

GENERAL ALLEGATIONS

1. At all times relative hereto, Plaintiffs, Michele Breech and [REDACTED] a Minor, were residents of the City of Detroit, County of Wayne, State of Michigan.
2. Michele Breech, is the duly appointed Next Friend of [REDACTED] a Minor.
3. At all times relevant, hereto, Lisa Lynn Cardwell, M.D., was a duly licensed and practicing physician, specializing in Obstetrics and Gynecology, providing medical services in the City of Detroit, County of Wayne, State of Michigan, and was an actual and/or ostensible agent, servant and/or employee of Defendants DMC Primary Care Services II d/b/a Northwest Women's Care and/or Sinai Hospital of Greater Detroit d/b/a Sinai-Grace Hospital and/or The Detroit Medical Center.
4. At all times relevant, hereto, Karoline Puder, M.D., was a duly licensed and practicing physician, specializing in Maternal-Fetal Medicine, providing medical services in the City of Detroit, County of Wayne, State of Michigan, and was an actual and/or ostensible agent, servant and/or employee of Defendants Sinai Hospital of Greater Detroit d/b/a Sinai-Grace Hospital and/or The Detroit Medical Center.
5. At all times relevant, hereto, Karoline Puder, M.D., was a duly licensed and practicing physician, specializing in Maternal/Fetal Medicine, providing medical services in the City of Detroit, County of Wayne, State of Michigan, and was an actual and/or ostensible agent, servant and/or employee of Defendants Sinai Hospital of Greater Detroit d/b/a Sinai-Grace Hospital and/or The Detroit Medical Center.
6. At all times relevant, hereto, Gagandeep Brar, M.D., was a duly licensed and practicing physician, specializing in Neonatal-Perinatal Medicine, providing medical services in the City of Detroit, County of Wayne, State of Michigan, and was an actual

and/or ostensible agent, servant and/or employee of Defendants Sinai Hospital of Greater Detroit d/b/a Sinai-Grace Hospital and/or The Detroit Medical Center.

7. At all times relevant, hereto, Keh-Chyang Liang, M.D., was a duly licensed and practicing physician, specializing in Neonatal-Perinatal Medicine, providing medical services in the City of Detroit, County of Wayne, State of Michigan, and was an actual and/or ostensible agent, servant and/or employee of Defendants, Sinai Hospital of Greater Detroit d/b/a Sinai-Grace Hospital and/or The Detroit Medical Center.

8. At all times relevant hereto, Northwest Women's Care, an assumed name for DMC Primary Care Services II (hereinafter referred to as "Northwest Women's Care"), a Michigan Non-profit Corporation, was a duly licensed and accredited health care institution doing business in the City of Detroit, County of Wayne, State of Michigan.

9. At all times relevant hereto, Northwest Women's Care, was the employer and/or ostensible principal for Defendant, Lisa Lynn Cardwell, M.D., and is thus vicariously liable for their negligent acts and/or omissions.

10. At all times relevant hereto, Sinai-Grace Hospital, an assumed name for Sinai Hospital of Greater Detroit (hereinafter referred to as Sinai-Grace Hospital), a Michigan Non-profit Corporation, was a duly licensed and accredited health care institution doing business in the City of Detroit, County of Wayne, State of Michigan.

11. At all times relevant hereto, Sinai-Grace Hospital was the employer and/or ostensible principal for Defendants Lisa Lynn Cardwell, M.D., Karoline Puder, M.D., Gagandeep Brar, M.D. and Keh-Chyang Liang, M.D., and is thus vicariously liable for their negligent acts and/or omissions.

12. At all times relevant hereto, The Detroit Medical Center, a Michigan Non-profit Corporation, was a duly licensed and accredited health care institution doing business in the City of Detroit, County of Wayne, State of Michigan.

13. At all times relevant hereto, the Detroit Medical Center was the employer and/or ostensible principal for Defendants Lisa Lynn Cardwell, M.D., Karoline Puder, M.D., Gagandeep Brar, M.D. and Keh-Chyang Liang, M.D., and is thus vicariously liable for their negligent acts and/or omissions.

14. Plaintiff's cause of action arose in the City of Detroit, County of Wayne, State of Michigan.

15. The amount in controversy exceeds Twenty-Five Thousand (\$25,000.00) Dollars and is otherwise within the jurisdiction of this court.

FACTUAL ALLEGATIONS

16 Michele Breech was twenty-eight years old when she became pregnant with [REDACTED]. She began her prenatal care with Lisa Lynn Cardwell, M.D., on June 15, 2004.

17. On July 15, 2004, Michele Breech presented to The Detroit Medical Center (DMC) for an ultrasound to confirm dates and to rule out a threatened abortion due to complaints of vaginal bleeding. Karoline Puder, M.D. performed the ultrasound, confirming a single gestation of 10 2/7 weeks. She was given a due date of February 8, 2005.

18. On September 10, 2004, Michele Breech was sent for an ultrasound evaluation by Karoline Puder, M.D., in the Antenatal Diagnostic Unit at Sinai-Grace Hospital due to an abnormal ultrasound finding and an increased MSFAP. She also complained of vaginal bleeding and spotting for approximately ten days prior to the appointment. The ultrasound

showed a velamentous cord insertion with vasa previa. Lisa Lynn Cardwell, M.D., was made aware of the results of the ultrasound.

19. On November 16, 2004, at approximately 28 weeks gestation, a follow-up ultrasound again showed a vasa previa with velamentous insertion, as well as a shortened cervix of 21 mm. Lisa Lynn Cardwell, M.D., was notified of the results and Michele Breech was sent to Sinai-Grace Hospital in Detroit for further evaluation.

20. At approximately 1200 on November 16, 2004, Michele Breech presented to Sinai-Grace Hospital for further evaluation due to a shortened cervix and vasa previa. She was placed on a fetal monitor and was noted to be contracting. She was given Magnesium Sulfate and Betamethasone..

21. On November 18, 2004, Karoline Puder, M.D., was called in for a Maternal-Fetal-Medicine consultation and recommended that Michele Breech be discharged home on bed rest. She was discharged by Lisa Lynn Cardwell, M.D., that same day.

22. On December 21, 2004, at approximately 0600, Michele Breech's membranes spontaneously ruptured at home and she began bleeding heavily. She called the hospital en route to advise that she was on her way.

23. When Michele Breech arrived to Labor and Delivery Triage at Sinai-Grace Hospital, a large blood clot was noted. A bedside ultrasound was performed recording a fetal heart rate between 50 and 60 bpm. Michele was taken from Triage to the Operating Room by Dr. Patel at 0705 for a STAT c-section.

24. [REDACTED] was delivered stillborn at 0714 at 33 weeks gestation. His apgar scores were 0 at one minute, 0 at five minutes, 0 at ten minutes, 3 at fifteen minutes and 3 at twenty minutes. He was described as pale, limp and without a pulse or respiratory effort. He was suctioned, bagged with oxygen and intubated. Epinephrine was given

through the ET tube and he was admitted to the NICU for mechanical ventilation and further care.

25. At 0749, [REDACTED] lab results revealed a very low hemoglobin value of 6.6. An order for a blood transfusion was not given until 0900, and he did not receive a blood transfusion until 0925.

26. [REDACTED] remained in the NICU for 31 days, requiring 21 days of mechanical ventilation, umbilical venous and artery catheterizations and blood transfusions. His discharge diagnoses included respiratory distress syndrome, transient thrombocytopenia, severe asphyxia, hypoxic ischemic encephalopathy, seizure disorder, hypotension, anemia, gastroesophageal reflux and hypocalcemia.

27. [REDACTED] is severely and permanently impaired, both physically and mentally. He suffers from cerebral palsy (spastic quadriplegia). He has no ability to swallow and requires a feeding tube. He has a seizure disorder. He does not talk and is severely cognitively impaired.

COUNT I
NEGLIGENCE OF LISA LYNN CARDWELL, M.D.

28. Plaintiff hereby repeats, restates and realleges the allegations contained in paragraphs 1 through 27 of Plaintiff's Complaint as though fully incorporated herein.

29. Defendant, Lisa Lynn Cardwell, M.D., was negligent inter alia, in the following particulars in that a licensed and practicing physician, when encountering a patient exhibiting the history signs and symptoms such as those demonstrated by Michele Breech, owed a duty to:

- a. Perform and appreciate a thorough history and physical examination;

- b. Provide proper obstetric services to a patient with a history of preterm labor, shortened cervix, vasa previa and velamentous cord insertion (VCI);
- c. Properly supervise and monitor the pregnancy of a patient with a history of preterm labor, shortened cervix, vasa previa and VCI;
- d. Timely refer a patient with a history of preterm labor, shortened cervix, vasa previa and VCI to a Maternal-Fetal-Medicine specialist for high risk prenatal care and delivery;
- e. Recognize the inherent dangers to the fetus upon the rupture of the mother's membranes, including tearing of fetal vessels, resulting in blood loss and oxygen deprivation;
- f. Recognize that once the fetal vessels rupture, any delay in delivery is detrimental to the fetus, prolonging its' blood loss and oxygen deprivation;
- g. Take proper precautions to prevent a patient a history of preterm labor, shortened cervix, vasa previa and VCI from recurrent preterm labor, such as oral medications or a terbutaline pump;
- h. Hospitalize a patient with a history of preterm labor, shortened cervix, vasa previa and VCI at her third trimester so as to avoid any delay in performing a STAT c-section delivery should her membranes rupture;
- i. Plan for and schedule a cesarian section delivery for a patient with a history of preterm labor, shortened cervix, vasa previa and VCI prior to the mother experiencing labor or rupture of membranes, so as to avoid any danger to the infant;
- j. Inform the patient of the potentially serious risks of vasa previa and VCI and recommend hospitalization, and further advise the patient of the increased risk of maternal fetal hemorrhage if she is not hospitalized; and
- k. Any and all acts of negligence as identified through additional discovery.

30. Defendant, Lisa Lynn Cardwell, M.D., did none of these things, and such acts or omissions constitute professional negligence for which Defendant, Lisa Lynn Cardwell, M.D., is directly liable to Plaintiff.

31. As a direct and proximate result of the Defendants' joint and several negligence, Minor Plaintiff [REDACTED] suffered permanent neurological damages as a result of an intrapartum hypoxic ischemic insult secondary to blood loss and asphyxia resulting from the rupture of fetal vessels during Michele Breech's labor. Had Michele Breech been admitted to the hospital at 28 weeks gestation for monitoring, an elective c-section could have been performed prior to the rupture of membranes, or in the alternative, a STAT c-section delivery could have been immediately performed following spontaneous rupture of her membranes, thereby avoiding an unnecessary delay in [REDACTED] delivery, which allowed for intrapartum blood loss and hypoxic ischemic insult.

32. As a consequence of the Defendants' joint and several negligence, the Minor Plaintiff, [REDACTED] has sustained both economic and non-economic damages, including but not limited to extensive prescriptive, rehabilitative, nursing and hospital expenses, pain, suffering, emotional distress, humiliation, fright, depression, loss of enjoyment of life and other damages, all of which are past, present, and future. He has been denied a normal and independent adult life, and his potential for earning capacity has been destroyed. He will further require lifetime assistance with activities of daily living.

WHEREFORE, Plaintiff Michele Breech, as Next Friend of [REDACTED] a Minor, hereby requests an award of damages against the Defendants herein, jointly and severally, in whatever amount above Twenty-Five Thousand (\$25,000.00) Dollars Plaintiff is found to be entitled to, together with interest, costs and attorney fees, as well as all other damages allowed under Michigan Law.

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COUNT II
NEGLIGENCE OF NORTHWEST WOMEN'S CARE

33. Plaintiff hereby repeats, restates and realleges the allegations contained in paragraphs 1 through 32 of Plaintiff's Complaint as though fully incorporated herein.

34. Defendant, Northwest Women's Care, as the employer and/or ostensible principal for Defendant, Lisa Lynn Cardwell, M.D., was negligent, inter alia, in the following particulars in that a licensed and accredited health care facility when encountering a patient exhibiting the history signs and symptoms such as those demonstrated by Michele Breech, owed a duty acting through it's agents, servants and/or employees, to timely and properly:

- a. Timely and properly select, train and monitor its employees, servants, agents, actual or ostensible, and its staff of physicians, to insure that they were competent in all aspects of obstetrical care, including but not limited to the management of a patient with a history of preterm labor, shortened cervix, vasa previa and velamentous cord insertion, in compliance with the standard of care as described herein;
- b. Provide qualified medical staff with the proper training and ability to meet the patient's needs, including the ability to properly manage her care in accordance with the standard of care described herein;
- c. Adopt, implement and enforce policies and procedures for the management of a patient with a history of preterm labor, shortened cervix, vasa previa and velamentous cord insertion;
- d. Perform and appreciate a thorough history and physical examination;
- e. Provide proper obstetric services to a patient with a history of preterm labor, shortened cervix, vasa previa and VCI;
- f. Properly supervise and monitor the pregnancy of a patient with a history of preterm labor, shortened cervix, vasa previa and VCI;
- g. Timely refer a patient with a history of preterm labor, shortened cervix, vasa previa and VCI to a Maternal-Fetal-Medicine specialist for high risk prenatal care and delivery;

- h. Recognize the inherent dangers to the fetus upon the rupture of the mother's membranes, including tearing of fetal vessels, resulting in blood loss and oxygen deprivation;
- i. Recognize that once the fetal vessel ruptures, any delay in delivery is detrimental to the fetus, prolonging its' blood loss and oxygen deprivation;
- j. Take proper precautions to prevent a patient with a history of preterm labor, shortened cervix, vasa previa and VCI from recurrent preterm labor, such as oral medications or a terbutaline pump;
- k. Hospitalize a patient with a history of preterm labor, shortened cervix, vasa previa and VCI at her third trimester so as to avoid any delay in performing a STAT c-section delivery should her membranes rupture;
- l. Plan for and schedule a cesarean section delivery for a patient with a history of preterm labor, shortened cervix, vasa previa and VCI prior to the mother experiencing labor or rupture of membranes, so as to avoid any danger to the infant;
- m. Inform the patient of the potentially serious risks of vasa previa and VCI and recommend hospitalization, and further advise the patient of the increased risk of maternal fetal hemorrhage if she is not hospitalized; and
- n. Any and all acts of negligence as identified through additional discovery.

35. Defendant, Northwest Women's Care, as the employer and/or ostensible principal for Defendant, Lisa Lynn Cardwell, M.D., did none of these things, and such acts or omissions constitute professional negligence for which Defendant, Northwest Women's Care, is directly liable to Plaintiff.

36. At all times relevant hereto, Lisa Lynn Cardwell, M.D., was an actual and/or ostensible agent, servant and/or employee of Northwest Women's Care, therefore, Northwest Women's Care, is vicariously liable for the negligence of Lisa Lynn Cardwell, M.D., pursuant to the Doctrine of Respondeat Superior and ostensible agency.

37. As a direct and proximate result of the Defendants' joint and several negligence, Minor Plaintiff [REDACTED] suffered permanent neurological damages as a result of an intrapartum hypoxic ischemic insult secondary to blood loss and asphyxia resulting from the rupture of fetal vessels during Michele Breech's labor. Had Michele Breech been admitted to the hospital at 28 weeks gestation for monitoring, an elective c-section could have been performed prior to the rupture of membranes, or in the alternative, a STAT c-section delivery could have been immediately performed following spontaneous rupture of her membranes, thereby avoiding an unnecessary delay in [REDACTED] delivery, which allowed for intrapartum blood loss and hypoxic ischemic insult.

38. As a consequence of the Defendants' joint and several negligence, the Minor Plaintiff, [REDACTED] has sustained both economic and non-economic damages, including but not limited to extensive prescriptive, rehabilitative, nursing and hospital expenses, pain, suffering, emotional distress, humiliation, fright, depression, loss of enjoyment of life and other damages, all of which are past, present, and future. He has been denied a normal and independent adult life, and his potential for earning capacity has been destroyed. He will further require lifetime assistance with activities of daily living.

WHEREFORE, Plaintiff Michele Breech, as Next Friend of [REDACTED] a Minor, hereby requests an award of damages against the Defendants herein, jointly and severally, in whatever amount above Twenty-Five Thousand (\$25,000.00) Dollars Plaintiff is found to be entitled to, together with interest, costs and attorney fees, as well as all other damages allowed under Michigan Law.

COUNT III
NEGLIGENCE OF KAROLINE PUDER, M.D.

39. Plaintiff hereby repeats, restates and realleges the allegations contained in paragraphs 1 through 38 of Plaintiff's Complaint as though fully incorporated herein.

40. Defendant, Karoline Puder, M.D., was negligent inter alia, in the following particulars in that a licensed and practicing physician, when encountering a patient exhibiting the history signs and symptoms such as those demonstrated by Michele Breech, owed a duty to:

- a. Perform and appreciate a thorough history and physical examination;
- b. Provide proper obstetric services to a patient with a history of preterm labor, shortened cervix, vasa previa and velamentous cord insertion (VCI);
- c. Recognize the inherent dangers to the fetus upon rupture of the mother's membranes, including tearing of fetal vessels, resulting in blood loss and oxygen deprivation;
- d. Recognize that once the fetal vessels rupture, any delay in delivery is detrimental to the fetus, prolonging its' blood loss and oxygen deprivation;
- e. Take proper precautions to prevent a patient with a history of preterm labor, shortened cervix, vasa previa and VCI from recurrent preterm labor, such as oral medications or a terbutaline pump;
- f. Hospitalize a patient with a history of preterm labor, shortened cervix, vasa previa and VCI at her third trimester so as to avoid any delay in performing a STAT c-section delivery should her membranes rupture;
- g. Plan for and schedule a cesarian section delivery for a patient with a history of preterm labor, shortened cervix, vasa previa and VCI prior to the mother experiencing labor or rupture of membranes, so as to avoid any danger to the infant;
- h. Inform the patient of the potentially serious risks of vasa previa and VCI and recommend hospitalization, and further advise the patient of the increased risk of maternal fetal hemorrhage if she is not hospitalized; and

i. Any and all acts of negligence as identified through additional discovery.

41. Defendant, Karoline Puder, M.D., did none of these things, and such acts or omissions constitute professional negligence for which Defendant, Karoline Puder, M.D., is directly liable to Plaintiff.

42. As a direct and proximate result of the Defendants' joint and several negligence, Minor Plaintiff [REDACTED] suffered permanent neurological damages as a result of an intrapartum hypoxic ischemic insult secondary to blood loss and asphyxia resulting from the rupture of fetal vessels during Michele Breech's labor. Had Michele Breech been admitted to the hospital at 28 weeks gestation for monitoring, an elective c-section could have been performed prior to the rupture of membranes, or in the alternative, a STAT c-section delivery could have been immediately performed following spontaneous rupture of her membranes, thereby avoiding an unnecessary delay in [REDACTED] delivery, which allowed for intrapartum blood loss and hypoxic ischemic insult.

43. As a consequence of the Defendants' joint and several negligence, the Minor Plaintiff, [REDACTED] has sustained both economic and non-economic damages, including but not limited to extensive prescriptive, rehabilitative, nursing and hospital expenses, pain, suffering, emotional distress, humiliation, fright, depression, loss of enjoyment of life and other damages, all of which are past, present, and future. He has been denied a normal and independent adult life, and his potential for earning capacity has been destroyed. He will further require lifetime assistance with activities of daily living.

WHEREFORE, Plaintiff Michele Breech, as Next Friend of [REDACTED] a Minor, hereby requests an award of damages against the Defendants herein, jointly and severally, in whatever amount above Twenty-Five Thousand (\$25,000.00) Dollars Plaintiff is found

to be entitled to, together with interest, costs and attorney fees, as well as all other damages allowed under Michigan Law.

COUNT IV
NEGLIGENCE OF GAGANDEEP BRAR, M.D., AND KEY-CHYANG LIANG, M.D.

44. Plaintiff hereby repeats, restates and realleges the allegations contained in paragraphs 1 through 43 of Plaintiff's Complaint as though fully incorporated herein.

45. Defendants, Gagandeep Brar, M.D., and Key-Chyang Liang, M.D., were negligent inter alia, in the following particulars in that licensed and practicing physicians, when encountering a patient exhibiting the history signs and symptoms such as those demonstrated by [REDACTED] owed a duty to:

- a. Perform and appreciate a thorough history and physical examination;
- b. Provide proper neonatal services to an infant delivered via emergency c-section due to a maternal fetal hemorrhage;
- c. Recognize that an infant delivered via emergency c-section due to a maternal fetal hemorrhage will most likely have low hemoglobin levels and will require a blood transfusion;
- d. Timely review laboratory results for an infant whose delivery was complicated by maternal fetal hemorrhage so as to discover any abnormal values;
- e. Timely order a blood transfusion in an infant who has low hemoglobin levels;
- f. Ensure that an order for a blood transfusion was timely entered and acted upon in an infant with low hemoglobin levels;
- g. Any and all acts of negligence as identified through additional discovery.

46. Defendants, Gagandeep Brar, M.D., and Key-Chyang Liang, M.D., did none of these things, and such acts or omissions constitute professional negligence for which