IN THE STATE COURT OF BIBB COUNTY
STATE OF GEORGIA

SHANTA MONIQUE HINNANT and ADRIAN DEAN, As Parents and Next Kin of HALEI MILAN DEAN, deceased, and SHANTA MONIQUE HINNANT, Individually,	**CIVIL ACTION NO.**
Plaintiffs,	
v.	
COLISEUM MEDICAL CENTER, LLC; CAYLEY STRAIT, R.N.; LESLIE PINNELL, R.N.; CARRIE ROBERTS, R.N.; DIANE LEONARD, R.N.; KATHLEEN MONT-LOUIS, M.D.; EMPOWER WOMEN'S HEALTH CENTER, P.C.; WOMEN'S HEALTHCARE OF MIDDLE GEORGIA, P.C., and SUSAN THOMAS, M.D.; and	
Defendants.	

COMPLAINT FOR PERSONAL INJURIES, WRONGFUL DEATH AND DAMAGES

COME NOW Plaintiffs, Shanta Monique Hinnant and Adrian Dean, As Parents and Next Kin of Halei Milan Dean, deceased, and Shanta Monique Hinnant, Individually, and file their Complaint for Personal Injuries, Wrongful Death and Damages against Defendants, respectfully showing the Court the following:

I – PARTIES

1. Plaintiffs Shanta Monique Hinnant and Adrian Dean are the natural parents of Halei Milan Dean, deceased, and are residents of Houston County, Georgia.

2. At all times mentioned herein Defendant Coliseum Medical Center, LLC d/b/a Coliseum Medical Center (hereinafter "CMC") was and is a foreign limited liability company, organized and existing under the laws of the State of Delaware and authorized to transact business in the State of Georgia. Pursuant to the facts set forth herein and O.C.G.A. §§ 9-10-31 and 14-2-510(b)(3), Defendant CMC is subject to the jurisdiction and venue of this Court and service may be perfected via delivery of a Second Original of the Complaint and Summons to its Registered Agent for service: CT Corporation System, 289 S. Culver Street, Lawrenceville, Gwinnett County, Georgia 30046-4805.

3. Defendant CMC is organized for the purpose of providing medical care to the sick and injured. At the time in question, and still, Defendant CMC maintained a hospital for the care of the sick and injured, holding itself out to the public and members of the medical profession as being capable of accommodating and treating patients, and further holding itself out as being competent, through its agents and employees, to provide care for persons who are ill or are in circumstances requiring medical treatment normally provided by a competent medical facility.

4. Defendant Cayley Strait, R.N. (hereinafter referred to as "Defendant Strait") is a Registered Professional Nurse duly licensed under the laws of the State of Georgia who, at all times relevant herein, practiced her profession in Macon-Bibb County, Georgia and held herself out to the members of the public generally as a skilled and competent nurse. Pursuant to O.C. G. A. § 9-10-91, Defendant Strait is subject to the jurisdiction of this Court as a joint tortfeasor by reason of the facts hereinafter set forth. Defendant Strait is believed to be a resident of Lebanon, St. Clair County, Illinois and may be personally served by delivery of

a Second Original of the Complaint and Summons to her at her residence: 25 Charles Trail, Lebanon, St. Clair County, IL 62254.

5. Defendant Leslie Pinnell, R.N. (hereinafter referred to as "Defendant Pinnell") is a Registered Professional Nurse duly licensed under the laws of the State of Georgia who, at all times relevant herein, practiced her profession in Macon-Bibb County, Georgia and held herself out to the members of the public generally as a skilled and competent nurse. Defendant Pinnell is a resident of Baldwin County, Georgia and, pursuant to O.C. G. A. § 9-10-31, is subject to the jurisdiction of this Court as a joint tortfeasor by reason of the facts hereinafter set forth. Defendant Pinnell may be personally served by delivery of a Second Original of the Complaint and Summons to her at her residence: 144 Black Creek Road, Gordon, Baldwin County, Georgia 31031.

6. Defendant Diane Leonard, R.N. (hereinafter referred to as "Defendant Leonard") is a Registered Professional Nurse duly licensed under the laws of the State of Georgia who, at all times relevant herein, practiced her profession in Macon-Bibb County, Georgia and held herself out to the members of the public generally as a skilled and competent nurse. Defendant Leonard is a resident of Jones County, Georgia and, pursuant to O.C. G. A. § 9-10-31, is subject to the jurisdiction of this Court as a joint tortfeasor by reason of the facts hereinafter set forth. Defendant Leonard may be personally served by delivery of a Second Original of the Complaint and Summons to her residence at 226 River Pointe Drive, Macon, Jones County, Georgia 31211.

7. Defendant Carrie Roberts, R.N. (hereinafter referred to as "Defendant Roberts") is a Registered Professional Nurse duly licensed under the laws of the State of Georgia who, at all times relevant herein, practiced her profession in Macon-Bibb County, Georgia and held

herself out to the members of the public generally as a skilled and competent nurse. Defendant Roberts is a resident of Houston County, Georgia and, pursuant to O.C. G. A. § 9-10-31, is subject to the jurisdiction of this Court as a joint tortfeasor by reason of the facts hereinafter set forth. Defendant Roberts may be personally served by delivery of a Second Original of the Complaint and Summons to her at her residence: 222 Hathersage Drive, Kathleen, Houston County, Georgia.

8. At all times relevant hereto, Defendant CMC was the employer of its obstetrical nursing staff, specifically including Cayley Strait, R.N., Leslie Pinnell, R.N.; Carrie Roberts, R.N.; and Diane Leonard, R.N., as well as others who may have cared for Shanta Monique Hinnant and her unborn baby. Said obstetrical nursing staff members were the agents, servants, and employees of Defendant CMC and were acting within the scope and course of said employment at the time that they were caring for Ms. Hinnant and her unborn baby. Defendant CMC is liable for the negligent acts and omissions of its obstetrical nursing staff under the doctrines of *respondeat superior,* vicarious liability, and the laws of agency of the State of Georgia.

9. Defendant Kathleen Mont-Louis, M.D. (hereinafter "Defendant Mont-Louis") is and was at all times relevant to this Complaint a physician duly licensed under the laws of the State of Georgia, practicing her profession in Macon-Bibb County and holding herself out to the members of the public generally as a skilled and competent obstetrician. Defendant Mont-Louis is a resident of Macon-Bibb County and is subject to the jurisdiction and venue of this Court. Defendant Mont-Louis may be served at her residence: 174 Howard Oaks Drive, Macon-Bibb County, Georgia 31210.

10. Defendant Empower Women's Health Center, P.C. (hereinafter "Defendant EWHC") is and was at all times relevant to this Complaint a domestic professional corporation organized under the laws of the State of Georgia. Defendant EWHC maintains its principal office at 420 Charter Boulevard, #405, Macon, Macon-Bibb County, Georgia 31210. At all times relevant to this Complaint, Defendant EWHC held itself out to the public as a medical practice providing skilled and competent physicians for the care and treatment of individuals like Shanta Monique Hinnant and her unborn baby, Halei Milan Dean. Pursuant to O.C. G. A. § 9-10-31, Defendant EWHC is subject to the jurisdiction of this Court as a joint tortfeasor by reason of the facts hereinafter set forth. Defendant EWHC may be served via its Registered Agent, Kathleen F. Mont-Louis, at said principal office address.

11. At all times relevant to this Complaint, Defendant Mont-Louis was acting within the scope of her employment as a partner in, or agent of, Defendant EWHC. Therefore, said Defendant is vicariously liable for Defendant Mont-Louis' negligent care under the theory of *respondeat superior*, vicarious liability and the general laws of agency of the State of Georgia.

12. Defendant Susan A. Thomas, M.D. (hereinafter "Defendant Thomas"), at all times relevant to this Complaint, was a physician duly licensed under the laws of the State of Georgia, practicing her profession in Houston County and holding herself out to the members of the public generally as a skilled and competent obstetrician. Defendant Thomas is believed to be currently practicing and residing in Fayette County and, pursuant to O.C. G. A. § 9-10-31, is subject to the jurisdiction of this Court as a joint tortfeasor by reason of the facts hereinafter set forth. Defendant Thomas may be personally served via delivery of a Second

Original of the Complaint and Summons to her at her place of employment: 1279 Hwy. 54 W, Suite 220, Fayetteville, Fayette County, Georgia 30214.

13. Defendant Women's Healthcare of Middle Georgia, P.C. (hereinafter "Defendant WHMG") is and was at all times relevant to this Complaint a domestic professional corporation organized under the laws of the State of Georgia. Defendant WHMG maintains its principal office at 1025 N. Houston Road, Warner Robins, Houston County, Georgia 31093-1505. At all times relevant to this Complaint, Defendant WHMG held itself out to the public as a medical practice providing skilled and competent physicians for the care and treatment of individuals like Shanta Monique Hinnant and her unborn baby, Halei Milan Dean. Pursuant to the facts set forth herein and O.C.G.A. § 9-10-31, Defendant WHMG is subject to the jurisdiction of this Court and may be served via delivery of a Second Original of the Complaint and Summons to its Registered Agent, Libby Daniels, at said principal office address.

14. At all times relevant to this Complaint, Defendant Thomas was acting within the scope of her employment as a partner in, or agent of, Defendant WHMG. Therefore, said Defendant is vicariously liable for Defendant Thomas' negligent care under the theory of *respondeat superior*, vicarious liability and the general laws of agency of the State of Georgia.

15. Pursuant to the facts alleged herein and O.C.G.A. §§ 9-10-31, 9-10-91 and 14-2-510(b)(3), venue and jurisdiction are proper against all Defendants in this Court.

16. At all times relevant hereto, all Defendants were *joint tortfeasors* and, therefore, are individually and jointly liable to Plaintiffs for the negligent acts and omissions described and alleged herein.

II – THE FACTUAL ALLEGATIONS

17. Shanta Hinnant, DOB __/__/1995, was 32 weeks pregnant with her first pregnancy. She was receiving her prenatal obstetric care from Women's Healthcare, P.C.

18. On January 23, 2017, she presented to Coliseum Medical Center at 12:40 p.m. complaining of abdominal pain, ankle swelling and headaches. Her blood pressure upon arrival was 153/99. She was admitted to the care of Kathleen F. Mont-Louis, M.D. for elevated blood pressure and evaluation for preeclampsia. Ms. Hinnant was started on Labetalol 300 mg bid. A 24-hour urine was collected, and she was administered Betamethasone and magnesium sulfate. She was discharged at 11:07 on January 24, 2017, slightly more than 24 hours after admission. During the course of the admission, Ms. Hinnant had blood pressures greater than 160/110 on several occasions. Her readings were sequentially 170/113, 165/92, 140/84, 172/99, 194/134 and 190/122 up until 14:14 on January 23, 2017. The doctor administered steroids (Betamethasone) and magnesium sulfate. The patient responded to the administration of the medications and her blood pressure lowered to a more normal range of 111/64 at 15:22, 120/72 at 15:28, 122/75 at 15:43, 115/65 at 15:58 and 128/80 at 16:14.

19. During the 24-hour admission, fetal monitoring was ongoing, and the nurse read the strip as showing moderate variability with accelerations 10 x 10 with variable decelerations. She indicated that the monitor mode for uterine contractions was TOCO; palpation. At 17:43 the fetal monitor strip was read as minimal variability with 10 x 10 decelerations and variable decelerations. The strip was read as minimal variability with 10 x 10 accelerations and variable decelerations at 18:50. At that point the patient was transferred to Room 277. There is no evidence in the medical record that fetal monitoring occurred at that location.

20. The patient was placed on antihypertensive therapy with Labetalol, and 24-hour urine was pending. Her pregnancy induced hypertension blood work was noted to all be negative. Dr. Mont-Louis discharged Shanta Hinnant home on January 24, 2017 at 11:07 without waiting to receive the lab report from the 24-hour urine. Shanta Hinnant was sent home on Labetalol 300 mg po bid with instructions to follow-up in 24 hours with her primary doctor OB/GYN in Warner Robins for further evaluation and management.

21. The 24-hour urine protein total came back at 12:35 on January 24, 2017 and was 13.63 g/24hr. There is no evidence that Dr. Mont-Louis or the nursing staff took any action in response to this very abnormal 24-hour urine protein total.

22. Shanta Hinnant was seen on January 27, 2017, three days later because her OB/GYN practice could not work her in any sooner. She was seen by Susan A. Thomas, M.D. Dr. Thomas obtained the history that Ms. Hinnant had been seen at Coliseum Medical Center for preeclampsia, did not require IV antihypertensives, was started on Labetalol 300 mg bid, and was administered BMZ x 2 and mag sulfate. Ms. Hinnant was found to have a blood pressure in the mild range on that date, although her blood pressure was 140/90 with 2+ pitting edema and urine negative/4+ protein. The baby's heart rate was normal. The complete medical record from the hospitalization was not obtained at the appointment. Ms. Hinnant was discharged home and was told she would start twice weekly NSTs and weekly BPP ASAP. The office note indicates that Dr. Thomas was awaiting the Coliseum reports to be faxed. However, a faxed copy of the ultrasound of January 23, 2017 at Coliseum Medical Center is in the Women's Health Care medical records and shows a fax date of January 26, 2017 and has the very abnormal 24-hour urine protein value (13.63 g/24hr)

noted in handwriting. There is no evidence in the medical record that Dr. Thomas was aware of the 24-hour urine protein result or took any action on behalf of her patient.

23. On January 29, 2017, Shanta Hinnant was brought to Houston Medical Center around 11:06 complaining of lower abdominal pain with uterine contractions. Fetal heart tones were absent and the baby was in a breech presentation. She was seen by Allison Wright, M.D. She reportedly had not felt movement since Friday, the last day she was seen by her OB practice and was complaining of lower abdominal cramping. Once it was confirmed that the baby did not have a heartbeat, the doctor's impression was 1) severe preeclampsia affecting first pregnancy, and 2) fetal demise affecting delivery. The plan was that Ms. Hinnant be intensively managed and the baby be delivered. She was treated with Oxytocin and her membranes were ruptured. She was very hypertensive and required several doses of Hydralazine and Labetalol. She had been placed on magnesium sulfate and the doctor decided to continue her on that for 24 hours post-delivery. The deceased baby was delivered at 22:14 followed by delivery of the placenta.

24. An autopsy was ordered and the baby and the placenta were examined. No structural or microscopic abnormalities were noted. The cause of death was undetermined but stated to be likely related to placental insufficiency.

25. The parents named their deceased daughter Halei Milan Dean. She weighed 3.7 lbs. at birth.

III – CAUSATION AND ACTIONS

26. As a result of the Defendants' individual and collective negligence, Shanta Monique Hinnant experienced conscious pain and suffering and baby Halei Milan Dean died before her delivery but after she was able to move and had a heartbeat detected by Defendants.

27. Defendant CMC's nursing staff, including, but not limited to, Cayley Strait, R.N., Leslie Pinnell, R.N., Carrie Roberts, R.N. and Diane Leonard, R.N., fell beneath the standard of care for obstetrical nurses in their care and treatment of Shanta Monique Hinnant and her unborn baby, Halei Milan Dean, for the following reasons:

a. By misinterpretation of the fetal heart rate (FHR) tracing;

b. By using the definition of accelerations as 10 x 10 on a fetal heart rate tracing of an infant that is not less than 32 weeks pregnant;

c. Inaccurate interpretation of the FHR variability readings;

d. By allowing Ms. Hinnant to be discharged after having had high blood pressure in combination with decreasing variability and lack of accelerations in the fetal heart rate tracing, and prior to the 24-hour urine result coming back and being addressed;

e. Assuming that the 24-hour urine value was known to have a critical value result, the nurses should not have allowed the patient to be discharged without that critical value being addressed;

f. By allowing Ms. Hinnant to be discharged prior to receiving the second dose of Betamethasone as ordered by Dr. Mont-Louis, or, alternatively, failing to document that the second dose was administered to Ms. Hinnant.

28. Within reasonable medical probability, if the standard of care had not been breached by the above-named nurses, Shanta Monique Hinnant would not have been discharged from the hospital in a dangerous and threatened condition. Within reasonable medical probability if Ms. Hinnant had not been discharged she would have received proper treatment for her severe preeclampsia and baby Halei Milan Dean would have survived and would have been born a normal baby.

29. Defendant Mont-Louis fell beneath the standard of care for obstetricians in her care and treatment of Shanta Monique Hinnant and her unborn baby, Halei Milan Dean, for the following reasons:

a. Dr. Mont-Louis failed to adequately evaluate the patient's severe preeclampsia.

b. Dr. Mont-Louis should not have placed the patient on Labetalol as it masked her preeclampsia symptoms.

c. Dr. Mont-Louis did not confirm and/or verify all of the lab results, specifically the 24-hour urine for protein, prior to discharging the patient.

d. The patient was discharged prematurely having not been fully evaluated and with a grossly abnormal 24-hour urine lab result not having been acted on. The 24-hour urine lab result was 13.63 g/24hr.

e. The patient was discharged prematurely having not received the second dose of Betamethasone as previously ordered.

f. The standard of care required Dr. Mont-Louis to keep Shanta Hinnant in the hospital until the result of the 24-hour urine was received and acted upon. In the event Ms. Hinnant had already left the hospital when the lab reported the 13.63 result, Dr. Mont-Louis should have minimally communicated that result to the OB/GYN who was providing Ms. Hinnant's obstetrical care so that it could be acted on immediately, including having the patient immediately readmitted to a hospital. If the lab result was obtained while the patient was still in the hospital, Dr. Mont-Louis never should have discharged Ms. Hinnant.

30. Within reasonable medical probability, if the standard of care had not been breached by the above-named physician, Shanta Monique Hinnant would not have been discharged from

the hospital in a dangerous and life-threatening condition, would have received proper treatment for her severe preeclampsia, and baby Halei Milan Dean would have survived and been born a normal baby.

31. Defendant EWHC is vicariously liable for the negligent and substandard treatment given to Shanta Monique Hinnant and Halei Milan Dean, deceased, by Defendant Mont-Louis since she was the employee, agent or servant of said Defendant and was acting within the scope of that agency when she provided medical services to Ms. Hinnant and her unborn baby.

32. Defendant Thomas fell beneath the standard of care for obstetricians in her care and treatment of Shanta Monique Hinnant and her unborn baby, Halei Milan Dean, for the following reasons:

a. Dr. Thomas failed to obtain the complete record of the patient's recent hospitalization.

b. Dr. Thomas failed to note and/or act on the patient's abnormal 24-hour urine result.

c. Dr. Thomas failed to appreciate the patient's continuing elevated blood pressure in spite of the Labetalol previously begun at the hospital.

d. Dr. Thomas failed to obtain the patient's course of treatment, vital signs and 24-hour urine and other lab results.

e. With the patient's history of 4+ protein and elevated blood pressure while taking Labetalol, the standard of care required Dr. Thomas to obtain the hospitalization 24-hour urine result and to diagnose severe preeclampsia and admit the patient back into a hospital for treatment and consideration of delivery.

f. The record reflects that the report of the ultrasound on 01/23/2017 was faxed to Dr. Thomas' office on 01/26/2017, and handwritten on that report is the 24-hour urine result. Assuming that Dr. Thomas had that result she should have diagnosed severe preeclampsia and hospitalized the patient for treatment and consideration of delivery.

33. Within reasonable medical probability, if the standard of care had not been breached by the above-named physician, Shanta Monique Hinnant would have been hospitalized on January 27, 2017 to receive proper treatment for her worsening severe preeclampsia, and baby Halei Milan Dean would have survived and been born a normal baby.

34. The above breaches in the standard of care on the part of Defendants were all acts and/or omissions constituting negligence which denied timely and proper medical care to Shanta Monique Hinnant and Halei Milan Dean, causing and/or contributing to baby Halei's death.

35. Pursuant to O.C.G.A. § 9-11-9.1, Plaintiffs attach hereto as exhibits to this Complaint the Affidavits and Curricula Vitae of Michael C. Scott, M.D., FACOG, and Bridgette Schulman, MSN-Ed, BSN, RNC-OB, C-EFM, CPPS, which set forth at least one negligent act or omission related to the care and treatment of Shanta Monique Hinnant and her unborn baby, Halei Milan Dean, by each Defendant, which said act proximately caused or contributed to the injuries of Shanta Monique Hinnant and the injuries and death of Halei Milan Dean, and which said act illustrates Defendants' failure to furnish that degree of care and skill required of the medical profession in general.

IV – DAMAGES

36. Plaintiffs incorporate herein each of the preceding paragraphs of this Complaint as if fully set forth herein.

37. At the time of her death, Halei Milan Dean had a life expectancy of at least 78.69 years according to the Annuity Mortality Table for 1949, Ultimate.

38. Plaintiffs Shanta Monique Hinnant and Adrian Dean, As Natural Parents and Next Kin of Halei Milan Dean, deceased, bring this cause of action to recover for full value of the life of Halei Milan Dean, pursuant to O.C.G.A. 51-4-1 *et seq* and O.C.G.A. 19-7-1.

39. Plaintiffs Shanta Monique Hinnant and Adrian Dean bring this cause of action to recover the funeral and burial expenses for Halei Milan Dean incurred as a result of the negligent and substandard treatment rendered to her by Defendants and/or their agents and/or employees for whom Defendants are vicariously liable.

40. Plaintiff Shanta Monique Hinnant, Individually, brings this cause of action for her own personal injuries, special damages and physical and mental pain and suffering as a result of the negligence and substandard treatment rendered to her by Defendants.

41. The negligent and substandard conduct of each of the above-named Defendants was a concurrent, direct and proximate cause of the injuries and death of Halei Milan Dean and the injuries to Shanta Monique Hinnant. Defendants, therefore, are jointly and severally liable to Plaintiffs for the injuries and damages set out above.

WHEREFORE, Plaintiffs respectfully demand:

a. That summons be issued requiring Defendants to be served as provided by law and requiring the Defendants to answer this Complaint;

b. That Plaintiffs have a trial by a fair and impartial jury of twelve members;

c. That Plaintiffs Shanta Monique Hinnant and Adrian Dean, As Parents and Next Kin of Halei Milan Dean, deceased, have judgment against, and recover of, Defendants a sum in excess of $10,000.00 for the full value of the life of Halei Milan Dean;

d. That Plaintiffs Shanta Monique Hinnant and Adrian Dean have judgment against, and recover of, Defendants for the funeral and burial expenses of Halei Milan Dean incurred as a result of the negligence of Defendants;

e. That Plaintiff Shanta Monique Hinnant, Individually, have judgment against and recover of, Defendants a sum in excess of $10,000.00 for her own personal injuries, special damages and physical and mental pain and suffering incurred as a result of the negligence of Defendants;

f. That Plaintiffs recover the costs of Court; and

g. That Plaintiffs receive such other and further relief as this Court shall deem just and equitable.

Respectfully submitted this 18th day of January, 2019.

MCARTHUR LAW FIRM:

KATHERINE L. MCARTHUR
Ga. Bar No.

6055 Lakeside Commons Drive, Suite 400
Macon GA 31210-5790
(478) 238-6600

DELLACONA LAW FIRM:

TRACEY L. DELLACONA, R.N., M.B.A.
Ga. Bar No. 217108

6055 Lakeside Commons Drive, Suite 420
Macon GA 31210-5790
(478) 477-9000

AFFIDAVIT OF MICHAEL C. SCOTT, M.D., FACOG

COMES NOW, Michael C. Scott, M.D., FACOG and after being sworn by the undersigned attesting officer, does hereby make the following Affidavit:

1.

Attached hereto as "Exhibit 1" is a copy of the Affiant's curriculum vitae which gives his educational background, training and experience. As set forth therein and otherwise, Affiant is duly licensed, Board-certified, and has actual professional knowledge and experience in the areas of Obstetrics and Gynecology and Gynecologic Surgery in which his opinions are given and has practiced and/or taught in said area of Obstetrics and Gynecology and Gynecologic Surgery for at least three of the last five years immediately preceding the date of the acts or omissions set forth herein.

2.

This affidavit is based upon the Affiant's background, education, training and familiarity with the standards of medical care, specifically obstetrical care of pregnant women in the United States, and his review of the following certified records and documents:

1. Women's Health Care (08/01/16 – 04/14/17)
2. Coliseum Medical Center (01/23/17 – 01/24/17, including fetal monitor strips)
3. Houston EMS (01/29/17)
4. Houston Medical Center (01/29/17 – 02/01/17)
5. Autopsy

Affiant makes these observations and gives the following opinions:

3.

Shanta Hinnant, DOB 05/09/1995, was 32 weeks pregnant with her first pregnancy. She was receiving her prenatal obstetric care from Women's Healthcare, P.C.

4.

On January 23, 2017, she presented to Coliseum Medical Center at 12:40 p.m. complaining of abdominal pain, ankle swelling and headaches. Her blood pressure upon arrival was 153/99. She was admitted to the care of Kathleen F. Mont-Louis, M.D. for elevated blood pressure and evaluation for preeclampsia. Ms. Hinnant was started on Labetalol 300 mg bid. A 24-hour urine was collected, and she was administered Betamethasone and magnesium sulfate. She was discharged at 11:07 on January 24, 2017, slightly more than 24 hours after admission. During the course of the admission, Ms. Hinnant had blood pressures greater than 160/110 on several occasions. Her readings were sequentially 170/113, 165/92, 140/84, 172/99, 194/134 and 190/122 up until 14:14 on January 23, 2017. The doctor administered steroids (Betamethasone) and magnesium sulfate. The patient responded to the administration of the medications and her blood pressure lowered to a more normal range of 111/64 at 15:22, 120/72 at 15:28, 122/75 at 15:43, 115/65 at 15:58 and 128/80 at 16:14.

5.

During the 24-hour admission, fetal monitoring was ongoing, and the nurse read the strip as showing moderate variability with accelerations 10 x 10 with variable decelerations. She indicated that the monitor mode for uterine contractions was TOCO; palpation. At 17:43 the fetal monitor strip was read as minimal variability with 10 x 10 decelerations and variable decelerations. The strip was read as minimal variability with 10 x 10 accelerations and variable decelerations at 18:50. At that point the patient was transferred to Room 277. There is no evidence in the medical record that fetal monitoring occurred at that location.

6.

The patient was placed on antihypertensive therapy with Labetalol, and 24-hour urine was pending. Her pregnancy induced hypertension blood work was noted to all be negative. Dr. Mont-Louis discharged Shanta Hinnant home on January 24, 2017 at 11:07 without waiting to receive the lab report from the 24-hour urine. Shanta Hinnant was sent home on Labetalol 300 mg po bid with

instructions to follow-up in 24 hours with her primary doctor OB/GYN in Warner Robins for further evaluation and management.

7.

The 24-hour urine protein total came back at 12:35 on January 24, 2017 and was 13.63 g/24hr. There is no evidence that Dr. Mont-Louis or the nursing staff took any action in response to this very abnormal 24-hour urine protein total.

8.

Shanta Hinnant was seen on January 27, 2017, three days later because her OB/GYN practice could not work her in any sooner. She was seen by Susan A. Thomas, M.D. Dr. Thomas obtained the history that Ms. Hinnant had been seen at Coliseum Medical Center for preeclampsia, did not require IV antihypertensives, was started on Labetalol 300 mg bid, and was administered BMZ x 2 and mag sulfate. Ms. Hinnant was found to have a blood pressure in the mild range on that date, although her blood pressure was 140/90 with 2+ pitting edema and urine negative/4+ protein. The baby's heart rate was normal. The complete medical record from the hospitalization was not obtained at the appointment. Ms. Hinnant was discharged home and was told she would start twice weekly NSTs and weekly BPP ASAP. The office note indicates that Dr. Thomas was awaiting the Coliseum reports to be faxed. However, a faxed copy of the ultrasound of January 23, 2017 at Coliseum Medical Center is in the Women's Health Care medical records and shows a fax date of January 26, 2017 and has the very abnormal 24-hour urine protein value (13.63 g/24hr) noted in handwriting. There is no evidence in the medical record that Dr. Thomas was aware of the 24-hour urine protein result or took any action on behalf of her patient.

9.

On January 29, 2017, Shanta Hinnant was brought to Houston Medical Center around 11:06 complaining of lower abdominal pain with uterine contractions. Fetal heart tones were absent and the baby was in a breech presentation. She was seen by Allison Wright, M.D. She reportedly had not felt

movement since Friday, the last day she was seen by her OB practice and was complaining of lower abdominal cramping. Once it was confirmed that the baby did not have a heartbeat, the doctor's impression was 1) severe preeclampsia affecting first pregnancy, and 2) fetal demise affecting delivery. The plan was that Ms. Hinnant be intensively managed and the baby be delivered. She was treated with Oxytocin and her membranes were ruptured. She was very hypertensive and required several doses of Hydralazine and Labetalol. She had been placed on magnesium sulfate and the doctor decided to continue her on that for 24 hours post-delivery. The deceased baby was delivered at 22:14 followed by delivery of the placenta.

10.

An autopsy was ordered and the baby and the placenta were examined. No structural or microscopic abnormalities were noted. The cause of death was undetermined but stated to be likely related to placental insufficiency.

11.

The parents named their deceased daughter Halei Milan Dean. She weighed 3.7 lbs. at birth.

12.

It is the Affiant's opinion within a reasonable degree of medical probability and certainty, based on the facts set forth herein, facts assumed, and medical records reviewed, that the obstetrical care and treatment of Shanta Monique Hinnant and Halei Milan Dean by Kathleen F. Mont-Louis, M.D., fell below the standard of care for obstetricians generally under the same or similar circumstances. Specifically, Kathleen F. Mont-Louis, M.D. fell beneath the standard of care to a reasonable degree of medical probability and committed one or more acts of negligence and failed to adhere to the standard of care generally employed by obstetricians under similar or like circumstances for the following reasons:

A. Dr. Mont-Louis failed to adequately evaluate the patient's severe preeclampsia.

B. Dr. Mont-Louis should not have placed the patient on Labetalol as it masked her preeclampsia symptoms.

C. Dr. Mont-Louis did not confirm and/or verify all of the lab results, specifically the 24-hour urine for protein, prior to discharging the patient.

D. The patient was discharged prematurely having not been fully evaluated and with a grossly abnormal 24-hour urine lab result not having been acted on. The 24-hour urine lab result was 13.63 g/24hr.

E. The patient was discharged prematurely having not received the second dose of Betamethasone as previously ordered.

F. The standard of care required Dr. Mont-Louis to keep Shanta Hinnant in the hospital until the result of the 24-hour urine was received and acted upon. In the event Ms. Hinnant had already left the hospital when the lab reported the 13.63 result, Dr. Mont-Louis should have minimally communicated that result to the OB/GYN who was providing Ms. Hinnant's obstetrical care so that it could be acted on immediately, including having the patient immediately readmitted to a hospital. If the lab result was obtained while the patient was still in the hospital, Dr. Mont-Louis never should have discharged Ms. Hinnant.

13.

Within reasonable medical probability, if the standard of care had not been breached by the above-named physician, Shanta Monique Hinnant would not have been discharged from the hospital in a dangerous and life-threatening condition, would have received proper treatment for her severe preeclampsia, and baby Halei Milan Dean would have survived and been born a normal baby.

14.

The above breaches in the standard of care on the part of Kathleen F. Mont-Louis, M.D. were all acts and/or omissions constituting negligence which denied timely and proper medical care to Shanta Monique Hinnant and Halei Milan Dean, causing and contributing to baby Halei's death.

15.

This Affidavit is given for the limited purpose of identifying at least one negligent act or omission on the part of Kathleen F. Mont-Louis, M.D. and the factual basis for each such claim as required by O.C.G.A. § 9-11-9.1. As such, this Affidavit is not intended to comprehensively set forth all opinions that I may hold regarding the care and treatment of Shanta Monique Hinnant and Halei Milan Dean. Further, because the opinions set forth in this Affidavit have been reached without review of the sworn testimony of any witnesses or any other evidence, that may be developed through the discovery process in this action, or any records, documents, materials, or things potentially pertinent to the care and treatment of Shanta Monique Hinnant and Halei Milan Dean, other than the facts assumed and records identified above, the said opinions are expressly preliminary in nature. I expressly reserve the right to revise, modify and/or expand on the opinions set forth in this Affidavit.

AFFIANT SO TESTIFIES UNDER OATH.

This 18th day of January, 2019.

MICHAEL C. SCOTT, M.D.

Sworn to and Subscribed Before Me,
this 18th day of January, 2019.

CANDACE NELSON NOTARY PUBLIC FULTON COUNTY GEORGIA EXPIRES JULY 23, 2022

NOTARY PUBLIC
My Commission Expires: 07/23/20

MICHAEL C. SCOTT, M.D.
FACOG

OB/GYN of North Atlanta

5445 Meridian Mark Rd.
Suite 120
Atlanta, GA 30342
Phone: 404-214-6222 Fax: 404-845-0853
Email: tctitan79@gmail.com

Education

1987	**Doctorate of Medicine** Medical College of Georgia, School of Medicine Attended 1985-87 University of Kentucky College of Medicine Attended 1983-85
1983	**Bachelor of Science with Distinction, Zoology** University of Kentucky Attended 1979-83

Medical Training

1987 – 1991	**Residency, Internship Obstetrics and Gynecology** University of Cincinnati

Work History

2018 – Present	OB/GYN of North Atlanta (A Division of Atlanta Women's Health Group)
1991 – 2018	Peachtree Women's Clinic (A Division of Atlanta Women's Health Group)
2007.	Chairman Department of Obstetrics and Gynecology Northside Hospital Atlanta, Georgia

2003-2007	Atlanta Women's Research Institute, Inc. Atlanta, Georgia Medical Director
2014 – Present	Clinical Faculty Department of OB/GYN Medical College of Georgia Athens Campus

Medical Licensure

1991	State of Georgia	#34051

Professional Appointments

2014-Present	Associate Clinical Professor – Augusta Univ (MCG)/Univ of Georgia Medical Partnership
2009	Treasurer, Georgia Obstetrics & Gynecology Society
2005- 2007	Chairman, Northside Hospital Department OB/GYN
2003-2005	Vice Chair, Dept of OB/GYN Northside Hospital
2003-2007	Atlanta Women's Research Institute – Medical Director
2007-Present	Atlanta Women's Research Institute – Executive Board Director
2003-2004	Atlanta OB/GYN Society - President
2003-2005	Vice Chairman Dept OB/GYN Northside Hospital
2003-2005	Georgia OB/GYN Legislative Chair
2001-2003	Perinatal Services Chairman Northside Hospital Atlanta, Georgia
2002	Atlanta OB/GYN Society – Secretary/Treasurer
2001-2006	Atlanta Women's Health Group Quality Assurance Chairman
2000-2001	Atlanta OB/GYN Society – Program Chair
1998	MAG Delegate Georgia Obstetrics & Gynecology Society
1997-present	Georgia Obstetrics & Gynecology Society – Executive Committee
2000.	Chairman - QI Committee; Northside Hospital, Atlanta, GA 30342
1991.	Diplomat American Society for Colposcopy and Cervical Pathology

Certification

2009	American Association of Gynecologic Laparoscopists
1999-present	Medical Association of Atlanta
1999-present	American Board of Obstetrics & Gynecology Voluntary Continuous Recertification
1993	American Board of Obstetrics & Gynecology – Board Certified
1992	Advanced Laparoscopy/LAVH – Certified
1990	Laser Certified: Carbon Dioxide and YAG Laser

Awards Received

Alpha Omega Alpha National Medical Honor Society

Omicron Delta Kappa Leadership Honorary
Merck Manual Academic Achievement Award Recipient

ORTHO Award for Excellence on CREOG-in-training Examination

American Medical Association Physicians Recognition Award

Sigma Alpha Epsilon – Kentucky Chapter; National Community Service Award 1980-1982

Professional Societies

2009-present	Member, American Association of Gynecologic Laparoscopists (AAGL)
2009-present	Member, Society of Laparoendoscopic Surgeons (SLS)
1993-present	Fellow, American College of Obstetrics and Gynecology
1993	Member, American Fertility Society
1993	Member, Atlanta Obstetrical & Gynecology Society
1992	Member, The American Society for Colposcopy & Cervical Pathology
1991-present	Member, Georgia State Obstetrics & Gynecology Society

Medical Mission Trips

2018	Ethiopia, Bahir Dar (Surgical Mission)
2017	Guatemala, Amatitlan (Surgical Mission)
2015	Guatemala, Amatitlan (Surgical Mission)
2015	Vietnam, South China Sea
2014	Guatemala, Amatitlan
2013	Guatemala, Escuintla (Surgical Mission)
2012	Amazon River
2012	Vietnam, South China Sea
2011	Guatemala City (Surgical Mission)
2010	Ecuador, Quito (Medical Mission)
2009	Nepal/Himilayas
2008	Vietnam Tay Nim Surgical Mission
2008	West Africa Ghana/Lake Bosemtwe
2007	Amazon Medical Boat/Manaus
2006	Bolivia La Paz Prison Mission
2006	Brazil Rio/Sacra Familia
2005	Brazil/Rio/Boca Do Mato
2004	Brazil/Rio/Itagui

Research Experience

1980-1984	**Research Assistant**, Walter Reed Army Institute of Research, Division of Veterinary Pathology, Washington, D.C. (summers)
1989-1991	**Researcher**, Univ. of Cincinnati, Division of Reproductive Endocrinology, Dept. of OB/GYN
2003-2006	**Medical Director**, Atlanta Women's Research Institute, Inc., Atlanta, Georgia

Clinical Research Experience

Multiple Clinic Research Studies/Atlanta Women's Research Institute

AFFIDAVIT OF
BRIDGETTE SCHULMAN, M.S.N.-Ed., B.S.N., R.N.C.-Ob., C.-E.F.M., C.P.P.S.

COMES NOW, Bridgette Schulman, MSN-Ed, BSN, RNC-OB, C-EFM, CPPS and after being sworn by the undersigned attesting officer, does hereby make the following Affidavit:

1.

Attached hereto as "Exhibit 1" is a copy of the Affiant's curriculum vitae which gives her educational background, training and experience. As set forth therein and otherwise, Affiant is duly licensed and has actual professional knowledge and experience in the areas of obstetrical nursing in which her opinions are given, including obstetrical nursing care of laboring women considered to have high risk pregnancies. Affiant has practiced in said areas of obstetrical nursing over 13 years, including three of the last five years immediately preceding the date of the acts or omissions set forth herein. Affiant is experienced in and is familiar with the standard of care and treatment of obstetrical patients whose assessments require specific nursing and medical interventions.

2.

This affidavit is based upon the Affiant's background, education, training and familiarity with the standards of medical care specifically obstetrical care of pregnant women, in the United States, and her review of the following certified records and documents:

1. Women's Health Care (08/01/16 – 04/14/17)
2. Coliseum Medical Center (01/23/17 – 01/24/17, including fetal monitor strips)
3. Houston EMS (01/29/17)
4. Houston Medical Center (01/29/17 – 02/01/17)
5. Autopsy

Affiant makes these observations and gives the following opinions:

3.

Shanta Hinnant, DOB 05/09/1995, was 32 weeks pregnant with her first pregnancy receiving her prenatal obstetric care from Women's Healthcare, P.C.

4.

On January 23, 2017, she presented to Coliseum Medical Center at around 12:40 p.m. complaining of abdominal pain, ankle swelling and headaches. Her blood pressure upon arrival was 153/99. She was admitted to the care of Kathleen F. Mont-Louis, M.D. for elevated blood pressure and evaluation for preeclampsia.. The collection of a 24-hour urine was started and labs were obtained. During the course of the admission Ms. Hinnant had blood pressures greater than 160/110 on several occasions. Her readings were sequentially 170/113, 165/92, 140/84, 172/99, 194/134 and 190/122 up until 14:14 on January 23, 2017, at which time the doctor ordered Hydralazine IV (given at 14:54); Betamethasone (given at 14:30); and Magnesium Sulfate (started at 15:10 and discontinued at 15:25) . The patient responded to the administration of the Hydralazine and her blood pressure lowered to a more normal range of 111/64 at 15:22, 120/72 at 15:28, 122/75 at 15:43, 115/65 at 15:58 and 128/80 at 16:14.Ms. Hinnant was later started on Labetalol 300 mg bid around 2140. She was discharged at 11:07 (I see a discharge note made by RN at 11:05?) on January 24, 2017, approximately 24 hours after her admission

5.

Upon admission, the fetal heart rate (FHR) tracing was evaluated and the nurse interpreting the FHR tracing documented a baseline of 140, moderate variability, the presence of variable decelerations, and the presence of 15 x15 accelerations. . The nurse documented that the monitor mode for uterine contractions was TOCO; palpation. At 16:43, 17:50, and 18:50 the FHR tracing was interpreted with a baseline of 140 with minimal variability, the presence of variable decelerations, and the presence of 10 x 10 accelerations. At 20:00 the patient was transferred to Postpartum Unit

(PPU)-Room 277 where apparently the continuous fetal monitoring did not occur. The patient was then transferred back to the L/D unit per provider order at 21:40 where continuous fetal monitoring was restarted.

6.

The patient responded well to antihypertensive therapy with Labetalol, and her 24-hour urine was pending. Her blood work was noted to all be negative in Dr. Mont-Louis discharge note, and it was indicated that a 24-hour urine was pending. She discharged Shanta Hinnant home without waiting to receive the lab report from the 24-hour urine. Shanta Hinnant was sent home on Labetalol 300 mg tablets BID with instructions to follow-up in 24 hours with her primary doctor OB/GYN in Warner Robins for further evaluation and management.

7.

The 24-hour urine protein total came back at 12:35 on January 24, 2017 (just after the discharge of Ms Hinnant) and was 13.63 g/24hr with normal range being 0.05g-0.15g. There is no evidence that Dr. Mont-Louis or the nursing staff took any action in the face of the very abnormal 24-hour urine protein levels.

8.

Shanta Hinnant was seen by her OB/GYN on January 27, 2017, three days following her discharge. She was seen by Susan A. Thomas, M.D. Dr. Thomas writes in the PNR that she obtained the history from Ms. Hinnant who reported she had been seen at Coliseum Medical Center for preeclampsia, required a dose of Hydralazine IV antihypertensive, was started on Labetalol 300 mg bid, and was given 2 shots of Betamethasone, and Magnesium Sulfate. Ms. Hinnant was found to have a blood pressure in the mild range at this office visit, although her blood pressure was 140/90 with 2+ pitting edema and urine with 4+. The baby's heart rate was normal. The complete medical record from the hospitalization was not obtained at the appointment. Ms. Hinnant went home with no

additional testing or labs and was told that she would start twice weekly NSTs and weekly Biophysical Profile (BPP) ASAP. The office note indicates that Dr. Thomas was awaiting the Coliseum reports to be faxed. However, a faxed copy of the ultrasound of January 23, 2017 at Coliseum Medical Center is in the medical records from Women's Health Care and shows a fax date of January 26, 2017 and has the very abnormal 24-hour urine protein noted in handwriting. Dr. Thomas appeared to have no knowledge of this and took no action.

9.

On January 29, 2017, Shanta Hinnant was brought to Houston Medical Center around 11:06 complaining of lower abdominal pain with uterine contractions. She was found to have absence of fetal heart tones and a breech presentation. She was seen by Allison Wright, M.D. Once it was confirmed that the baby did not have a heartbeat the doctor's impression was 1) severe preeclampsia affecting first pregnancy, and 2) fetal demise affecting delivery. The plan of care was delivery of demised infant. Ms Hinnant was started on Oxytocin and rupture of the membranes was performed. Throughout the labor, she had abnormally high blood pressure that required multiple doses of both Hydralazine and Labetalol. A Magnesium Sulfate titrated IV infusion was started, administered through labor, and continue for 24 hours post-delivery. Ms Hinnant's baby was delivered deceased and was then followed by delivery of the placenta.

10.

An autopsy was ordered and the baby and the placenta were examined. The report indicates that the infant was approximately 35 weeks and born to a mother with rapidly progressing pre-eclampsia. No structural or microscopic abnormalities were noted. The placenta was noted to be "significantly affected by the process (of Pre-eclampsia) showing evidence of decidual vasculopathy, infarction and hemorrhage, all of which are consistent with severe pre-eclampsia. The cause of death was undetermined but stated to be likely related to placental insufficiency.

11.

The parents named their deceased daughter Halei Milan Dean. She weighed 3.7 lbs. at birth.

12.

It is the Affiant's opinion within a reasonable degree of medical probability and certainty, based on the facts set forth herein, facts assumed, and medical records reviewed, that the obstetrical nursing care and treatment of Shanta Monique Hinnant and Halei Milan Dean by the nursing staff of Coliseum Medical Center, fell below the standard of care for labor and delivery nurses generally under the same or similar circumstances. Specifically, the following nurses to a reasonable degree of medical probability and certainty committed one or more acts of negligence and failed to adhere to the standard of care generally employed by obstetrical nurses under similar or like circumstances for the following reasons:

A. The labor and delivery nurses in charge of Shanta Monique Hinnant's care were Cayley Strait, R.N., Leslie Pinnell, R.N., Carrie Roberts, R.N. and Diane Leonard, R.N.

B. The labor and delivery nurses in charge of Shanta Monique Hinnant's care fell beneath the standard of care in the following ways:

   1. By misinterpretation of the fetal heart rate (FHR) tracing;
   2. By using the definition of accelerations as 10 x 10 on a fetal heart rate tracing of an infant that is not less than 32 weeks pregnant;
   3. Inaccurate interpretation of the FHR variability readings;
   4. By allowing Ms. Hinnant to be discharged after having had high blood pressure in combination with decreasing variability and lack of accelerations in the fetal heart rate tracing, and prior to the 24-hour urine result coming back and being addressed;

5. Assuming that the 24-hour urine value was known to have a critical value result, the nurses should not have allowed the patient to be discharged without that critical value being addressed.
6. By allowing Ms. Hinnant to be discharged prior to receiving the second dose of Betamethasone as ordered by Dr Mont-Louis or, alternatively, failing to document that the second dose was administered to Ms. Hinnant.

13.

Within reasonable medical probability, if the standard of care had not been breached by the above-named nurses, Shanta Monique Hinnant would not have been discharged from the hospital in a dangerous and threatened condition. Within reasonable medical probability if Ms. Hinnant had not been discharged she would have received proper treatment for her severe preeclampsia and baby Halei Milan Dean would have survived and would have been born a normal baby.

14.

The above breaches in the standard of care on the part of Cayley Strait, R.N., Leslie Pinnell, R.N., Carrie Roberts, R.N. and Diane Leonard, R.N. were all acts and/or omissions constituting negligence which denied timely and proper medical care to Shanta Monique Hinnant and Halei Milan Dean, leading to the failed recognition of baby Halei's deteriorating status and ultimately her death.

15.

This Affidavit is given for the limited purpose of identifying at least one negligent act or omission on the part of Cayley Strait, R.N., Leslie Pinnell, R.N., Carrie Roberts, R.N. and Diane Leonard, R.N., employees and/or agents of Coliseum Medical Center and the factual basis for each such claim as required by O.C.G.A. § 9-11-9.1. As such, this Affidavit is not intended to comprehensively set forth all opinions that I may hold regarding the care and treatment of Shanta

Monique Hinnant and Halei Milan Dean. Further, because the opinions set forth in this Affidavit have been reached without review of the sworn testimony of any witnesses or any other evidence, that may be developed through the discovery process in this action, or any records, documents, materials, or things potentially pertinent to the care and treatment of Shanta Monique Hinnant and Halei Milan Dean, other than the facts assumed and records identified above, the said opinions are expressly preliminary in nature. I expressly reserve the right to revise, modify and/or expand on the opinions set forth in this Affidavit.

AFFIANT SO TESTIFIES UNDER OATH.

This 12 day of January, 2019.

Bridgette Schulman RNC

Bridgette Schulman, MSN-Ed, BSN,
RNC-Ob, C-EFM, CPPS

Sworn to and subscribed before
me, this 12 day of January, 2019.

Notary Public
My Commission Expires: 12/11/2022

SHANNON COLON
NOTARY PUBLIC
MY COMMISSION EXPIRES
DECEMBER 11, 2022
GWINNETT COUNTY, GEORGIA

Bridgette Schulman
3400Knollwood Ct
Buford, GA 30519
(404) 863-7768
BRCHS@aol.com

Education:

Masters of Science in Nursing Education, University of North Georgia- 5/2015
Bachelors of Science in Nursing, Kennesaw State University: December 12/2003
Bachelors of Science in Psychology, Kennesaw State University: December 12/2000

Certifications:

- RNC-OB –Inpatient Obstetrics
- C-EFM- Fetal Monitoring
- NRP Instructor
- AWHONN Intermediate Fetal Monitoring Instructor
- BLS and ACLS

Work History:

08/2015-Present: *University of North Georgia*, Dahlonega, GA

Clinical Faculty for OB:

1/2012-Present: *Northeast Georgia Medical Center*, Gainesville GA

Clinical Educator for L/D: Responsible for identifying, developing and executing licensed and unlicensed annual staff competencies, and interprofessional emergency simulations drills on the unit. Expert and unit resource in electronic fetal monitoring (EFM), patient safety, and evidence based practice. Collaborate in writing/revising current policies and procedures based on current evidence and outcomes. Stay updated on current issues and research and brings it back to my unit. Clinical resource for the Labor and Delivery unit on complicated patients or procedures.

12/2003- 1/2012: *Northeast Georgia Medical Center* Gainesville, GA

Staff RN in L & D: Manage care of laboring patients. Monitor fetal heart rhythms, assess cervical dilation, and administer pain medication through labor process. Work as a team with MD and CNM through labor process with continual assessment of progress and updates of patient's condition. Initiate and manage all IV therapy. Assist anesthesia w/epidural. Circulate in C-Sections; recover patients after c-sections. Experienced in Watchchild, LMS, and Centricity fetal monitoring system.

EXHIBIT
B-1

AFFIDAVIT OF MICHAEL C. SCOTT, M.D., FACOG

COMES NOW, Michael C. Scott, M.D., FACOG and after being sworn by the undersigned attesting officer, does hereby make the following Affidavit:

1.

Attached hereto as "Exhibit 1" is a copy of the Affiant's curriculum vitae which gives his educational background, training and experience. As set forth therein and otherwise, Affiant is duly licensed, Board-certified, and has actual professional knowledge and experience in the areas of Obstetrics and Gynecology and Gynecologic Surgery in which his opinions are given and has practiced and/or taught in said area of Obstetrics and Gynecology and Gynecologic Surgery for at least three of the last five years immediately preceding the date of the acts or omissions set forth herein.

2.

This affidavit is based upon the Affiant's background, education, training and familiarity with the standards of medical care, specifically obstetrical care of pregnant women in the United States, and his review of the following certified records and documents:

1. Women's Health Care (08/01/16 – 04/14/17)
2. Coliseum Medical Center (01/23/17 – 01/24/17, including fetal monitor strips)
3. Houston EMS (01/29/17)
4. Houston Medical Center (01/29/17 – 02/01/17)
5. Autopsy

Affiant makes these observations and gives the following opinions:

3.

Shanta Hinnant, DOB 05/09/1995, was 32 weeks pregnant with her first pregnancy. She was receiving her prenatal obstetric care from Women's Healthcare, P.C.

4.

On January 23, 2017, she presented to Coliseum Medical Center at 12:40 p.m. complaining of abdominal pain, ankle swelling and headaches. Her blood pressure upon arrival was 153/99. She was admitted to the care of Kathleen F. Mont-Louis, M.D. for elevated blood pressure and evaluation for preeclampsia. Ms. Hinnant was started on Labetalol 300 mg bid. A 24-hour urine was collected, and she was administered Betamethasone and magnesium sulfate. She was discharged at 11:07 on January 24, 2017, slightly more than 24 hours after admission. During the course of the admission, Ms. Hinnant had blood pressures greater than 160/110 on several occasions. Her readings were sequentially 170/113, 165/92, 140/84, 172/99, 194/134 and 190/122 up until 14:14 on January 23, 2017. The doctor administered steroids (Betamethasone) and magnesium sulfate. The patient responded to the administration of the medications and her blood pressure lowered to a more normal range of 111/64 at 15:22, 120/72 at 15:28, 122/75 at 15:43, 115/65 at 15:58 and 128/80 at 16:14.

5.

During the 24-hour admission, fetal monitoring was ongoing, and the nurse read the strip as showing moderate variability with accelerations 10 x 10 with variable decelerations. She indicated that the monitor mode for uterine contractions was TOCO; palpation. At 17:43 the fetal monitor strip was read as minimal variability with 10 x 10 decelerations and variable decelerations. The strip was read as minimal variability with 10 x 10 accelerations and variable decelerations at 18:50. At that point the patient was transferred to Room 277. There is no evidence in the medical record that fetal monitoring occurred at that location.

6.

The patient was placed on antihypertensive therapy with Labetalol, and a 24-hour urine was pending. Her pregnancy induced hypertension blood work was noted to all be negative. Dr. Mont-Louis discharged Shanta Hinnant home on January 24, 2017 at 11:07 without waiting to receive the lab report from the 24-hour urine. Shanta Hinnant was sent home on Labetalol 300 mg po bid with

instructions to follow-up in 24 hours with her primary doctor OB/GYN in Warner Robins for further evaluation and management.

7.

The 24-hour urine protein total came back at 12:35 on January 24, 2017 and was 13.63 g/24hr. There is no evidence that Dr. Mont-Louis or the nursing staff took any action in response to this very abnormal 24-hour urine protein total.

8.

Shanta Hinnant was seen on January 27, 2017, three days later because her OB/GYN practice could not work her in any sooner. She was seen by Susan A. Thomas, M.D. Dr. Thomas obtained the history that Ms. Hinnant had been seen at Coliseum Medical Center for preeclampsia, did not require IV antihypertensives, was started on Labetalol 300 mg bid, and was administered BMZ x 2 and mag sulfate. Ms. Hinnant was found to have a blood pressure in the mild range on that date, although her blood pressure was 140/90 with 2+ pitting edema and urine negative/4+ protein. The baby's heart rate was normal. The complete medical record from the hospitalization was not obtained at the appointment. Ms. Hinnant was discharged home and was told she would start twice weekly NSTs and weekly BPP ASAP. The office note indicates that Dr. Thomas was awaiting the Coliseum reports to be faxed. However, a faxed copy of the ultrasound of January 23, 2017 at Coliseum Medical Center is in the Women's Health Care medical records and shows a fax date of January 26, 2017 and has the very abnormal 24-hour urine protein value (13.63 g/24hr) noted in handwriting. There is no evidence in this medical record that Dr. Thomas was aware of the 24-hour urine protein result or took any action on behalf of her patient.

9.

On January 29, 2017, Shanta Hinnant was brought to Houston Medical Center around 11:06 complaining of lower abdominal pain with uterine contractions. Fetal heart tones were absent and the baby was in a breech presentation. She was seen by Allison Wright, M.D. She reportedly had not felt

movement since Friday, the last day she was seen by her OB practice and was complaining of lower abdominal cramping. Once it was confirmed that the baby did not have a heartbeat, the doctor's impression was 1) severe preeclampsia affecting first pregnancy, and 2) fetal demise affecting delivery. The plan was that Ms. Hinnant be intensively managed and the baby be delivered. She was treated with Oxytocin and her membranes were ruptured. She was very hypertensive and required several doses of Hydralazine and Labetalol. She had been placed on magnesium sulfate and the doctor decided to continue her on that for 24 hours post-delivery. The deceased baby was delivered at 22:14 followed by delivery of the placenta.

10.

An autopsy was ordered and the baby and the placenta were examined. No structural or microscopic abnormalities were noted. The cause of death was undetermined but stated to be likely related to placental insufficiency.

11.

The parents named their deceased daughter Halei Milan Dean. She weighed 3.7 lbs. at birth.

12.

It is the Affiant's opinion within a reasonable degree of medical probability and certainty, based on the facts set forth herein, facts assumed, and medical records reviewed, that the obstetrical care and treatment of Shanta Monique Hinnant and Halei Milan Dean by Susan A. Thomas, M.D., fell below the standard of care for obstetricians generally under the same or similar circumstances. Specifically, Susan A. Thomas, M.D. fell beneath the standard of care to a reasonable degree of medical probability and committed one or more acts of negligence and failed to adhere to the standard of care generally employed by obstetricians under similar or like circumstances for the following reasons:

A. Dr. Thomas failed to obtain the complete record of the patient's recent hospitalization.

B. Dr. Thomas failed to note and/or act on the patient's abnormal 24-hour urine result.

C. Dr. Thomas failed to appreciate the patient's continuing elevated blood pressure in spite of the Labetalol previously begun at the hospital.

D. Dr. Thomas failed to obtain the patient's course of treatment, vital signs and 24-hour urine and other lab results.

E. With the patient's history of 4+ protein and elevated blood pressure while taking Labetalol, the standard of care required Dr. Thomas to obtain the hospitalization 24-hour urine result and to diagnose severe preeclampsia and admit the patient back into a hospital for treatment and consideration of delivery.

F. The record reflects that the report of the ultrasound on 01/23/2017 was faxed to Dr. Thomas' office on 01/26/2017, and handwritten on that report is the 24-hour urine result. Assuming that Dr. Thomas had that result she should have diagnosed severe preeclampsia and hospitalized the patient for treatment and consideration of delivery.

13.

Within reasonable medical probability, if the standard of care had not been breached by the above-named physician, Shanta Monique Hinnant would have been hospitalized on January 27, 2017 to receive proper treatment for her worsening severe preeclampsia, and baby Halei Milan Dean would have survived and been born a normal baby.

14.

The above breaches in the standard of care on the part of Susan A. Thomas, M.D. were all acts and/or omissions constituting negligence which denied timely and proper medical care to Shanta Monique Hinnant and Halei Milan Dean, causing and/or contributing to baby Halei's death.

15.

This Affidavit is given for the limited purpose of identifying at least one negligent act or omission on the part of Susan A. Thomas, M.D. and the factual basis for each such claim as required

by O.C.G.A. § 9-11-9.1. As such, this Affidavit is not intended to comprehensively set forth all opinions that I may hold regarding the care and treatment of Shanta Monique Hinnant and Halei Milan Dean. Further, because the opinions set forth in this Affidavit have been reached without review of the sworn testimony of any witnesses or any other evidence, that may be developed through the discovery process in this action, or any records, documents, materials, or things potentially pertinent to the care and treatment of Shanta Monique Hinnant and Halei Milan Dean, other than the facts assumed and records identified above, the said opinions are expressly preliminary in nature. I expressly reserve the right to revise, modify and/or expand on the opinions set forth in this Affidavit.

AFFIANT SO TESTIFIES UNDER OATH.

This 18th day of January, 2019.

MICHAEL C. SCOTT, M.D.

Sworn to and Subscribed Before Me,
this 18th day of January, 2019.

CANDACE NELSON NOTARY PUBLIC GEORGIA FULTON COUNTY EXPIRES JULY 23, 2022

NOTARY PUBLIC
My Commission Expires: 07/23/2022

MICHAEL C. SCOTT, M.D.
FACOG

OB/GYN of North Atlanta

5445 Meridian Mark Rd.
Suite 120
Atlanta, GA 30342
Phone: 404-214-6222 Fax: 404-845-0853
Email: tctitan79@gmail.com

Education

1987	**Doctorate of Medicine** Medical College of Georgia, School of Medicine Attended 1985-87 University of Kentucky College of Medicine Attended 1983-85
1983	**Bachelor of Science with Distinction, Zoology** University of Kentucky Attended 1979-83

Medical Training

1987 – 1991	**Residency, Internship Obstetrics and Gynecology** University of Cincinnati

Work History

2018 – Present	OB/GYN of North Atlanta (A Division of Atlanta Women's Health Group)
1991 – 2018	Peachtree Women's Clinic (A Division of Atlanta Women's Health Group)
2007.	Chairman Department of Obstetrics and Gynecology Northside Hospital Atlanta, Georgia

2003-2007	Atlanta Women's Research Institute, Inc. Atlanta, Georgia Medical Director
2014 – Present	Clinical Faculty Department of OB/GYN Medical College of Georgia Athens Campus

Medical Licensure

1991	State of Georgia	#34051

Professional Appointments

2014-Present	Associate Clinical Professor – Augusta Univ (MCG)/Univ of Georgia Medical Partnership
2009	Treasurer, Georgia Obstetrics & Gynecology Society
2005- 2007	Chairman, Northside Hospital Department OB/GYN
2003-2005	Vice Chair, Dept of OB/GYN Northside Hospital
2003-2007	Atlanta Women's Research Institute – Medical Director
2007-Present	Atlanta Women's Research Institute – Executive Board Director
2003-2004	Atlanta OB/GYN Society - President
2003-2005	Vice Chairman Dept OB/GYN Northside Hospital
2003-2005	Georgia OB/GYN Legislative Chair
2001-2003	Perinatal Services Chairman Northside Hospital Atlanta, Georgia
2002	Atlanta OB/GYN Society – Secretary/Treasurer
2001-2006	Atlanta Women's Health Group Quality Assurance Chairman
2000-2001	Atlanta OB/GYN Society – Program Chair
1998	MAG Delegate Georgia Obstetrics & Gynecology Society
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2000.	Chairman - QI Committee; Northside Hospital, Atlanta, GA 30342
1991.	Diplomat American Society for Colposcopy and Cervical Pathology

Certification

2009	American Association of Gynecologic Laparoscopists
1999-present	Medical Association of Atlanta
1999-present	American Board of Obstetrics & Gynecology Voluntary Continuous Recertification
1993	American Board of Obstetrics & Gynecology – Board Certified
1992	Advanced Laparoscopy/LAVH – Certified
1990	Laser Certified: Carbon Dioxide and YAG Laser

Awards Received

Alpha Omega Alpha National Medical Honor Society

Omicron Delta Kappa Leadership Honorary
Merck Manual Academic Achievement Award Recipient

ORTHO Award for Excellence on CREOG-in-training Examination

American Medical Association Physicians Recognition Award

Sigma Alpha Epsilon – Kentucky Chapter; National Community Service Award 1980-1982

Professional Societies

2009-present	Member, American Association of Gynecologic Laparoscopists (AAGL)
2009-present	Member, Society of Laparoendoscopic Surgeons (SLS)
1993-present	Fellow, American College of Obstetrics and Gynecology
1993	Member, American Fertility Society
1993	Member, Atlanta Obstetrical & Gynecology Society
1992	Member, The American Society for Colposcopy & Cervical Pathology
1991-present	Member, Georgia State Obstetrics & Gynecology Society

Medical Mission Trips

2018	Ethiopia, Bahir Dar (Surgical Mission)
2017	Guatemala, Amatitlan (Surgical Mission)
2015	Guatemala, Amatitlan (Surgical Mission)
2015	Vietnam, South China Sea
2014	Guatemala, Amatitlan
2013	Guatemala, Escuintla (Surgical Mission)
2012	Amazon River
2012	Vietnam, South China Sea
2011	Guatemala City (Surgical Mission)
2010	Ecuador, Quito (Medical Mission)
2009	Nepal/Himilayas
2008	Vietnam Tay Nim Surgical Mission
2008	West Africa Ghana/Lake Bosemtwe
2007	Amazon Medical Boat/Manaus
2006	Bolivia La Paz Prison Mission
2006	Brazil Rio/Sacra Familia
2005	Brazil/Rio/Boca Do Mato
2004	Brazil/Rio/Itagui

Research Experience

1980-1984	**Research Assistant**, Walter Reed Army Institute of Research, Division of Veterinary Pathology, Washington, D.C. (summers)
1989-1991	**Researcher**, Univ. of Cincinnati, Division of Reproductive Endocrinology, Dept. of OB/ GYN
2003-2006	**Medical Director**, Atlanta Women's Research Institute, Inc., Atlanta, Georgia

Clinical Research Experience

Multiple Clinic Research Studies/Atlanta Women's Research Institute