

- j. 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;
- k. 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;
- l. 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
- m. Any and all acts of negligence as identified through additional discovery.

5. It is my opinion that the staff and physicians of Sinai-Grace Hospital and The Detroit Medical Center, including but not limited to, Karoline Puder, M.D., failed to comply with the standard of care as enumerated above, and that said acts or omissions constitute a violation of the standard of care.

6. In order to have complied with the applicable standard of care, the above-named Defendants should have timely and properly done those things set forth in paragraphs 3 and 4 above.

7. Within a reasonable degree of medical certainty, 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.

8. Within a reasonable medical probability, 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, which resulted in permanent neurological damages, including but not limited to cerebral palsy (spastic quadriplegia), a seizure disorder, speech delays and severe cognitive impairment.

9. This Affidavit of Meritorious Claim is based upon information which has been presently reviewed and is subject to change or modification upon receipt of additional materials or information.



Boris Petrikovsky, M.D.

Subscribed and sworn to before me
on this 19th day of February 2009
Eugene Osnis
Notary Public, NY State County NY
My Commission Expires: 10/23/2010

EUGENE OSNIS
Notary Public, State of New York
No. 01OS6154254
Qualified in Kings County
Commission Expires October 23, 2010

Certificate on file in NY County.

2. That I have reviewed all of the medical records supplied to me by the law firm of McKee & Associates, P.C. in connection with the allegations set forth in the Notice of Intent to File a Claim, including:

- a. Prenatal Records
- b. Sinai-Grace Hospital 11/16/04 Admission
- c. Sinai-Grace Hospital - Labor & Delivery Admission
- d. Sinai-Grace Hospital - Partial NICU Records

3. As to Lisa Lynn Cardwell, M.D., as a duly licensed and practicing physician, specializing in Obstetrics and Gynecology, when presented with a patient exhibiting 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.
4. As to Northwest Women's Care, a duly licensed and accredited health care institution, by and through its agents, actual and/or ostensible, servants, and/or employees, including but not limited to Lisa Lynn Cardwell, M.D., which holds itself out to the public as being competent of rendering medical services, when presented with a patient exhibiting signs and symptoms such as those demonstrated by Michele Breech, owed a duty to:
- 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 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;
- 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.

5. As to Sinai-Grace Hospital and The Detroit Medical Center, duly licensed and accredited health care institutions, by and through their agents, actual and/or ostensible, servants, and/or employees, including but not limited to Lisa Lynn Cardwell, M.D., which hold themselves out to the public as being competent of rendering medical services, when presented with a patient exhibiting signs and symptoms such as those demonstrated by Michele Breech, owed a duty to:

- 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;
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- i. Recognize that once the fetal vessel ruptures, any delay in delivery is detrimental to the fetus, prolonging its' blood loss and oxygen deprivation;
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- 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.

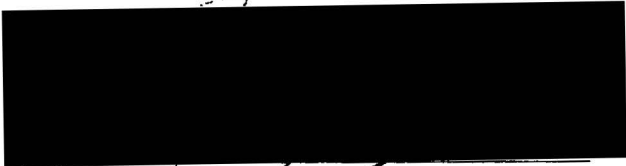
6. It is my opinion that the staff and physicians of Northwest Women's Care, Sinai-Grace Hospital and The Detroit Medical Center, including but not limited to, Lisa Lynn Cardwell, M.D., failed to comply with the standard of care as enumerated above, and that said acts or omissions constitute a violation of the standard of care.

7. In order to have complied with the applicable standard of care, the above-named Defendants should have timely and properly done those things set forth in paragraphs 3, 4 and 5 above.

8. Within a reasonable degree of medical certainty, 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.

9. Within a reasonable medical probability, 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, which resulted in permanent neurological damages, including but not limited to cerebral palsy (spastic quadriplegia), a seizure disorder, speech delays and severe cognitive impairment.

10. This Affidavit of Meritorious Claim is based upon information which has been presently reviewed and is subject to change or modification upon receipt of additional materials or information.



Michael Berke, MD.

Subscribed and sworn to before me
on this 16th day of March 2009
Devin A. Baum
Notary Public, Wayne County MI
My Commission Expires: 01/11/2012



STATE OF MICHIGAN

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

RICK SNYDER
GOVERNOR

MIKE ZIMMER
DIRECTOR

**VERIFICATION OF LICENSURE
MICHIGAN BOARD OF MEDICINE
VERIFICATION OF LICENSURE AS OF March 06, 2016**

NAME: Karoline S Puder

BIRTHDATE: [REDACTED]

ADDRESS:



Detroit MI 482010000

TYPE: Medical Doctor

ORIGINAL DATE: 03/18/1992

LICENSE NUMBER: 4301059142 **STATUS:** Active

EXPIRATION DATE: 01/31/2017

OBTAINED BY: Endorsement

EXAM DATE

EXAM TYPE

EXAM SCORE OR RESULT

03/01/1989

NBME

PASS

DISCIPLINARY ACTION

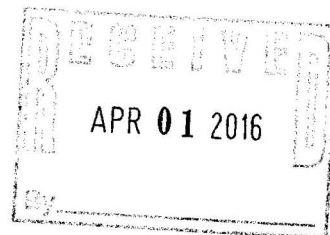
NONE

OPEN FORMAL COMPLAINTS

NONE

This license information was last updated on: 3/5/2016

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LARA is an equal opportunity employer/program.

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HEALTH PROFESSIONS LICENSING DIVISION

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<http://www.michigan.gov/healthlicense> • 517-335-0918



STATE OF MICHIGAN

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

RICK SNYDER
GOVERNOR

MIKE ZIMMER
DIRECTOR

**VERIFICATION OF LICENSURE
MICHIGAN BOARD OF MEDICINE
VERIFICATION OF LICENSURE AS OF April 01, 2016**

NAME: Karoline S Puder **BIRTHDATE:** [REDACTED]
ADDRESS: [REDACTED]
M/S #163
Detroit MI 482010000
TYPE: Medical Doctor **ORIGINAL DATE:** 03/18/1992
LICENSE NUMBER: 4301059142 **STATUS:** Active **EXPIRATION DATE:** 01/31/2017
OBTAINED BY: Endorsement

EXAM DATE **EXAM TYPE** **EXAM SCORE OR RESULT**
03/01/1989 NBME PASS

DISCIPLINARY ACTION NONE

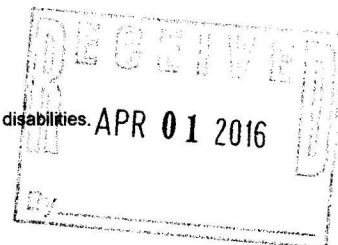
OPEN FORMAL COMPLAINTS NONE

This license information was last updated on: 3/31/2016

RECEIVED DIRECT

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HEALTH PROFESSIONS LICENSING DIVISION
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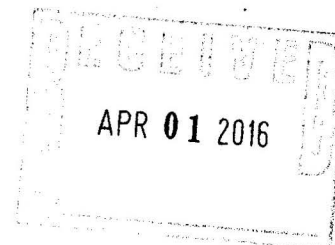
Validation

This confirms that the attached licensure verification statement(s) for Karoline Puder, were sent to you from the VeriDoc website.

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Blew, Merry

From: ST, MEDICINE
Sent: Monday, March 07, 2016 8:45 AM
To: Blew, Merry
Subject: FW: License Verification Statement - Puder, Karoline (MD)
Attachments: v315657AA.pdf



Protecting public health and safety.
Preserving the integrity of every vote.
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State Board of Medicine

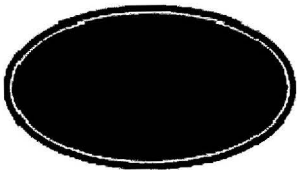
PA Department of State | Bureau of Professional and Occupational Affairs

PO Box 2649 | Harrisburg PA 17105

Phone: [717.783.1400](tel:717.783.1400) | Fax: [717.787.7769](tel:717.787.7769)

www.dos.pa.gov/med | st-medicine@pa.gov

From: support@veridoc.org [<mailto:support@veridoc.org>]
Sent: Sunday, March 06, 2016 3:27 PM
To: ST, MEDICINE <ra-medicine@pa.gov>
Subject: License Verification Statement - Puder, Karoline (MD)



Verification of Licensure Status

The attached verification report has been sent to you by the VeriDoc.org website. This email can be verified as coming from this site by clicking on the link below.

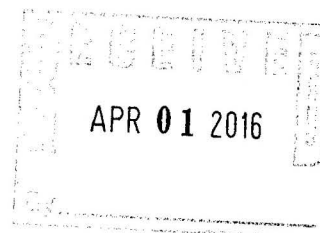
[Validate Verifications](#)

Physician: Puder, Karoline

Transaction ID: 315657

Confirmation Number: 73162220877319282494

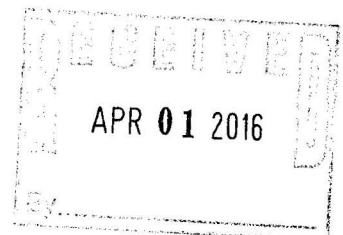
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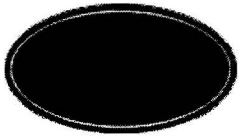


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Michigan Board of Medicine

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Transaction Complete

Your credit card has been approved and your verification has been sent.

A receipt for this transaction has been emailed to kpudermd@comcast.net

Transaction Date: 03/06/2016 2:26 PM

Physician Name: Karoline S Puder

Amount Charged: \$25.00

Confirmation #: AX3AE27D0E55

Verification of licensure status with the following state board:

- [Michigan Board of Medicine](#)

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MAR 16 2016

PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Medicine As of Date:6/14/2016

PRACTITIONER INFORMATION

Name: Karoline Suzanne Puder
DOB: 9/20/1963
Medical School: Mt Sinai School of Medicine of the City University of New York
New York, New York, UNITED STATES
Year of Grad: 1988
Degree Type: MD
NPI: 1790722288

BOARD ACTIONS

To date, there have been no actions reported to the FSMB

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
MICHIGAN	4301059142	3/18/1992	1/31/2017	4/29/2016
NEW YORK	179533	8/16/1989	8/31/2016	6/8/2016

PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Medicine As of Date:6/14/2016
Practitioner Name: Karoline Suzanne Puder

ABMS® CERTIFICATION HISTORY

Certifying Board: American Board of Obstetrics and Gynecology
Certificate: Obstetrics and Gynecology
Certification Type: General
Certification Status: Certified
Meeting MOC Requirements: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	Time Limited	12/31/2015	12/31/2016		Recertification	5/26/2016
Expired	Time Limited	12/31/2014	12/31/2015		Recertification	5/26/2016
Expired	Time Limited	12/16/2013	12/31/2014		Recertification	5/26/2016
Expired	Time Limited	12/31/2012	12/31/2013		Recertification	5/26/2016
Expired	Time Limited	12/31/2011	12/31/2012		Recertification	5/26/2016
Expired	Time Limited	12/31/2010	12/31/2011		Recertification	5/26/2016
Expired	Time Limited	12/31/2009	12/31/2010		Recertification	5/26/2016
Expired	Time Limited	12/31/2008	12/31/2009		Recertification	5/26/2016
Expired	Time Limited	12/31/2007	12/31/2009		Recertification	5/26/2016
Expired	Time Limited	12/31/2006	12/31/2008		Recertification	5/26/2016
Expired	Time Limited	12/31/2005	04/30/2008		Recertification	5/26/2016
Expired	Time Limited	12/31/2004	04/30/2008		Recertification	5/26/2016
Expired	Time Limited	12/31/2003	12/31/2006		Recertification	5/26/2016
Expired	Time Limited	11/15/1996	12/31/2006		Initial	5/26/2016

Certifying Board: American Board of Obstetrics and Gynecology
Certificate: Maternal-Fetal Medicine
Certification Type: Subspecialty
Certification Status: Certified
Meeting MOC Requirements: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	Time Limited	12/31/2015	12/31/2016		Recertification	5/26/2016
Expired	Time Limited	12/31/2014	12/31/2015		Recertification	5/26/2016
Expired	Time Limited	12/16/2013	12/31/2014		Recertification	5/26/2016
Expired	Time Limited	12/31/2012	12/31/2013		Recertification	5/26/2016

PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Medicine As of Date:6/14/2016
Practitioner Name: Karoline Suzanne Puder

Expired	Time Limited	12/31/2011	12/31/2012	Recertification	5/26/2016
Expired	Time Limited	12/31/2010	12/31/2011	Recertification	5/26/2016
Expired	Time Limited	12/31/2009	12/31/2010	Recertification	5/26/2016
Expired	Time Limited	12/31/2008	12/31/2009	Recertification	5/26/2016
Expired	Time Limited	12/31/2007	12/31/2009	Recertification	5/26/2016
Expired	Time Limited	12/31/2006	12/31/2008	Recertification	5/26/2016
Expired	Time Limited	12/31/2005	04/30/2008	Recertification	5/26/2016
Expired	Time Limited	12/31/2004	04/30/2008	Recertification	5/26/2016
Expired	Time Limited	12/31/2003	12/31/2006	Recertification	5/26/2016
Expired	Time Limited	04/08/1998	12/31/2006	Initial	5/26/2016

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COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2649
HARRISBURG, PENNSYLVANIA 17105
st-medicine@pa.gov
www.dos.state.pa.us/med
March 24, 2016

Telephone: 717-783-1400/787-2381
Fax: 717-787-7769

KAROLINE SUZANNE PUDER 9849

[REDACTED]
SOUTHFIELD MI 48034

EVALUATOR: Joe – ext. 1703

RE: DISCREPANCY NOTICE – Temporary License – Medical Board

Dear Applicant:

The Board has received your application for a Temporary license. The items listed below are needed to complete your application. A license cannot be issued until all items are received, approved and the application is complete. **You may not practice in the Commonwealth of Pennsylvania until a temporary license has been issued by the Board.**

- Application.
 - Submit a statement which includes complete details of the complaints that have been filed against you.
 - If applicable, include settlement, dismissal, or outcome document(s).
- Letter of good standing from the following State Board(s) **must be received DIRECTLY from the licensing board in an official, sealed envelope.**
 - MI
- **Child Abuse Continuing Education/Training:** Per Act 31 of 2014, three (3) hours of Department of Human Services approved continuing education in child abuse recognition and reporting requirements must be completed prior to your license being issued. Verification of completion must be sent electronically and directly from the course provider. Please note that it may take up to 7 days for the provider to submit the records to our office. Details can be found at www.dos.pa.gov. For a list of Board-approved providers, click the “Mandated Child Abuse Reporter Training Under Act 31” link.

**APPLICATIONS NOT COMPLETED WITHIN SIX MONTHS
WILL REQUIRE UPDATES OF CERTAIN DOCUMENTS.**

You may check the status of your application online at www.mylicense.state.pa.us. Click on the link duplicate licenses/address changes/application status. First time users will be required to register and create a user ID and password. Your registration code to register is: 11716345



COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2649
HARRISBURG, PENNSYLVANIA 17105
st-medicine@pa.gov
www.dos.state.pa.us/med
April 1, 2016

Telephone: 717-783-1400/787-2381
Fax: 717-787-7769

KAROLINE SUZANNE PLUDER 0840
[REDACTED]
SOUTHFIELD MI 48034

EVALUATOR: Joe – ext. 1703

RE: DISCREPANCY NOTICE – Temporary License – Medical Board

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COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2649
HARRISBURG, PENNSYLVANIA 17105
st-medicine@pa.gov
www.dos.state.pa.us/med
June 8, 2016

Telephone: 717-783-1400/787-2381
Fax: 717-787-7769

KAROLINE SUZANNE PUDER 9849
[REDACTED]
SOUTHFIELD MI 48034

EVALUATOR: Joe – ext. 1703

RE: DISCREPANCY NOTICE – Temporary License – Medical Board

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- A self query disclosure report from the **National Practitioner Data Bank (NPDB)** is required.

**APPLICATIONS NOT COMPLETED WITHIN SIX MONTHS
WILL REQUIRE UPDATES OF CERTAIN DOCUMENTS.**

You may check the status of your application online at www.mylicense.state.pa.us. Click on the link duplicate licenses/address changes/application status. First time users will be required to register and create a user ID and password. Your registration code to register is: 11716345