

98-3876 Middlesex

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August 27, 1996

PATIENT : MANANDHA, SHEELA

Tufts P484192973 02

Ref#: 0107122-10/15/70

Ob ultrasound scan

? Growth

ORG:

Left

Examination of the uterus revealed a single active fetus in breech position. The placenta was posterior. There was a regular fetal heartbeat. The fetal lateral ventricles, posterior fossa and cerebellum appeared normal. The spine, stomach, kidneys, urinary bladder, the four chambers of the heart and the fetal cord insertion site appeared intact. In addition, the evaluation of the great vessels, face and extremities was unremarkable for gestational age. The amniotic fluid volume was normal. Fetal activity was present.

BD 41, Fem 30, corresponding to approximately 19 weeks.

B. Bromley  
Bryann Bromley, M.D.  
BB/klc

8/27/96 → 12/1/97

19 weeks m



98-3876 Middlesex

THE MALDEN HOSPITAL  
Malden, Massachusetts

# Health History Summary

Date: 6/20/96



HOLLISTER  
maternal/newborn  
RECORD SYSTEM

## PATIENT IDENTIFICATION

Patient's name: Sheela Manandhar  
Home address: 62A Willow Ave #3  
Somerville MA 02144  
CITY STATE ZIP

Age: 26 Date of birth: 10/15/69 Race or ethnicity: Nepalese Religion: Buddhist Marital status: Married Years married: 8 1/2 Education: Un  
Social Security number: 022-78-3740 Occupation: Homemaker Work Tel. no.: ( ) Home Tel. no.: 776  
Referring physician: Sandra Quintero Attending physician: Partners In Women's Health Home Tel. no.: 776

Medical History: Somerville, MA Check and detail positive findings including date and place of treatment. Precede findings by reference number.

- Congenital anomalies ☐
- Genetic diseases ☐
- Multiple births ☐
- Diabetes mellitus ☐
- Malignancies ☐
- Hypertension ☐
- Heart disease ☐
- Rheumatic fever ☐
- Pulmonary disease ☐
- GI problems ☐
- Renal disease ☐
- Genitourinary tract problems ☐
- Abnormal uterine bleeding ☐
- Infertility ☐
- Venereal disease ☐
- Phlebitis, varicosities ☐
- Neurologic disorders ☐
- Metabol./endocrine disorders ☐
- Anemia/hemoglobinopathy ☐
- Blood disorders ☐
- Drug abuse ☐
- Smoking/alcohol use ☐
- Infectious diseases ☐
- Operations/accidents ☐
- Allergies/meds sensitivity ☐
- Blood transfusions ☐
- Other hospitalizations ☐
- No known disease/problems ☐

"Binay" husband  
W 788-7390  
Bay Bank  
Systems engineer  
Pt is one of 3 girls  
Husband

OUTI  
regular menses  
(1994)  
h/o HIVES - takes hydroxyzine  
made pt drowsy  
Chlortrimeton  
OTB test by Sandra Quintero.  
rare cigarette use  
1-2 cigarettes/mo  
during pregnancy  
NKDA

used OCPS Feb-March 1996  
didn't like 2° felt drowsy  
off for one month

Menstrual history: Onset 13yo age 31 days 3d Length 3d days Amount small LMP 4/15/96 quality normal

Pregnancy History: Grav 1 Term 0 Pre 0 Abort 0 Live 0 EDC 1/19/97

Details of delivery: Include anesthesia and maternal or newborn complications. Use Risk Guide numbers where applicable.

Prima gravida

## Preexisting Risk Guide

Indicates pregnancy/outcome at

- 31. ☐ Age <15 or >35
- 32. ☐ <8th grade education
- 33. ☐ Cardiac disease (class I or II)
- 34. ☐ Tuberculosis, active
- 35. ☐ Chronic pulmonary disease
- 36. ☐ Thrombophlebitis
- 37. ☐ Endocrinopathy
- 38. ☐ Epilepsy (on medication)
- 39. ☐ Infertility (treated)
- 40. ☐ 2 abortions (spontaneous/induced)
- 41. ☐ ≥7 deliveries
- 42. ☐ Previous preterm or SGA in
- 43. ☐ Infants ≥4,000 gms
- 44. ☐ Isoimmunization (ABO, etc)
- 45. ☐ Hemorrhage during previous
- 46. ☐ Previous preeclampsia
- 47. ☐ Surgically scarred uterus
- 48. ☐ Preg. without familial support
- 49. ☐ Second pregnancy in 12 mo
- 50. ☐ Smoking (≥1 pack per day)
- 51. ☐
- 52. ☐
- 53. ☐

Indicates pregnancy/outcome at

- 54. ☐ Age ≥40
- 55. ☐ Diabetes mellitus
- 56. ☐ Hypertension
- 57. ☐ Cardiac disease (class III or IV)
- 58. ☐ Chronic renal disease
- 59. ☐ Congenital/chromosomal abnormality
- 60. ☐ Hemoglobinopathies
- 61. ☐ Isoimmunization (Rh)
- 62. ☐ Alcohol or drug abuse
- 63. ☐ Habitual abortions
- 64. ☐ Incompetent cervix
- 65. ☐ Prior fetal or neonatal death
- 66. ☐ Prior neurologically damaged
- 67. ☐ Significant social problems
- 68. ☐
- 69. ☐
- 70. ☐

## Historical Risk Status

- 71. ☒ No risk factors noted
- 72. ☐ At risk
- 73. ☐ At high risk

Signature: U. Hanson

Hollister

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HEALTH HISTORY SUMMARY

MATERNAL RECORD COPY



labor process. Among other things, a monitor is applied to allow for timely intervention in the event a fetus shows signs of stress and/or distress during the labor process.

On January 26, 1997, at approximately 7:15 A.M., Sheela went into the first stage of labor when her membranes spontaneously ruptured. During the first stage of labor, the cervix is expected to progressively efface and dilate allowing the fetus to advance down the birth canal. The hospital records reflect that labor progressed throughout the day. The records also reflect that Pitocin, a drug intended to augment the labor progress, was used.

At 6:10 P.M., Sheela entered the critical second stage of labor when she reached full cervical dilation. The second stage of labor is when the mother begins pushing the baby out. Defendants Maria Bueche and Rita Dawson were responsible for nursing care during this second stage.

Sheela continued to push for 1 hour and 40 minutes before Defendant Hanson noted at 7:50 P.M. that she was having a "hard time pushing" and was "too tired." The fetal vertex was reportedly at +3 station. Defendant Hanson then decided to perform a "vacuum assisted vaginal delivery." A suction cup is applied to the fetal scalp and then traction is applied with sufficient force so that the head can be pulled through the birth canal.

At 8:04 P.M., Pitocin was restarted and the vacuum was placed on the fetal head for the first time. Pulling efforts began at approximately 8:10 P.M. This first vacuum attempt remained on for approximately 27 minutes, from 8:10 P.M. until 8:37 P.M. During this attempt, the external fetal heart monitor strips were of poor quality, non-interpretable and non-reassuring with intermittent episodes of the fetal tachycardia (170-180).

At 8:45 P.M., the vacuum was reapplied for a second time and was removed 10 minutes later at 8:55 P.M. The fetal heart monitor strips were still of poor quality and still non-reassuring

with intermittent tachycardia of between 160-180. For the first time, Dr. Hanson reported caput at +4 station.

During this time, Binay asked Dr. Hanson to perform a C-Section. Despite this request, Dr. Hanson proceeded with a third application of the vacuum at 9:15 P.M. which was ultimately removed 7 minutes later at 9:22 P.M. Pitocin was also increased during this time. The fetal heart monitor strips continued to be of poor quality and non-reassuring with a range of 160-170 noted.

In total, over 1 hour and 18 minutes had elapsed from the time the vacuum was first applied at 8:04 P.M. until it was finally discontinued at 9:22 P.M. Throughout this time, the fetal heart rate was non-reassuring.

By 10:05 P.M., Dr. Hanson finally concluded that the fetal head was unable to move past Sheela's narrow pelvic structure, a medical condition known as cephalopelvic disproportion. Baby Sarena was finally delivered by C-Section at 10:59 P.M., approximately 1 hour and 37 minutes after the last failed vacuum attempt ended at 9:22 P.M. and almost five (5) hours after Sheela had entered the second stage of labor..

Sarena was born with bilateral cephalhematomas along with marked molding of her head and caput, all signs that Sarena was having a very difficult time going through the birth canal. Dr. Doupe, the pediatrician at Defendant Malden Hospital who first examined Sarena, attributed her condition to the prolonged stress of a difficult labor. Sarena's neurologist, Dr. Adre DuPlessis, has corroborated these findings and believes that she suffers from brain damage attributable to hypoxic ischemic injury during the labor process.

Presently, minor Plaintiff Sarena Manandhar has permanent brain damage which severely affects her cognitive and motor ability. Sarena has global developmental delays, seizures, spastic