b>jointing</b> 60:6 82:16 122:9 <b>portion</b> 97:3 <b>portions</b> 77:13 <b>position</b> 4:19,20 4:21 5:6 20:17 20:23 21:9 <b>positions</b> 4:22 5:3 <b>positive</b> 25:10
--	--	---	---	--

51:18 <b>possibilities</b> 71:19 73:12 142:20 <b>possibility</b> 142:13 142:16 <b>possible</b> 26:25 27:4 28:2 35:6 56:23 65:5 139:18,21,23,25 140:24 141:5,15 141:16 <b>postulate</b> 112:13 <b>potentially</b> 35:13 136:9 <b>practice</b> 25:25 35:7,23 36:2 49:25 60:24 100:8 <b>precaution</b> 140:11 <b>predict</b> 106:23 <b>predictable</b> 113:18 <b>predictive</b> 106:22 <b>predictor</b> 64:25 65:14 <b>preface</b> 33:21 36:1 <b>pregnancy</b> 95:19 <b>prematurity</b> 139:17,18 140:16,20 <b>prenatal</b> 117:12 <b>preparation</b> 34:7 35:20 <b>prepared</b> 12:23 20:1 <b>preparing</b> 17:20 <b>presence</b> 157:15 <b>present</b> 6:12 53:7 117:19 142:24 <b>preserve</b> 17:13 <b>presumed</b> 146:6 <b>pretty</b> 34:24 40:10 86:16 108:18 121:16 <b>prevented</b> 35:15 <b>previous</b> 45:17 72:19,23 152:12 <b>primarily</b> 5:4 <b>prior</b> 4:12 60:10 68:12 84:23 85:1 85:3 98:17 113:5 <b>priority</b> 58:7 <b>probability</b> 127:23 135:3 <b>probably</b> 6:3,8 17:25 58:21 100:15,19 113:1 144:20,25	145:10,19,24 146:10 <b>problem</b> 133:17 <b>problems</b> 19:20 35:12 67:20,21 <b>Procedure</b> 4:3 <b>process</b> 96:17 <b>processes</b> 30:25 31:16 32:4 137:15 <b>produce</b> 10:18 77:21 <b>Professional</b> 1:19 <b>professor</b> 4:23 <b>profile</b> 19:12 20:6 79:23 80:11 155:20 <b>profiles</b> 79:15 <b>Profound</b> 86:20 <b>progress</b> 30:16 46:3 98:10 149:6 <b>progressed</b> 98:11 <b>prolonged</b> 70:10 <b>promote</b> 34:8 35:21 <b>proper</b> 101:22 <b>proposition</b> 94:7 95:11,15 110:20 146:23 <b>prove</b> 35:12,14 <b>provide</b> 85:23,25 <b>provided</b> 4:2 8:21 <b>public</b> 1:19 2:18 86:3 157:7 158:14 161:8,22 <b>published</b> 84:10 86:13 <b>pull</b> 18:7 83:18 84:20 <b>pulmonary</b> 88:16 93:2 <b>purpose</b> 31:24 34:8 35:20 <b>purposes</b> 7:4,19 85:6 <b>push</b> 100:21,22 <b>pushed</b> 99:20 100:19,24 101:1 112:20 <b>pushing</b> 112:16,24 out 23:11 91:8 108:3 <b>putting</b> 103:11 3m 1:23 20:12,12 97:14 151:20 156:10	<b>qualified</b> 18:19 157:8 <b>quantified</b> 93:6 <b>questioned</b> 108:15 <b>questioning</b> 57:24 71:18 83:8 123:20 125:1 <b>questions</b> 13:15 41:20 65:25 93:17,21,22 97:23 101:7 107:2 118:14 124:17 127:18 141:18 <b>quibbling</b> 39:25 <b>quick</b> 18:4 <b>quicker</b> 56:9 <b>quickly</b> 55:18 99:19 <b>quite</b> 103:19 <b>quotation</b> 85:14 <b>quotes</b> 120:11 <b>quoting</b> 89:18 141:23	113:24 114:15 114:17,18 126:24 129:15 138:11,18 142:6 149:23 150:8 <b>rates</b> 60:13 78:20 <b>rather</b> 104:15 127:7 <b>ratio</b> 6:9 <b>RE</b> 162:3 <b>reach</b> 118:4 <b>read</b> 8:7,13 13:3 22:1 28:22 29:2 29:3,5 31:12 33:10 34:17,18 35:5 36:21 37:7 48:12 49:23 60:15 61:13 65:9 68:7,9 73:7,9 75:7 76:17,18 79:16 80:9 89:8 92:2 95:12 109:15 116:11 116:12 117:4 120:15 126:3,14 139:1,3 144:6 149:18,22 150:6 150:12,19,22 151:13 160:15 161:11 162:10 162:12 <b>reading</b> 15:17 33:4 63:10 77:12 79:21 87:12 88:10 89:8 91:4 93:1 94:6,7 96:7 114:24 116:22 117:6 137:9 142:4 144:2 <b>real</b> 18:4 <b>really</b> 92:22 107:6 116:23 135:7 141:22 <b>realm</b> 31:23 58:5 67:15 <b>reason</b> 11:20 28:16,18,20 29:7 29:10 63:9 64:15 64:22 68:22 69:1 96:7,11 102:3 110:2 131:21 <b>reasonable</b> 94:5 95:6 110:16 127:23 135:3 <b>reasons</b> 26:13,15 128:5 162:14 <b>reassure</b> 63:17 <b>reassured</b> 110:24	124:18,23 <b>reassuring</b> 43:24 45:5 94:16,25 98:8,22 103:2 104:9,10,17,19 106:6,11,14 108:18,22 109:2 110:24 124:10 124:14,19,21 125:16 126:19 127:6 129:14 <b>Rebecca</b> 1:18 157:6 158:14 <b>recall</b> 10:11 11:11 30:20,21 48:14 117:5 137:22 140:3 <b>received</b> 9:23 140:14 <b>recently</b> 89:9 116:11 117:4 <b>recognized</b> 138:8 <b>recollection</b> 48:7 48:18 56:22,24 58:20 61:12 89:8 91:1 <b>Recommendati...</b> 147:24 <b>record</b> 4:8 17:13 18:20 29:5 31:3 31:4,5,9,16 35:6 37:12 51:5 54:6 54:16 61:19 73:9 76:5,6 86:18 98:1 110:8,10 122:17 126:5,6 126:14,15 129:3 139:3 142:3 151:18 152:2,3,4 152:6,6,7 153:16 153:18 155:21 162:13 <b>recorded</b> 28:17 77:8,17 96:16 98:15 99:1 <b>recording</b> 53:4 77:14 78:21 79:13 99:8,8 <b>recordings</b> 30:1 41:11 77:21 78:17,19 <b>recordkeeping</b> 32:14,21 34:12 34:15 35:24 <b>records</b> 8:12,24 8:25 11:18,20 36:4 48:17 88:18 88:21 91:20,22
	<b>Q</b>	<b>R</b> <b>raise</b> 121:21 122:2 131:10 <b>raised</b> 122:6 <b>raising</b> 126:6 128:23 <b>range</b> 25:16,20 46:1 52:22 63:19 94:20,23 125:6 126:2,21 127:9 127:24 128:15 128:17 129:5 132:20 <b>ranges</b> 25:18 <b>rapid</b> 99:15 100:4 105:5 <b>rapidly</b> 101:2 112:19 <b>rarely</b> 35:13 <b>Raskin</b> 3:5 <b>rate</b> 37:25 40:2 46:5,14 60:8 62:2 64:2 71:7 71:16,25,25 72:3 72:6,11 73:1,5 73:25 75:12,15 75:20,25 78:7,11 85:21 94:16,24 98:9 102:12 104:20 105:8 106:6,19 108:25 111:22 112:6,22		

William J. Todia, M.D.

92:2 94:10 95:13 96:18,21 97:4 109:15 115:16 151:5,21,23 <b>red</b> 128:24,25 <b>reduced</b> 157:14 160:12 <b>refer</b> 13:7 19:10 <b>referenced</b> 87:21 <b>referencing</b> 141:19,21 142:20 <b>referred</b> 104:22 <b>referring</b> 13:11 14:10 21:25 38:19,20 47:2 72:17 85:24 <b>reflect</b> 11:18 48:17 137:14 <b>reflected</b> 105:25 <b>reflects</b> 37:12 54:6 <b>refrigerated</b> 13:17 13:25 <b>refute</b> 64:4 72:12 <b>regarding</b> 6:17 11:15 30:25 32:4 37:12 66:10,15 66:19 <b>Registered</b> 1:18 <b>regular</b> 25:25 <b>Reid</b> 12:9 <b>Reilly</b> 65:12 67:9 73:22 74:5 75:11 75:13,21 83:5 88:22 119:24 <b>Reilly's</b> 65:9 120:13 123:9 <b>related</b> 67:20 68:16 119:7 148:11,14,15,18 148:19 <b>relates</b> 71:18 136:20 137:15 <b>relating</b> 68:4 155:14 <b>relation</b> 102:15 <b>relative</b> 158:2 <b>relatively</b> 101:2 <b>released</b> 112:3 <b>relevant</b> 27:5 56:20 <b>reliable</b> 49:11 <b>relieved</b> 72:1 <b>rely</b> 49:16,17 134:10 <b>remain</b> 35:15 <b>remember</b> 11:14 12:16,17,17	17:15 36:14 37:1 87:12,13 90:20 91:4,6 93:1 101:23 106:2 116:11,21 117:2 117:3 140:8,9 <b>renal</b> 88:16 93:10 <b>rendering</b> 117:8 <b>repeat</b> 40:18 67:16 79:10 154:15 <b>repetitious</b> 82:17 <b>repetitive</b> 113:14 113:15,19 <b>report</b> 8:22 12:24 33:5 65:9,11 83:17,18 84:25 85:3,6 88:19 116:9,12,24 117:6 134:12 150:23 <b>reported</b> 90:14 <b>reporter</b> 1:19 160:11 162:9 <b>reporting</b> 148:25 <b>reports</b> 96:8,10 115:15 116:1 <b>represent</b> 39:13 93:18 <b>representation</b> 12:2 <b>represented</b> 9:8 10:22 11:5,9,18 <b>represents</b> 9:12 138:11 152:21 <b>reproductive</b> 4:23 <b>request</b> 14:23 162:12 <b>requested</b> 160:10 <b>required</b> 91:10 <b>requires</b> 63:20 84:1 <b>reread</b> 89:10 126:17 154:19 <b>residency</b> 5:9 <b>residents</b> 32:10 <b>resolved</b> 10:14 111:24 112:8 <b>resolves</b> 111:20 <b>respect</b> 14:18 17:15 18:14 69:2 78:18 95:3 101:20 108:18 110:13 116:24 117:10 120:21 136:13 137:25 <b>respects</b> 149:18 153:9 <b>respiratory</b> 63:11	65:6 93:3,7 129:24 130:10 130:22 132:2,11 <b>respond</b> 35:3 125:20 <b>responding</b> 41:19 <b>response</b> 76:20 77:2,24 101:24 110:5 120:13 125:23 126:7,9 127:25 <b>responses</b> 103:21 <b>responsibility</b> 14:6 <b>responsible</b> 17:20 <b>rest</b> 35:5 62:12 81:22 102:11 105:8 <b>result</b> 26:19 27:22 28:7 35:9 99:7 102:18 <b>results</b> 26:3 70:15 72:25 100:2 114:16 <b>retained</b> 31:24 115:22 <b>returned</b> 112:25 <b>returns</b> 72:3 <b>reveal</b> 111:9 136:1 <b>reversed</b> 69:23 <b>review</b> 9:21 30:2 35:18 84:24 90:22 98:16 155:5 <b>reviewed</b> 5:22 85:19 90:17 91:20,21 96:18 115:14 132:24 149:23 150:2,8 152:16 155:13 <b>reviewer</b> 8:19 <b>re-asked</b> 124:18 <b>rhonda</b> 1:6 29:22 <b>ridiculous</b> 28:3 <b>rightly</b> 156:7 RN7:25 15:25 <b>role</b> 9:16,17,21 <b>rolling</b> 118:17 <b>Room</b> 1:22 <b>rotated</b> 99:22 <b>routine</b> 62:8 <b> routinely</b> 62:3,15 <b>RRS</b> 162:5 <b>iubenstein</b> 2:4 <b>rule</b> 71:21 <b>Rules</b> 4:3 <b>run</b> 25:12 66:5 <b>uns</b> 108:16	<b>rupture</b> 51:12,17 <b>Ryder</b> 3:5 <b>S</b> <b>same</b> 14:20 40:1 11 40:13,15 43:6 45:17,20 46:1,1 47:6,16 52:10,21 83:3,7 95:3 98:21 103:7 109:1 111:2,2 145:23 155:23 160:12 161:15 162:12 <b>sample</b> 26:15 63:4 63:11,13,13,14 64:8,11,16,20 65:19 <b>sampling</b> 62:19 64:4 110:14,18 110:21 <b>samplings</b> 62:25 <b>save</b> 18:8 <b>saw</b> 20:12 47:18 50:13 77:16 92:8 149:24 150:24 150:24 <b>saying</b> 24:16 28:4 48:15 54:15 57:21 69:1 80:7 81:10 98:12 109:5 125:15,20 125:21 132:7 152:24 <b>says</b> 7:25 8:13,15 13:17 15:2,12,24 16:8 20:9 33:23 36:13 46:13 51:16 52:16 54:9 60:4 67:6 74:20 74:21 77:19 82:20,23 83:1,23 86:19 100:20 120:25 121:17 132:1 143:17 144:13,19,25 145:10,19,23 146:5,9,14 147:11,24 148:6 149:1,6 151:20 152:11 <b>scalp</b> 62:19,25 63:4,11,13,14 64:4,7,11,20 110:13,18,21 127:7 129:12 <b>scans</b> 66:15 <b>shoenling</b> 3:6	14:21 16:10,16 17:12,24 20:3,7 27:2,12,25 30:10 31:14,20 32:6,23 34:14,16 42:15 44:10,18 46:20 47:24 50:23 52:7 54:15,19 55:12 55:20 57:22 61:23 66:3 69:20 70:3,25 73:10 74:3,9,14,19,23 75:18 80:1 86:9 86:12,16 89:5,22 89:24 93:16,19 97:21 99:14 116:3,6 118:13 120:4,10 121:2 123:11,15,24 125:19 131:15 131:18 133:3,7 138:20,24 139:4 141:17,24 142:3 142:11,19 144:1 144:4 149:21 151:7 154:9 159:6 <b>scientific</b> 25:3 118:19 119:8,11 119:17,24 120:16,22 121:5 121:7,18 122:20 122:23 123:2,6 <b>score</b> 83:4 87:23 <b>scores</b> 24:21 28:4 87:25 126:18 143:18 <b>seal</b> 158:6 161:17 <b>second</b> 2:8 41:14 46:15 61:11 76:12 99:16 100:4,13,18 105:4 <b>secondary</b> 143:24 144:9,15,25 145:10,19 146:6 146:20 147:13 148:12 149:1 <b>secondly</b> 110:20 <b>seconds</b> 44:3 45:5 104:8 106:20 111:19 <b>sections</b> 41:22 <b>see</b> 6:20 12:1 15:5 15:14 16:1,9,17 17:1 18:6,11 19:19 21:20 22:3 30:16 36:7 37:6
---	---	---	---	--

38:15,16,17 41:15 42:6 43:9 44:4,11 46:9 47:8 48:2,24 50:14 52:2,10 54:20 60:2 61:9 67:2 71:24 72:16 77:10,11,11,13 88:6 92:6 93:13 94:10 97:1,5,16 100:8 104:16,25 106:13 108:7,8 109:16 112:6,10 112:14 113:6,23 113:24,25 114:2 114:14,22 115:4 117:3 131:6 133:11,13,15 136:25 137:3,20 <b>seeing</b> 30:21 43:16,20,25 137:22 143:16 <b>seem</b> 107:3 <b>seems</b> 35:9 36:1 143:2 <b>seen</b> 21:23,24 22:4,4 31:11,13 34:23 109:2 113:13 149:13 149:16 151:6 <b>segment</b> 102:6,25 106:6,8,12 <b>seizure</b> 8:3 149:1 152:20 153:1,3 <b>seizures</b> 8:17 144:19,25 145:10,15,19,24 146:6,9,15,19 147:12 148:11 148:14,16,18,19 149:7 151:2 <b>send</b> 6:16 86:2 134:10 136:6 <b>sense</b> 30:24 36:1 68:20 <b>sent</b> 152:2 <b>sentence</b> 23:20 82:11 83:23 <b>September</b> 1:23 7:16 8:11 162:7 <b>sequelae</b> 69:4,6 88:7,9,12 <b>serious</b> 35:13,16 <b>serum</b> 90:19 91:1 93:11 <b>set</b> 115:25 158:6 160:8 <b>setting</b> 14:13	<b>settle</b> 65:25 <b>seven</b> 21:7 30:3 56:18 126:9 155:5 <b>severe</b> 119:19 121:10 — <b>severely</b> 70:16 <b>shed</b> 96:10 <b>sheet</b> 17:2 51:16 79:24 80:2,3 152:11,16 161:13 162:1,15 <b>short</b> 41:10 72:2 78:3 99:21,23 100:13,17 101:1 109:12 <b>short-acting</b> 113:2 <b>short-term</b> 70:13 <b>show</b> 13:10 16:6 21:25 74:24 95:20,21 111:20 112:3 126:5,7 127:11 150:5 <b>showing</b> 72:15 <b>shown</b> 133:16 <b>shows</b> 12:5,9 <b>siew</b> 1:12 3:3 16:21,23 30:17 31:24 32:3,7 36:6,8,11,13,20 36:21 37:1,3,3 37:11 42:8,13 47:18,22 50:13 50:16 51:4,6 52:2,16 53:5,7 53:18 54:7,21 60:3,11,13 93:18 96:16,20 98:14 115:22 124:1 125:2 138:1,3 149:15 <b>Siew's</b> 16:24 17:6 17:11,18 30:24 31:7,16 66:2 117:11 137:14 <b>sign</b> 43:23 44:24 45:5 104:4,9,10 106:1 160:15 161:14 <b>signature</b> 16:24 17:1,4,5,8,11,18 24:15 160:1 <b>signed</b> 162:14 <b>significance</b> 22:17 <b>significant</b> 132:13 153:5,6,8 <b>signs</b> 16:24 17:19 119:15 121:8	<b>simple</b> 82:3,5 121:16 <b>simply</b> 120:18 <b>since</b> 6:12 67:10 67:18 92:1,1 140:24 <b>sit</b> 14:3 20:16 21:8 28:15 30:5,23 128:19 134:24 149:13 <b>sitting</b> 21:6 <b>situation</b> 68:5 <b>sixty</b> 43:1 <b>Six-day-old</b> 145:24 <b>skip</b> 109:7 <b>skipping</b> 51:10 <b>Skylight</b> 2:7 <b>sleeping</b> 102:11 <b>smart</b> 122:4,5 <b>solely</b> 132:2,2 <b>solid</b> 54:2 <b>some</b> 6:9 13:1 35:13,13 36:24 38:15 41:11 43:9 63:20 64:1,13 81:2 93:17 96:11 96:19 111:18 116:4 138:12 <b>somebody</b> 20:25 24:17 <b>someone</b> 19:2 20:11 21:5 24:14 25:6 74:16,17 78:24 79:7 152:17 <b>something</b> 6:21 32:16 36:20 46:1 48:20 49:15 111:11 114:6,16 114:21,22 126:8 133:16 134:16 137:24 <b>sometime</b> 61:17 95:18 <b>somewhat</b> 39:13 <b>somewhere</b> 61:14 <b>Sonny</b> 122:3 <b>sorry</b> 20:4 25:22 43:11 46:20 59:8 59:12 70:4 75:13 80:10 105:15,19 116:17 138:20 <b>sort</b> 63:20 <b>sounds</b> 12:19 <b>Source</b> 151:20 <b>sources</b> 49:9 <b>speak</b> 29:21 35:9	<b>speaking</b> 13:12 41:18 46:10 82:14 <b>specific</b> 4:13 <b>specifically</b> 4:18 13:8 <b>specifics</b> 73:15 <b>specified</b> 157:21 <b>spectrum</b> 41:21 <b>speculation</b> 94:13 <b>spontaneous</b> 51:12,17 <b>Square</b> 2:18 <b>SS</b> 157:3 161:3 <b>stack</b> 13:5 <b>stage</b> 99:16 100:4 100:13,18 105:4 <b>stages</b> 77:8 <b>stained</b> 52:18 <b>stand</b> 14:20 123:9 123:9 <b>standard</b> 55:23 56:3,6 72:8 120:18 <b>standards</b> 87:16 <b>standpoint</b> 22:15 92:24 93:3,11 154:3 <b>stands</b> 60:7 <b>start</b> 37:17 115:4 121:23 <b>started</b> 28:3 73:17 100:21 121:25 153:4 <b>starting</b> 37:19 <b>state</b> 1:20 8:23 17:19 30:22 37:18,22 56:16 62:23 67:17 68:2 157:2,7 158:15 161:2,9 <b>stated</b> 48:24 117:17 128:14 <b>statement</b> 7:23,25 32:14 33:22 35:16 64:24 65:15 67:13 76:2 78:13 79:6 84:9 84:22 90:5 102:13 120:3,25 123:19 124:5,15 126:1 143:23 144:1 161:14 <b>stating</b> 50:8 <b>status</b> 104:10 108:5 <b>statute</b> 1:17 <b>stay</b> 34:25	<b>stays</b> 51:21 <b>stenotypy</b> 157:14 <b>Steven</b> 115:16 <b>still</b> 39:23 40:21 45:25 47:10 53:7 54:3,4 96:7 131:24 <b>stipulating</b> 50:6 <b>Stonerock</b> 1:18 157:6 158:14 <b>stools</b> 92:6,10,18 <b>stop</b> 28:22 59:25 60:2 <b>stopped</b> 112:23 112:24 <b>stops</b> 114:19,19 <b>stopwatch</b> 56:25 <b>Street</b> 2:8 <b>stress</b> 22:16,19 64:1 <b>strip</b> 43:24 45:6 62:11 102:4 103:17 104:15 104:18 105:1 106:10,14 107:1 107:6 108:13,14 108:18 109:5 112:11 113:9 114:1,6,12,24 115:7,12 <b>strips</b> 37:16,17 52:3 101:5 111:10,12,15 124:20,22 126:19 <b>strong</b> 100:22 106:22 <b>struck</b> 105:2 <b>studies</b> 81:4 84:12 84:18,22 85:20 88:23 120:19 <b>study</b> 84:16 89:3 89:18 90:2 119:5 <b>subheading</b> 15:11 <b>subject</b> 137:7 <b>subjected</b> 35:17 <b>subjective</b> 24:22 24:24 25:1,5 28:4,5 83:6,14 87:25 88:4 <b>subjectivity</b> 83:9 83:13 <b>subsequent</b> 8:24 9:4 12:2 33:25 68:22 69:4,6 71:3 <b>suction</b> 81:23 <b>suctioned</b> 15:24
--	---	---	---	--

William J. Todia, M.D.

21:17,22 30:7 79:18 80:12,19 81:7 82:22 <b>sued</b> 9:25 <b>suffer</b> 127:17 <b>suffered</b> 110:8 143:17 153:17 153:21,24 <b>suggest</b> 8:17 <b>Suite</b> 3:7 <b>sum</b> 81:2 108:11 <b>summaries</b> 88:10 91:5 92:2 <b>summary</b> 13:9 15:1,2 17:21 92:3 140:25- 147:16,24 150:13 <b>support</b> 94:8 95:12,15 110:21 113:7 118:10 <b>supported</b> 95:14 <b>supports</b> 109:16 <b>sure</b> 23:21 25:2 31:1 ■ 34:19,22 38:19 50:18 53:9 75:9 86:17 90:10 90:10 92:17 106:9 118:24 127:4 128:16 138:9 155:22 <b>surgery</b> 109:21 <b>surprise</b> 137:8 <b>suspicious</b> 64:5 <b>suspicious</b> 63:25 <b>sustain</b> 155:2 <b>sworn</b> 4:4 157:10 161:14 <b>symptoms</b> ■ 19:15 121:9 <b>system</b> 88:14 89:13 90:6 91:12 91:15,19 92:4	47:19 49:17 60:5 84:16 91:10 97:8 102:3,4 104:11 107:16 108:9 136:5 <b>taken</b> 1:17 26:10 26:15,24 30:15 39:19 61:4 85:13 94:2 95:8 104:9 106:20 108:1 110:18 130:7,21 157:20 160:7,11 162:11 <b>takes</b> 55:10 <b>taking</b> 63:6 64:13 104:25 106:8 <b>talk</b> 24:20 29:17 58:4 70:11,12,13 83:15 85:20 116:8,19 133:2 <b>talked</b> 78:23 <b>talking</b> 12:18 27:12 31:8 43:15 44:6 127:6 129:11,25 130:11 <b>talks</b> 140:25 <b>teach</b> 32:16 <b>Leaching</b> 49:7 <b>technical</b> 85:15 86:12 <b>technically</b> 34:9 35:22 <b>tell</b> 4:13 10:4,11 10:16 18:7 22:16 25:15,19 42:20 43:10 52:4 63:10 64:14 69:10,12 74:17 76:19 80:22 92:22 99:12 109:14 133:21 134:2,5 135:22 136:3 153:21,23 155:24 156:2 <b>telling</b> 11:13 25:9 25:11 26:23 57:18 73:25 74:7 74:11 80:18 88:7 123:14 137:13 150:10,17,18 151:4,22,24,25 152:14,19 154:21,23 155:1 155:9 <b>tells</b> 34:25 <b>terminal</b> 2:17 112:3	<b>terms</b> 104:17,24 135:23 <b>tertiary</b> 55:22 <b>test</b> 14:16 25:3,6,7 25:8,12 26:14,19 64:3 66:5,6 83:13 86:25 119:13,17,18 <b>testified</b> 5:16 10:21 17:15 50:21 73:22 74:5 75:11,14,21 101:6 <b>testify</b> 6:14 33:3 69:2 134:7 135:19 157:11 <b>testifying</b> 134:14 <b>testimony</b> 53:18 65:12,13 66:9,15 66:18 74:8,11,15 75:8 88:3 98:20 99:3,5 105:22 106:2 107:5 117:21 126:17 157:13,17 161:16 <b>tests</b> 25:19 26:3 83:10 <b>text</b> 34:7 35:20 49:4,7 141:19 142:4 <b>textbook</b> 49:18 <b>textbooks</b> 49:23 <b>Thank</b> 6:23 10:9 16:16 20:7 46:13 61:25 118:14 131:18 139:4 142:11 145:8 <b>Thanks</b> 54:20 <b>their</b> 87:20 116:1 136:8 149:24 152:17 <b>thick</b> 21:17,21,24 22:4,6,9,13,14 22:17,18 23:2,8 23:24 30:6,12 79:17 80:7,12,18 80:23 82:22,25 <b>thin</b> 22:13 <b>thing</b> 61:3 83:4 87:1 103:9 118:18 143:6 155:24 <b>things</b> 56:14 73:17 78:4,9,13,14 103:13 104:9 108:7 121:8 122:12,14	141:15 <b>think</b> 7:7 17:3 27:5 28:18,25 29:1,13 39:12 43:20 44:11 45:10 46:18 47:16 50:19 54:2 58:16 61:9,20,23 65:10 79:23 80:1 81:2 81:13 87:10,10 87:11,12,14 88:11 91:14 93:5 93:5,19 96:4,6 98:6 102:22 106:3 108:1,4 117:22,23 118:13 119:3,6 121:3,6 124:6 127:4 <b>Thirty-nine</b> 140:19 <b>Thomas</b> 15:25 119:24 <b>though</b> 44:25 103:19 108:17 138:25 <b>thought</b> 30:25 31:16 32:4 58:15 61:13 62:4 105:25 116:14 137:14 147:12 <b>thoughtful</b> 34:8 35:21 <b>thoughts</b> 98:15,21 99:1,3,5,9 <b>three</b> 8:1 13:21,25 44:17 53:3 78:17 105:24 106:11 112:15 115:21 153:24 <b>through</b> 1:5 11:25 47:19 67:8 82:11 83:8 84:2 98:11 99:21,22 102:7 107:1 109:5 120:8 <b>throughout</b> 105:8 107:6 <b>hydratotoxicosis</b> 138:19,23 139:7 141:4,6 <b>ight</b> 145:1 ■ 20 <b>ime</b> 4:14 6:11 8:11 11:14,19 13:25 18:8 30:17 30:19 31:17 36:6 36:14 37:4,9 39:19 41:10,11 46:2 47:17,18	48:8 50:13,18,19 51:7 53:8,9,10 53:13,19,21,23 55:2,4,8,9,10 56:25 57:3,3 62:17 73:17 77:16 79:2 80:14 81:12,18 87:7 88:18 91:21,23 93:20 99:19,20 99:21,23 100:2 100:22,24 101: 102:6,16,20,23 102:25 103:8 109:2 111:2,19 112:12 113:3,8 113:17 114:20 127:5,12 128:9 129:11,12 130:18,25 132:15 153:13 153:13,17,19 157:20 160:8 <b>times</b> 10:10 15:12 15:13,21 21:22 26:12,18 30:7 42:2 46:19,24 79:18 80:13 82:23 124:17 126:9 <b>time-defined</b> 72:2 <b>timing</b> 137:1 153:9 153:10 <b>ired</b> 85:12 <b>itle</b> 160:8 <b>oday</b> 4:12 5:25 6:17 14:3 20:16 21:9 28:15 30:5 30:23 84:23 85:1 98:17 134:14 149:13,17 150:1 <b>odia</b> 1:16 4:1,6,10 4:11 11:1 93:15 93:17 118:15 157:10 159:3,5,7 160:6 161:10 162:6 <b>ogether</b> 70:14 104:9,12 106:2 108:1,9 <b>old</b> 11:17 27:7 <b>op</b> 25:20 84:19 128:24 142:9 <b>opics</b> 109:7 <b>otal</b> 6:7 24:3 <b>otality</b> 31:15 104:15 105:1 <b>otally</b> 154:25
--	---	---	--	--

<b>tougher</b> 41:8 <b>Tower</b> 2:7,17 <b>traceable</b> 114:6 <b>tracing</b> 64:2 98:9 102:12 104:20 105:9 106:7 113:11,13 125:18 129:15 149:23 150:8,24 <b>tracings</b> 36:24,25 94:16,24 100:18 126:24 151:10 151:14 <b>train</b> 32:10 <b>trained</b> 134:9 <b>transcribed</b> 157:16 <b>transcript</b> 98:17 160:15 161:11 162:10,17 <b>transcription</b> 157:17 <b>transferred</b> 8:4 150:14 152:1,5 <b>transient</b> 93:8 <b>treat</b> 63:21 92:21 <b>treated</b> 140:6 <b>treating</b> 8:24 9:5 <b>treatment</b> 31:1 32:5 117:11 140:10 <b>trial</b> 72:7 <b>trivial</b> 35:12 <b>trouble</b> 35:1 73:19 <b>true</b> 15:13,20,21 48:11,21 70:21 71:1 76:22 77:9 77:14,17 99:9 107:7 113:9 143:24 144:9,21 155:10,12 157:16 <b>truth</b> 123:14 157:11,11,12 <b>try</b> 23:10 32:16 154:19 <b>trying</b> 61:21 70:5 91:7 121:13 130:19 <b>turn</b> 18:2,3 19:13 109:8 <b>turned</b> 27:21 <b>turning</b> 128:24,25 <b>Twenty</b> 57:11 <b>twenty-five</b> 57:11 <b>Twenty-seven</b> 7:11 <b>twice</b> 82:7	<b>two</b> 4:21 5:2 10:10 40:24 46:19,24 48:4 52:12 85:1 101:9 111:17 112:14,16 116:13 151:2 <b>typewritten</b> 160:12 <b>typically</b> 113:13  <b>U</b> <b>UH</b> 91:22 92:2 144:4 <b>uh-huh</b> 7:12 10:8 15:7 36:18 38:14 39:10 44:9 45:14 51:11 58:16 59:7 87:19 92:16 101:14,18 126:9 129:7,20 131:5 132:18 <b>umbilical</b> 86:20,22 <b>unavoidable</b> 35:15 <b>Unchanged</b> 47:16 <b>uncommon</b> 81:19 <b>under</b> 1:17 10:23 13:16 15:10,11 16:13 19:7,19 20:13 21:20 24:11 53:25 58:25 82:23,25 94:10 125:21 147:16,23 148:5 <b>understand</b> 19:6 21:3 23:21 38:25 48:9 49:19 68:23 79:4 103:20 106:10 107:14 109:25 116:6 117:20 121:11 154:11,12,13,17 154:18 <b>understanding</b> 13:19 22:16 117:9 <b>unfortunate</b> 35:9 <b>unfortunately</b> 56:12 65:21 <b>uniform</b> 108:4 <b>unit</b> 152:2,8 <b>University</b> 8:4,12 9:1 88:17 90:18 140:25 143:14 143:15 151:4 154:22 <b>unknown</b> 96:7 <b>unless</b> 112:8 <b>unnecessary</b>	109:21 <b>until</b> 30:8,19 31:17 37:7 50:14 55:9 87:8 101:11 107:16 114:18 115:6 <b>upset</b> 122:13 <b>urge</b> 100:22 <b>use</b> 35:2 49:7,10 60:24 61:5 62:3 62:11 64:3 96:24 131:9 <b>used</b> 61:7 63:4,16 86:15 127:5 <b>usually</b> 35:18 60:7 70:11,13 102:18 138:4  <b>V</b> <b>vaginal</b> 37:2 52:16 <b>value</b> 63:12,14,15 63:16 64:10 106:22 <b>values</b> 129:5,6 <b>variability</b> 38:15 38:17,22,24 39:14,18,18,20 40:23 41:7,18 43:21 44:1 101:9 101:21,23 102:8 102:14,25 103:6 103:14,22 104:3 104:12 106:15 107:11,21 108:19 111:21 <b>variable</b> 22:20 105:3 112:17 113:7,19 <b>various</b> 77:8,13 119:15 <b>vary</b> 128:5 <b>vast</b> 80:4 81:11,11 81:25,25 <b>verbalize</b> 98:20 <b>verbalized</b> 98:15 98:21 <b>versus</b> 11:1 21:11 <b>very</b> 32:15 35:9 44:23,23 99:15 105:25 113:18 116:23 125:2 129:2 <b>view</b> 9:22 90:23 <b>viewed</b> 150:23 <b>villi</b> 135:1 <b>virtually</b> 37:23 <b>voice</b> 121:22 122:3,6 126:6	128:24 <b>vs</b> 1:9 162:4  <b>W</b> <b>W</b> 2:16 <b>wait</b> 18:5 51:9,9 59:12 71:13 78:22 82:10 101:11 123:22 126:13 <b>wall</b> 122:16 <b>Walla</b> 144:3 <b>want</b> 17:17 30:14 31:10 33:21 34:18 38:18 48:16 55:18 58:10 61:17 69:3 70:6 74:22,23 75:10,13 83:15 90:21 93:23 101:6 106:9 116:18 125:4 126:4 135:18,21 144:6 150:5 155:22 156:3 <b>wanted</b> 14:12 56:8 56:12 <b>wants</b> 18:6 <b>wasn't</b> 31:24 53:7 54:12 66:7 72:18 93:12 110:15 119:7 122:22 132:5 <b>was</b> 9 90:19 <b>way</b> 12:23 27:8,20 27:20,21 38:17 48:15 53:21 66:22 67:3 86:9 90:11 95:10 109:15,19 118:25 119:11 119:21 132:25 133:10 142:7 <b>ways</b> 111:17 <b>Wednesday</b> 13:19 64:24 65:13 67:9 73:23 74:6 <b>weeks</b> 140:18,19 145:24 153:22 153:22,23 <b>weight</b> 18:9 <b>well</b> 4:20 8:2 13:1 14:11 16:24 17:12 18:5 19:10 23:23 24:25 25:3 25:9,22 26:7 27:6 28:9 38:21 39:1 43:15 48:12	55:16 68:11,25 72:21 73:22 74:7 76:18 82:9 85:11 86:16 89:6 97:3 104:5,14 105:9 107:12 109:22 111:16 116:8 122:13,15 123:25 129:9 135:18 151:19 <b>went</b> 67:8 83:8 109:5 112:6 120:8 153:18 <b>were</b> 4:14,19 6:8 10:17,22 11:4,9 11:18 27:15 29:18 30:24,25 36:24 41:12 47:1 53:11,12 58:18 59:17 62:24 78:19 84:18 91:8 92:6 94:16,24 95:17 99:3,4 101:8 106:1 107:2 126:19 128:6 143:18 148:16 <b>Nest</b> 2:8 <b>Western</b> 4:24 <b>Neston</b> 2:14 5:17 9:8 10:23 11:11 <b>we'll</b> 17:3 39:1 123:8,9,10,13 <b>we're</b> 28:6 31:22 36:3 39:9,11,25 43:16 46:2 47:10 50:10 60:1 73:11 75:20 78:24 87:24 88:12 97:18 109:3 118:17 129:11 130:17,19 131:19 142:20 <b>we've</b> 97:13,14 108:15,17 109:2 126:16 155:13 <b>NHEREOF</b> 158:5 161:16 <b>while</b> 19:11 35:11 35:15 36:3 54:5 118:17 <b>whoa</b> 150:3,3,3,3 <b>whoever's</b> 17:20 <b>whole</b> 26:21 108:15 128:7 150:23 157:11 <b>villiam</b> 1:16 2:6 4:1,6,10 11:1
--	--	--	---	---

William J. Todia, M.D.

93:15 118:15 157:9 159:3,5,7 160:6 161:10 162:6 <b>Williams</b> 33:14 37:24 49:4,6,20 50:2 <b>wish</b> 65:24 <b>within-named</b> 157:9 <b>witness</b> 10:19 12:16 19:23 37:5 46:22 53:23 58:16 61:25 73:7 80:7 83:20 97:20 131:17 146:4 157:9,14,15,18 158:5 160:1 <b>wonderful</b> 142:8 <b>word</b> 25:11 30:12 127:5 <b>wording</b> 72:18 <b>words</b> 26:7 29:13 78:10,25 79:7,12 97:25 105:24 106:1 118:2 <b>work</b> 5:19 <b>tvorked</b> 12:20 <b>working</b> 4:15,19 <b>workup</b> 141:2 <b>Norse</b> 115:5,5 <b>worsening</b> 113:23 <b>wouldn't</b> 16:21 17:23 34:13 56:16 89:25 104:5 119:4 135:6 137:7 138:3 <b>write</b> 32:18 82:22 152:11 <b>writes</b> 46:4,6,16 <b>writing</b> 20:25 32:3 46:10 78:24 84:25 85:3,6 <b>written</b> 19:25 24:10 29:14 30:16 33:25 48:3 51:5 79:15 96:20 107:4 137:22 155:20,21 <b>wrong</b> 10:20 21:2 25:11 121:14 155:25 <b>vrote</b> 21:1,5,11 24:15,17 33:22 79:7 88:18 91:23 99:6 143:15 152:18 154:21	154:23,24 156:1  <b>v</b> <b>X</b> 159:1  <b>y</b> <b>yeah</b> 12:13 13:3 40:19 41:9 44:16 53:2 57:13 58:9 69:25 83:7,20 85:8 86:25 97:21 103:9 116:10 117:1 119:5,12 124:4 149:11 <b>year</b> 11:6 57:6 84:16,21 <b>years</b> 21:7 30:3 85:2 155:5 <b>yep</b> 47:13 80:21 <b>yesterday</b> 88:22  <b>o</b> 087:23 <b>02</b> 59:4,8,10,18 <b>03</b> 59:4,10,18 <b>04</b> 59:5,10,18 <b>05</b> 38:3 59:24 <b>06</b> 38:8 59:25 60:2 <b>07</b> 38:8 60:18,22 <b>08</b> 38:8 60:18,22 131:10 <b>39</b> 38:10 60:18,22  <b>1</b> 17:1,4 19:21 86:8 86:19 144:19,20 159:10 <b>1:10</b> 20:12 98:12 <b>1:30</b> 20:12 <b>10</b> 38:13 100:15 100:19,23 101:16 102:5 115:5 131:11 141:18 <b>10:30</b> 46:4,13 <b>100</b> 57:7,7,9 <b>11</b> 21:5 38:16,22 39:3 79:5 <b>11/11/92</b> 20:12 97:13 156:1 11/1297:15 <b>11/12/92</b> 143:16 151:20 <b>11/13/92</b> 97:15 143:23 144:12 <b>1/14/92</b> 144:18 <b>1/15/92</b> 144:24 149:6,10	<b>11/17/92</b> 145:14 <b>11/18/92</b> 145:18 <b>11/19</b> 146:5 <b>11/19/92</b> 146:13 <b>11/20/92</b> 146:9 <b>11/21/92</b> 146:19 <b>11/23/98</b> 8:15 <b>11:00</b> 46:6,15 <b>11:30</b> 47:20,25 50:14 <b>11:50</b> 51:13,16 <b>118:15</b> 159:8 <b>12</b> 6:9 36:20 39:6 39:13,16 77:8 101:16,20 141:18 <b>12:00</b> 48:25 61:18 <b>12:10</b> 36:20 37:7,9 48:25 <b>12:18</b> 61:24,25 62:17 <b>12:20</b> 53:11 54:1 <b>12:30</b> 53:23,24,24 54:3,25 55:1,4 12:45 54:16,20 <b>12:55</b> 54:8,17,18 <b>120</b> 37:25 50:3,9 <b>13</b> 39:9,13,16 101:16,20 <b>13.2</b> 142:6 <b>1359</b> 26:24 27:11 28:17 87:3,8 130:7 131:14,20 131:23 <b>14</b> 39:11 <b>15</b> 6:8 39:22 44:2 45:5 57:13 77:24 81:16 104:8,8 106:19,20 115:6 <b>150</b> 57:8,9 <b>155</b> 40:22 <b>16</b> 39:22 97:19,20 97:21 120:9 131:13 <b>16-month-old</b> 147:25 <b>160</b> 38:1,5,8,11,13 39:5,7,9,11,23 39:25,25 40:2,5 40:8,11,21 41:4 41:8,25 42:3,23 42:24,24 43:3,4 43:15,16 45:1,8 45:9,12,16,19,22 46:19,24 47:10 47:13,23 50:3,9 50:13,19 51:3,21 51:24 52:9,10,20	60:14,24 62:2 71:12,16 72:12 73:6 107:7,13 138:11,14 <b>160's</b> 46:5,6,7,16 <b>160-to-165</b> 52:22 <b>162</b> 39:25 40:3 42:24 45:10 <b>163</b> 45:10,20,25 47:12 109:6 <b>165</b> 41:8,9,9 42:6 42:24 43:4 45:25 47:13 52:10 107:7,14 108:16 109:6 <b>1660</b> 2:8 <b>17</b> 1:23 39:22 145:9 158:17 162:7 <b>170</b> 46:19,24 52:24 59:21,22 <b>170's</b> 46:5,6,7,17 <b>173</b> 59:23 <b>175</b> 59:23 <b>18</b> 40:4,6 77:25 153:22 <b>180</b> 41:12,14 44:5 44:12,21 <b>198</b> 22 40:4,6 <b>1990</b> 5:8,11 6:12 34:3,5 <b>1992</b> 4:13 79:6 86:10 145:9 <b>1993</b> 10:25 <b>1998</b> 7:10,16,23 8:11,22 <b>1999</b> 1:23 158:8 161:18 162:7  <b>2</b> <b>2</b> 7:14,19 19:24 87:22 159:11 <b>2:10</b> 97:14 <b>20</b> 6:3,8,8 40:4,6 57:14 58:11,13 100:15 <b>20-minute</b> 102:5 <b>2002</b> 158:17 <b>21</b> 40:7 53:11 <b>216</b> 2:10,20 <b>2</b> 40:7 53:11 153:22 <b>28-5931</b> 3:9 <b>3</b> 40:7 <b>4</b> 8:3 40:10 152:21 153:1,4 <b>5</b> 40:10 57:14 58:11,13 106:17	250 3:7 <b>2500</b> 1:21 2:17 <b>26</b> 10:25 40:10 <b>27</b> 7:10,23 40:13 40:14 <b>270</b> 2:7 28 40:13,14 53:11 <b>29</b> 40:13,14 53:11  <b>3</b> <b>3</b> 7:16 8:11 87:23 88:6 <b>3/31/93</b> 147:17,19 <b>3:16</b> 1:23 <b>30</b> 40:15 53:11 55:24 56:4 58:25 59:3 111:19 <b>30-second</b> 113:3 <b>31</b> 40:15,19 <b>32</b> 40:16,19 153:23 <b>322</b> 142:5 <b>34</b> 41:1,3,5 <b>35</b> 41:1,3,5 <b>36</b> 41:1,3,5,24 42:8 42:10 <b>37</b> 18:3,8 41:24 140:18 <b>38</b> 41:25 <b>39</b> 42:19,22 145:24  <b>4</b> <b>4</b> 13:14 21:22 37:2 82:23 88:13 91:8 <b>4:15</b> 151:20 <b>5:6</b> 159:4 50 42:19,22 131:8 <b>500</b> 3:7 <b>51</b> 42:19,22 <b>1242</b> 25 <b>1342</b> 25 <b>13215</b> 3:8 <b>14</b> 42:25 <b>1.4113-14982</b> 9 <b>14113-2241</b> 2:19 <b>1543</b> 2 <b>6</b> 43:2 <b>17</b> 43:2 <b>8</b> 43:5 <b>183</b> 51:8,10,15,16 <b>19</b> 43:5  <b>5</b> <b>5</b> 52:17 77:1 <b>10</b> 2:18 43:5 <b>1</b> 43:7,12 44:8,15 44:18,20 105:14
---	---	---	--	--

William J. Todia, M.D.

105:15,18 52 43:7,12 44:8,14 44:18,20 105:11 105:14,17,18 53 43:8,12 44:8,19 44:20 305:11,14 105:17,18 54 45:7 55 45:7 56 45:7 57 45:12,13 58 45:12,13 59 45:12,13	71 46:25 47:4 72 47:7 73 47:7 74 47:7 75 47:14 76 47:14 77 47:14 781-8700 2:10			
6	8 28:19 29:8 77:1 94:17 120:20 8110193 147:10 813193 146:25 8:30 36:11 37:2 97:13			
628:19 29:8 94:17 120:7,8,20 6:15 156:10 60 45:19 61 45:19 61 43:9 62 45:19 63 45:22,23 131:7 64 45:22,23 65 45:22,23 65 45:16 105:15 105:15,17 65 40 437:20 38:3 38:18 65 40 9 101:16 65 41 2 101:8,12 65 41 3 101:8,13 65 45 1 105:11,13 105:17 65 47 7 47:19 65 50 2 59:15,16,17 65 50 8 112:14 66 47:2 67 47:2 88:24 89:1 120:7 68 47:2 68 7-32 142:20 69 46:25 47:3	836 162:5 84 51:25 85 51:25 81:18 86 51:25 87 51:20,22,23,25 88 51:20,23,25 76:10,21 89 51:20,23,25			
9	9:30 36:6,12 37:9 42:7,15,17 47:18 47:24 48:25 30 52:2,8 112:22 31 52:2,4,7,8 32 52:2,7,8 33 11:7 52:19 33:15 159:6 34 52:19 35 52:19 36 52:23,25 53:13 53:22,25 37 52:23,25 53:13 38 52:23,25 53:13 38 CV 120349 1:10 19 24:6 81:1			
7 64:7 7 0 26:8,8,12 7 20 129:14 130:5 130:15,25 7 21 26:25 27:11 27:23 28:8,16,20 29:11 87:2,16 130:7 131:4,7,13 131:21 132:7,10 7 37 131:14 7:19 159:11 7 4 159:10 70 46:25 47:4 89:2				



**WESTON HURD**  
**FALLON PAISLEY & HOWLEY L.L.P**  
COUNSELLORS AT LAW

Kathleen Mulligan, R.N.  
216/687-3330  
KM2500@MCIMAIL.COM

February 27, 1998

William Todia, M.D.  
MetroHealth Medical Center  
2500 MetroHealth Drive  
Cleveland, Ohio 44109

Re: **MERRIWEATHER vs. EMH, et al.**  
**Our File #16082-20157**

Dear Dr. Todia:

I am currently working with John Jeffers relative to the captioned matter. In that regard, we are requesting your review of the records herein as they relate only to the standard of care provided by the health care providers at EMH. All other Co-Defendants have other counsel.

Rhonda Metriweather was admitted to **EMH** on 11/11/92 in active labor and delivered a female infant at 1:10PM. There was meconium fluid noted, and aggressive pulmonary toilet was done for Jasmine Merriweather, whose APGAR's were 6 and 8 at 1 and 5 minutes.

It appears that the baby had three episodes of cyanosis, hypoxia and limpness, as well as seizure activity within the first 24 hours of life. She was transferred to University Hospitals.

The case is in early discovery, and the Complaint alleges brain damage.

I am currently attempting to secure the records from University Hospitals as well as those of current health care providers. We would appreciate your initial review and communication with us by April 30, 1998.

**At** this time, I am enclosing the following for your review:

- ▶ Copy of the Complaint;
- ▶ EMH records for Rhonda Merriweather;
- ▶ EMH records for Jasmine Merriweather; and
- ▶ Copies of the fetal monitoring strips.

**PLAINTIFFS  
EXHIBIT**

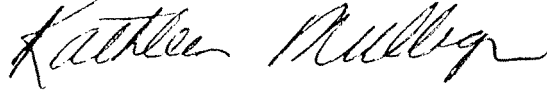
\_TODIA\_ 1



If you need any additional material, please feel free to give me a call.

Thank you for your cooperation and assistance in the above regard.

Very truly yours,

A handwritten signature in cursive script, reading "Kathleen Mulligan". The signature is written in black ink and is positioned above the printed name.

KATHLEEN MULLIGAN, R.N.

Legal Assistant

KM:lmw

Encs.



WESTON HURD  
FALLON PAISLEY & HOWLEY L.L.P.  
COUNSELLORS AT LAW

Kathleen Mulligan, R.N.  
216/687-3330  
KM2500@MCIMAIL.COM

September 3, 1998

William Todia, M.D.  
MetroHealth Medical Center  
2500 MetroHealth Drive  
Cleveland, Ohio 44109

Re: **MERRIWEATHER vs. EMH, et al.**  
**Our File #16082-20157**

Dear Dr. Todia:

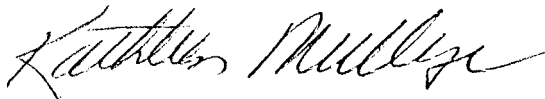
Enclosed are additional records received relevant to the captioned matter

- University Hospital records of 11/12/92 - 11/23/92;
- University Hospital records of 1/2/93 - 2/3/93; and
- University Hospital records of 8/2/93 - 8/9/93.

Please review these records and call John Jeffers to discuss any additional thoughts you might have by 10/1/98. Mr. Jeffers can be reached at 216/687-3214.

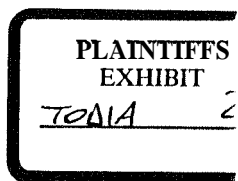
Thank you for your continued cooperation and assistance in this matter.

Very truly yours,



KATHLEEN MULLIGAN, R.N.  
Legal Assistant

KM:lmw



11/23/98

Doc to Jeffers -

→ I said I found no evidence  
in response to explain the  
cardiac seizures - but suggest that  
~~the patient's~~ ~~new~~ ~~old~~ ~~seizures~~ - back

