

Court of Common Pleas of Philadelphia County
 Trial Division
Civil Cover Sheet

For Prothonotary Use Only (Docket Number)
OCTOBER 2009 **003167**
 E-Filing Number: 0910033065

PLAINTIFF'S NAME TATIANNA PIERCE	DEFENDANT'S NAME THOMAS JEFFERSON UNIVERSITY HOSPITAL, INC., ALIAS: A/K/A AND D/B/A THOMAS JEFFERSON UNIVER
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PLAINTIFF'S ADDRESS 2835 BONSALL STREET PHILADELPHIA PA 19132	DEFENDANT'S ADDRESS C/O OFFICE OF RISK MANAGEMENT 111 S. 11TH STREET PHILADELPHIA PA 19107
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PLAINTIFF'S NAME TATIANNA PIERCE	DEFENDANT'S NAME CHEUNG K.. KIM MD
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PLAINTIFF'S ADDRESS 2835 BONSALL STREET PHILADELPHIA PA 19132	DEFENDANT'S ADDRESS 834 CHESTNUT STREET SUITE 300 PHILADELPHIA PA 19107
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PLAINTIFF'S NAME	DEFENDANT'S NAME LAUREN PLANTE MD
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PLAINTIFF'S ADDRESS	DEFENDANT'S ADDRESS 834 CHESTNUT STREET SUITE 300 PHILADELPHIA PA 19107
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TOTAL NUMBER OF PLAINTIFFS 2	TOTAL NUMBER OF DEFENDANTS 16	COMMENCEMENT OF ACTION <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Petition Action <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Writ of Summons <input type="checkbox"/> Transfer From Other Jurisdictions
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AMOUNT IN CONTROVERSY <input type="checkbox"/> \$50,000.00 or less <input checked="" type="checkbox"/> More than \$50,000.00	COURT PROGRAMS <input type="checkbox"/> Arbitration <input type="checkbox"/> Mass Tort <input type="checkbox"/> Commerce <input type="checkbox"/> Settlement <input checked="" type="checkbox"/> Jury <input type="checkbox"/> Savings Action <input type="checkbox"/> Minor Court Appeal <input type="checkbox"/> Minors <input type="checkbox"/> Non-Jury <input type="checkbox"/> Petition <input type="checkbox"/> Statutory Appeals <input type="checkbox"/> W/D/Survival <input type="checkbox"/> Other: _____
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CASE TYPE AND CODE
 2M - MALPRACTICE - MEDICAL

STATUTORY BASIS FOR CAUSE OF ACTION

RELATED PENDING CASES (LIST BY CASE CAPTION AND DOCKET NUMBER)	FILED PRO PROTHY OCT 21 2009 S. GARRETT	IS CASE SUBJECT TO COORDINATION ORDER? YES NO
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TO THE PROTHONOTARY:
 Kindly enter my appearance on behalf of Plaintiff/Petitioner/Appellant: TATIANNA PIERCE , TATIANNA PIERCE
 Papers may be served at the address set forth below.

NAME OF PLAINTIFF'S/PETITIONER'S/APPELLANT'S ATTORNEY JOEL J. FELLER	ADDRESS ROSS FELLER CASEY LLP 1650 MARKET ST SUITE 3450 PHILADELPHIA PA 19103
PHONE NUMBER (215) 574-2000	FAX NUMBER (215) 574-3080

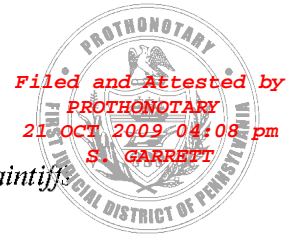
SUPREME COURT IDENTIFICATION NO. 68873	E-MAIL ADDRESS jfeller@rossfellerccasey.com
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SIGNATURE OF FILING ATTORNEY OR PARTY JOEL FELLER	DATE SUBMITTED Wednesday, October 21, 2009, 04:08 pm
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COMPLETE LIST OF DEFENDANTS:

1. CHEUNG K.. KIM MD
834 CHESTNUT STREET SUITE 300
PHILADELPHIA PA 19107
2. RAEPH LAUGHINGWELL
TJUH, RISK MANAGEMENT OFFICE 111 S. 11TH STREET
PHILADELPHIA PA 19107
3. JAMIE CANNON
TJUH, RISK MANAGEMENT OFFICE 111 S. 11TH STREET
PHILADELPHIA PA 19107
4. CASSIE LEONARD
TJUH, RISK MANAGEMENT OFFICE 111 S. 11TH STREET
PHILADELPHIA PA 19107
5. JASON BAXTER
834 CHESTNUT STREET, SUITE 300
PHILADELPHIA PA 19107
6. GEOFFREY D. BOWERS MD
TJUH, RISK MANAGEMENT OFFICE 111 S. 11TH STREET
PHILADELPHIA PA 19107
7. LAUREN PLANTE
834 CHESTNUT STREET SUITE 300
PHILADELPHIA PA 19107
8. AILEEN GARIEPY
834 CHESTNUT STREET, SUITE 300
PHILADELPHIA PA 19107
9. STUART WEINER
834 CHESTNUT STREET SUITE 300
PHILADELPHIA PA 19107
10. ADEBOLA O.. NNEWIHE MD
TJUH, RISK MANAGEMENT OFFICE 111 S. 11TH STREET
PHILADELPHIA PA 19107
11. JOHN VISINTINE
834 CHESTNUT STREET SUITE 300
PHILADELPHIA PA 19107
12. TED HAYES
834 CHESTNUT STREET, SUITE 300
PHILADELPHIA PA 19107
13. JEFFERSON UNIVERSITY PHYSICIANS
100 COLLEGE BUILDING 1025 WALNUT STREET
PHILADELPHIA PA 19107
14. COLLEEN HORAN
834 CHESTNUT STREET, SUITE 300
PHILADELPHIA PA 19107
15. THOMAS JEFFERSON UNIVERSITY
ALIAS: D/B/A AND/OR A/K/A JEFFERSON MEDICAL COLLEGE
1015 WALNUT STREET
PHILADELPHIA PA 19107
16. THOMAS JEFFERSON UNIVERSITY HOSPITAL, INC.
ALIAS: A/K/A AND D/B/A THOMAS JEFFERSON UNIVERSITY HOSPITAL
C/O OFFICE OF RISK MANAGEMENT 111 S. 11TH STREET
PHILADELPHIA PA 19107

ROSS FELLER CASEY, LLP
 By: **JOEL J. FELLER, ESQUIRE**
JENNIFER L. RUSSELL, ESQUIRE
 Attorney I.D. Nos. 68873/78745
 One Liberty Place - Suite 3450
 1650 Market Street
 Philadelphia, PA 19103
 (215) 574-2000



Attorneys for Plaintiffs

TATIANNA PIERCE, as parent and natural guardian of ALANI PIERCE, a minor, and TATIANNA PIERCE, individually and in her own right,
 2835 Bonsall Street
 Philadelphia, PA 19132

Plaintiffs

v.

THOMAS JEFFERSON UNIVERSITY HOSPITAL, INC. a/k/a and d/b/a THOMAS JEFFERSON UNIVERSITY HOSPITAL
 c/o Office of Risk Management
 111 S. 11th Street,
 Philadelphia, PA 19107

and

COURT OF COMMON PLEAS
 PHILADELPHIA COUNTY, PA

OCTOBER TERM, 2009
 No. _____

JURY TRIAL DEMANDED

**Civil Action - Medical Professional Liability Action
 NOTICE TO PLEAD**

NOTICE

You have been sued in court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this complaint and notice are served, by entering a written appearance personally or by attorney and filing in writing with the court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so the case may proceed without you and a judgment may be entered against you by the court without further notice for any money claimed in the complaint or for any other claim or relief requested by the plaintiff. You may lose money or property or other rights important to you.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW. THIS OFFICE CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER.

IF YOU CANNOT AFFORD TO HIRE A LAWYER, THIS OFFICE MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.

Lawyer Referral Service
 Philadelphia Bar Association
 1101 Market Street, 11th Floor
 Philadelphia, PA 19107
 (215) 238-6338

AVISO

Le han demandado a usted en la corte. Si usted quiere defenderse de estas demandas expuestas en las paginas siguientes, usted tiene veinte (20) dias de plazo al partir de la fecha de la demanda y la notificacion. Hace falta asentar una comparencia escrita o en persona o con un abogado y entregar a la corte en forma escrita sus defensas o sus objeciones a las demandas en contra de su persona. Sea avisado que si usted no se defiende, la corte tomara medidas y puede continuar la demanda en contra suya sin previo aviso o notificacion. Ademas, la corte pueda decidir a favor del demandante y requiere que usted cumpla con todas las provisiones de esta demanda. Usted puede perder dinero o sus propiedades u otros derechos importantes para usted.

LLEVE ESTA DEMANDA A UN ABOGADO INMEDIATAMENTE, SI NO TIENE ABOGADO O SI NO TIENE EL DINERO SUFICIENTE DE PAGAR TAL SERVICIO, VAYA EN PERSONA O LLAME POR TELEFONO A LA OFICINA CUYA DIRECCION SE ENCUENTRA ESCRITA ABAJO PARA AVERIGUAR DONDE SE PUEDE CONSEGUIR ASISTENCIA LEGAL.

ESTA OFICINA LO PUEDE PROPORCIONAR CON INFORMACION ACERCA DE EMPLEAR A UN ABOGADO. SI USTED NO PUEDE PROPORCIONAR PARA EMPLEAR UN ABOGADO, ESTA OFICINA PUEDE SER CAPAZ DE PROPORCIONARLO CON INFORMACION ACERCA DE LAS AGENCIAS QUE PUEDEN OFRECER LOS SERVICIOS LEGALES A PERSONAS LEGIBLES EN UN HONORARIO REDUCIDO NINGUN HONORARIO.

Lawyer Referral Service
 Philadelphia Bar Association
 1101 Market Street, 11th Floor
 Philadelphia, PA 19107
 (215) 238-6338

CHEUNG K. KIM, M.D.	:
834 Chestnut Street, Suite 300	:
Philadelphia, PA 19107	:
and	:
LAUREN PLANTE, M.D.	:
834 Chestnut Street, Suite 300	:
Philadelphia, PA 19107	:
and	:
JOHN VISINTINE, M.D.	:
834 Chestnut Street, Suite 300	:
Philadelphia, PA 19107	:
and	:
STUART WEINER, M.D.	:
834 Chestnut Street, Suite 300	:
Philadelphia, PA 19107	:
and	:
TED HAYES, M.D.	:
834 Chestnut Street, Suite 300	:
Philadelphia, PA 19107	:
and	:
ADEBOLA O. NNEWIHE, M.D.	:
Thomas Jefferson University Hospital	:
c/o Office of Risk Management	:
111 S. 11 th Street	:
Philadelphia, PA 19107	:
and	:
AILEEN GARIEPY, M.D.	:
834 Chestnut Street, Suite 300	:
Philadelphia, PA 19107	:
and	:
JASON BAXTER, M.D.	:
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Philadelphia, PA 19107	:
and	:
COLLEEN HORAN, M.D.	:
834 Chestnut Street, Suite 300	:
Philadelphia, PA 19107	:
and	:

PARTIES AND JURISDICTIONAL FACTS

1. Plaintiff Tatianna Pierce is an adult individual, citizen and resident of the Commonwealth of Pennsylvania, residing at 2835 Bonsall Street, Philadelphia, Pennsylvania 19132.

2. Plaintiff Tatianna Pierce is the parent and natural guardian of Alani Pierce, a minor.

3. Alani Pierce is a minor individual, citizen and resident of the Commonwealth of Pennsylvania, residing with her mother, Tatianna Pierce, at 2835 Bonsall Street, Philadelphia, Pennsylvania 19132.

4. Plaintiff Tatianna Pierce files this Complaint as the parent and natural guardian and on behalf of her daughter, Alani Pierce, and individually and in her own right.

5. Tatianna Pierce was born on October 29, 2007 at Thomas Jefferson University Hospital in Philadelphia, Pennsylvania.

6. Defendant, Thomas Jefferson University Hospital, Inc. ("TJUH") a/k/a and/or d/b/a Thomas Jefferson University Hospital is a corporation or other legal entity organized and existing under and by virtue of the laws of the Commonwealth of Pennsylvania, with a principal place of business located at 111 S. 11th Street, Philadelphia, Pennsylvania. At all relevant times, Thomas Jefferson University Hospital, Inc. owned, maintained, operated and controlled Thomas Jefferson University Hospital and various medical practices, including Thomas Jefferson Center for Women's Specialties and Jefferson Center for Maternal-Fetal Health, and employed physicians, residents, fellows, interns, nurses, physician's assistants, technicians and other agents and employees to provide medical care and services to the general public, including Tatianna Pierce and her then-unborn daughter, Alani Pierce, in particular. The claims asserted against this

defendant are for the professional negligence of its actual, apparent and/or ostensible agents, servants and employees who participated in the care and treatment of Tatianna Pierce and her then-unborn daughter, Alani Pierce, between August 2007 and October 2007, as more particularly described herein. The claims against this defendant also include a claim for corporate (direct) negligence under Thompson v. Nason, 527 Pa. 330, 591 A.2d 703 (1991), and its progeny of case law, including Welsh v. Bulger, 698 A.2d 581 (Pa. 1997) and Whittington v. Woods, 768 A.2d 1144 (Pa. Super. 2001).

7. Defendant Cheung K. Kim, M.D. (“Dr. Kim”) is a physician duly licensed to practice medicine in the Commonwealth of Pennsylvania, specializing in obstetrics and gynecology, with professional offices located at 834 Chestnut Street, Suite 300, Philadelphia, Pennsylvania 19107. At all relevant times, Dr. Kim was engaged in the provision of medical care and services to patients, including Tatianna Pierce and Alani Pierce, at Thomas Jefferson University Hospital, Jefferson Center for Maternal-Fetal Health and/or Thomas Jefferson Center for Women’s Specialties. Plaintiff is asserting a professional liability claim against this defendant for his own negligence and for the negligence of those physicians, nurses and/or other ancillary staff who were acting at Dr. Kim’s direction or under his supervision and control in the care and treatment of Tatianna Pierce and Alani Pierce, as more particularly described herein.

8. Defendant Lauren Plante, M.D. (“Dr. Plante”) is a physician duly licensed to practice medicine in the Commonwealth of Pennsylvania, specializing in obstetrics and gynecology, with professional offices located at 834 Chestnut Street, Suite 300, Philadelphia, Pennsylvania 19107. At all relevant times, Dr. Plante was engaged in the provision of medical care and services to patients, including Tatianna Pierce and Alani Pierce, at Thomas Jefferson University Hospital, Jefferson Center for Maternal-Fetal Health and/or Thomas Jefferson Center

for Women's Specialties. Plaintiff is asserting a professional liability claim against this defendant for her own negligence and for the negligence of those physicians, nurses and/or other ancillary staff who were acting at Dr. Plante's direction or under her supervision and control in the care and treatment of Tatianna Pierce and Alani Pierce, as more particularly described herein.

9. Defendant John Visintine, M.D. ("Dr. Visintine") is a physician duly licensed to practice medicine in the Commonwealth of Pennsylvania, specializing in obstetrics and gynecology, with professional offices located at 834 Chestnut Street, Suite 300, Philadelphia, Pennsylvania 19107. At all relevant times, Dr. Visintine was engaged in the provision of medical care and services to patients, including Tatianna Pierce and Alani Pierce, at Thomas Jefferson University Hospital, Jefferson Center for Maternal-Fetal Health and/or Thomas Jefferson Center for Women's Specialties. Plaintiff is asserting a professional liability claim against this defendant for his own negligence and for the negligence of those physicians, nurses and/or other ancillary staff who were acting at Dr. Visintine's direction or under his supervision and control in the care and treatment of Tatianna Pierce and Alani Pierce, as more particularly described herein.

10. Defendant Stuart Weiner, M.D. ("Dr. Weiner") is a physician duly licensed to practice medicine in the Commonwealth of Pennsylvania, specializing in obstetrics and gynecology and maternal-fetal medicine, with professional offices located at 834 Chestnut Street, Suite 300, Philadelphia, Pennsylvania 19107. At all relevant times, Dr. Weiner was engaged in the provision of medical care and services to patients, including Tatianna Pierce and Alani Pierce, at Thomas Jefferson University Hospital, Jefferson Center for Maternal-Fetal Health and/or Thomas Jefferson Center for Women's Specialties. Plaintiff is asserting a professional liability claim against this defendant for his own negligence and for the negligence

of those physicians, nurses and/or other ancillary staff who were acting at Dr. Weiner's direction or under his supervision and control in the care and treatment of Tatianna Pierce and Alani Pierce, as more particularly described herein.

11. Defendant Ted Hayes, M.D. (Dr. Hayes) is a physician duly licensed to practice medicine in the Commonwealth of Pennsylvania, specializing in obstetrics and gynecology, with professional offices located at 834 Chestnut Street, Suite 300, Philadelphia, Pennsylvania 19107. At all relevant times, Dr. Hayes was engaged in the provision of medical care and services to patients, including Tatianna Pierce and Alani Pierce, at Thomas Jefferson University Hospital, Jefferson Center for Maternal-Fetal Health and/or Thomas Jefferson Center for Women's Specialties. Plaintiff is asserting a professional liability claim against this defendant for his own negligence and for the negligence of those physicians, nurses and/or other ancillary staff who were acting at Dr. Hayes's direction or under his supervision and control in the care and treatment of Tatianna Pierce and Alani Pierce, as more particularly described herein.

12. Defendant Adebola O. Nnewihe, M.D. (Dr. Nnewihé) is a physician duly licensed to practice medicine in the Commonwealth of Pennsylvania, who at all relevant times was a resident in training at Thomas Jefferson University Hospital and engaged in the provision of obstetrical care and treatment to patients, including Tatianna Pierce and Alani Pierce. Plaintiff is asserting a professional liability claim against this defendant for her own negligence and for the negligence of those physicians, nurses and/or other ancillary staff who were acting at Dr. Nnewihe's direction or under her supervision and control in the care and treatment of Tatianna Pierce and Alani Pierce, as more particularly described herein.

13. Defendant Aileen Gariepy, M.D. (Dr. Gariepy) is a physician duly licensed to practice medicine in the Commonwealth of Pennsylvania, specializing in obstetrics and

gynecology, with professional offices located at 834 Chestnut Street, Suite 300, Philadelphia, Pennsylvania 19107. At all relevant times, Dr. Gariepy was engaged in the provision of medical care and services to patients, including Tatianna Pierce and Alani Pierce, at Thomas Jefferson University Hospital, Jefferson Center for Maternal-Fetal Health and/or Thomas Jefferson Center for Women's Specialties. Plaintiff is asserting a professional liability claim against this defendant for her own negligence and for the negligence of those physicians, nurses and/or other ancillary staff who were acting at Dr. Gariepy's direction or under her supervision and control in the care and treatment of Tatianna Pierce and Alani Pierce, as more particularly described herein.

14. Defendant Jason Baxter, M.D. ("Dr. Baxter") is a physician duly licensed to practice medicine in the Commonwealth of Pennsylvania, specializing in obstetrics and gynecology and maternal-fetal medicine, with professional offices located at 834 Chestnut Street, Suite 300, Philadelphia, Pennsylvania 19107. At all relevant times, Dr. Baxter was engaged in the provision of medical care and services to patients, including Tatianna Pierce and Alani Pierce, at Thomas Jefferson University Hospital, Jefferson Center for Maternal-Fetal Health and/or Thomas Jefferson Center for Women's Specialties. Plaintiff is asserting a professional liability claim against this defendant for his own negligence and for the negligence of those physicians, nurses and/or other ancillary staff who were acting at Dr. Baxter's direction or under his supervision and control in the care and treatment of Tatianna Pierce and Alani Pierce, as more particularly described herein.

15. Defendant Raeph Laughingwell, M.D. ("Dr. Laughingwell") at all relevant times was a physician licensed to practice medicine in the Commonwealth of Pennsylvania and a resident in training at Thomas Jefferson University Hospital and engaged in the provision of

obstetrical care and treatment to patients, including Tatianna Pierce and Alani Pierce. Plaintiff is asserting a professional liability claim against this defendant.

16. Defendant Colleen Horan, M.D. (“Dr. Horan”) is a physician duly licensed to practice medicine in the Commonwealth of Pennsylvania, specializing in obstetrics and gynecology, with professional offices located at 834 Chestnut Street, Suite 300, Philadelphia, Pennsylvania 19107. At all relevant times, Dr. Horan was engaged in the provision of medical care and services to patients, including Tatianna Pierce and Alani Pierce, at Thomas Jefferson University Hospital, Jefferson Center for Maternal-Fetal Health and/or Thomas Jefferson Center for Women’s Specialties. Plaintiff is asserting a professional liability claim against this defendant for her own negligence and for the negligence of those physicians, nurses and/or other ancillary staff who were acting at Dr. Horan’s direction or under her supervision and control in the care and treatment of Tatianna Pierce and Alani Pierce, as more particularly described herein.

17. Defendant Jamie Cannon, M.D. (“Dr. Cannon”) is a physician duly licensed to practice medicine in the Commonwealth of Pennsylvania, who at all relevant times was a resident in training at Thomas Jefferson University Hospital and engaged in the provision of obstetrical care and treatment to patients, including Tatianna Pierce and Alani Pierce. Plaintiff is asserting a professional liability claim against this defendant.

18. Defendant Geoffrey D. Bowers, M.D. (“Dr. Bowers”) is a physician duly licensed to practice medicine in the Commonwealth of Pennsylvania, who at all relevant times was a resident in training at Thomas Jefferson University Hospital and engaged in the provision of obstetrical care and treatment to patients, including Tatianna Pierce and Alani Pierce. Plaintiff is asserting a professional liability claim against this defendant.

19. Defendant Cassie Leonard, M.D. (“Dr. Leonard”) is a physician duly licensed to practice medicine in the Commonwealth of Pennsylvania, who at all relevant times was a resident in training at Thomas Jefferson University Hospital and engaged in the provision of obstetrical care and treatment to patients, including Tatianna Pierce and Alani Pierce. Plaintiff is asserting a professional liability claim against this defendant.

20. Defendant Jefferson University Physicians (“JUP”) is a corporation or other legal entity organized and existing under and by virtue of the laws of the Commonwealth of Pennsylvania, with a business address of 100 College Building, 1025 Walnut Street, Philadelphia, Pennsylvania. At all relevant times, JUP employed various physicians, residents and fellows who were engaged in the provision of medical care and services to patients at TJUH, including Tatianna Pierce and Alani Pierce, specifically, defendants Dr. Kim, Dr. Plante, Dr. Visintine, Dr. Weiner, Dr. Hayes, Dr. Nnewihe, Dr. Gariepy, Dr. Baxter, Dr. Laughingwell, Dr. Horan, Dr. Cannon, Dr. Bowers and/or Dr. Leonard. Plaintiff is asserting a professional liability claim against this defendant for the professional negligence of its actual, apparent and/or ostensible agents, servants and employees, as described herein.

21. Defendant Thomas Jefferson University d/b/a and/or a/k/a Jefferson Medical College (“TJU”) is a corporation or other legal entity, organized and existing under and by virtue of the laws of the Commonwealth of Pennsylvania, with offices and/or a principal place of business located at 1015 Walnut Street, Philadelphia, Pennsylvania. At all relevant times, TJU owned, maintained, operated and/or controlled a medical school, TJUH and/or various medical practices for the purpose of providing medical care and services to the public, and to Tatianna Pierce and Alani Pierce in particular. Plaintiff is asserting a professional liability claim against

this defendant for the professional negligence of its actual, apparent and/or ostensible agents, servants and employees, as described herein.

22. At all relevant times, defendants Kim, Plante, Visintine, Weiner, Hayes, Nnewihe, Gariepy, Baxter, Laughingwell, Horan, Cannon, Bowers and Leonard were the actual, apparent and/or ostensible agents and/or employees of the defendants TJUH, JUP and/or TJU acting within the course and scope of their agency and/or employment with one or more of these defendants while providing medical care and treatment to Tatianna Pierce and Alani Pierce. Accordingly, defendants TJUH, JUP and/or TJU are vicariously liable for the negligent acts and omissions of defendants Kim, Plante, Visintine, Weiner, Hayes, Nnewihe, Gariepy, Baxter, Laughingwell, Horan, Cannon, Bowers and Leonard, which occurred during their medical care and treatment of Tatianna Pierce and Alani Pierce under theories of *respondeat superior*, master-servant, agency, and right of control.

23. At all relevant times, all defendants were acting individually and/or by and through their duly authorized actual and/or apparent agents and employees, as defined herein, who themselves were acting within the course and scope of their employment and/or agency with defendants.

24. Defendants are vicariously liable to Tatianna Pierce and Alani Pierce for injuries they sustained as a result of the negligent acts or omissions of persons or entities whose conduct was under their supervision, control or right of control, and which conduct increased the risk of harm to plaintiffs and did in fact cause plaintiffs' injuries and losses.

25. At all relevant times, defendants herein were engaged in the practice of medicine, pursuing their specialties, and were obliged to bring to bear in the practice of their profession the professional skill, diligence, knowledge and care which they possessed, and to pursue their

professions in accordance with reasonably safe and accepted standards of medicine, in general, and in their specialties, in particular, as well as institutional standards of care, in their care and treatment of Tatianna Pierce and her then-unborn baby, Alani Pierce.

26. At all relevant times, defendants TJUH, JUP and TJU engaged as its actual, apparent and/or ostensible agents, servants and employees, various healthcare providers, including: Dr. Kim, Dr. Plante, Dr. Visintine, Dr. Weiner, Dr. Hayes, Dr. Nnewihe, Dr. Gariepy, Dr. Baxter, Dr. Laughingwell, Dr. Horan, Dr. Cannon, Dr. Bowers and Dr. Leonard, as well as other physicians, residents, nurses and other medical or ancillary staff, including Bridget Beuhner, RDMS, Keith Rychlak, RDMS, Jay Goldberg, M.D., Christine Pham, M.D., Emily Ricci, M.D., Kevin Scott, M.D. and Christopher Harvey, M.D. The identities of other physicians, fellows, residents, nurses and other ancillary medical staff who participated in and/or were responsible for the obstetrical management, care and treatment of Tatianna Pierce, including the performance and interpretation of her obstetrical ultrasounds on August 13, 2007 and September 19, 2007, and her evaluation, diagnosis, management and treatment during her visits and/or admissions to TJUH on October 9, 2007, October 10, 2007, October 25, 2007, October 26, 2007 and October 28, 2007, leading up to the delivery of Alani Pierce at 9:52 p.m. on October 29, 2007, whose names appear in the medical chart, but are indecipherable to plaintiffs, is information known only to defendants and not known or knowable to plaintiffs after reasonable investigation, and will require discovery from defendants.

27. Defendants TJUH, JUP and TJU are vicariously liable for the negligent acts and omissions of the individually-named defendants as well as the negligent acts and omissions, as more particularly described herein, of those other physicians, fellows, residents, nurses and other ancillary medical staff who participated in and/or were responsible for the obstetrical

management, care and treatment of Tatianna Pierce, including the performance and interpretation of her obstetrical ultrasounds on August 13, 2007 and September 19, 2007, and her evaluation, diagnosis, management and treatment during her visits and/or admissions to TJUH on October 9, 2007, October 10, 2007, October 25, 2007, October 26, 2007 and October 28, 2007, leading up to the delivery of Alani Pierce at 9:52 p.m. on October 29, 2007, under theories of *respondeat superior*, master-servant, agency and right of control.

28. At all relevant times, TJUH also owed non-delegable legal duties directly to Tatianna Pierce and Alani Pierce pursuant to Thompson v. Nason, 591 A.2d 703 (Pa. 1991), and its progeny of case law, including Welsh v. Bulger, 698 A.2d 581 (Pa. 1997) and Whittington v. Woods, 768 A.2d 1144 (Pa. Super. 2001). These duties consisted of: (1) a duty to use reasonable care in the maintenance of safe and adequate facilities and equipment; (2) a duty to select and retain only competent physicians; (3) a duty to oversee all persons who practice medicine within its walls as to patient care; and (4) a duty to formulate, adopt and enforce adequate rules and policies to ensure quality care for patients.

29. At all relevant times, Tatianna Pierce and her then-unborn daughter, Alani Pierce, were under the medical care, treatment and attendance of defendants, their actual, apparent and/or ostensible agents and employees, as defined herein, all of whom were acting within the course and scope of their employment or agency with defendants, and under their control or right of control.

30. At all relevant times, a physician-patient relationship existed between Tatianna Pierce, her then-unborn daughter, Alani Pierce, and defendants.

31. At all relevant times, defendants had actual or constructive knowledge of the medical care and treatment provided to Ms. Pierce and her unborn baby, Alani Pierce.

32. At all relevant times, plaintiff Tatianna Pierce relied on the knowledge, care, skill, treatment and advice of the defendants.

33. The amount in controversy exceeds the prevailing local arbitration limits.

34. Venue is properly laid in Philadelphia County as all of the medical care at issue was rendered in Philadelphia County. See Pa. R. Civ. P. 1006, 2179(a).

OPERATIVE FACTS COMMON TO ALL COUNTS

35. On July 16, 2007, Tatianna Pierce presented to Thomas Jefferson Center for Women's Specialties/Thomas Jefferson University Hospital for prenatal care in connection with her second pregnancy.

36. Ms. Pierce's obstetrical history included a prior surgical termination at 14 weeks, which put her at an increased risk for cervical incompetence and/or insufficiency in subsequent pregnancies.

37. On August 13, 2007, Tatianna Pierce presented to the Jefferson Center for Maternal-Fetal Health for a dating ultrasound and assignment of an estimated date of delivery (EDD), as ordered by defendant Dr. Kim.

38. The ultrasound showed a variable presentation, an anterior placenta with no evidence of previa, a normal 3-vessel cord, normal amniotic fluid volume and no gross abnormalities involving the fetal anatomy.

39. Based on measurements of the fetal anatomy, a gestational age of 15 6/7 weeks and an estimated due date of January 29, 2008 were assigned.

40. In compliance with the standard of care, assessment of Ms. Pierce's cervix on ultrasound should have been performed.

41. In violation of the standard of care, no evaluation of Ms. Pierce's cervix was performed or reported by the ultrasonographer, Bridget Beuhner, RDMS.

42. Ms. Beuhner and the physicians interpreting Ms. Pierce's ultrasound, Dr. Plante and Dr. Visintine, knew or should have known that Ms. Pierce's obstetrical history included a prior surgical termination at 14 weeks, which put her at an increased risk for cervical incompetence and/or insufficiency in subsequent pregnancies.

43. In violation of the standard of care, no efforts were undertaken by the interpreting physicians, Dr. Plante and Dr. Visintine, to ensure that a cervical assessment was obtained, and no recommendation for follow-up cervical assessment on repeat ultrasound was made.

44. On August 15, 2007, defendant Dr. Kim reviewed the ultrasound report, which did not include cervical assessment.

45. Notwithstanding the absence of cervical evaluation, and in violation of the standard of care, Dr. Kim and took no steps to ensure that a repeat ultrasound was ordered or performed for purposes of assessing Ms. Pierce's cervix at that time.

46. On September 5, 2007, Tatianna Pierce underwent a colposcopy in follow-up to an abnormal pap study.

47. On September 19, 2007, Tatianna Pierce again presented to Jefferson Center for Maternal-Fetal Health for ultrasound for the purpose of evaluating fetal anatomy, as ordered by defendant Dr. Kim; no cervical assessment was ordered.

48. At the time, Ms. Pierce was noted to be 19 6/7 weeks pregnant, by prior ultrasound.

49. The ultrasound demonstrated a breech presentation, 3-vessel cord, an anterior placenta with no evidence of previa, normal amniotic fluid volume and no gross abnormalities in the fetal anatomy.

50. A recommendation for repeat ultrasound in two weeks was made for purposes of obtaining follow-up heart views.

51. In violation of the standard of care, no evaluation of Ms. Pierce's cervix was performed or reported on September 19, 2007 by the ultrasonographer, Keith Rychlak, RDMS.

52. Mr. Rylchak and the physicians interpreting Ms. Pierce's ultrasound, Dr. Weiner and Dr. Hayes, knew or should have known that Ms. Pierce's obstetrical history included a prior surgical termination at 14 weeks, which put her at an increased risk for cervical incompetence and/or insufficiency in subsequent pregnancies.

53. In violation of the standard of care, no efforts were undertaken by the interpreting physicians, defendants Dr. Weiner and Dr. Hayes, to ensure that a cervical assessment was obtained, and no recommendation for follow-up cervical assessment on repeat ultrasound was made.

54. On September 20, 2007, a copy of the ultrasound report was received by Dr. Kim's office and reviewed by Dr. Nnewihe; notwithstanding the absence of any documentation concerning cervical evaluation, and in violation of the standard of care, no steps were undertaken by Dr. Kim or Dr. Nnewihe to ensure that a repeat ultrasound was ordered or performed for purposes of assessing Ms. Pierce's cervix at that time.

55. On September 24, 2007, Ms. Pierce presented to Thomas Jefferson Center for Women's Specialties for a routine prenatal visit and was seen by defendant Dr. Nnewihe.

56. On physical examination by Dr. Nnewihe, Ms. Pierce's cervix was reported to be long and closed.

57. Notwithstanding the fact that no ultrasound evaluation of Ms. Pierce's cervix had been obtained to date, none was ordered and/or performed by Dr. Nnewihe at this visit.

58. Tatianna Pierce next presented to Jefferson Center for Maternal-Fetal Health on October 9, 2007 for follow-up ultrasound, to include additional heart views not obtained on prior ultrasound, as ordered by defendant Dr. Kim.

59. At the time, Tatianna was noted to be 22 6/7 weeks pregnant, as determined by prior ultrasound.

60. Ms. Pierce reported pelvic pain and cramping for one week.

61. For the first time during her pregnancy, a transvaginal cervical evaluation was performed by ultrasonographer Dawn Cramer, RDMS.

62. On ultrasound examination, Ms. Pierce's cervix was noted to be abnormally shortened, dilated and funnelled, indicating cervical insufficiency and vulnerability, and placing the patient at an increased risk for pre-term labor and delivery.

63. According to the ultrasound report, Ms. Pierce's cervix was measuring 10 mm, with further shortening to 7 mm with transfundal pressure.

64. Based on these findings, Ms. Pierce was sent immediately to labor and delivery at TJUH for further evaluation and management, including consideration for Betamethasone.

65. At approximately 4:30 p.m. on October 9, 2007, Tatianna Pierce presented to TJUH and was seen by defendants Dr. Leonard and Dr. Bowers, under the supervision of defendant Dr. Gariepy, for a "shortened cervix."

66. Ms. Pierce reported a history of occasional Braxton-Hicks contractions with complaints of 8-9/10 sharp, lower back pains.

67. On physical examination, her cervix was noted to be “visually closed” and her membranes intact.

68. Electronic fetal monitoring demonstrated a reassuring fetal heart tracing with a baseline fetal heart rate in the 140’s, with average variability and no decelerations.

69. Ms. Pierce was started on Metronidazole for “clue cells” suggestive of bacterial vaginosis and given a prescription for Progesterone vaginal suppository.

70. She was given Betamethasone 12 mg intramuscularly to accelerate fetal lung maturity, and instructed to return the following day for a second dose of steroids.

71. Based on Ms. Pierce’s clinical signs and symptoms of cervical incompetence and insufficiency, the standard of care required performance of cervical cerclage, admission to the hospital, bedrest, including in a Trendelenberg position, strict restrictions on physical activity, including avoidance of intercourse and ambulation, vigilant monitoring and reassessment.

72. In violation of the standard of care, Ms. Pierce was discharged from the hospital at approximately 8:00 p.m. with permission to engage in “activity as tolerated,” and without any restrictions on physical activities, intercourse, ambulation or other special instructions.

73. In violation of the standard of care, cervical cerclage was neither recommended nor performed despite Ms. Pierce’s clinical history, ultrasound findings, and physical signs and symptoms of cervical insufficiency and incompetence, all of which required that a cervical cerclage be done.

74. As instructed, Tatianna Pierce returned to TJUH the following evening, at approximately 6:45 p.m. on October 10, 2007, for a second injection of Betamethasone for fetal lung maturity and an ongoing concern for preterm labor and delivery.

75. She was seen by defendant Dr. Cannon, under the supervision of defendant Dr. Horan, and given an injection of Betamethasone 12 mg intramuscularly.

76. Electronic fetal monitoring demonstrated reassuring fetal heart tones in the 150's with moderate variability.

77. Once again, Ms. Pierce was discharged from the hospital without cervical cerclage and with no restrictions on physical activity, in violation of the standard of care.

78. On or about October 22, 2007, Tatianna Pierce was seen at Thomas Jefferson Center for Women's Specialties for a routine prenatal visit.

79. Ms. Pierce was noted to be 25 5/7 weeks, with positive fetal heart tones and movement; no documentation of a cervical assessment appears in the chart for this visit and in violation of the standard of care, none was done.

80. Ms. Pierce was instructed to return to the office on October 30, 2007.

81. Once again, and in violation of the standard of care, no heightened surveillance for cervical change was ordered and no instructions regarding pelvic rest and/or restrictions on physical activity were given, and performance of cervical cerclage was not recommended, discussed or offered.

82. Three days later, at approximately 10:50 p.m. on October 25, 2007, Ms. Pierce presented to TJUH with complaints of intermittent "pain and pressure" for two days and came under the care of defendants Dr. Baxter and Dr. Cannon.

83. Ms. Pierce was noted to be 26 2/7 weeks pregnant, with a history of shortened cervix.

84. On physical examination by Dr. Cannon, Ms. Pierce's cervix was assessed as being 2 cm dilated, 50% effaced, with the presenting part at -2 station; based on these findings, Ms. Pierce was admitted to labor and delivery at approximately 1:30 a.m. on October 26, 2007, under the service of Dr. Jay Goldberg, for observation for preterm labor.

85. On information and belief, Dr. Goldberg was being covered by Dr. Baxter.

86. On admission, Dr. Cannon noted a history of a 10 mm shortened, funneled and dilated cervix diagnosed by ultrasound on October 9, 2007.

87. Ms. Pierce reported a history of pain and pressure that "comes and goes x 2 days, sometimes [every] 5 minutes, other times [every] hour," with vaginal pressure now.

88. Membranes were noted to be intact and a nitrazine test was negative for leakage of amniotic fluid, with no ferning and no pooling.

89. At 2:20 a.m., Dr. Christine Pham documented that Ms. Pierce was "still [complaining of] cramping," but without evidence of contractions on the external monitor.

90. Fetal heart tones were reassuring with a baseline of 135 beats per minute, with accelerations present, and no decelerations.

91. At approximately 6:35 a.m., Dr. Emily Ricci noted Ms. Pierce to be without complaints, contractions or cramping.

92. At 9:30 a.m., Dr. Baxter reviewed the chart, evaluated the patient and agreed with the plan to discharge Ms. Pierce if the patient remained without any further cramping or cervical changes, and with instructions to follow-up with Thomas Jefferson Center for Women's Specialties on October 30, 2007.

93. Dr. Baxter was aware and noted that Ms. Pierce had not yet started vaginal Progesterone; no additional prescriptions were given and no medications were administered by Dr. Baxter.

94. At approximately 1:15 p.m. on October 26, 2007, L. Tyler, R.N. documented that Ms. Pierce continued to complain of mild contractions, accompanied by pain; external monitoring demonstrated the continued presence of intermittent contractions lasting 40 – 50 seconds.

95. There is no documentation in the chart to indicate that this information was communicated to any of Ms. Pierce's physicians, and there no documentation that any of Ms. Pierce's physicians reviewed the chart between 9:30 a.m. and the time that Ms. Pierce was discharged from the unit four hours later, at 1:30 p.m.

96. Despite Ms. Pierce's complaints of ongoing, painful contractions, contrary to Dr. Baxter's instruction and in violation of the standard of care, she was discharged to home by fourth-year maternal fetal medicine resident, Dr. Laughingwell, with an "unrestricted" activity level.

97. According to the discharge instructions, signed by Dr. Laughingwell, Ms. Pierce was permitted to engage in activities "as tolerated" and simply told to follow-up with her physicians in 4 days.

98. Given Ms. Pierce's clinical history of cervical insufficiency and presenting complaints of pressure and painful contractions, the standard of care required that she be counseled on and offered cervical cerclage, admitted to the hospital and/or put on strict bedrest, including in a Trendelenberg position, with strict limitations on all physical activity, including

avoidance of intercourse and ambulation to prevent further compromise of her already compromised and weakened cervix.

99. Once again, and in violation of the standard of care, Tatianna Pierce was discharged from the hospital without being offered or counseled on cervical cerclage, and without any instructions regarding pelvic rest or restrictions on physical activity.

100. Two days later, on October 28, 2007, Tatianna Pierce was readmitted to TJUH at approximately 8:30 p.m. under the service of Dr. Jay Goldberg and Dr. Weiner for preterm labor at 25 5/7 weeks gestation, with complaints of irregular contractions for the past 24 hours.

101. A sterile vaginal exam performed by Dr. Bowers revealed “visually bulging bag [with] visualization of small [body] parts, intact” and Ms. Pierce’s cervix was assessed as being 4-5 cm dilated.

102. A bedside ultrasound was performed, demonstrating an active fetus in breech position.

103. As documented by Dr. Bowers and Dr. Pham, the plan was to admit Tatianna to labor and delivery for “preterm labor versus cervical insufficiency” and to start the patient on Procardia tocolysis 20 mg by mouth now, with subsequent doses of 10 mg every six hours. Dr. Nnewihe and Dr. Hayes were consulted and agreed with this plan.

104. The admitting orders, entered in the chart by Dr. Cannon at 9:00 p.m., included “bedrest.”

105. At 9:45 p.m., Procardia 20 mg was given by mouth.

106. At 10:00 p.m., Dr. Nnewihe wrote a “late entry” in the chart documenting “advanced cervical dilatation without evidence of regular, painful contractions, and what seems to be fetus with an unstable lie (most recently breech). Plan to attempt tocolysis with Procardia.

Pt already [status-post] course of steroids, will not repeat. (Dose was 18 days ago). Plan to proceed for c-section if continued cervical change and persistent breech.”

107. At 10:30 p.m., Dr. Pham documented that the patient was complaining of more frequent contractions that were not being picked up on the external monitor. The fetal heart rate was noted to be in the 150's with moderate variability, with positive accelerations and occasional variable decelerations lasting less than 60 seconds. Ms. Pierce's cervix was noted to be 4 cm dilated, 75% effaced with bulging membranes.

108. At 2:40 a.m. on October 29, 2007, Dr. Kevin Scott reported the absence of contractions in the five hours since Procardia was started.

109. At 4:00 a.m., a second dose of Procardia (10 mg) was given by mouth.

110. At 4:17 a.m., Dr. Pham documented that the patient was again complaining of cramping with pain measuring 8 out of 10; the external monitor again was noted not to be picking up contractions. Ms. Pierce's cervix remained 4 cm dilated, 75% effaced with bulging membranes at a high station.

111. At 6:15 a.m., Ms. Pierce was seen by Dr. Laughingwell, who assessed her as being “Acontractile” and ordered that Procardia be discontinued, notwithstanding prior orders to continue Procardia every six hours.

112. Shortly thereafter, the patient began complaining of contractions and Dr. Baxter was notified.

113. At 6:51 p.m., Dr. Bowers, who was cross-covering for maternal-fetal medicine, was called to see the patient secondary to intermittent contractions occurring every five minutes, 6/10 to 8/10 in intensity. Dr. Bowers further noted that the contractions were palpable, but not showing up on the external monitor. A bedside ultrasound demonstrated the fetus to be in a double footling breech position. The fetal status was assessed as being “overall assuring” and the

decision was made to transfer Ms. Pierce to labor and delivery for close monitoring, in anticipation of delivery via c-section with further progress of labor.

114. An nursing addendum timed at 7:30 p.m. documents "FHR difficult to trace at times secondary to gest[ational] age. [Contractions] now showing up on toco. Dr. Bowers aware."

115. At 8:45 p.m., Dr. Pham examined the patient and found her to be 5 cm dilated, 100% effaced, with feet palpated through the membranes. Dr. Pham discussed these cervical changes with Dr. Christopher Harvey and the decision was made to proceed to c-section.

116. Nevertheless, Ms. Pierce was no delivered for more than another hour.

117. At 9:11 p.m., Dr. Bowers was called to see the patient secondary to complaints of rectal pressure. On examination, Dr. Bowers documented further cervical dilation to 6-7 cm, with 100% effacement, and the presenting part now at -3 station, with feet palpable through the membranes. Dr. Bowers further reported the fetal heart tones to be "reassuring throughout." The plan was to "proceed to OR ASAP."

118. Ms. Pierce was not delivered for more than another forty minutes.

119. Beginning at approximately 9:07 p.m., there is no continuous tracing of the fetal heart rate or uterine contraction activity on the external monitor.

120. At 9:51 p.m., artificial rupture of membranes (AROM) was performed with a moderate amount of clear fluid, with no odor.

121. According to delivery records, Alani Pierce was delivered by Dr. Harvey and Dr. Weiner at 9:52 p.m. via classic cesarean section, with the assistance of Dr. Pham.

122. According to the Delivery Summary, the skin incision was made at 9:43 p.m., followed by a uterine incision at 9:50 p.m., and delivery accomplished at 9:59 p.m.

123. The Intraoperative Nursing Care record documents a fetal heart rate assessment of 150's by ultrasound performed by Dr. Harvey.

124. According to the Delivery Summary, delivery was complicated by "multiple variable decels" in the fetal heart rate.

125. At delivery, Alani Pierce was floppy and blue, with a heart rate in the 60's, minimal chest movement, and no cry. She then became apneic with no audible heart sounds.

126. The infant was immediately suctioned, intubated, and resuscitated with 100% FiO2 and given multiple doses of sodium bicarbonate, epinephrine and surfactant, with cardiac compressions and bilateral chest needle aspiration for a large amount of air.

127. Half way through resuscitation efforts, it was noted that the FiO2 dial was erroneously set at 21% and it was immediately increased to 100%. The left chest was aspirated for a large amount of air and the baby's hear rate improved to 120 beats per minute and her O2 saturations improved to greater than 85%. UV gases were then sent.

128. According to intraoperative nursing notes, cord gases were obtained, but not sent to the lab because the "vial broke."

129. Initial blood gases, reported at 10:15 p.m., including a pH of 6.92 with a base deficit of 12.9, were consistent with fetal distress and respiratory acidosis secondary to Alani Pierce's extreme prematurity and delivery at 26 weeks gestation.

130. Alani's birth weight was 970 grams, or 2 lb 2 oz.

131. Her APGAR scores were 4 at 1 minute, 2 at 5 minutes, 4 at 10 minutes and 7 at 20 minutes, consistent with extreme prematurity and delivery at 26 weeks gestation.

132. Following delivery, Alani Pierce was transferred to the Neonatal Intensive Care Unit (NICU).

133. During her 135-day birth admission to TJUH, Alani Pierce underwent various interventions and diagnostic procedures, causing her significant physical discomfort, pain and suffering beyond her injuries of prematurity and condition at birth.

134. A head ultrasound performed on or about November 7, 2007 demonstrated Grade IV intraventricular hemorrhage on the right, with Grade III intracranial hemorrhage on the left.

135. Repeat imaging performed on or about November 14, 2007 demonstrated interval increase of Alani's Grade IV hemorrhage on the right and Grade III hemorrhage on the left, with development of clot bilaterally, and right periventricular leukomalacia.

136. Cranial ultrasound on November 19, 2007 showed progression of right-sided periventricular leukomalacia, with further loss of brain parenchyma and development of a porencephalic cyst.

137. Alani Pierce went on to develop progressive ventriculomegaly and severe bilateral hydrocephalus secondary to intraventricular hemorrhage, requiring placement of a shunt on or about November 29, 2007.

138. Serial brain scans performed between December 2007 and March 2008 demonstrated persistent noncommunicating, including marked bilateral ventricular dilatation, resulting in cerebral cortical atrophy and mass effect upon the brainstem and related sequellae, and requiring ventriculostomy.

139. Alani Pierce was discharged from TJUH on March 12, 2008.

140. As a direct and proximate result of defendants' negligence in failing to promptly and properly diagnose, manage and treat Tatianna Pierce for cervical insufficiency, including the timely performance of a cervical cerclage and appropriate expectant management, Alani Pierce was delivered at 26 weeks gestation in an extremely premature state, accompanied by

catastrophic injuries of prematurity, requiring her extended admission to the hospital for 135 days, followed by a lifetime of care.

141. Despite Tatianna Pierce's obstetrical history of prior surgical termination at 14 weeks, which put her an increased risk for cervical incompetence, her physical signs and symptoms of cervical incompetence, and findings on ultrasound indicating cervical insufficiency, at no time was Tatianna Pierce counseled, advised, offered, recommended or ordered to undergo cervical cerclage by any of the defendants in order to preserve and extend her pregnancy, and to reduce the risk of preterm labor and delivery, as the standard of care required.

142. Despite Tatianna Pierce's obstetrical history of prior surgical termination at 14 weeks, which exposed her to an increased risk for cervical incompetence, her physical signs and symptoms of cervical incompetence, and findings on ultrasound indicating cervical insufficiency, at no time was Tatianna Pierce put on bedrest, advised to restrict her physical activity or to rest her pelvis to prevent further stress on her already compromised cervix, preserve her pregnancy and reduce the risk of preterm labor and delivery, in violation of the standard of care.

143. Despite Tatianna Pierce's obstetrical history of prior surgical termination at 14 weeks, which exposed her to an increased risk for cervical incompetence, her physical signs and symptoms of cervical incompetence, and findings on ultrasound indicating cervical insufficiency, at no time during Tatianna Pierce's pregnancy did defendants order repeat or serial ultrasounds to monitor and assess for cervical change, as the standard of care required.

144. As a result of defendants' negligence in failing to promptly and properly evaluate, diagnose and monitor Tatianna Pierce for cervical insufficiency, failure to timely recommend and perform cervical cerclage, and/or failure to provide appropriate expectant management to extend her pregnancy and reduce the risk of preterm labor and delivery, Tatianna Pierce went

into preterm labor and delivery on or about October 28 – 29, 2007, secondary to cervical insufficiency, further resulting in catastrophic, permanent and disabling injuries to her daughter, Alani Pierce as a consequence of her extreme prematurity, all of which would have been avoided with timely and appropriate care.

145. As a direct and proximate result of defendants' negligence, as more particularly described herein, Alani Pierce was exposed to an increased risk of harm and did, in fact, suffer the following catastrophic injuries, some or all of which are permanent in nature:

- a. Fetal distress;
- b. Fetal bradycardia;
- c. Fetal heart rate decelerations;
- d. Respiratory acidosis;
- e. Intubation;
- f. Bronchopulmonary dysplasia;
- g. Pneumothorax;
- h. Pulmonary hypertension;
- i. Respiratory distress;
- j. Patent ductus arteriosus;
- k. Hypotension;
- l. Meningitis;
- m. Sepsis;
- n. Anemia;
- o. Thrombocytopenia;
- p. Gastroesophageal reflux;
- q. Hyperbilirubinemia;
- r. Seizure disorder requiring Phenobarbitol;
- s. Retinopathy of Prematurity, Stage III;
- t. Grade IV intraventricular hemorrhage;
- u. Periventricular leukomalacia;
- v. Post-hemorrhagic hydrocephalus;
- w. Macrocephaly;
- x. Physical, cognitive and/or neurodevelopmental deficits, disabilities and delays;
- y. Delayed growth and development;
- z. Multiple interventions producing physical pain and discomfort;
- aa. Past and future physical pain and suffering;
- bb. Past and future mental anguish;
- cc. Past and future loss of life's pleasures;
- dd. Disfigurement and disability;
- ee. Embarrassment and humiliation;
- ff. Future loss of earnings and earnings capacity;

- gg. Past and future medical expenses; and
- hh. Such other injuries documented in the medical records and evaluative reports of physicians and other health care professionals treating Alani Pierce from birth to present.

146. Defendants undertook and/or assumed a duty to plaintiff Tatianna Pierce to provide her with timely and appropriate medical care and to take appropriate measures to ensure the safety and physical well-being of plaintiff and plaintiff's then-unborn daughter, Alani Pierce, and to avoid the risk of harm and injury to them.

147. Plaintiff relied on the medical knowledge, training, skill, advice and treatment of defendants.

148. Defendants treated Tatianna Pierce and Alani Pierce without the appropriate knowledge, training, skill or advice.

149. The carelessness and negligence of defendants and each of them, jointly and severally, as described herein, increased the risk of harm to Alani Pierce and did, in fact, cause her catastrophic and permanent harm.

150. As a direct result of the negligence of defendants and each of them, jointly and severally, as described herein, Tatianna Pierce failed to receive proper monitoring, evaluation, diagnosis, management and treatment for her cervical insufficiency and incompetence, which negligence exposed her and her then-unborn baby to an increased risk of preterm labor and delivery.

151. As a direct result of the negligence of defendants and each of them, jointly and severally, as described herein, Alani Pierce needlessly suffered catastrophic and permanent injuries to the nerves, vessels, tissues, muscles and vital organs of her body, including her brain.

152. Had defendants acted in accordance with accepted standards of care and promptly and properly diagnosed and treated Tatianna Pierce for her cervical insufficiency and provided

her with appropriate expectant management in order to preserve and extend her pregnancy and to avoid preterm labor and delivery, Alani Pierce would not have been delivered in the extremely premature state that she was and would not have suffered the catastrophic physical injuries, neurologic devastation and other injuries and losses described herein.

153. The catastrophic and permanent injuries and losses of Alani Pierce were caused solely and exclusively by the negligent acts and omissions of defendants, their agents, servants and employees, as described more specifically herein, jointly and severally, and were not caused by any act or failure to act on the part of Tatianna Pierce.

154. As a direct and proximate result of the negligence of defendants, as set forth herein, plaintiff Tatianna Pierce has suffered and will continue to suffer substantial economic and non-economic injuries, damages and losses, including but not limited to past and future medical, rehabilitative and other expenses relating to the treatment of Alani Pierce's injuries of prematurity; past and future depression, anxiety and severe emotional distress; past and future physical manifestations of severe emotional distress; and such other injuries and damages as described more fully herein.

155. The injuries and losses suffered by Tatianna Pierce were caused solely and exclusively by the negligent acts and omissions of defendants, their agents, servants and employees, as described more specifically herein, jointly and severally, and were not caused by any act or failure to act on the part of Tatianna Pierce.

WHEREFORE, plaintiff demands of defendants, jointly and severally, damages in an amount in excess of Fifty Thousand Dollars (\$50,000.00), and in excess of the prevailing arbitration limits, exclusive of pre-judgment interest, and post-judgment interest and costs.

COUNT I: NEGLIGENCE

**Plaintiff Tatianna Pierce, Individually and on Behalf of her Minor Daughter, Alani Pierce
v. Defendant Thomas Jefferson University Hospital, Inc.**

156. The preceding paragraphs are incorporated by reference as if set forth fully herein.

157. The negligence of Thomas Jefferson University Hospital, Inc. ("TJUH") acting by and through its actual, apparent and/or ostensible agents, servants and employees who participated in the care of Tatianna Pierce and Alani Pierce between August 2007 and October 2007, as described herein, including defendants Dr. Kim, Dr. Plante, Dr. Visintine, Dr. Weiner, Dr. Hayes, Dr. Nnewihe, Dr. Gariepy, Dr. Baxter, Dr. Laughingwell, Dr. Horan, Dr. Cannon, Dr. Bowers and Dr. Leonard, and Ms. Beuhner, Mr. Rychlak, Dr. Goldberg, Dr. Pham, Dr. Ricci, Dr. Scott and Dr. Harvey, consisted of one or more of the following:

- a. Failure to order and/or perform a cervical evaluation via transvaginal ultrasound in August 2007 and September 2007;
- b. Failure to perform an adequate obstetrical history and physical;
- c. Failure to appreciate the significance of a prior obstetrical history of surgical termination at 14 weeks as a risk factor for cervical insufficiency in subsequent pregnancies;
- d. Failure to recognize and appreciate Tatianna Pierce's increased risk for cervical incompetence;
- e. Failure to perform and/or to ensure the performance of a complete obstetrical ultrasound, including cervical assessment, on August 13, 2007 and September 19, 2007, or at any time prior to October 9, 2007;
- f. Failure to order repeat or serial ultrasounds to monitor and assess for cervical changes between August 13, 2007 and October 28, 2007;
- g. Failing to timely diagnose, manage and treat cervical insufficiency in evolution;
- h. Failing to recognize and appreciate the significance of ultrasound findings demonstrating a shortened, funneled, dilated cervix;
- i. Failing to recognize and appreciate the clinical significance of additional shortening of the cervix with transfundal pressure;

- j. Negligently delaying the diagnosis of cervical changes indicating cervical insufficiency in the pregnancy at issue;
- k. Failing to recognize and appreciate the clinical signs and symptoms of cervical insufficiency, to include second trimester back pain and cramping;
- l. Failing to recommend, offer and/or perform elective, prophylactic cervical cerclage;
- m. Failing to recommend, offer and/or perform rescue cervical cerclage;
- n. Failing to recommend, offer and/or perform emergency and/or salvage cervical cerclage;
- o. Failing to timely offer, recommend, order and/or perform all alternatives treatment options for cervical incompetence to extend Ms. Pierce's pregnancy;
- p. Failing to recommend and provide appropriate expectant management in the setting of cervical insufficiency;
- q. Failing to inform Tatianna Pierce of and/or offer or order other management options, such as cerclage, activity restriction, tocolytics, and prophylactic steroids;
- r. Failing to order bedrest in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- s. Failing to order restricted physical activity in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- t. Failing to order pelvic rest in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- u. Failing to admit Tatianna Pierce to the hospital for continued observation and to place her on bedrest, including in a Trendelenberg position, to alleviate cervical stress;
- v. Negligently allowing Tatianna Pierce's cervical insufficiency to worsen and progress, untreated;
- w. Failing to timely and appropriately recognize and respond to Tatianna Pierce's ongoing dilation;
- x. Failing to timely and appropriately recognize that Tatianna Pierce was at an increase risk for preterm labor and delivery;
- y. Negligently discharging Tatianna Pierce from the hospital on October 26, 2007;
- z. Failing to timely administer tocolytics;
- aa. Failing to order and/or administer appropriate medications to manage cervical insufficiency;
- bb. Failing to obtain adequate, continuous external monitoring on October 29, 2007 through the time of delivery;
- cc. Failing to properly manage late hypoxia in a pre-term infant;

- dd. Failing to properly supervise medical residents;
- ee. Failing to properly supervise ultrasound technicians;
- ff. Failing to timely and adequately communicate with the attending and/or supervising physician staff; and
- gg. Failing to timely and adequately communicate with other physicians and health care providers.

158. At all relevant times, defendant Thomas Jefferson University Hospital, Inc. (TJUH) engaged defendants Dr. Kim, Dr. Plante, Dr. Visintine, Dr. Weiner, Dr. Hayes, Dr. Nnewihe, Dr. Gariepy, Dr. Baxter, Dr. Laughingwell, Dr. Horan, Dr. Cannon, Dr. Bowers and/or Dr. Leonard, and Ms. Beuhner, Mr. Rychlak, Dr. Goldberg, Dr. Pham, Dr. Ricci, Dr. Scott and/or Dr. Harvey, as its agents, servants and/or employees to provide medical care and treatment to Tatianna Pierce and Alani Pierce while acting within the course and scope of their agency and/or employment with defendant TJUH. Accordingly, defendant TJUH is derivatively liable for the negligent acts and omissions of these individuals under principles of *respondeat superior*, master-servant, vicarious liability, agency and/or right of control.

159. As a direct and proximate result of the negligence of defendant TJUH, Alani Pierce suffered catastrophic and permanent injuries and damages, as described herein.

WHEREFORE, Plaintiff Tatianna Pierce, individually and on behalf of her minor daughter, Alani Pierce, hereby demands of defendants, jointly and severally, damages in an amount in excess Fifty Thousand Dollars (\$50,000.00), and in excess of the prevailing arbitration limits, exclusive of pre-judgment interest, and post-judgment interest and costs.

COUNT II: NEGLIGENCE
Plaintiff Tatianna Pierce, Individually and on Behalf of her Minor Daughter, Alani Pierce
v. Defendant Cheung K. Kim, M.D.

160. The preceding paragraphs are incorporated by reference as if set forth fully herein.

161. The negligence of Cheung K. Kim, M.D. consisted of one or more of the following:

- a. Failure to order and/or perform a cervical evaluation via transvaginal ultrasound in August 2007 and September 2007;
- b. Failure to perform an adequate obstetrical history and physical;
- c. Failure to appreciate the significance of a prior obstetrical history of surgical termination at 14 weeks as a risk factor for cervical insufficiency in subsequent pregnancies;
- d. Failure to recognize and appreciate Tatianna Pierce's increased risk for cervical incompetence;
- e. Failure to perform and/or to ensure the performance of a complete obstetrical ultrasound, including cervical assessment, on August 13, 2007 and September 19, 2007, or at any time prior to October 9, 2007;
- f. Failure to order repeat or serial ultrasounds to monitor and assess for cervical changes between August 13, 2007 and October 28, 2007;
- g. Failing to timely diagnose, manage and treat cervical insufficiency in evolution;
- h. Failing to recognize and appreciate the significance of ultrasound findings demonstrating a shortened, funneled, dilated cervix;
- i. Failing to recognize and appreciate the clinical significance of additional shortening of the cervix with transfundal pressure;
- j. Negligently delaying the diagnosis of cervical changes indicating cervical insufficiency in the pregnancy at issue;
- k. Failing to recognize and appreciate the clinical signs and symptoms of cervical insufficiency, to include second trimester back pain and cramping;
- l. Failing to recommend, offer and/or perform elective, prophylactic cervical cerclage;
- m. Failing to recommend, offer and/or perform rescue cervical cerclage;
- n. Failing to recommend, offer and/or perform emergency and/or salvage cervical cerclage;
- o. Failing to timely offer, recommend, order and/or perform all alternatives treatment options for cervical incompetence to extend Ms. Pierce's pregnancy;
- p. Failing to recommend and provide appropriate expectant management in the setting of cervical insufficiency;
- q. Failing to inform Tatianna Pierce of and/or offer or order other management options, such as cerclage, activity restriction, tocolytics, and prophylactic steroids;

- r. Failing to order bedrest in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- s. Failing to order restricted physical activity in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- t. Failing to order pelvic rest in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- u. Failing to admit Tatianna Pierce to the hospital for continued observation and to place her on bedrest, including in a Trendelenberg position, to alleviate cervical stress;
- v. Negligently allowing Tatianna Pierce's cervical insufficiency to worsen and progress, untreated;
- w. Failing to timely and appropriately recognize and respond to Tatianna Pierce's ongoing dilation;
- x. Failing to timely and appropriately recognize that Tatianna Pierce was at an increase risk for preterm labor and delivery;
- y. Negligently discharging Tatianna Pierce from the hospital on October 26, 2007;
- z. Failing to timely administer tocolytics;
- aa. Failing to order and/or administer appropriate medications to manage cervical insufficiency;
- bb. Failing to obtain adequate, continuous external monitoring on October 29, 2007 through the time of delivery;
- cc. Failing to properly manage late hypoxia in a pre-term infant;
- dd. Failing to properly supervise medical residents;
- ee. Failing to properly supervise ultrasound technicians;
- ff. Failing to timely and adequately communicate with the attending and/or supervising physician staff; and
- gg. Failing to timely and adequately communicate with other physicians and health care providers.

162. At all relevant times, defendants TJUH, TJU and/or JUP engaged Dr. Kim as their agent, servant and/or employee to provide medical care and treatment to Tatianna Pierce and Alani Pierce while acting within the course and scope of his agency and/or employment with one or more of these defendants. Accordingly, defendants TJUH, TJU and/or JUP are derivatively liable for the negligent acts and omissions of Dr. Kim under principles of *respondeat superior*, master-servant, vicarious liability, agency and/or right of control.

163. As a direct and proximate result of the negligence of defendant Dr. Kim, Alani Pierce suffered catastrophic and permanent injuries and damages, as described herein.

WHEREFORE, Plaintiff Tatianna Pierce, individually and on behalf of her minor daughter, Alani Pierce, hereby demands of defendants, jointly and severally, damages in an amount in excess Fifty Thousand Dollars (\$50,000.00), and in excess of the prevailing arbitration limits, exclusive of pre-judgment interest, and post-judgment interest and costs.

COUNT III: NEGLIGENCE

**Plaintiff Tatianna Pierce, Individually and on Behalf of her Minor Daughter, Alani Pierce
v. Defendant Lauren Plante, M.D.**

164. The preceding paragraphs are incorporated by reference as if set forth fully herein.

165. The negligence of Lauren Plante, M.D. consisted of one or more of the following:

- a. Failure to order and/or perform a cervical evaluation via transvaginal ultrasound in August 2007 and September 2007;
- b. Failure to perform an adequate obstetrical history and physical;
- c. Failure to appreciate the significance of a prior obstetrical history of surgical termination at 14 weeks as a risk factor for cervical insufficiency in subsequent pregnancies;
- d. Failure to recognize and appreciate Tatianna Pierce's increased risk for cervical incompetence;
- e. Failure to perform and/or to ensure the performance of a complete obstetrical ultrasound, including cervical assessment, on August 13, 2007 and September 19, 2007, or at any time prior to October 9, 2007;
- f. Failure to order repeat or serial ultrasounds to monitor and assess for cervical changes between August 13, 2007 and October 28, 2007;
- g. Failing to timely diagnose, manage and treat cervical insufficiency in evolution;
- h. Failing to recognize and appreciate the significance of ultrasound findings demonstrating a shortened, funneled, dilated cervix;
- i. Failing to recognize and appreciate the clinical significance of additional shortening of the cervix with transfundal pressure;
- j. Negligently delaying the diagnosis of cervical changes indicating cervical insufficiency in the pregnancy at issue;

- k. Failing to recognize and appreciate the clinical signs and symptoms of cervical insufficiency, to include second trimester back pain and cramping;
- l. Failing to recommend, offer and/or perform elective, prophylactic cervical cerclage;
- m. Failing to recommend, offer and/or perform rescue cervical cerclage;
- n. Failing to recommend, offer and/or perform emergency and/or salvage cervical cerclage;
- o. Failing to timely offer, recommend, order and/or perform all alternatives treatment options for cervical incompetence to extend Ms. Pierce's pregnancy;
- p. Failing to recommend and provide appropriate expectant management in the setting of cervical insufficiency;
- q. Failing to inform Tatianna Pierce of and/or offer or order other management options, such as cerclage, activity restriction, tocolytics, and prophylactic steroids;
- r. Failing to order bedrest in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- s. Failing to order restricted physical activity in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- t. Failing to order pelvic rest in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- u. Failing to admit Tatianna Pierce to the hospital for continued observation and to place her on bedrest, including in a Trendelenberg position, to alleviate cervical stress;
- v. Negligently allowing Tatianna Pierce's cervical insufficiency to worsen and progress, untreated;
- w. Failing to timely and appropriately recognize and respond to Tatianna Pierce's ongoing dilation;
- x. Failing to timely and appropriately recognize that Tatianna Pierce was at an increase risk for preterm labor and delivery;
- y. Negligently discharging Tatianna Pierce from the hospital on October 26, 2007;
- z. Failing to timely administer tocolytics;
- aa. Failing to order and/or administer appropriate medications to manage cervical insufficiency;
- bb. Failing to obtain adequate, continuous external monitoring on October 29, 2007 through the time of delivery;
- cc. Failing to properly manage late hypoxia in a pre-term infant;
- dd. Failing to properly supervise medical residents;

- ee. Failing to properly supervise ultrasound technicians;
- ff. Failing to timely and adequately communicate with the attending and/or supervising physician staff; and
- gg. Failing to timely and adequately communicate with other physicians and health care providers.

166. At all relevant times, defendants TJUH, TJU and/or JUP engaged Dr. Plante as their agent, servant and/or employee to provide medical care and treatment to Tatianna Pierce and Alani Pierce while acting within the course and scope of her agency and/or employment with one or more of these defendants. Accordingly, defendants TJUH, TJU and/or JUP are derivatively liable for the negligent acts and omissions of Dr. Plante under principles of *respondeat superior*, master-servant, vicarious liability, agency and/or right of control.

167. As a direct and proximate result of the negligence of defendant Dr. Plante, Alani Pierce suffered catastrophic and permanent injuries and damages, as described herein.

WHEREFORE, Plaintiff Tatianna Pierce, individually and on behalf of her minor daughter, Alani Pierce, hereby demands of defendants, jointly and severally, damages in an amount in excess Fifty Thousand Dollars (\$50,000.00), and in excess of the prevailing arbitration limits, exclusive of pre-judgment interest, and post-judgment interest and costs.

COUNT IV: NEGLIGENCE

**Plaintiff Tatianna Pierce, Individually and on Behalf of her Minor Daughter, Alani Pierce
v. Defendant John Visintine, M.D.**

168. The preceding paragraphs are incorporated by reference as if set forth fully herein.

169. The negligence of John Visintine, M.D. consisted of one or more of the following:

- a. Failure to order and/or perform a cervical evaluation via transvaginal ultrasound in August 2007 and September 2007;
- b. Failure to perform an adequate obstetrical history and physical;
- c. Failure to appreciate the significance of a prior obstetrical history of surgical termination at 14 weeks as a risk factor for cervical insufficiency in subsequent pregnancies;

- d. Failure to recognize and appreciate Tatianna Pierce's increased risk for cervical incompetence;
- e. Failure to perform and/or to ensure the performance of a complete obstetrical ultrasound, including cervical assessment, on August 13, 2007 and September 19, 2007, or at any time prior to October 9, 2007;
- f. Failure to order repeat or serial ultrasounds to monitor and assess for cervical changes between August 13, 2007 and October 28, 2007;
- g. Failing to timely diagnose, manage and treat cervical insufficiency in evolution;
- h. Failing to recognize and appreciate the significance of ultrasound findings demonstrating a shortened, funneled, dilated cervix;
- i. Failing to recognize and appreciate the clinical significance of additional shortening of the cervix with transfundal pressure;
- j. Negligently delaying the diagnosis of cervical changes indicating cervical insufficiency in the pregnancy at issue;
- k. Failing to recognize and appreciate the clinical signs and symptoms of cervical insufficiency, to include second trimester back pain and cramping;
- l. Failing to recommend, offer and/or perform elective, prophylactic cervical cerclage;
- m. Failing to recommend, offer and/or perform rescue cervical cerclage;
- n. Failing to recommend, offer and/or perform emergency and/or salvage cervical cerclage;
- o. Failing to timely offer, recommend, order and/or perform all alternatives treatment options for cervical incompetence to extend Ms. Pierce's pregnancy;
- p. Failing to recommend and provide appropriate expectant management in the setting of cervical insufficiency;
- q. Failing to inform Tatianna Pierce of and/or offer or order other management options, such as cerclage, activity restriction, tocolytics, and prophylactic steroids;
- r. Failing to order bedrest in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- s. Failing to order restricted physical activity in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- t. Failing to order pelvic rest in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- u. Failing to admit Tatianna Pierce to the hospital for continued observation and to place her on bedrest, including in a Trendelenberg position, to alleviate cervical stress;

- v. Negligently allowing Tatianna Pierce's cervical insufficiency to worsen and progress, untreated;
- w. Failing to timely and appropriately recognize and respond to Tatianna Pierce's ongoing dilation;
- x. Failing to timely and appropriately recognize that Tatianna Pierce was at an increase risk for preterm labor and delivery;
- y. Negligently discharging Tatianna Pierce from the hospital on October 26, 2007;
- z. Failing to timely administer tocolytics;
- aa. Failing to order and/or administer appropriate medications to manage cervical insufficiency;
- bb. Failing to obtain adequate, continuous external monitoring on October 29, 2007 through the time of delivery;
- cc. Failing to properly manage late hypoxia in a pre-term infant;
- dd. Failing to properly supervise medical residents;
- ee. Failing to properly supervise ultrasound technicians;
- ff. Failing to timely and adequately communicate with the attending and/or supervising physician staff; and
- gg. Failing to timely and adequately communicate with other physicians and health care providers.

170. At all relevant times, defendants TJUH, TJU and/or JUP engaged Dr. Visintine as their agent, servant and/or employee to provide medical care and treatment to Tatianna Pierce and Alani Pierce while acting within the course and scope of his agency and/or employment with one or more of these defendants. Accordingly, defendants TJUH, TJU and/or JUP are derivatively liable for the negligent acts and omissions of Dr. Visintine under principles of *respondeat superior*, master-servant, vicarious liability, agency and/or right of control.

171. As a direct and proximate result of the negligence of defendant Dr. Visintine, Alani Pierce suffered catastrophic and permanent injuries and damages, as described herein.

WHEREFORE, Plaintiff Tatianna Pierce, individually and on behalf of her minor daughter, Alani Pierce, hereby demands of defendants, jointly and severally, damages in an

amount in excess Fifty Thousand Dollars (\$50,000.00), and in excess of the prevailing arbitration limits, exclusive of pre-judgment interest, and post-judgment interest and costs.

COUNT V: NEGLIGENCE

**Plaintiff Tatianna Pierce, Individually and on Behalf of her Minor Daughter, Alani Pierce
v. Defendant Stuart Weiner, M.D.**

172. The preceding paragraphs are incorporated by reference as if set forth fully herein.

173. The negligence of Stuart Weiner, M.D. consisted of one or more of the following:

- a. Failure to order and/or perform a cervical evaluation via transvaginal ultrasound in August 2007 and September 2007;
- b. Failure to perform an adequate obstetrical history and physical;
- c. Failure to appreciate the significance of a prior obstetrical history of surgical termination at 14 weeks as a risk factor for cervical insufficiency in subsequent pregnancies;
- d. Failure to recognize and appreciate Tatianna Pierce's increased risk for cervical incompetence;
- e. Failure to perform and/or to ensure the performance of a complete obstetrical ultrasound, including cervical assessment, on August 13, 2007 and September 19, 2007, or at any time prior to October 9, 2007;
- f. Failure to order repeat or serial ultrasounds to monitor and assess for cervical changes between August 13, 2007 and October 28, 2007;
- g. Failing to timely diagnose, manage and treat cervical insufficiency in evolution;
- h. Failing to recognize and appreciate the significance of ultrasound findings demonstrating a shortened, funneled, dilated cervix;
- i. Failing to recognize and appreciate the clinical significance of additional shortening of the cervix with transfundal pressure;
- j. Negligently delaying the diagnosis of cervical changes indicating cervical insufficiency in the pregnancy at issue;
- k. Failing to recognize and appreciate the clinical signs and symptoms of cervical insufficiency, to include second trimester back pain and cramping;
- l. Failing to recommend, offer and/or perform elective, prophylactic cervical cerclage;
- m. Failing to recommend, offer and/or perform rescue cervical cerclage;
- n. Failing to recommend, offer and/or perform emergency and/or salvage cervical cerclage;

- o. Failing to timely offer, recommend, order and/or perform all alternatives treatment options for cervical incompetence to extend Ms. Pierce's pregnancy;
- p. Failing to recommend and provide appropriate expectant management in the setting of cervical insufficiency;
- q. Failing to inform Tatianna Pierce of and/or offer or order other management options, such as cerclage, activity restriction, tocolytics, and prophylactic steroids;
- r. Failing to order bedrest in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- s. Failing to order restricted physical activity in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- t. Failing to order pelvic rest in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- u. Failing to admit Tatianna Pierce to the hospital for continued observation and to place her on bedrest, including in a Trendelenberg position, to alleviate cervical stress;
- v. Negligently allowing Tatianna Pierce's cervical insufficiency to worsen and progress, untreated;
- w. Failing to timely and appropriately recognize and respond to Tatianna Pierce's ongoing dilation;
- x. Failing to timely and appropriately recognize that Tatianna Pierce was at an increase risk for preterm labor and delivery;
- y. Negligently discharging Tatianna Pierce from the hospital on October 26, 2007;
- z. Failing to timely administer tocolytics;
- aa. Failing to order and/or administer appropriate medications to manage cervical insufficiency;
- bb. Failing to obtain adequate, continuous external monitoring on October 29, 2007 through the time of delivery;
- cc. Failing to properly manage late hypoxia in a pre-term infant;
- dd. Failing to properly supervise medical residents;
- ee. Failing to properly supervise ultrasound technicians;
- ff. Failing to timely and adequately communicate with the attending and/or supervising physician staff; and
- gg. Failing to timely and adequately communicate with other physicians and health care providers.

174. At all relevant times, defendants TJUH, TJU and/or JUP engaged Dr. Weiner as their agent, servant and/or employee to provide medical care and treatment to Tatianna Pierce

and Alani Pierce while acting within the course and scope of his agency and/or employment with one or more of these defendants. Accordingly, defendants TJUH, TJU and/or JUP are derivatively liable for the negligent acts and omissions of Dr. Weiner under principles of *respondeat superior*, master-servant, vicarious liability, agency and/or right of control.

175. As a direct and proximate result of the negligence of defendant Dr. Weiner, Alani Pierce suffered catastrophic and permanent injuries and damages, as described herein.

WHEREFORE, Plaintiff Tatianna Pierce, individually and on behalf of her minor daughter, Alani Pierce, hereby demands of defendants, jointly and severally, damages in an amount in excess Fifty Thousand Dollars (\$50,000.00), and in excess of the prevailing arbitration limits, exclusive of pre-judgment interest, and post-judgment interest and costs.

COUNT VI: NEGLIGENCE

**Plaintiff Tatianna Pierce, Individually and on Behalf of her Minor Daughter, Alani Pierce
v. Defendant Ted Hayes, M.D.**

176. The preceding paragraphs are incorporated by reference as if set forth fully herein.

177. The negligence of Ted Hayes, M.D. consisted of one or more of the following:

- a. Failure to order and/or perform a cervical evaluation via transvaginal ultrasound in August 2007 and September 2007;
- b. Failure to perform an adequate obstetrical history and physical;
- c. Failure to appreciate the significance of a prior obstetrical history of surgical termination at 14 weeks as a risk factor for cervical insufficiency in subsequent pregnancies;
- d. Failure to recognize and appreciate Tatianna Pierce's increased risk for cervical incompetence;
- e. Failure to perform and/or to ensure the performance of a complete obstetrical ultrasound, including cervical assessment, on August 13, 2007 and September 19, 2007, or at any time prior to October 9, 2007;
- f. Failure to order repeat or serial ultrasounds to monitor and assess for cervical changes between August 13, 2007 and October 28, 2007;

- g. Failing to timely diagnose, manage and treat cervical insufficiency in evolution;
- h. Failing to recognize and appreciate the significance of ultrasound findings demonstrating a shortened, funneled, dilated cervix;
- i. Failing to recognize and appreciate the clinical significance of additional shortening of the cervix with transfundal pressure;
- j. Negligently delaying the diagnosis of cervical changes indicating cervical insufficiency in the pregnancy at issue;
- k. Failing to recognize and appreciate the clinical signs and symptoms of cervical insufficiency, to include second trimester back pain and cramping;
- l. Failing to recommend, offer and/or perform elective, prophylactic cervical cerclage;
- m. Failing to recommend, offer and/or perform rescue cervical cerclage;
- n. Failing to recommend, offer and/or perform emergency and/or salvage cervical cerclage;
- o. Failing to timely offer, recommend, order and/or perform all alternatives treatment options for cervical incompetence to extend Ms. Pierce's pregnancy;
- p. Failing to recommend and provide appropriate expectant management in the setting of cervical insufficiency;
- q. Failing to inform Tatianna Pierce of and/or offer or order other management options, such as cerclage, activity restriction, tocolytics, and prophylactic steroids;
- r. Failing to order bedrest in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- s. Failing to order restricted physical activity in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- t. Failing to order pelvic rest in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- u. Failing to admit Tatianna Pierce to the hospital for continued observation and to place her on bedrest, including in a Trendelenberg position, to alleviate cervical stress;
- v. Negligently allowing Tatianna Pierce's cervical insufficiency to worsen and progress, untreated;
- w. Failing to timely and appropriately recognize and respond to Tatianna Pierce's ongoing dilation;
- x. Failing to timely and appropriately recognize that Tatianna Pierce was at an increase risk for preterm labor and delivery;
- y. Negligently discharging Tatianna Pierce from the hospital on October 26, 2007;

- z. Failing to timely administer tocolytics;
- aa. Failing to order and/or administer appropriate medications to manage cervical insufficiency;
- bb. Failing to obtain adequate, continuous external monitoring on October 29, 2007 through the time of delivery;
- cc. Failing to properly manage late hypoxia in a pre-term infant;
- dd. Failing to properly supervise medical residents;
- ee. Failing to properly supervise ultrasound technicians;
- ff. Failing to timely and adequately communicate with the attending and/or supervising physician staff; and
- gg. Failing to timely and adequately communicate with other physicians and health care providers.

178. At all relevant times, defendants TJUH, TJU and/or JUP engaged Dr. Hayes as their agent, servant and/or employee to provide medical care and treatment to Tatianna Pierce and Alani Pierce while acting within the course and scope of his agency and/or employment with one or more of these defendants. Accordingly, defendants TJUH, TJU and/or JUP are derivatively liable for the negligent acts and omissions of Dr. Hayes under principles of *respondeat superior*, master-servant, vicarious liability, agency and/or right of control.

179. As a direct and proximate result of the negligence of defendant Dr. Hayes, Alani Pierce suffered catastrophic and permanent injuries and damages, as described herein.

WHEREFORE, Plaintiff Tatianna Pierce, individually and on behalf of her minor daughter, Alani Pierce, hereby demands of defendants, jointly and severally, damages in an amount in excess Fifty Thousand Dollars (\$50,000.00), and in excess of the prevailing arbitration limits, exclusive of pre-judgment interest, and post-judgment interest and costs.

COUNT VII: NEGLIGENCE
Plaintiff Tatianna Pierce, Individually and on Behalf of her Minor Daughter, Alani Pierce
v. Defendant Adebola O. Nnewihe, M.D.

180. The preceding paragraphs are incorporated by reference as if set forth fully herein.

181. The negligence of Adebola O. Nnewihe, M.D. consisted of one or more of the following:

- a. Failure to order and/or perform a cervical evaluation via transvaginal ultrasound in August 2007 and September 2007;
- b. Failure to perform an adequate obstetrical history and physical;
- c. Failure to appreciate the significance of a prior obstetrical history of surgical termination at 14 weeks as a risk factor for cervical insufficiency in subsequent pregnancies;
- d. Failure to recognize and appreciate Tatianna Pierce's increased risk for cervical incompetence;
- e. Failure to perform and/or to ensure the performance of a complete obstetrical ultrasound, including cervical assessment, on August 13, 2007 and September 19, 2007, or at any time prior to October 9, 2007;
- f. Failure to order repeat or serial ultrasounds to monitor and assess for cervical changes between August 13, 2007 and October 28, 2007;
- g. Failing to timely diagnose, manage and treat cervical insufficiency in evolution;
- h. Failing to recognize and appreciate the significance of ultrasound findings demonstrating a shortened, funneled, dilated cervix;
- i. Failing to recognize and appreciate the clinical significance of additional shortening of the cervix with transfundal pressure;
- j. Negligently delaying the diagnosis of cervical changes indicating cervical insufficiency in the pregnancy at issue;
- k. Failing to recognize and appreciate the clinical signs and symptoms of cervical insufficiency, to include second trimester back pain and cramping;
- l. Failing to recommend, offer and/or perform elective, prophylactic cervical cerclage;
- m. Failing to recommend, offer and/or perform rescue cervical cerclage;
- n. Failing to recommend, offer and/or perform emergency and/or salvage cervical cerclage;
- o. Failing to timely offer, recommend, order and/or perform all alternatives treatment options for cervical incompetence to extend Ms. Pierce's pregnancy;
- p. Failing to recommend and provide appropriate expectant management in the setting of cervical insufficiency;
- q. Failing to inform Tatianna Pierce of and/or offer or order other management options, such as cerclage, activity restriction, tocolytics, and prophylactic steroids;

- r. Failing to order bedrest in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- s. Failing to order restricted physical activity in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- t. Failing to order pelvic rest in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- u. Failing to admit Tatianna Pierce to the hospital for continued observation and to place her on bedrest, including in a Trendelenberg position, to alleviate cervical stress;
- v. Negligently allowing Tatianna Pierce's cervical insufficiency to worsen and progress, untreated;
- w. Failing to timely and appropriately recognize and respond to Tatianna Pierce's ongoing dilation;
- x. Failing to timely and appropriately recognize that Tatianna Pierce was at an increase risk for preterm labor and delivery;
- y. Negligently discharging Tatianna Pierce from the hospital on October 26, 2007;
- z. Failing to timely administer tocolytics;
- aa. Failing to order and/or administer appropriate medications to manage cervical insufficiency;
- bb. Failing to obtain adequate, continuous external monitoring on October 29, 2007 through the time of delivery;
- cc. Failing to properly manage late hypoxia in a pre-term infant;
- dd. Failing to properly supervise medical residents;
- ee. Failing to properly supervise ultrasound technicians;
- ff. Failing to timely and adequately communicate with the attending and/or supervising physician staff; and
- gg. Failing to timely and adequately communicate with other physicians and health care providers.

182. At all relevant times, defendants TJUH, TJU and/or JUP engaged Dr. Nnewihe as their agent, servant and/or employee to provide medical care and treatment to Tatianna Pierce and Alani Pierce while acting within the course and scope of her agency and/or employment with one or more of these defendants. Accordingly, defendants TJUH, TJU and/or JUP are derivatively liable for the negligent acts and omissions of Dr. Nnewihe under principles of *respondeat superior*, master-servant, vicarious liability, agency and/or right of control.

183. As a direct and proximate result of the negligence of defendant Dr. Nnewihe, Alani Pierce suffered catastrophic and permanent injuries and damages, as described herein.

WHEREFORE, Plaintiff Tatianna Pierce, individually and on behalf of her minor daughter, Alani Pierce, hereby demands of defendants, jointly and severally, damages in an amount in excess Fifty Thousand Dollars (\$50,000.00), and in excess of the prevailing arbitration limits, exclusive of pre-judgment interest, and post-judgment interest and costs.

COUNT VIII: NEGLIGENCE

**Plaintiff Tatianna Pierce, Individually and on Behalf of her Minor Daughter, Alani Pierce
v. Defendant Aileen Gariepy, M.D.**

184. The preceding paragraphs are incorporated by reference as if set forth fully herein.

185. The negligence of Aileen Gariepy, M.D. consisted of one or more of the following:

- a. Failure to order and/or perform a cervical evaluation via transvaginal ultrasound in August 2007 and September 2007;
- b. Failure to perform an adequate obstetrical history and physical;
- c. Failure to appreciate the significance of a prior obstetrical history of surgical termination at 14 weeks as a risk factor for cervical insufficiency in subsequent pregnancies;
- d. Failure to recognize and appreciate Tatianna Pierce's increased risk for cervical incompetence;
- e. Failure to perform and/or to ensure the performance of a complete obstetrical ultrasound, including cervical assessment, on August 13, 2007 and September 19, 2007, or at any time prior to October 9, 2007;
- f. Failure to order repeat or serial ultrasounds to monitor and assess for cervical changes between August 13, 2007 and October 28, 2007;
- g. Failing to timely diagnose, manage and treat cervical insufficiency in evolution;
- h. Failing to recognize and appreciate the significance of ultrasound findings demonstrating a shortened, funneled, dilated cervix;
- i. Failing to recognize and appreciate the clinical significance of additional shortening of the cervix with transfundal pressure;

- j. Negligently delaying the diagnosis of cervical changes indicating cervical insufficiency in the pregnancy at issue;
- k. Failing to recognize and appreciate the clinical signs and symptoms of cervical insufficiency, to include second trimester back pain and cramping;
- l. Failing to recommend, offer and/or perform elective, prophylactic cervical cerclage;
- m. Failing to recommend, offer and/or perform rescue cervical cerclage;
- n. Failing to recommend, offer and/or perform emergency and/or salvage cervical cerclage;
- o. Failing to timely offer, recommend, order and/or perform all alternatives treatment options for cervical incompetence to extend Ms. Pierce's pregnancy;
- p. Failing to recommend and provide appropriate expectant management in the setting of cervical insufficiency;
- q. Failing to inform Tatianna Pierce of and/or offer or order other management options, such as cerclage, activity restriction, tocolytics, and prophylactic steroids;
- r. Failing to order bedrest in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- s. Failing to order restricted physical activity in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- t. Failing to order pelvic rest in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- u. Failing to admit Tatianna Pierce to the hospital for continued observation and to place her on bedrest, including in a Trendelenberg position, to alleviate cervical stress;
- v. Negligently allowing Tatianna Pierce's cervical insufficiency to worsen and progress, untreated;
- w. Failing to timely and appropriately recognize and respond to Tatianna Pierce's ongoing dilation;
- x. Failing to timely and appropriately recognize that Tatianna Pierce was at an increase risk for preterm labor and delivery;
- y. Negligently discharging Tatianna Pierce from the hospital on October 26, 2007;
- z. Failing to timely administer tocolytics;
- aa. Failing to order and/or administer appropriate medications to manage cervical insufficiency;
- bb. Failing to obtain adequate, continuous external monitoring on October 29, 2007 through the time of delivery;
- cc. Failing to properly manage late hypoxia in a pre-term infant;

- dd. Failing to properly supervise medical residents;
- ee. Failing to properly supervise ultrasound technicians;
- ff. Failing to timely and adequately communicate with the attending and/or supervising physician staff; and
- gg. Failing to timely and adequately communicate with other physicians and health care providers.

186. At all relevant times, defendants TJUH, TJU and/or JUP engaged Dr. Gariepy as their agent, servant and/or employee to provide medical care and treatment to Tatianna Pierce and Alani Pierce while acting within the course and scope of her agency and/or employment with one or more of these defendants. Accordingly, defendants TJUH, TJU and/or JUP are derivatively liable for the negligent acts and omissions of Dr. Gariepy under principles of *respondeat superior*, master-servant, vicarious liability, agency and/or right of control.

187. As a direct and proximate result of the negligence of defendant Dr. Gariepy, Alani Pierce suffered catastrophic and permanent injuries and damages, as described herein.

WHEREFORE, Plaintiff Tatianna Pierce, individually and on behalf of her minor daughter, Alani Pierce, hereby demands of defendants, jointly and severally, damages in an amount in excess Fifty Thousand Dollars (\$50,000.00), and in excess of the prevailing arbitration limits, exclusive of pre-judgment interest, and post-judgment interest and costs.

COUNT IX: NEGLIGENCE

**Plaintiff Tatianna Pierce, Individually and on Behalf of her Minor Daughter, Alani Pierce
v. Defendant Jason Baxter, M.D.**

188. The preceding paragraphs are incorporated by reference as if set forth fully herein.

189. The negligence of Jason Baxter, M.D. consisted of one or more of the following:
- a. Failure to order and/or perform a cervical evaluation via transvaginal ultrasound in August 2007 and September 2007;
 - b. Failure to perform an adequate obstetrical history and physical;

- c. Failure to appreciate the significance of a prior obstetrical history of surgical termination at 14 weeks as a risk factor for cervical insufficiency in subsequent pregnancies;
- d. Failure to recognize and appreciate Tatianna Pierce's increased risk for cervical incompetence;
- e. Failure to perform and/or to ensure the performance of a complete obstetrical ultrasound, including cervical assessment, on August 13, 2007 and September 19, 2007, or at any time prior to October 9, 2007;
- f. Failure to order repeat or serial ultrasounds to monitor and assess for cervical changes between August 13, 2007 and October 28, 2007;
- g. Failing to timely diagnose, manage and treat cervical insufficiency in evolution;
- h. Failing to recognize and appreciate the significance of ultrasound findings demonstrating a shortened, funneled, dilated cervix;
- i. Failing to recognize and appreciate the clinical significance of additional shortening of the cervix with transfundal pressure;
- j. Negligently delaying the diagnosis of cervical changes indicating cervical insufficiency in the pregnancy at issue;
- k. Failing to recognize and appreciate the clinical signs and symptoms of cervical insufficiency, to include second trimester back pain and cramping;
- l. Failing to recommend, offer and/or perform elective, prophylactic cervical cerclage;
- m. Failing to recommend, offer and/or perform rescue cervical cerclage;
- n. Failing to recommend, offer and/or perform emergency and/or salvage cervical cerclage;
- o. Failing to timely offer, recommend, order and/or perform all alternatives treatment options for cervical incompetence to extend Ms. Pierce's pregnancy;
- p. Failing to recommend and provide appropriate expectant management in the setting of cervical insufficiency;
- q. Failing to inform Tatianna Pierce of and/or offer or order other management options, such as cerclage, activity restriction, tocolytics, and prophylactic steroids;
- r. Failing to order bedrest in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- s. Failing to order restricted physical activity in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- t. Failing to order pelvic rest in the setting of cervical insufficiency and/or increased risk for cervical incompetence;

- u. Failing to admit Tatianna Pierce to the hospital for continued observation and to place her on bedrest, including in a Trendelenberg position, to alleviate cervical stress;
- v. Negligently allowing Tatianna Pierce's cervical insufficiency to worsen and progress, untreated;
- w. Failing to timely and appropriately recognize and respond to Tatianna Pierce's ongoing dilation;
- x. Failing to timely and appropriately recognize that Tatianna Pierce was at an increase risk for preterm labor and delivery;
- y. Negligently discharging Tatianna Pierce from the hospital on October 26, 2007;
- z. Failing to timely administer tocolytics;
- aa. Failing to order and/or administer appropriate medications to manage cervical insufficiency;
- bb. Failing to obtain adequate, continuous external monitoring on October 29, 2007 through the time of delivery;
- cc. Failing to properly manage late hypoxia in a pre-term infant;
- dd. Failing to properly supervise medical residents;
- ee. Failing to properly supervise ultrasound technicians;
- ff. Failing to timely and adequately communicate with the attending and/or supervising physician staff; and
- gg. Failing to timely and adequately communicate with other physicians and health care providers.

190. At all relevant times, defendants TJUH, TJU and/or JUP engaged Dr. Baxter as their agent, servant and/or employee to provide medical care and treatment to Tatianna Pierce and Alani Pierce while acting within the course and scope of his agency and/or employment with one or more of these defendants. Accordingly, defendants TJUH, TJU and/or JUP are derivatively liable for the negligent acts and omissions of Dr. Baxter under principles of *respondeat superior*, master-servant, vicarious liability, agency and/or right of control.

191. As a direct and proximate result of the negligence of defendant Dr. Baxter, Alani Pierce suffered catastrophic and permanent injuries and damages, as described herein.

WHEREFORE, Plaintiff Tatianna Pierce, individually and on behalf of her minor daughter, Alani Pierce, hereby demands of defendants, jointly and severally, damages in an

amount in excess Fifty Thousand Dollars (\$50,000.00), and in excess of the prevailing arbitration limits, exclusive of pre-judgment interest, and post-judgment interest and costs.

COUNT X: NEGLIGENCE

**Plaintiff Tatianna Pierce, Individually and on Behalf of her Minor Daughter, Alani Pierce
v. Defendant Raeph Laughingwell, M.D.**

192. The preceding paragraphs are incorporated by reference as if set forth fully herein.

193. The negligence of Raeph Laughingwell, M.D. consisted of one or more of the following:

- a. Failure to order and/or perform a cervical evaluation via transvaginal ultrasound in August 2007 and September 2007;
- b. Failure to perform an adequate obstetrical history and physical;
- c. Failure to appreciate the significance of a prior obstetrical history of surgical termination at 14 weeks as a risk factor for cervical insufficiency in subsequent pregnancies;
- d. Failure to recognize and appreciate Tatianna Pierce's increased risk for cervical incompetence;
- e. Failure to perform and/or to ensure the performance of a complete obstetrical ultrasound, including cervical assessment, on August 13, 2007 and September 19, 2007, or at any time prior to October 9, 2007;
- f. Failure to order repeat or serial ultrasounds to monitor and assess for cervical changes between August 13, 2007 and October 28, 2007;
- g. Failing to timely diagnose, manage and treat cervical insufficiency in evolution;
- h. Failing to recognize and appreciate the significance of ultrasound findings demonstrating a shortened, funneled, dilated cervix;
- i. Failing to recognize and appreciate the clinical significance of additional shortening of the cervix with transfundal pressure;
- j. Negligently delaying the diagnosis of cervical changes indicating cervical insufficiency in the pregnancy at issue;
- k. Failing to recognize and appreciate the clinical signs and symptoms of cervical insufficiency, to include second trimester back pain and cramping;
- l. Failing to recommend, offer and/or perform elective, prophylactic cervical cerclage;
- m. Failing to recommend, offer and/or perform rescue cervical cerclage;

- n. Failing to recommend, offer and/or perform emergency and/or salvage cervical cerclage;
- o. Failing to timely offer, recommend, order and/or perform all alternatives treatment options for cervical incompetence to extend Ms. Pierce's pregnancy;
- p. Failing to recommend and provide appropriate expectant management in the setting of cervical insufficiency;
- q. Failing to inform Tatianna Pierce of and/or offer or order other management options, such as cerclage, activity restriction, tocolytics, and prophylactic steroids;
- r. Failing to order bedrest in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- s. Failing to order restricted physical activity in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- t. Failing to order pelvic rest in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- u. Failing to admit Tatianna Pierce to the hospital for continued observation and to place her on bedrest, including in a Trendelenberg position, to alleviate cervical stress;
- v. Negligently allowing Tatianna Pierce's cervical insufficiency to worsen and progress, untreated;
- w. Failing to timely and appropriately recognize and respond to Tatianna Pierce's ongoing dilation;
- x. Failing to timely and appropriately recognize that Tatianna Pierce was at an increase risk for preterm labor and delivery;
- y. Negligently discharging Tatianna Pierce from the hospital on October 26, 2007;
- z. Failing to timely administer tocolytics;
- aa. Failing to order and/or administer appropriate medications to manage cervical insufficiency;
- bb. Failing to obtain adequate, continuous external monitoring on October 29, 2007 through the time of delivery;
- cc. Failing to properly manage late hypoxia in a pre-term infant;
- dd. Failing to properly supervise medical residents;
- ee. Failing to properly supervise ultrasound technicians;
- ff. Failing to timely and adequately communicate with the attending and/or supervising physician staff; and
- gg. Failing to timely and adequately communicate with other physicians and health care providers.

194. At all relevant times, defendants TJUH, TJU and/or JUP engaged Dr. Laughingwell as their agent, servant and/or employee to provide medical care and treatment to Tatianna Pierce and Alani Pierce while acting within the course and scope of his agency and/or employment with one or more of these defendants. Accordingly, defendants TJUH, TJU and/or JUP are derivatively liable for the negligent acts and omissions of Dr. Laughingwell under principles of *respondeat superior*, master-servant, vicarious liability, agency and/or right of control.

195. As a direct and proximate result of the negligence of defendant Dr. Laughingwell, Alani Pierce suffered catastrophic and permanent injuries and damages, as described herein.

WHEREFORE, Plaintiff Tatianna Pierce, individually and on behalf of her minor daughter, Alani Pierce, hereby demands of defendants, jointly and severally, damages in an amount in excess Fifty Thousand Dollars (\$50,000.00), and in excess of the prevailing arbitration limits, exclusive of pre-judgment interest, and post-judgment interest and costs.

COUNT XI: NEGLIGENCE

**Plaintiff Tatianna Pierce, Individually and on Behalf of her Minor Daughter, Alani Pierce
v. Defendant Colleen Horan, M.D.**

196. The preceding paragraphs are incorporated by reference as if set forth fully herein.

197. The negligence of Colleen Horan, M.D. consisted of one or more of the following:

- a. Failure to order and/or perform a cervical evaluation via transvaginal ultrasound in August 2007 and September 2007;
- b. Failure to perform an adequate obstetrical history and physical;
- c. Failure to appreciate the significance of a prior obstetrical history of surgical termination at 14 weeks as a risk factor for cervical insufficiency in subsequent pregnancies;

- d. Failure to recognize and appreciate Tatianna Pierce's increased risk for cervical incompetence;
- e. Failure to perform and/or to ensure the performance of a complete obstetrical ultrasound, including cervical assessment, on August 13, 2007 and September 19, 2007, or at any time prior to October 9, 2007;
- f. Failure to order repeat or serial ultrasounds to monitor and assess for cervical changes between August 13, 2007 and October 28, 2007;
- g. Failing to timely diagnose, manage and treat cervical insufficiency in evolution;
- h. Failing to recognize and appreciate the significance of ultrasound findings demonstrating a shortened, funneled, dilated cervix;
- i. Failing to recognize and appreciate the clinical significance of additional shortening of the cervix with transfundal pressure;
- j. Negligently delaying the diagnosis of cervical changes indicating cervical insufficiency in the pregnancy at issue;
- k. Failing to recognize and appreciate the clinical signs and symptoms of cervical insufficiency, to include second trimester back pain and cramping;
- l. Failing to recommend, offer and/or perform elective, prophylactic cervical cerclage;
- m. Failing to recommend, offer and/or perform rescue cervical cerclage;
- n. Failing to recommend, offer and/or perform emergency and/or salvage cervical cerclage;
- o. Failing to timely offer, recommend, order and/or perform all alternatives treatment options for cervical incompetence to extend Ms. Pierce's pregnancy;
- p. Failing to recommend and provide appropriate expectant management in the setting of cervical insufficiency;
- q. Failing to inform Tatianna Pierce of and/or offer or order other management options, such as cerclage, activity restriction, tocolytics, and prophylactic steroids;
- r. Failing to order bedrest in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- s. Failing to order restricted physical activity in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- t. Failing to order pelvic rest in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- u. Failing to admit Tatianna Pierce to the hospital for continued observation and to place her on bedrest, including in a Trendelenberg position, to alleviate cervical stress;

- v. Negligently allowing Tatianna Pierce's cervical insufficiency to worsen and progress, untreated;
- w. Failing to timely and appropriately recognize and respond to Tatianna Pierce's ongoing dilation;
- x. Failing to timely and appropriately recognize that Tatianna Pierce was at an increase risk for preterm labor and delivery;
- y. Negligently discharging Tatianna Pierce from the hospital on October 26, 2007;
- z. Failing to timely administer tocolytics;
- aa. Failing to order and/or administer appropriate medications to manage cervical insufficiency;
- bb. Failing to obtain adequate, continuous external monitoring on October 29, 2007 through the time of delivery;
- cc. Failing to properly manage late hypoxia in a pre-term infant;
- dd. Failing to properly supervise medical residents;
- ee. Failing to properly supervise ultrasound technicians;
- ff. Failing to timely and adequately communicate with the attending and/or supervising physician staff; and
- gg. Failing to timely and adequately communicate with other physicians and health care providers.

198. At all relevant times, defendants TJUH, TJU and/or JUP engaged Dr. Horan as their agent, servant and/or employee to provide medical care and treatment to Tatianna Pierce and Alani Pierce while acting within the course and scope of her agency and/or employment with one or more of these defendants. Accordingly, defendants TJUH, TJU and/or JUP are derivatively liable for the negligent acts and omissions of Dr. Horan under principles of *respondeat superior*, master-servant, vicarious liability, agency and/or right of control.

199. As a direct and proximate result of the negligence of defendant Dr. Horan, Alani Pierce suffered catastrophic and permanent injuries and damages, as described herein.

WHEREFORE, Plaintiff Tatianna Pierce, individually and on behalf of her minor daughter, Alani Pierce, hereby demands of defendants, jointly and severally, damages in an

amount in excess Fifty Thousand Dollars (\$50,000.00), and in excess of the prevailing arbitration limits, exclusive of pre-judgment interest, and post-judgment interest and costs.

COUNT XII: NEGLIGENCE

**Plaintiff Tatianna Pierce, Individually and on Behalf of her Minor Daughter, Alani Pierce
v. Defendant Jamie Cannon, M.D.**

200. The preceding paragraphs are incorporated by reference as if set forth fully herein.

201. The negligence of Jamie Cannon, M.D. consisted of one or more of the following:

- a. Failure to order and/or perform a cervical evaluation via transvaginal ultrasound in August 2007 and September 2007;
- b. Failure to perform an adequate obstetrical history and physical;
- c. Failure to appreciate the significance of a prior obstetrical history of surgical termination at 14 weeks as a risk factor for cervical insufficiency in subsequent pregnancies;
- d. Failure to recognize and appreciate Tatianna Pierce's increased risk for cervical incompetence;
- e. Failure to perform and/or to ensure the performance of a complete obstetrical ultrasound, including cervical assessment, on August 13, 2007 and September 19, 2007, or at any time prior to October 9, 2007;
- f. Failure to order repeat or serial ultrasounds to monitor and assess for cervical changes between August 13, 2007 and October 28, 2007;
- g. Failing to timely diagnose, manage and treat cervical insufficiency in evolution;
- h. Failing to recognize and appreciate the significance of ultrasound findings demonstrating a shortened, funneled, dilated cervix;
- i. Failing to recognize and appreciate the clinical significance of additional shortening of the cervix with transfundal pressure;
- j. Negligently delaying the diagnosis of cervical changes indicating cervical insufficiency in the pregnancy at issue;
- k. Failing to recognize and appreciate the clinical signs and symptoms of cervical insufficiency, to include second trimester back pain and cramping;
- l. Failing to recommend, offer and/or perform elective, prophylactic cervical cerclage;
- m. Failing to recommend, offer and/or perform rescue cervical cerclage;
- n. Failing to recommend, offer and/or perform emergency and/or salvage cervical cerclage;

- o. Failing to timely offer, recommend, order and/or perform all alternatives treatment options for cervical incompetence to extend Ms. Pierce's pregnancy;
- p. Failing to recommend and provide appropriate expectant management in the setting of cervical insufficiency;
- q. Failing to inform Tatianna Pierce of and/or offer or order other management options, such as cerclage, activity restriction, tocolytics, and prophylactic steroids;
- r. Failing to order bedrest in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- s. Failing to order restricted physical activity in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- t. Failing to order pelvic rest in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- u. Failing to admit Tatianna Pierce to the hospital for continued observation and to place her on bedrest, including in a Trendelenberg position, to alleviate cervical stress;
- v. Negligently allowing Tatianna Pierce's cervical insufficiency to worsen and progress, untreated;
- w. Failing to timely and appropriately recognize and respond to Tatianna Pierce's ongoing dilation;
- x. Failing to timely and appropriately recognize that Tatianna Pierce was at an increase risk for preterm labor and delivery;
- y. Negligently discharging Tatianna Pierce from the hospital on October 26, 2007;
- z. Failing to timely administer tocolytics;
- aa. Failing to order and/or administer appropriate medications to manage cervical insufficiency;
- bb. Failing to obtain adequate, continuous external monitoring on October 29, 2007 through the time of delivery;
- cc. Failing to properly manage late hypoxia in a pre-term infant;
- dd. Failing to properly supervise medical residents;
- ee. Failing to properly supervise ultrasound technicians;
- ff. Failing to timely and adequately communicate with the attending and/or supervising physician staff; and
- gg. Failing to timely and adequately communicate with other physicians and health care providers.

202. At all relevant times, defendants TJUH, TJU and/or JUP engaged Dr. Cannon as their agent, servant and/or employee to provide medical care and treatment to Tatianna Pierce

and Alani Pierce while acting within the course and scope of her agency and/or employment with one or more of these defendants. Accordingly, defendants TJUH, TJU and/or JUP are derivatively liable for the negligent acts and omissions of Dr. Cannon under principles of *respondeat superior*, master-servant, vicarious liability, agency and/or right of control.

203. As a direct and proximate result of the negligence of defendant Dr. Cannon, Alani Pierce suffered catastrophic and permanent injuries and damages, as described herein.

WHEREFORE, Plaintiff Tatianna Pierce, individually and on behalf of her minor daughter, Alani Pierce, hereby demands of defendants, jointly and severally, damages in an amount in excess Fifty Thousand Dollars (\$50,000.00), and in excess of the prevailing arbitration limits, exclusive of pre-judgment interest, and post-judgment interest and costs.

COUNT XIII: NEGLIGENCE

**Plaintiff Tatianna Pierce, Individually and on Behalf of her Minor Daughter, Alani Pierce
v. Defendant Geoffrey Bowers, M.D.**

204. The preceding paragraphs are incorporated by reference as if set forth fully herein.

205. The negligence of Geoffrey Bowers, M.D. consisted of one or more of the following:

- a. Failure to order and/or perform a cervical evaluation via transvaginal ultrasound in August 2007 and September 2007;
- b. Failure to perform an adequate obstetrical history and physical;
- c. Failure to appreciate the significance of a prior obstetrical history of surgical termination at 14 weeks as a risk factor for cervical insufficiency in subsequent pregnancies;
- d. Failure to recognize and appreciate Tatianna Pierce's increased risk for cervical incompetence;
- e. Failure to perform and/or to ensure the performance of a complete obstetrical ultrasound, including cervical assessment, on August 13, 2007 and September 19, 2007, or at any time prior to October 9, 2007;
- f. Failure to order repeat or serial ultrasounds to monitor and assess for cervical changes between August 13, 2007 and October 28, 2007;

- g. Failing to timely diagnose, manage and treat cervical insufficiency in evolution;
- h. Failing to recognize and appreciate the significance of ultrasound findings demonstrating a shortened, funneled, dilated cervix;
- i. Failing to recognize and appreciate the clinical significance of additional shortening of the cervix with transfundal pressure;
- j. Negligently delaying the diagnosis of cervical changes indicating cervical insufficiency in the pregnancy at issue;
- k. Failing to recognize and appreciate the clinical signs and symptoms of cervical insufficiency, to include second trimester back pain and cramping;
- l. Failing to recommend, offer and/or perform elective, prophylactic cervical cerclage;
- m. Failing to recommend, offer and/or perform rescue cervical cerclage;
- n. Failing to recommend, offer and/or perform emergency and/or salvage cervical cerclage;
- o. Failing to timely offer, recommend, order and/or perform all alternatives treatment options for cervical incompetence to extend Ms. Pierce's pregnancy;
- p. Failing to recommend and provide appropriate expectant management in the setting of cervical insufficiency;
- q. Failing to inform Tatianna Pierce of and/or offer or order other management options, such as cerclage, activity restriction, tocolytics, and prophylactic steroids;
- r. Failing to order bedrest in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- s. Failing to order restricted physical activity in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- t. Failing to order pelvic rest in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- u. Failing to admit Tatianna Pierce to the hospital for continued observation and to place her on bedrest, including in a Trendelenberg position, to alleviate cervical stress;
- v. Negligently allowing Tatianna Pierce's cervical insufficiency to worsen and progress, untreated;
- w. Failing to timely and appropriately recognize and respond to Tatianna Pierce's ongoing dilation;

- x. Failing to timely and appropriately recognize that Tatianna Pierce was at an increase risk for preterm labor and delivery;
- y. Negligently discharging Tatianna Pierce from the hospital on October 26, 2007;
- z. Failing to timely administer tocolytics;
- aa. Failing to order and/or administer appropriate medications to manage cervical insufficiency;
- bb. Failing to obtain adequate, continuous external monitoring on October 29, 2007 through the time of delivery;
- cc. Failing to properly manage late hypoxia in a pre-term infant;
- dd. Failing to properly supervise medical residents;
- ee. Failing to properly supervise ultrasound technicians;
- ff. Failing to timely and adequately communicate with the attending and/or supervising physician staff; and
- gg. Failing to timely and adequately communicate with other physicians and health care providers.

206. At all relevant times, defendants TJUH, TJU and/or JUP engaged Dr. Bowers as their agent, servant and/or employee to provide medical care and treatment to Tatianna Pierce and Alani Pierce while acting within the course and scope of his agency and/or employment with one or more of these defendants. Accordingly, defendants TJUH, TJU and/or JUP are derivatively liable for the negligent acts and omissions of Dr. Bowers under principles of *respondeat superior*, master-servant, vicarious liability, agency and/or right of control.

207. As a direct and proximate result of the negligence of defendant Dr. Bowers, Alani Pierce suffered catastrophic and permanent injuries and damages, as described herein.

WHEREFORE, Plaintiff Tatianna Pierce, individually and on behalf of her minor daughter, Alani Pierce, hereby demands of defendants, jointly and severally, damages in an amount in excess Fifty Thousand Dollars (\$50,000.00), and in excess of the prevailing arbitration limits, exclusive of pre-judgment interest, and post-judgment interest and costs.

COUNT XIV: NEGLIGENCE

**Plaintiff Tatianna Pierce, Individually and on Behalf of her Minor Daughter, Alani Pierce
v. Defendant Cassie Leonard, M.D.**

208. The preceding paragraphs are incorporated by reference as if set forth fully herein.

209. The negligence of Cassie Leonard, M.D. consisted of one or more of the following:

- a. Failure to order and/or perform a cervical evaluation via transvaginal ultrasound in August 2007 and September 2007;
- b. Failure to perform an adequate obstetrical history and physical;
- c. Failure to appreciate the significance of a prior obstetrical history of surgical termination at 14 weeks as a risk factor for cervical insufficiency in subsequent pregnancies;
- d. Failure to recognize and appreciate Tatianna Pierce's increased risk for cervical incompetence;
- e. Failure to perform and/or to ensure the performance of a complete obstetrical ultrasound, including cervical assessment, on August 13, 2007 and September 19, 2007, or at any time prior to October 9, 2007;
- f. Failure to order repeat or serial ultrasounds to monitor and assess for cervical changes between August 13, 2007 and October 28, 2007;
- g. Failing to timely diagnose, manage and treat cervical insufficiency in evolution;
- h. Failing to recognize and appreciate the significance of ultrasound findings demonstrating a shortened, funneled, dilated cervix;
- i. Failing to recognize and appreciate the clinical significance of additional shortening of the cervix with transfundal pressure;
- j. Negligently delaying the diagnosis of cervical changes indicating cervical insufficiency in the pregnancy at issue;
- k. Failing to recognize and appreciate the clinical signs and symptoms of cervical insufficiency, to include second trimester back pain and cramping;
- l. Failing to recommend, offer and/or perform elective, prophylactic cervical cerclage;
- m. Failing to recommend, offer and/or perform rescue cervical cerclage;
- n. Failing to recommend, offer and/or perform emergency and/or salvage cervical cerclage;

- o. Failing to timely offer, recommend, order and/or perform all alternatives treatment options for cervical incompetence to extend Ms. Pierce's pregnancy;
- p. Failing to recommend and provide appropriate expectant management in the setting of cervical insufficiency;
- q. Failing to inform Tatianna Pierce of and/or offer or order other management options, such as cerclage, activity restriction, tocolytics, and prophylactic steroids;
- r. Failing to order bedrest in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- s. Failing to order restricted physical activity in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- t. Failing to order pelvic rest in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- u. Failing to admit Tatianna Pierce to the hospital for continued observation and to place her on bedrest, including in a Trendelenberg position, to alleviate cervical stress;
- v. Negligently allowing Tatianna Pierce's cervical insufficiency to worsen and progress, untreated;
- w. Failing to timely and appropriately recognize and respond to Tatianna Pierce's ongoing dilation;
- x. Failing to timely and appropriately recognize that Tatianna Pierce was at an increase risk for preterm labor and delivery;
- y. Negligently discharging Tatianna Pierce from the hospital on October 26, 2007;
- z. Failing to timely administer tocolytics;
- aa. Failing to order and/or administer appropriate medications to manage cervical insufficiency;
- bb. Failing to obtain adequate, continuous external monitoring on October 29, 2007 through the time of delivery;
- cc. Failing to properly manage late hypoxia in a pre-term infant;
- dd. Failing to properly supervise medical residents;
- ee. Failing to properly supervise ultrasound technicians;
- ff. Failing to timely and adequately communicate with the attending and/or supervising physician staff; and
- gg. Failing to timely and adequately communicate with other physicians and health care providers.

210. At all relevant times, defendants TJUH, TJU and/or JUP engaged Dr. Leonard as their agent, servant and/or employee to provide medical care and treatment to Tatianna Pierce

and Alani Pierce while acting within the course and scope of her agency and/or employment with one or more of these defendants. Accordingly, defendants TJUH, TJU and/or JUP are derivatively liable for the negligent acts and omissions of Dr. Leonard under principles of *respondeat superior*, master-servant, vicarious liability, agency and/or right of control.

211. As a direct and proximate result of the negligence of defendant Dr. Leonard, Alani Pierce suffered catastrophic and permanent injuries and damages, as described herein.

WHEREFORE, Plaintiff Tatianna Pierce, individually and on behalf of her minor daughter, Alani Pierce, hereby demands of defendants, jointly and severally, damages in an amount in excess Fifty Thousand Dollars (\$50,000.00), and in excess of the prevailing arbitration limits, exclusive of pre-judgment interest, and post-judgment interest and costs.

COUNT XV: NEGLIGENCE

**Plaintiff Tatianna Pierce, Individually and on Behalf of her Minor Daughter, Alani Pierce
v. Defendant Jefferson University Physicians**

212. The preceding paragraphs are incorporated by reference as if set forth fully herein.

213. The negligence of Jefferson University Physicians (“JUP”) acting by and through its actual, apparent and/or ostensible agents, servants and employees who participated in the care of Tatianna Pierce and Alani Pierce between August 2007 and October 2007, as described herein, including defendants Dr. Kim, Dr. Plante, Dr. Visintine, Dr. Weiner, Dr. Hayes, Dr. Nnewihe, Dr. Gariepy, Dr. Baxter, Dr. Laughingwell, Dr. Horan, Dr. Cannon, Dr. Bowers and/or Dr. Leonard, and Ms. Beuhner, Mr. Rychlak, Dr. Goldberg, Dr. Pham, Dr. Ricci, Dr. Scott and/or Dr. Harvey, consisted of one or more of the following:

- a. Failure to order and/or perform a cervical evaluation via transvaginal ultrasound in August 2007 and September 2007;
- b. Failure to perform an adequate obstetrical history and physical;

- c. Failure to appreciate the significance of a prior obstetrical history of surgical termination at 14 weeks as a risk factor for cervical insufficiency in subsequent pregnancies;
- d. Failure to recognize and appreciate Tatianna Pierce's increased risk for cervical incompetence;
- e. Failure to perform and/or to ensure the performance of a complete obstetrical ultrasound, including cervical assessment, on August 13, 2007 and September 19, 2007, or at any time prior to October 9, 2007;
- f. Failure to order repeat or serial ultrasounds to monitor and assess for cervical changes between August 13, 2007 and October 28, 2007;
- g. Failing to timely diagnose, manage and treat cervical insufficiency in evolution;
- h. Failing to recognize and appreciate the significance of ultrasound findings demonstrating a shortened, funneled, dilated cervix;
- i. Failing to recognize and appreciate the clinical significance of additional shortening of the cervix with transfundal pressure;
- j. Negligently delaying the diagnosis of cervical changes indicating cervical insufficiency in the pregnancy at issue;
- k. Failing to recognize and appreciate the clinical signs and symptoms of cervical insufficiency, to include second trimester back pain and cramping;
- l. Failing to recommend, offer and/or perform elective, prophylactic cervical cerclage;
- m. Failing to recommend, offer and/or perform rescue cervical cerclage;
- n. Failing to recommend, offer and/or perform emergency and/or salvage cervical cerclage;
- o. Failing to timely offer, recommend, order and/or perform all alternatives treatment options for cervical incompetence to extend Ms. Pierce's pregnancy;
- p. Failing to recommend and provide appropriate expectant management in the setting of cervical insufficiency;
- q. Failing to inform Tatianna Pierce of and/or offer or order other management options, such as cerclage, activity restriction, tocolytics, and prophylactic steroids;
- r. Failing to order bedrest in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- s. Failing to order restricted physical activity in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- t. Failing to order pelvic rest in the setting of cervical insufficiency and/or increased risk for cervical incompetence;

- u. Failing to admit Tatianna Pierce to the hospital for continued observation and to place her on bedrest, including in a Trendelenberg position, to alleviate cervical stress;
- v. Negligently allowing Tatianna Pierce's cervical insufficiency to worsen and progress, untreated;
- w. Failing to timely and appropriately recognize and respond to Tatianna Pierce's ongoing dilation;
- x. Failing to timely and appropriately recognize that Tatianna Pierce was at an increase risk for preterm labor and delivery;
- y. Negligently discharging Tatianna Pierce from the hospital on October 26, 2007;
- z. Failing to timely administer tocolytics;
- aa. Failing to order and/or administer appropriate medications to manage cervical insufficiency;
- bb. Failing to obtain adequate, continuous external monitoring on October 29, 2007 through the time of delivery;
- cc. Failing to properly manage late hypoxia in a pre-term infant;
- dd. Failing to properly supervise medical residents;
- ee. Failing to properly supervise ultrasound technicians;
- ff. Failing to timely and adequately communicate with the attending and/or supervising physician staff; and
- gg. Failing to timely and adequately communicate with other physicians and health care providers.

214. At all relevant times, defendant JUP engaged defendants Dr. Kim, Dr. Plante, Dr. Visintine, Dr. Weiner, Dr. Hayes, Dr. Nnewihe, Dr. Garipey, Dr. Baxter, Dr. Laughingwell, Dr. Horan, Dr. Cannon, Dr. Bowers and/or Dr. Leonard, and Ms. Beuhner, Mr. Rychlak, Dr. Goldberg, Dr. Pham, Dr. Ricci, Dr. Scott and/or Dr. Harvey, as its agents, servants and/or employees to provide medical care and treatment to Tatianna Pierce and Alani Pierce while acting within the course and scope of their agency and/or employment with defendant JUP. Accordingly, defendant JUP is derivatively liable for the negligent acts and omissions of these individuals under principles of *respondeat superior*, master-servant, vicarious liability, agency and/or right of control.

215. As a direct and proximate result of the negligence of defendant JUP, Alani Pierce suffered catastrophic and permanent injuries and damages, as described herein.

WHEREFORE, Plaintiff Tatianna Pierce, individually and on behalf of her minor daughter, Alani Pierce, hereby demands of defendants, jointly and severally, damages in an amount in excess Fifty Thousand Dollars (\$50,000.00), and in excess of the prevailing arbitration limits, exclusive of pre-judgment interest, and post-judgment interest and costs.

COUNT XVI: NEGLIGENCE

**Plaintiff Tatianna Pierce, Individually and on Behalf of her Minor Daughter, Alani Pierce
v. Defendant Thomas Jefferson University/Jefferson Medical College**

216. The preceding paragraphs are incorporated by reference as if set forth fully herein.

217. The negligence of TJU acting by and through its actual, apparent and/or ostensible agents, servants and employees who participated in the care of Tatianna Pierce and Alani Pierce between August 2007 and October 2007, as described herein, including defendants Dr. Kim, Dr. Plante, Dr. Visintine, Dr. Weiner, Dr. Hayes, Dr. Nnewihe, Dr. Gariepy, Dr. Baxter, Dr. Laughingwell, Dr. Horan, Dr. Cannon, Dr. Bowers and/or Dr. Leonard, and Ms. Beuhner, Mr. Rychlak, Dr. Goldberg, Dr. Pham, Dr. Ricci, Dr. Scott and/or Dr. Harvey, consisted of one or more of the following:

- a. Failure to order and/or perform a cervical evaluation via transvaginal ultrasound in August 2007 and September 2007;
- b. Failure to perform an adequate obstetrical history and physical;
- c. Failure to appreciate the significance of a prior obstetrical history of surgical termination at 14 weeks as a risk factor for cervical insufficiency in subsequent pregnancies;
- d. Failure to recognize and appreciate Tatianna Pierce's increased risk for cervical incompetence;
- e. Failure to perform and/or to ensure the performance of a complete obstetrical ultrasound, including cervical assessment, on August 13, 2007 and September 19, 2007, or at any time prior to October 9, 2007;

- f. Failure to order repeat or serial ultrasounds to monitor and assess for cervical changes between August 13, 2007 and October 28, 2007;
- g. Failing to timely diagnose, manage and treat cervical insufficiency in evolution;
- h. Failing to recognize and appreciate the significance of ultrasound findings demonstrating a shortened, funneled, dilated cervix;
- i. Failing to recognize and appreciate the clinical significance of additional shortening of the cervix with transfundal pressure;
- j. Negligently delaying the diagnosis of cervical changes indicating cervical insufficiency in the pregnancy at issue;
- k. Failing to recognize and appreciate the clinical signs and symptoms of cervical insufficiency, to include second trimester back pain and cramping;
- l. Failing to recommend, offer and/or perform elective, prophylactic cervical cerclage;
- m. Failing to recommend, offer and/or perform rescue cervical cerclage;
- n. Failing to recommend, offer and/or perform emergency and/or salvage cervical cerclage;
- o. Failing to timely offer, recommend, order and/or perform all alternatives treatment options for cervical incompetence to extend Ms. Pierce's pregnancy;
- p. Failing to recommend and provide appropriate expectant management in the setting of cervical insufficiency;
- q. Failing to inform Tatianna Pierce of and/or offer or order other management options, such as cerclage, activity restriction, tocolytics, and prophylactic steroids;
- r. Failing to order bedrest in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- s. Failing to order restricted physical activity in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- t. Failing to order pelvic rest in the setting of cervical insufficiency and/or increased risk for cervical incompetence;
- u. Failing to admit Tatianna Pierce to the hospital for continued observation and to place her on bedrest, including in a Trendelenberg position, to alleviate cervical stress;
- v. Negligently allowing Tatianna Pierce's cervical insufficiency to worsen and progress, untreated;
- w. Failing to timely and appropriately recognize and respond to Tatianna Pierce's ongoing dilation;
- x. Failing to timely and appropriately recognize that Tatianna Pierce was at an increase risk for preterm labor and delivery;

- y. Negligently discharging Tatianna Pierce from the hospital on October 26, 2007;
- z. Failing to timely administer tocolytics;
- aa. Failing to order and/or administer appropriate medications to manage cervical insufficiency;
- bb. Failing to obtain adequate, continuous external monitoring on October 29, 2007 through the time of delivery;
- cc. Failing to properly manage late hypoxia in a pre-term infant;
- dd. Failing to properly supervise medical residents;
- ee. Failing to properly supervise ultrasound technicians;
- ff. Failing to timely and adequately communicate with the attending and/or supervising physician staff; and
- gg. Failing to timely and adequately communicate with other physicians and health care providers.

218. At all relevant times, defendant TJU engaged defendants Dr. Kim, Dr. Plante, Dr. Visintine, Dr. Weiner, Dr. Hayes, Dr. Nnewihe, Dr. Gariepy, Dr. Baxter, Dr. Laughingwell, Dr. Horan, Dr. Cannon, Dr. Bowers and/or Dr. Leonard, and Ms. Beuhner, Mr. Rychlak, Dr. Goldberg, Dr. Pham, Dr. Ricci, Dr. Scott and/or Dr. Harvey, as its agents, servants and/or employees to provide medical care and treatment to Tatianna Pierce and Alani Pierce while acting within the course and scope of their agency and/or employment with defendant TJU. Accordingly, defendant TJU is derivatively liable for the negligent acts and omissions of these individuals under principles of *respondeat superior*, master-servant, vicarious liability, agency and/or right of control.

219. As a direct and proximate result of the negligence of defendant TJU, Alani Pierce suffered catastrophic and permanent injuries and damages, as described herein.

WHEREFORE, Plaintiff Tatianna Pierce, individually and on behalf of her minor daughter, Alani Pierce, hereby demands of defendants, jointly and severally, damages in an amount in excess Fifty Thousand Dollars (\$50,000.00), and in excess of the prevailing arbitration limits, exclusive of pre-judgment interest, and post-judgment interest and costs.

COUNT XVII: CORPORATE NEGLIGENCE

**Plaintiff Tatianna Pierce, Individually and on Behalf of her Minor Daughter, Alani Pierce
v. Defendant Thomas Jefferson University Hospital, Inc.**

220. The preceding paragraphs are incorporated by reference as if set forth fully herein.

221. In addition to the derivative and vicarious liability of defendant TJUH for the negligent acts and omissions of its agents, servants and/or employees, as set forth in the preceding Counts, defendant TJUH further owed direct and non-delegable duties to Tatianna Pierce and Alani Pierce under the tenets set forth in Thompson v. Nason, 527 Pa. 330, 591 A.2d 703 (1991), and its progeny of case law, including Welsh v. Bulger, 698 A.2d 581 (Pa. 1997) and Whittington v. Woods, 768 A.2d 1144 (Pa. Super. 2001).

222. TJUH's duties included: (1) a duty to use reasonable care in the maintenance of safe and adequate facilities and equipment; (2) a duty to select and retain only competent physicians; (3) a duty to oversee all persons who practice medicine within its walls as to patient care; and (4) a duty to formulate, adopt and enforce adequate rules and policies to ensure quality care for patients.

223. TJUH had a duty to Ms. Pierce and her then-unborn baby to exercise reasonable care in the appointment and reappointment of physicians, residents, technicians and nurses.

224. TJUH had a duty to its patients, and to Ms. Pierce and Alani Pierce in particular, to provide reasonable and competent medical care and services and to avoid conduct that would increase the risk of and in fact cause them harm.

225. It is believed and therefore averred that the individually named physician defendants, ultrasonographers, and other physicians identified herein did not possess the

requisite training, experience, technical skills and judgment to render proper care and services to patients, and to Tatianna Pierce and Alani Pierce in particular.

226. It is believed and therefore averred that TJUH was negligent in failing to properly determine the qualifications and proficiencies of the individually named physician defendants herein.

227. TJUH knew or should have known that the individually named physician defendants, ultrasonographers, and other physicians identified herein were not qualified to provide competent medical care and treatment to patients, and to Tatianna Pierce and Alani Pierce in particular.

228. TJUH had an obligation to formulate, adopt and enforce adequate policies and procedures to ensure the safe and appropriate treatment of its patients such as Tatianna Pierce and Alani Pierce.

229. It believed and therefore averred that TJUH was negligent in failing to supervise and monitor the medical care and treatment rendered to Tatianna Pierce and Alani Pierce, when it knew or should have known that the individually named physician defendants who were charged with and responsible for their care did not possess the requisite medical training, skill, knowledge and/or competence to properly care for the plaintiffs.

230. The corporate negligence of TJUH, arising out of the medical and nursing care and treatment provided to Tatianna Pierce and Alani Pierce between August 2007 and October 2007, consisted of one or more of the following:

- a. Failing to have attending physicians and residents appropriate in number, training and/or experience to diagnose, attend to and treat Tatianna Pierce and Alani Pierce, and to make appropriate and timely decisions regarding the proper evaluation, diagnosis, management and treatment of Ms. Pierce's cervical insufficiency and risk for preterm labor and delivery;

- b. Failing to ensure that Tatianna Pierce and Alani Pierce received appropriate attention from fully and properly trained and experienced obstetrical physicians, resident and nursing staff;
- c. Failing to select and retain competent and qualified physicians, residents and ultrasonographers capable of recognizing, diagnosing, managing and/or treating cervical insufficiency;
- d. Failing to formulate, adopt and/or enforce appropriate rules, guidelines, policies, procedures or protocols with respect to the management of patients such as Tatianna Pierce and Alani Pierce by appropriately trained physicians, residents, ultrasonographers and nursing staff, including, but not limited to written policies and procedures regarding:
 - 1. cervical assessment by transvaginal ultrasound during the second trimester of pregnancy;
 - 2. risk assessment for cervical incompetence or insufficiency;
 - 3. recognizing and appreciating the clinical signs and symptoms of cervical insufficiency;
 - 4. recognizing and appreciating abnormal cervical findings on ultrasound indicating cervical insufficiency;
 - 5. interventions and treatments to be undertaken in response to findings of cervical abnormalities on ultrasound;
 - 6. management of patients at risk for preterm labor and delivery due to cervical insufficiency;
 - 7. interventions for cervical insufficiency;
 - 8. indications for and performance of cervical cerclage;
 - 9. administration of tocolytics in the setting of cervical insufficiency;
 - 10. timely review of obstetrical studies by the ordering physician;
 - 11. timely and appropriate management of cervical insufficiency;
 - 12. documentation of significant findings relating to the progress of labor and/or fetal status in the patient chart;
- e. Failing to oversee all persons who practice medicine within its walls as to patient care to ensure that the resident physician and nursing staff involved in the monitoring and evaluation of Tatianna Pierce's condition were appropriately and adequately supervised by a member of the attending obstetrical staff and/or obstetrical nursing supervisor;
- f. Failing to oversee all persons who practice medicine within its walls as to patient care to ensure the appropriate assessment, diagnosis, management and treatment of cervical insufficiency, including expectant management; and
- g. Failing to oversee all persons who practice medicine within its walls as to patient care to ensure that the obstetrical physician, resident and nursing staff are properly trained in the evaluation, diagnosis, management and treatment of

an obstetrical patient with signs and symptoms of evolving cervical insufficiency and fetal compromise relating to extreme prematurity.

231. TJUH knew or should have known that it did not have written policies and procedure as described above.

232. TJUH knew or should have known that its obstetrical physician, resident and/or nursing staff either were not familiar with or failed to follow the hospital's written policies and procedures with respect to the matters described above, to the extent that they existed.

233. TJUH knew or should have known that it that its obstetrical resident staff was not adequately supervised by the obstetrical attending physician staff with respect to the proper evaluation, diagnosis, management and treatment of a patient with cervical insufficiency and at risk for preterm labor and delivery.

234. The foregoing negligence of TJUH increased the risk of harm to Alani Pierce.

235. As a direct and proximate result of the negligence of defendant TJUH, plaintiffs Tatianna Pierce and Alani Pierce suffered significant, permanent and catastrophic injuries and damages, as described herein.

WHEREFORE, Plaintiff Tatianna Pierce, individually and on behalf of her minor daughter, Alani Pierce, hereby demands of defendants, jointly and severally, damages in an amount in excess Fifty Thousand Dollars (\$50,000.00), and in excess of the prevailing arbitration limits, exclusive of pre-judgment interest, and post-judgment interest and costs.

COUNT XVIII: NEGLIGENT INFLICTION OF EMOTIONAL DISTRESS
Plaintiff Tatianna Pierce v. All Defendants

236. The preceding paragraphs are incorporated by reference as if set forth fully herein.

237. As a result of the negligence of all defendants, jointly and severally, and the resultant injuries suffered by her then-unborn daughter, Alani Pierce, the plaintiff-mother Tatianna Pierce has suffered mental anguish and emotional distress under the doctrine of Sinn v. Burd, 404 A.2d 672 (Pa. 1979) and Love v. Cramer, 606 A.2d 1175 (Pa. Super. 1992).

238. Plaintiff Tatianna Pierce was present for and contemporaneously witnessed the negligent acts and omissions of defendants, as described herein, that resulted in catastrophic and permanent injuries to her daughter, Alani Pierce, as described herein, witnessed and experienced the progression of her cervical insufficiency, experienced the physical signs and symptoms of her cervical changes for which she repeatedly sought treatment, including the onset and progression of the signs and symptoms of preterm labor leading up to the delivery of her daughter, Alani Pierce, at 26 weeks gestation, and witnessed her daughter's physical injuries of extreme prematurity and ongoing treatment for the same.


239. The plaintiff-mother, Tatianna Pierce was intimately connected with and physically experienced the injuries to her daughter associated with her premature delivery.

240. As a result of defendants' negligence, the plaintiff-mother Tatianna Pierce has in the past experienced, continues to experience, and will in the future continue to experience, numerous physical manifestations of her severe emotional distress, including but not limited to sleeplessness, anxiety, depression, nervousness, hopelessness, mental anguish, nightmares, fear,

headaches, upset stomach, nausea, shaking, palpitations, loss of appetite, muscle tension and other physical symptoms.

WHEREFORE, plaintiff Tatianna Pierce hereby demands of defendants, jointly and severally, damages in an amount in excess Fifty Thousand Dollars (\$50,000.00), and in excess of the prevailing arbitration limits, exclusive of pre-judgment interest, and post-judgment interest and costs.

ROSS FELLER CASEY, LLP

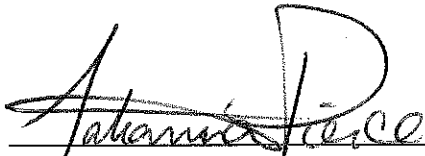
By: 

JOEL J. FELLER, ESQUIRE
JENNIFER L. RUSSELL, ESQUIRE
Attorneys for Plaintiff

Dated: October 21, 2009

VERIFICATION

I, Tatianna Pierce, do hereby verify that I am the plaintiff in this action; that I am the parent and natural guardian of Alani Pierce, a minor; and that the attached Civil Action Complaint is based upon information which I have furnished to my counsel and information which has been gathered by my counsel in the preparation of the lawsuit. The language of the Complaint is that of my counsel and is not mine. I have read the Complaint and to the extent that the information therein is based upon information I have provided to counsel, it is true and correct to the best of my knowledge, information and belief. To the extent that the contents of the Complaint are that of counsel, I have relied upon counsel in making this verification. All statements are founded upon reasonable belief. I understand that false statements made herein are made subject to the penalties of 18 Pa. C.S.A. §4904 relating to unsworn falsifications to authorities.



TATIANNA PIERCE, as parent and natural guardian of Alani Pierce, a minor, and individually and in her own right

Date: 10/21/09