20-2-00543-21
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Affidavit In Support
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LEWIS COUNTY
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SUPERIOR COURT
CLERK'S OFFICE

THE HONORABLE JAMES W. LAWLER
Date of Hearing: June 1, 2022 @ 9:00 a.m.

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON, LEWIS COUNTY

SCOTT HAMILTON, as guardian ad litem for Z.H., Plaintiffs, vs. LINDA AMONDSON-MULLER, Personal Representative of the ESTATE of LAURA HAMILTON, Defendants.	NO. 20-2-00543-21 DECLARATION OF AUSTIN J. NEFF IN SUPPORT OF PLAINTIFF'S RESPONSE TO DEFENDANT'S MOTIONS *IN LIMINE*

AUSTIN J. NEFF, under penalty of perjury under the laws of the State of Washington, makes the following declarations:

1. My name is Austin Neff, and I am competent to testify to matters contained herein. I am one of the attorneys of record in the above-entitled case.

2. Shannon Smith and Katie Ulmer were disclosed as defense witnesses on April 28, 2022. Plaintiff requested deposition dates for these witnesses via email on May 5, 2022, and again on May 12, 2022. Defendant did not provide dates. On May 13, 2022, defense counsel emailed plaintiff's counsel indicating the defense had withdrawn Ms. Smith and Ms. Ulmer as witnesses. Plaintiff disclosed Shannon Smith and Katie Ulmer as witnesses on May 17, 2022.

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3. Plaintiff's counsel Sim Osborn received a call from Angela Lamb on May 2, 2022, regarding an unrelated matter. Plaintiff's counsel Austin Neff was present during the call. During the call, Ms. Lamb mentioned that she was a registered nurse at Providence Centralia Hospital and was familiar with several of Laura Hamilton's former patients whose care had been transferred there. Ms. Lamb also mentioned she was familiar with defendant Hamilton's reputation in the Centralia medical community. After the call. Mr. Neff and Mr. Osborn discussed the idea of calling Ms. Lamb as a character witness due to the deposition testimony of Laura Hamilton's personal representative. Plaintiff's counsel was unable to confirm Ms. Lamb's willingness to testify until May 17, 2022, after which she was immediately disclosed as a witness.

4. Attached hereto as **Exhibit 1** are true and correct copies of excerpts of the deposition transcript of Michelle Grimm.

5. Attached hereto as **Exhibit 2** are true and correct copies excerpts of the deposition transcript of Michael Freeman, MD, PhD.

6. Attached hereto as **Exhibit 3** are true and accurate copies of the deposition transcript of Laura Hamilton from the Levi Myhre case.

7. Attached hereto as **Exhibit 4** is a true and accurate copy of the Washing State Department of Health Ex Part Order of Summary Action.

8. Attached hereto as **Exhibit 5** are true and accurate copies of Laura Hamilton's continuing education certificates submitted into evidence in the defendant's ER 904 brief.

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9. Attached hereto as **Exhibit 6** are true and accurate copies of Laura Hamilton's membership certificates to professional organizations submitted into evidence in the defendant's ER 904 brief.

10. Attached hereto as **Exhibit 7** are true and correct copies of excerpts of the deposition transcript of Dr. DeMott.

11. Attached hereto as **Exhibit 8** are true and accurate copies of excerpts of the deposition transcript of Dr. Brian Sollers.

12. Attached hereto as **Exhibit 10** are true and correct copies excerpts of the deposition transcript of Sandra Wilkinson.

13. Attached hereto as **Exhibit 11** are true and correct copies excerpts of the deposition transcript of Mary Burgess.

14. Attached hereto as **Exhibit 12** are true and correct copies excerpts of the deposition transcript of Dolly Browder.

15. Attached hereto as **Exhibit 13** are true and correct copies of medical records from Laura Hamilton of the prenatal care of Seng Hamilton and the delivery of Z.H.

16. Attached hereto as **Exhibit 14** are true and correct copies excerpts of the deposition transcript of Robert Allen.

17. Attached hereto as **Exhibit 15** is a true and correct copy of the Schedule of Damages put together by plaintiff's counsel.

18. Attached hereto as **Exhibit 16** are true and correct copies of medical records from Seattle Children's Hospital.

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19. Attached hereto as **Exhibit 17** are true and correct copies excerpts of the deposition transcript of Linda Amondson-Muller.

Dated this 26th day of May, 2022, at Seattle, Washington.

Austin Neff, WSBA #57059

OSBORN MACHLER
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CERTIFICATE OF SERVICE

The undersigned hereby certifies under penalty of perjury under the laws of the State of Washington that I caused the foregoing to serve upon the following in the manner indicated below:

Attorneys for Defendant:

Donna Moniz
925 4th Ave, Ste. 2300
Seattle, WA 98104

☐ Via Electronic Filing
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Dated this 27th day of May, 2022 at Seattle, Washington.

Katie Bue, Paralegal

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EXHIBIT 1

SUPERIOR COURT OF WASHINGTON, LEWIS COUNTY

SCOTT HAMILTON, as guardian ad litem for Z.H.,	)	
Plaintiff,	)	
vs.	)	20-2-00543-21
LINDA AMONDSON-MULLER, Personal Representative of the ESTATE OF LAURA HAMILTON,	)	
Defendant.	)	

REMOTE DEPOSITION UPON ORAL EXAMINATION OF

MICHELE GRIMM, Ph.D.

(Volume 2)

3:00 p.m.

APRIL 26, 2022

(Via Zoom)

REPORTED BY: ELEANOR J. MITCHELL, RPR, CCR 3006

document back up, Eleanor?

THE REPORTER: Certainly. Just a moment.

(Document displayed to screen.)

Q. (BY MS. MACHLER.) So we're to the second -- the first second of second full paragraph there that [as read]: Dr. Grimm is expected to testify that more probably than not the brachial plexus injury here occurred before the shoulder dystocia.

And so can you tell what you base that on?

A. The ROA presentation that's documented within the medical record, so the contemporaneous medical record and then the description from Midwife Hamilton regarding what she did, none of which described a full 180-degree rotation that would indicate that possibly she changed the orientation of the infant by that extent during her maneuvers.

Q. And you described how the posterior shoulder gets impacted. And so what -- and I heard this before from other experts. And what I'm trying to understand is: How is this mechanism understood? Because it can't be seen, can it?

A. No. It's actually understood based on modeling research. So back in the early 1990s, there was clinical evidence that maybe something was happening that was not lining up with the prior-to-that

EXHIBIT 2

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON

IN AND FOR THE COUNTY OF LEWIS

SCOTT HAMILTON, AS GUARDIAN AD LITEM FOR Z.H.,	)	
PLAINTIFFS,	)	
VS.	)	CASE NO. 20-2-00543-21
LINDA AMONDSON-MULLER, PERSONAL REPRESENTATIVE OF THE ESTATE OF LAURA HAMILTON,	)	
DEFENDANTS.	)	

VIDEOTAPED DEPOSITION OF MICHAEL FREEMAN, MedDr., Ph.D.

THURSDAY, APRIL 28, 2022, 11:03 A.M.

Reported by Laury Wasoff, Washington CSR No. 3506, RPR
Job No. 852086

11:44:02 **Q. What was your discussion?**

11:44:05 A. That I would talk about the studies that
11:44:07 are being used by Dr. Scher, S-c-h-e-r, Dr. DeMott,
11:44:09 D-e-M-o-t-t, and Dr. Grimm, G-r-i-m-m.

11:44:21 **Q. Okay. Let's go ahead and take this down,**
11:44:28 **and we'll mark the next exhibit, your notes. And**
11:44:35 **that will be Exhibit 4, if I haven't lost count.**

11:44:45 (Whereupon Exhibit 4 was marked for
11:44:45 identification by the Court Reporter.)

11:44:46 **Q. BY MS. MONIZ: Now, originally we were**
11:44:47 **provided -- well, we've actually been provided I**
11:44:51 **think three versions of your notes. But this**
11:44:53 **version has 39 pages, which apparently you**
11:44:59 **supplemented just a few minutes before your**
11:45:02 **deposition today. Is that right?**

11:45:07 A. It seems like it was a compound question.
11:45:09 However, I did provide updated reports prior to my
11:45:15 deposition today.

11:45:16 **Q. How long prior to 11:00 o'clock did you**
11:45:18 **provide this 39-page note document to Ms. Machler?**

11:45:25 A. Within a half hour, I'd say.

11:45:33 **Q. And what portion of this document did you**
11:45:35 **add this morning?**

11:45:38 A. I added more studies that Dr. Scher cited
11:45:44 to.

12:50:22 **likely to be caused by the natural forces of labor?**

12:50:25 A. No. That's not supported by the literature

12:50:28 either. There's an easier-to-understand mechanism

12:50:33 for the anterior shoulder. I get that for sure.

12:50:36 But how clinicians, they deal with the posterior

12:50:41 shoulder, that's going to be up to the clinicians

12:50:44 dealing with this. That's not something I can opine

12:50:49 about. I'm only going to be talking about the

12:50:51 literature, how it supports the opinions of these

12:50:54 experts.

12:51:20 **Q. All right. Let's scroll down to the bottom**

12:51:23 **of this page 18 and move on to 19. Now, this is**

12:51:51 **Dr. DeMott's published study about cases in two**

12:51:58 **Green Bay hospitals. Right?**

12:52:00 A. Yes.

12:52:01 **Q. Okay. Let's look at table 3 here which**

12:52:07 **you've copied. And why did you copy that in**

12:52:14 **particular?**

12:52:16 A. So I would understand what kind of data is

12:52:19 Dr. DeMott was relying on for the claims that he

12:52:23 makes in the paper and I would remember it easily.

12:52:27 **Q. And what's the significance of this**

12:52:29 **particular table?**

12:52:34 A. Well, it doesn't support Dr. DeMott's

12:52:36 claims that the injury must have occurred prior to

that's true. It's just still a theory. But you have to ignore the facts that are coming from other experts saying "Well, I think what they did actually added to the injury risk."

Q. But those are not facts. Those are not facts. Those are opinions of other experts which go contrary to the testimony in the case. Right?

MS. MACHLER: Object to the form.

THE WITNESS: The interpretation of what happened during the birth is going to be an opinion and inference made by the experts in those areas. I agree with that completely.

Q. BY MS. MONIZ: And you're not going to give an opinion based on any of those inferences because you're not an expert in delivering babies. Right?

A. I have no opinions about standard of care, as we talked about a couple hours ago, and I still don't. I haven't gained any opinions in that area.

I am going to talk about the fact that the opinions that have been provided by the defense experts and the literature as cited to to support those opinions actually don't. They don't gel. They don't come together. There is no support for the inferences made and the opinions made by the defendant's experts. They don't have any evidence

question.

Q. Is that correct?

A. I think it's the same question you asked me at the beginning of the deposition, which is that I don't have clinical experience with brachial plexus injuries, certainly not as a chiropractic physician, and not in any of my approximately pediatric rotations. It's just not something that I have clinical experience with.

Q. And you're not offering an opinion in this case that something was or was not the proximate cause of Zachary's injury. Correct?

A. That's correct.

Q. Okay. Those are all my questions. Thank you.

MS. MACHLER: I have a couple questions.

EXAMINATION

BY MS. MACHLER:

Q. Dr. Freeman, you mentioned in the beginning of the deposition about your research and your papers. Can you describe those?

MS. MONIZ: I'm going to object as outside the scope of the Court's order. But of course you may answer.

02:53:15 MS. MACHLER: Well, Donna, you're setting up here a motion to exclude him on his qualifications, so I'm going to ask him about his qualifications.

02:53:23 **Q. So, Doctor, do you do research in your work?**

02:53:27 A. I do.

02:53:28 MS. MONIZ: Object to the form.

02:53:30 **Q. BY MS. MACHLER: What kind of research do you do?**

02:53:31 A. I do a wide range of research, including epidemiologic analysis of risk factors for various types of injuries.

02:53:41 **Q. And you've published papers?**

02:53:44 A. I've published peer-reviewed journal articles, over 100 abstracts, proceedings. Book chapters, et cetera, another about 120.

02:53:54 **Q. And those are -- your research and your papers, those involve the discipline of epidemiology. Is that right?**

02:54:05 A. Well, they include the discipline of epidemiology. I come from a very hybrid background, which includes a lot of experience and background in forensic medicine. So most of the things I write about now have some forensic bent to them.

02:54:25 **Q. And you were asked whether or not you're an**

that we can do as far as observational studies go.

Q. BY MS. MACHLER: And then just generally what do epidemiologists do?

A. Well, epidemiology is the medicine of populations. So they don't treat patients and they don't diagnose patients. But everything else in medicine comes from epidemiology if you're talking about what's good for you, what's bad for you, what causes injuries, what doesn't cause injuries. That has to come from looking at populations. Anytime you're looking at a population, you're involving epidemiologic principles and which are typically taught broadly. I mean, they're going to be taught in medical school. Physicians should understand basic epidemiologic principles. But typically when you're talking about the kind of studies we're talking about here, epidemiologists are involved.

MS. MACHLER: I believe that's everything I have.

MS. MONIZ: I have a few follow-up questions.

FURTHER EXAMINATION

BY MS. MONIZ:

Q. Is it your testimony, Dr. Freeman, that all of Dr. DeMott's publications are opinion only?

EXHIBIT 3

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON

FOR THE COUNTY OF KING

LEVI ZANE MYHRE, a minor, by and through his Guardian ad Litem, WILLIAM L.E. DUSSAULT,

Plaintiff,

vs. NO. 14-2-02446-1 SEA

LAURA HAMILTON, individually and her marital community, et al.,

Defendants.

VIDEO DEPOSITION UPON ORAL EXAMINATION

OF

LAURA HAMILTON

10:00 a.m.

Capitol Events Center

Tumwater, Washington

DATE TAKEN: April 22, 2014

REPORTED BY: Pat Lessard, CCR #2104

APPEARANCES

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ALSO PRESENT: MS. LINDSEY HITCHCOCK, videographer

EXAMINATION

ATTORNEY	PAGE
BY MR. WEINMASTER:	4
BY MR. WEINMASTER:	73

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THE VIDEOGRAPHER: We are on the record at 10:07 a.m. This is the beginning of media one in the deposition of Laura Hamilton. The read-off has been waived.

LAURA HAMILTON, being duly sworn, testified upon oath, as follows:

EXAMINATION

BY MR. WEINMASTER:

Q. For the record, could you please state and spell your full legal name.

A. Laura Hamilton. L A U R A, H A M I L T O N.

Q. What is your address?

A. 808 State Route 508, Chehalis, Washington 98532.

Q. Please describe your education, training and experience.

A. Okay. I graduated from high school with a diploma in 1975. I went to Centralia Community College and graduated in 1979 with -- I became an LPN.

And then in 1979, I was enrolled in the Seattle Midwifery School. I graduated there in 1983.

And then my experience has been, as an LPN I worked in two local hospitals. I worked in labor and delivery, newborn nursery and the emergency room for six years.

And then as a resident midwife, I spent a year in St. Lucia in the hospital. I worked at Saint Jude's Hospital as a volunteer, and I delivered babies in that year as a student, and I delivered about 350 babies that year.

Then I've been in private practice since 1983 until current. I did spend a month in South Africa five years ago and worked in a government hospital and delivered babies.

Q. Have you ever used vacuum or forceps for delivery?

A. No, I have not.

Q. Have you ever done neonatal resuscitation?

A. I've done a modified neonatal resuscitation. I've never had to do a full resuscitation.

Q. What is a modified resuscitation?

A. Modified would either be back stimulation, it may be a few heart compressions or maybe a couple puffs with an ambu bag.

Q. When did you do a modified neonatal resuscitation?

A. Oh, gosh. You know, I've delivered 3500 babies. I would say, you know, you do what you have to do when they come out.

Q. How many deliveries have you ever done?

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A. Well, I added them as of December 31st, and it was 3,582, I believe. But I've done about 35 so far this year.
Q. What did you look at when you added up the total number of babies that you've delivered?
A. I have a phone log that I've kept for 30 years, and it has the mother's name and the day she delivered and her phone number. And I've just kept that log.
Q. And you still have that log in your possession?
A. Yes.
Q. Is that something you could hold onto and provide to your attorneys?
A. Yes.
Q. How many pages is that phone log?
A. It's probably about 40 pages because it's 30 years.
Q. Is the phone log handwritten?
A. No, it's typed.
Q. Is the phone log on a computer disk?
A. No.
Q. It's actually typed with a typewriter?
A. Yes.
Q. How many deliveries did you perform in 2009?

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A. I would have to look at the list. We gave you a list of everyone for those years.
I don't recall right off the top of my head how many per year, but we have it all written down for you.
Q. And so as you sit here today, you don't have an estimate of how many deliveries you did in 2009?
A. No.
Q. How many deliveries did you perform in 2010?
A. I don't know the numbers for any year. I have then all written down. We provided you with those numbers.
But off the top of my head, I don't have the numbers over any years.
Q. And as you sit here today, you don't have an estimate as to the number of babies you delivered in 2010, is that correct?
A. That's correct.
Q. How many assisted deliveries have you performed?
A. What do you mean by assisted?
MS. MONIZ: Object to form.
Q. (By Mr. Weinmaster) How many deliveries have you performed when there has been another healthcare provider present?

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A. You mean like another licensed midwife or a physician?
Q. Any type of healthcare provider performing healthcare services to a delivery to which you were also providing healthcare services.
A. What was the question again?
Q. How many assisted deliveries have you performed?
MS. MONIZ: I would object to the form of that question.
Go ahead, if you can answer.
A. Well, I don't have any assistance at my births. I do work closely with another midwife and occasionally we do births together because, you know, we want to.
But as far as having somebody else there to assist me at a birth, I would say none.
Q. (By Mr. Weinmaster) What is the name of the other midwife?
A. Nancy Spencer.
Q. How many of the 3,582 births did you perform with Nancy Spencer?
A. Oh, I have no idea over the last 35 years.
Nancy and I went to midwifery school together, so we've maintained a very close friendship.

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And we take turns being on call for each other.
And I wouldn't even have an estimate. I would say a 100. I don't know. I don't know.
Q. When you and Nancy Spencer take turns taking calls for each other, what do you mean?
A. If she's out of town, she's asked me to be on call. If I'm out of town, then I have her be on call. Which is maybe once a year, very rarely.
Q. So during those on-call situations, would Nancy Spencer come down to your clinic and take care of your patients?
A. It would depend. I try to work my time off as -- I'll deliver babies and I'll have a week or two that nobody's due. And I'll get on the phone, and I get the flight out of here and I'm gone, and I come back.
So I usually try not to be gone more than a week or more, so that she doesn't have to come to the clinic to see anybody. She would just be on call if they had questions or concerns.
Q. How many patients have you managed the labor and then have the delivery accomplished by someone else?
A. You mean like if I transferred them to the hospital?

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Q. How many deliveries have you had where the patient was managed in labor and then the delivery was performed by somebody else?
MS. MONIZ: Object to the form of the question.
You can go ahead, if you understand it.
A. Well, I just need to clarify that as far as doing the labors, and if I had somebody that I needed to transfer to the hospital. Is that what you're talking about is somebody else delivering the baby?
Q. (By Mr. Weinmaster) I'm talking about anyone other than you delivering a baby where you started performing healthcare services when the labor started.
A. And so what was the question you wanted to know?
Q. How many patients have you managed in labor and then had the delivery performed by someone else?
A. So I know --
MS. MONIZ: Objection.
A. My transfer rate's about four percent, so I don't know the numbers.
Q. (By Mr. Weinmaster) What is a transfer rate?
A. A transfer rate would be somebody that I did

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start in labor and I transferred to the hospital for any reason.
Q. How do you know that your transfer rate is about four percent?
A. Because I've added them up at times and divided it and tried to figure it out, because clients always ask. I transfer very few.
Q. And when was the last time that you calculated your transfer rate?
A. At the end of December.
Q. What did you look at when you calculated your transfer rate in December?
A. Oh, I just looked down the list of births and I said, "That one went to the hospital." "That one went to the hospital." "That one went to the hospital." And tallied them up.
Q. What list of births was that?
A. It was back to the same phone list.
Q. So the same typewritten phone list where you have the name of the mother, the phone number of the mother, that's what you looked at to determine?
A. And the delivery date. They're listed by years by the dates.
Q. So let me go back and finish my question before you answer, please.

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So the document that you looked at in December when you calculated your transfer rate of four percent was the same document that you typed up over the past 30 years, which has the mother's name, the telephone number and the date of birth?
A. Yes.
Q. So the transfer date that you calculated in December of this year was based upon your memory of that list over 30 years, is that correct?
A. Yes.
Q. Is there anything else that you looked at when you determined your transfer rate was four percent?
A. No.
Q. How many of the babies that were transferred to a hospital in 2009 were delivered by C section?
A. I have no idea. I don't know those statistics s per year.
Q. Don't you think it would have been important to determine how many of your laboring mothers actually delivered by Caesarean section?
A. Yeah. That wasn't your question, though. You asked me for 2009. I don't specifically know for 2009.
Q. Do you think it's important to know whether

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or not the mothers that you provided labor care for ended up delivering by Caesarean section?
A. Yes.
Q. Why do you think that's important?
A. Just for statistical purposes.
Q. Do you update the delivery log after every delivery?
A. No. I usually update it about once a month.
Q. When you say for statistical purposes, what do you mean by that?
A. Well, I mean I think if anybody has any kind of practice, no matter what you do, the numbers are important for whatever outcomes you have.
Q. Why is that?
A. Because the clients want to know and I want to know. I want to know what my statistics are. I want to know what my transfer rates are.
Q. Okay. What other statistics have you calculated?
A. Just pretty much just transfer rates.
Q. Levi Myhre was born on April 4th, 2010. Did you have any other deliveries on that day?
A. I wouldn't know unless I looked at my list.
Q. Which list is that?

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A. The same phone list. I have a program that when every time a patient comes to see me, I write in their name.

It's a little old-fashioned program I use. They don't even make it anymore. But the name, the address, the phone number and her due date.

Once she delivers, I transfer that over to delivery date, and then once a month I print that out.

Q. And what is the name of that program?

A. Gosh. I don't know if it has a name. I think one of my patients modified it for me. I've had it for 25 years, I mean.

Q. Is this a computer program?

A. Yeah. It's kind of like an app on my computer. It's not really a program.

It was designed just for that purpose, because I wanted to somehow keep track of just -- because every month I have a list of who is due and who has delivered. And so I have a list of their name and their due date and their phone number.

And I keep that list at my desk all the time, so if I have to change appointments or if I have to call them for any reason, that list is right there in front of me.

Q. What is the purpose of maintaining the data

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on that computer program?

A. My convenience.

Q. Who was the person that designed that computer program?

A. I don't know. It was 25 years ago.

Q. And what type of computer is the 25-year-old computer program on?

A. It was on one of those little square, you know, the little square -- they're not floppies, the little square floppies, I guess they were called.

It used to be on one of those, and then it was installed on my computer. And when I got a new computer, they just transferred it over, because you couldn't put that little disk thing in any computer.

Q. So currently where is the computer program stored?

A. It's on my computer.

Q. And where is your computer located at?

A. In my office.

Q. Is that a laptop or a desktop?

A. It's a desktop.

Q. Is that a PC or an Apple?

A. It's a PC.

Q. How long have you had that PC?

A. Probably -- let's see, probably five or six

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years.

Q. And so the program that you currently have on your PC would have the data for all of the patients for the last 30 years, is that correct?

A. It has most of them. As people move and their addresses are deleted, some of them aren't on there anymore.

So I usually -- I keep it not only as a current log for myself, but also as a mail list. Now that we have computers and websites and all that other stuff, I used to send out newsletters. So I'd have a current mail list.

But since we don't do that anymore, I still keep it somewhat current, but half the addresses on there probably aren't any good anymore.

Q. So is one of the reasons that you keep that information for marketing your business?

A. No. Not for marketing it, just for my own reference. I mean it's like having ten kids and their birthdays. I have 3,000 babies and I have their data. That's really all it is.

Q. Why do you send out newsletters?

A. I used to. Just before there was, you know, I've done this 30 years. So, you know, 30 years ago we didn't have computers and media and websites, and

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so a newsletter was just basically, "Hey, I'm in practice. This is what's new. I've got some new books in my library." Maybe a little birth story, maybe Happy Birthday to babies that were born the year before.

Just a friendly little newsletter.

Q. Was the purpose of that newsletter to market your business?

A. No. It was mostly just to -- it was sent just to the patients on my mailing list. It was mostly just for benefit for them, just, you know, this is what's going on. And yeah.

Q. So the newsletter that you created was not for the purpose of marketing?

A. No. It served that purpose but that wasn't the purpose of it.

Q. Do you advertise?

A. I have my name in the phone book.

Q. Have you ever advertised?

A. No.

Q. Has anyone ever advertised on your behalf?

A. I don't know what you mean by that.

Q. Has anyone ever placed a print ad in a newspaper or a magazine which detailed what your services to the public are?

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A. I have to think. The only thing I can think of is that I sponsor a gal every year for the Lewis County Pageant, and my name gets put in the little book, you know, when you go.

I just do that as a community service, and it's really for scholarships. And I do that for the community, so my name is in there because I've donated to the scholarship fund.

That's the only thing I can think of.

Q. So as you sit here today, you have no memory whatsoever as to whether your business has ever been advertised in print media?

MS. MONIZ: Object to the form.

A. I can't say it never has. I mean other people could have, you know, printed my name and said -- I don't know. I'm not aware -- I've not personally paid for any form of advertisement that I can recall.

Q. (By Mr. Weinmaster) Do you recall ever seeing a print advertisement for your business?

A. I don't think so.

Q. Do you keep track of material regarding maternal or fetal outcomes?

A. I don't fully understand the question.

Q. Sure. Do you have any information or data

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regarding the maternal outcome of any of your patients?

A. Just in my memory. I keep -- I have a, you know -- let me think of it. You know, my calendar. I have my calendar. I couldn't think about it.

I have a calendar book that I keep with all my appointments in it and -- because you've got some copies of it that we gave you.

And I'll write in that. I'll write whether it was a Caesarean or whether they delivered. And I've got all of those for 30 years, and I just jot it down.

But I don't have any like record of it written out per se. It would all be from memory or looking at the charts.

Q. When was the last time that one of your patients delivered by Caesarean section at Providence Centralia Hospital?

A. It was probably eight weeks ago.

Q. And in that case, how did it come to pass that your patient delivered by Caesarean section eight weeks ago?

A. She was a little young, a 17-year-old. And we labored her, and between being tired and not tolerating it and wanting pain medication and couldn't

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get her to cooperate, I transferred her to the hospital for pain management.

And I believe the Caesarean was because of her prolonged ruptured membranes and she developed a fever and they did a Caesarean.

Q. How did you learn that she delivered by Caesarean?

A. I talked to them. I talk to them every day.

Q. Why did you do that?

A. I always do that. When you're -- as a -- personally, as a midwife, we give personal private care. Which means when they're pregnant, I call them frequently. When they've delivered, I call them every day after they deliver. I follow up with them.

I went to her home and visited her after she got home. And I always do that.

Q. So out of all of the information that you've kept, do you keep track of complications to the mother or to the child?

A. I don't have it written -- I don't have a written log of that, no.

Q. Why not?

A. It's in the charts. I don't need a written -- it's in the charts. That's all I need.

Q. Out of those 3,582 cases, how many of those

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had complications?

MS. MONIZ: Object to the form. Overly broad.

A. I have no idea.

Q. (By Mr. Weinmaster) Out of the 3,582 cases, how many had maternal complications?

MS. MONIZ: Object to the form. Vague and ambiguous.

A. I don't have an answer to that. I don't know.

Because you would have to decide what is -- what is an outcome? I mean there's a lot of the outcomes we manage. I mean we manage and take care of.

And so I mean you can take every single birth, and you could look at everything that was normal about it, and you could pick out ten things that are abnormal about it, but you still have a good outcome.

It's called management. That's just what we do as practitioners; we manage it.

Q. (By Mr. Weinmaster) And how do you do that? How do you manage the outcome?

A. Well, from training and experience and knowledge and awareness. And I'm a very good midwife.

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Q. So when you're managing an outcome out of the, you said, the ten things that would be abnormal.
A. Well, you'd look at ten things that are normal, ten things that are abnormal. That's just -- I'm just using that as a reference.
It's not really ten things. I'm just saying you would have -- you could look at things that were normal, things that were abnormal, but you managed it and you have a good outcome.
Q. Who decides on whether it's labeled as a good outcome?
A. Well, I think all of us would manage it as a good outcome if the mom is alive and well and the baby is alive and well, and they're nursing. And mom can walk out and not be bleeding, it's a good outcome.
Q. Who decides when it's not a good outcome?
A. I would. I'm the only one there to manage it.
Q. Out of all of those deliveries, have you ever decided that one wasn't a good outcome?
A. Well, I think we're always going to have adverse outcomes. I wouldn't say it wasn't a good outcome, but you could have diversities.
Q. What is diversity?
A. It would be a deviation from normal.

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Q. What does that mean?
A. Well, for instance, you could -- you could have a mother that had a normal labor, normal delivery, and everything is great, and maybe the placenta is delayed and won't come out. Or maybe she bleeds. So I would have to manage that.
Q. How would you manage that?
A. Well, I'd first have to assess what kind of management we would need. There's lots of different ways to manage every outcome. It would just depend on that circumstance.
Some mothers who bleed, you can massage their uterus, good to go. Some mothers might need a shot of Pitocin. Some mothers might need an IV with Pitocin. Some mothers might need more than one bag of IV.
It just depends. At that point it's just experience and observation.
Q. Earlier you used the term "adverse outcome."
What did you mean by that?
A. An adverse outcome would be anything that wasn't normal. So an adverse outcome could be more of a deviation from normal. Not an abnormal, but more of a deviation from normal.
For instance, you've got a retained

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placenta. Nobody expects that. It can happen to anybody.
So you can have everything, a nice smooth delivery and everything, and all of a sudden the placenta's not coming out, so you do what you have to do to get it out.
But you don't know ahead of time that's going to happen. So that would be a deviation of what we expected to have this nice normal process.
Q. So is a deviation from normal different than an adverse outcome?
A. Probably the same, yeah.
Q. Who decides whether there was an adverse outcome?
A. I would.
Q. And who decides whether there was a deviation from normal?
A. I would. That's my job.
Q. Out of all of those 3,582 patients, have you ever decided that there was a deviation from normal?
A. Well, of course, like I already told you, you could take every birth and see little deviations, but it doesn't mean it was abnormal.
It's just like baking bread. You can make it ten times. Sometimes it rises; sometimes it

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doesn't.
Q. And out of those 3,582 patients, have you ever decided that any of those were an adverse outcome?
A. Of course. I already told you that.
Q. And how many cases?
A. I have no idea. I don't have those percentages.
Just like I said, I could take every birth and tell you what was normal about it and what deviated, but it doesn't mean it was adverse.
Q. Is there a difference in how you provide care to a laboring mother when there's, in your mind, a deviation or adverse outcome?
MS. MONIZ: Object to the form of the question.
A. That's actually absolutely backwards.
You don't know you're going to have a deviation from normal until you've had a normal. You would have to do the birth, and then something changed, and you would manage it.
And so you would see the deviation from normal there, but you can't tell a deviation before that. You have to have a birth. The deviation is the last part of the outcome.

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Q. (By Mr. Weinmaster) So when do you determine whether there's a deviation from normal?
A. The minute it happens.
Q. What kinds of things have you seen that have been a deviation from normal?
A. Well, that's a really broad definition. Some people would define a deviation from normal if you had -- you know, depends on how much management you have to do.
It's a simple thing. You're listening to heart tones. The heart tones drop. You roll the mom on her side. It's management.
If the heart tones deviated, I managed it. And they recover and you're fine.
That's -- it's all management, and it happens in a second.
Q. What things have you seen that in your mind were an adverse outcome?
A. Oh, my word. That'd be a hundred things.
Q. So out of the 3,582 patients that you've delivered, at least a hundred had adverse outcomes?
A. No. That's not what I said. There's hundreds. I mean like I said again, you can take every birth and you can see management issues, deviation issues, and always -- and still have good

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outcomes.
So I don't know what you're looking for.
Q. I'm looking for the number that you made the decision out of your patients that were adverse outcomes.
A. I don't think there's -- I don't think you can define that. I've had, you know, difficult deliveries, and I've had mothers who have bled and I've managed them.
And at the moment, you know, it's intense, but over the period of the time of the process, you know, they're fine.
So I don't think you can define -- I don't think I can define that for you.
Q. How many bad outcomes have you had?
A. Well, it depends on what bad outcomes are. Some people think it's a bad outcome if they have to be stitched.
It depends how you define bad outcomes.
Q. How do you define bad outcomes?
A. Oh, I don't really see bad outcomes. I don't define them as that.
I see them as a deviation from normal or a management. And we have this famous saying, it's either "Slick as a whistle" or, "Oh, my word, we

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worked hard."
Q. I'm sorry, I missed that. Could you repeat that?
A. Sure. I said at the end of births, just for myself, when I'm, you know, going over the birth and doing the charting, I'm either like, "Wow, that was just slick as a whistle. That birth was amazing."
Or sometimes I'm like, "Oh, my word, that was so hard." And I'm finishing the charting, so.
Q. Have you ever had a bad outcome?
A. Well, it depends what you define a bad outcome as.
Q. Under your definition of bad outcome, have you ever had a bad outcome?
A. Yes.
Q. How many times?
MS. MONIZ: Object to the form of the question. We need more specifics here.
A. I can't answer that. I don't know. I mean I could count on one hand how many births I remember that, you know, there might have been bad outcomes.
But no, you can't put a number on those kinds of things.
Q. (By Mr. Weinmaster) What type of bad outcomes do you remember?

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A. I had a patient in 1994 that I delivered, and after she delivered -- she was in my care for three hours, and she had some bleeding. Took her to the hospital, and six days later she died. That's a bad outcome.
Let's see. I've had a couple of moms that have gone into premature labor at, you know, 28, 30, 32 weeks and I've sent them to the hospital.
I'm trying to think if any of those. I think all those babies survived. I can't think of any that didn't, so that wouldn't be a bad outcome.
Not very many. I can count them on one hand. Just not very many. Ninety-five percent of births are normal.
Q. Was Levi Myhre's case a bad outcome?
A. Not at the time of the birth, because I didn't know at the time of the birth that his arm -- that he had Erb's palsy. That wasn't defined until, I think, ten months or a year later when he wasn't under my care.
So retrospectively I guess you could look at people when they're a year or five or ten, you know, and whether there are deviations that created a bad outcome. I don't know, because I see them up to six weeks, and after that I don't have really any contact

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with them.
Q. In your mind was Levi Myhre's case a bad outcome?
A. No. Because he's alive and has a good brain.
Q. Out of the 3,582 deliveries that you've performed, how many were in the state of Washington?
A. I do births in Oregon and Washington, and I have done births in other countries. I don't know. The majority of them have been in Washington.
I don't know. If I was to pick a number, I would say 90 percent. But I'm just guessing at that.
Q. Would you be able to go back to the typed data that you have and determine whether the delivery was performed in the state of Washington or not?
A. If I looked up every record, I could, because on the record there's a birth record. We write where the birth was. So I'd have to go through every chart to figure that out.
That's not included in the data.
Q. How many deliveries have you performed outside of the United States?
A. Let's see. Three hundred fifty that year, and then there were babies -- oh, I also delivered babies in Samoa for a month. So let's see, probably

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another hundred with Africa. Africa, there was a lot.
I'd say at least 450.
Q. So out of the 3,582 deliveries you had, at least 450 were performed outside of the United States of America, correct?
A. Correct.
Q. And the locations of those deliveries outside the United States of America were in Africa, correct?
A. Correct.
Q. Samoa?
A. Correct.
Q. And St. Lucia?
A. Correct.
Q. Other than those three locations, have you delivered babies in any other location outside of the United States of America?
A. In Mexico, I was there for a month working at an orphanage, and a lady came and I delivered her baby. I wasn't there to deliver babies and I wasn't planning to. But I was working at the orphanage volunteering and a gal showed up in labor and I delivered her.
So I guess you could count that one, but I wasn't there in that capacity.

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Q. When was the last time that you delivered a baby outside of the United States of America?
A. It would have been in South Africa, and that was in 2007, I think.
Q. Are the resources for a healthcare provider performing labor and delivery different within the United States than they are in the --
A. What do you mean by resources?
Q. The resources that you have available as a healthcare provider delivering babies.
A. Oh, totally different.
Q. Please tell me more about that.
A. Well, you know, I've been in third world countries and villages. And in St. Lucia, I mean, we didn't even have gloves. We'd wear them over and over and over again. I'd wash them out and turn them inside out and use them again.
We didn't have ultrasound. We delivered everybody who walked through the door, irregardless of what was presenting. Breaches, twins, twelve-pound babies, two-pound babies. I mean we delivered everybody who walked through the door.
And so basically what we had was our head and our hands. We had to know what to do in our head and we had to use our hands, pretty much.

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In South Africa, it was a government hospital, but -- we did have ultrasound there, but not a lot of resources. You either delivered or didn't, and they had a really high Caesarean rate, so.
Q. So that was St. Lucia, South Africa --
A. Samoa -- Samoa was a piece of cake. I mean those women all have ten babies apiece and they walk in and have their babies. We had risk factors, a lot of them, because the Samoan people are huge, and there was a lot of high blood pressure and diabetes. But nobody treated it, and they all delivered their babies.
Q. And when was that when you were in Samoa?
A. That was -- let me think. 2000, maybe. 1999, 2000. Somewhere in there.
Q. From 2009 to the present, where have you delivered babies?
A. Here in the United States, because the last time I was out was 2007, I believe.
Q. And so from 2009 to the present, in what states have you delivered babies?
A. Washington and Oregon.
Q. How many did you deliver in Washington from 2009 to the present?
A. I have no idea. Probably most of them.

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Q. Is there a way that you could determine how many you delivered in Washington versus Oregon?
A. Yeah, I could look at their charts. I mean I just have a handful of people that live in Oregon. I mean it's -- I live down in Lewis County, and it's only 40 miles to Rainier, Oregon. So that's crossing the, you know, crossing the bridge, and so it's not very far.
So I have patients that live in Oregon, but it's not very far, so -- I can't even tell you. Not very many, but I have several families that I delivered all their babies, and I keep going back for those families.
(Marked Deposition Exhibit No. 1.)
Q. (By Mr. Weinmaster) I'm handing you what has been marked as Exhibit 1 to your deposition, which is a letter -- it looks like it's to you from a woman named Louisa Wells.
Do you see that?
A. Yes.
Q. You've seen this letter before?
A. I probably have. I don't recognize it, but --
Q. Okay. As you sit here today, is it your understanding that you have insurance coverage for the

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claims made by the plaintiff in this case?
A. Yes, I do.
Q. And as you sit here today, you haven't been informed or given any writing to whether there's a reservation of rights as to whether or not you have insurance coverage, is that correct?
A. I don't know the answer to that.
Q. You haven't been informed or received anything in writing to where you may not be afforded insurance coverage for the claims made by the plaintiff in this case, is that correct?
A. I don't know. I've gotten paperwork like this, and so I don't know.
Q. Okay.
A. I would have to ask Donna.
Q. Okay. And is it your understanding that if there is a judgment awarded to the plaintiff in this case that exceeds your policy limits of a million dollars, that you will not be responsible for the amount awarded at trial?
Actually, I'm looking at the last paragraph where it's underlined "will not."
A. My understanding was that if it was over my policy limits that I would not -- I would not be responsible for that amount.

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Q. Okay. Thank you.
A. Is that what you're asking me?
Q. That is.
A. Okay.
Q. Thank you.
A. That you can't come and take my house away from me.
Q. Did you provide any information about the number of deliveries that were provided in the state of Washington to JUA or MSS?
A. Yeah. Once a year we have to fill out that form of the births that we've done that are covered by the JUA. Not all the births we do are covered by the JUA. And so the ones that aren't covered, we don't have to report.
Q. So your understanding was JUA was only interested in the number of deliveries that you performed in the state of Washington?
A. Right. We can't count the ones in another state.
Q. Okay. When did you first apply for insurance coverage at any time with any company?
A. Well, let's see. In 1996 was the JUA, and that was the first year they became available.
And before that, there was a company -- I

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think it was Dean's Insurance, I think. And I had a policy with them I think just a couple of years, whenever it became available. It wasn't available.
You know, when I went to midwifery school, I was the very first class, so I was -- my midwifery number is 00000041. So I always tell my boys I'm a collector's item.
And when I first -- I was the very first class. So a lot of things weren't in place or available to us as licensed midwives, because we were the pioneers. We kind of had to figure it all out.
And so as we became more licensed midwives, there was more need for things like malpractice insurance that had to be created and became available to us.
So as soon as anything was available, then I purchased it.
Q. What births are not covered by JUA?
A. Planned breeches, twins, vbacs, and out of state. I believe that's the list.
Q. Okay. Out of the deliveries that you perform in Oregon, do you have a separate type of insurance program or coverage for that?
A. No. Because the Oregon -- they have a whole different midwifery law, and so it's kind of

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complicated. But because I'm licensed in Washington, and since Washington has such high standards, we're kind of grandfathered into quite a few of the states.

I believe there's like maybe 35 of the 40 states that recognize our license here, and so we don't have to relicense in other states. And Oregon is one of them. They recognize my license here. And that's way above the standards that they have there.

Does that make sense?

Q. I think so. Thank you.

A. Okay.

Q. So when you perform a delivery in Oregon, is there another set of laws that applies to you?

A. No.

Q. When you perform a delivery in Oregon, is there another insurance or JUA organization that applies to you?

A. No.

Q. So is it your understanding that when you perform deliveries in the state of Oregon that you're not covered by malpractice?

A. Correct. And the JUA policy, it gives us -- there's an amended form that says these things aren't covered. It doesn't mean we can't do them, we just have to inform the patient that under these

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circumstances I can deliver your baby.

But in the event of, you know, an adverse outcome or bad outcome, I'm not going to be covered by malpractice insurance.

So it's just an informal process. You just have to let them know.

Q. Okay. And when you say let them know, you inform your patients as to whether or not you have malpractice insurance?

A. In Oregon.

Q. Okay.

A. I mean --

Q. We're talking over each other just a little bit. So let me slow down a bit.

A. Okay. Uh-huh.

Q. Do you inform your patients whether or not you have malpractice insurance?

MS. MONIZ: Object to the form.

A. It's written in my handouts that I do, the handouts that I give them that says that I'm licensed by the state of Washington and that I do have -- I do carry malpractice insurance, and I do have several contracts with insurance companies.

And so it's in the handout that they get, like the welcome letter, the welcome packet. It's in

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that.

If they personally ask me, of course I tell them. But I don't personally probably have that conversation with them, but it is within their handouts.

Q. (By Mr. Weinmaster) Which handouts are you talking about?

A. It's a packet that I give everybody. It's probably 30 pages, how to get ahold of me, what kind of vitamins to take. Just a welcome packet of just a wealth of information.

MS. MONIZ: When it's convenient, can we take a break?

MR. WEINMASTER: Sure.

THE VIDEOGRAPHER: Going off the record. The time is approximately 10:55.

(Recess.)

THE VIDEOGRAPHER: Back on record. The time is approximately 11:05 a.m.

Q. (By Mr. Weinmaster) We are back on record after a short break.

Ms. Hamilton, when we left for the break, we were talking about what births are not covered by JUA. And I believe you said certain types, vbac, twins, breech deliveries, and deliveries that are outside the

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state of Washington?

A. Right.

Q. Did I get all of them?

A. Yes.

Q. What is a Certified Professional Midwife?

A. I don't know. That's not a title that I don't think anybody uses.

Q. What is a Licensed Midwife?

A. A Licensed Midwife is a person that has been trained at an accredited school, and you have to take an exam at the state to be licensed. And then we have to renew our license every year.

Q. What is a Certified Nurse Midwife?

A. I don't really know the full definition. I know vaguely that it's an RN who has had some midwifery training and she can become a Certified Nurse Midwife.

But I'm not aware how much training that is.

Q. What are you?

A. I am a Licensed Midwife.

Q. How much training did you go through to become a Licensed Midwife?

A. It was a three-year program at the Seattle Midwifery School, and part of that was the internship of observing births and delivering births and clinical

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hours.
Q. Where was the Seattle Midwifery School?
A. When I went to school?
Q. Correct.
A. Where was it? Way up north. I mean in the basement of a clinic, in a room about this big, with ten of us.
It was north. You know, I don't -- I don't know much about Seattle. I just know it was by that mall up north. What's that mall?
Q. By Northgate?
A. I think so.
Q. Okay.
A. Yeah. It's moved several times, but that's where we started.
Q. Was there a principal person or people that were involved in the development and teaching of the first year of class?
A. I don't know the logistics of that. I just applied and was a student and went to school there. I didn't know the logistics of all, how it was formed or anything.
Q. Was Louisa Wells involved in that school at that time?
A. That name doesn't sound familiar. But I

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don't know if she wasn't involved, but I don't recall her name.
Q. Was Nancy Spencer involved?
A. She was in the class. We were in the class together.
Q. Who were the instructors in the class?
A. I don't remember. I know there was a gal by the name of Ann Dahl, D A H L. She was a midwife.
And Suzie Myers. And gosh. One of the other midwives that worked with Suzie Myers, I can't remember her name. I can see her face. She was in practice with Suzie.
I don't remember -- I don't remember their names.
Q. How many students were in your class?
A. Ten.
Q. Do you remember the names of any of those students?
A. Nancy Spencer. Nancy Douglas. Let's see.
Gosh. I can see their faces, but I can't remember their names. I don't remember their names. That was 30 years ago, 35 years ago.
Q. Did you use a textbook during your course?
A. We had several, yes.
Q. Do you remember the names of any of those

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textbooks?
A. No.
Q. Are you qualified to do or are you qualified to perform a C section?
A. No.
Q. Are you qualified to do vaginally assisted deliveries by vacuum or forceps?
A. No.
Q. Have you ever had a shoulder dystocia during a delivery?
A. That's a really broad question, because shoulder dystocia has very many deviations. So I don't know what you're asking me.
Q. Please define shoulder dystocia.
A. Well, it would be a delayed delivery of the body once the head has delivered.
That's it. I mean the head comes out and the body doesn't.
Q. What are the deviations of shoulder dystocia?
A. See, that's really a tricky question, because you can have difficulty getting the body out, but it's not necessarily because of a shoulder. You can have a nuchal cord around the neck that would delay the body to come out.

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You could have -- the baby's head can be turned and be difficult coming out. You can have a compounded arm and it would be difficult coming out.
And all of it is a delay. And all of that can be management of getting the shoulder in alignment. But as far as shoulder dystocia, I think that's a really broad -- I don't think there's a really clear definition of shoulder dystocia.
Some of the literature says if there's a delay, it's shoulder dystocia. But that's not true. I mean I've had babies that are so compounded in there, and there was a delay of getting the baby out, but it wasn't because of the shoulder.
So I don't know how you want me to define it. I don't think there's a definition for it.
Q. So you used the words "different deviations of shoulder dystocia" earlier today.
Do you remember that?
A. Yes.
Q. What I'd like you to do is list all of the deviations of shoulder dystocia that you have in your mind.
A. I just did.
Q. Which were what?
A. Nuchal cord, cord around the baby somewhere.

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A compounded arm. A malpresentation of the baby's body and of the head, not necessarily the shoulder.

Let's see. A short cord. Sometimes those babies don't come out, because they're bungied back in.

I'm trying to think. I think that would be kind of my definition in a nutshell, I mean.

Q. So have you ever had a shoulder dystocia during a delivery?

A. Yes.

Q. How many times?

A. I don't know. There again, it's that whole management thing. You know, the head comes out and you become Houdini and do whatever you do, and you get the baby out.

And afterwards, you say, "Wow, that was really rough." But do you define it as a shoulder dystocia? I define it is as an assisted delivery. Could be the shoulder. Could be the arm. Could be the cord.

So I'd say I've had very few shoulder dystocias that were truly shoulder dystocias. Maybe four, five.

Q. And in those cases, were you able to manage the shoulder dystocia?

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A. Yes, I was.

Q. Can you describe what you did to manage the shoulder dystocia in those cases?

A. Yes. There's a variety of things you can do. Once the head is out, depending on the position of the mother, if the mother it on her back, one thing we would do is flip her up on her hands and knees. That's one thing you can do.

Another thing you can do is put the mom on her hands and knees and we bring the foot forward. We call it running start. So it looks kind of like they're taking off running. And that kind of moves the pelvis. That's another thing we could do.

Changing the mother's position, no matter what it is, whether it's hands and knees, whether it's squatting, whether it's on her side. You move the mom, you move the baby. So I call it Labor Olympics. We do what we've got to do.

So that would be the way I would manage it.

Q. Now, I want to make sure I understand. You said four or five that were true shoulder dystocias, and then other ones that have a broader definition that you're using?

A. Yes.

Q. Okay. So let's expand that question. Not

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just the four or five that in your mind were true shoulder dystocias, but the other ones that meet your broader definition of shoulder dystocia.

Can you tell me, how did you manage those?

A. Pretty much the same way. I probably wouldn't have defined those as shoulder dystocias. I would call them -- sometimes it's just a compounded presentation. Whether it's cord, hand, the head cock-eyed, the shoulder's cock-eyed. Sometimes the baby's face up, you know.

So those would be just -- those would be just managed deliveries.

Q. So for each one of those different elements how would you manage them differently or would you?

MS. MONIZ: Objection; compound question.

Q. (By Mr. Weinmaster) Sure. Let me break that up a little bit.

A. Okay.

Q. So for the different types of shoulder dystocia elements that you had, would you manage them differently or the same way?

A. You pretty much do them the same way. You do whatever you need to do to get the baby out.

Q. And what options do you personally have to do whatever you need to do to get the baby out? What

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I'm looking for is what tools do you have?

A. I don't -- I have my hands, and I have my head. And I have a mom who is not medicated without an epidural, so she can assist me and help me and move and do whatever we need to do.

Q. Okay. So do you have assistants that are there to help you during the labor and delivery?

A. Not usually.

Q. Do you ever have assistants there to assist you during the labor and delivery?

A. I had a gal that helped me for probably about eight years or so. She was just a volunteer, though. I delivered her babies. She had a baby that died of Down's Syndrome, and she just had this huge compassion for pregnant woman.

And she was my neighbor. And so she did take CPR and first aid, just because I requested her to do that. But she didn't have any medical responsibility whatsoever.

So I don't have assistants that have any medical responsibility. She was just there to basically assist me, get supplies, help me change the bed, wash the towels, you know. Maybe hold a mom's leg or something, you know.

So as far as a medical personnel assistant,

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no.
Q. What was the name of the person that assisted you for eight years?
A. She was the one that was also at Levi's birth. Sandy Morris.
Q. Are you still in contact with her?
A. Yes.
Q. Does she still assist you in deliveries?
A. Not anymore.
Q. Why not?
A. Her husband is a full-time pastor, and she's really involved in her church. So it's hard for her to be on call or for me to call her spontaneously in the middle of the night or on weekends and so forth. So just out of her other obligations, she wasn't able to assist anymore.
Q. When did Sandy Morris stop assisting you with deliveries?
A. Maybe five years ago or so. I don't know. I mean I would say probably four or five years ago.
Q. And is Sandy Morris still your neighbor?
A. Yes.
Q. Is that your neighbor at your business or your home or are they the same thing?
A. Same thing.

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Q. And maybe I got this. What is Sandy's husband pastor --
A. He's a pastor -- he's the lead pastor at a church.
Q. What is his name? Pastor Morris. What's his first name?
A. Is that relevant to know his first name?
Q. Yes.
A. His name is Bill.
Q. Pastor Bill Morris?
A. Yes.
Q. Thank you. How do you manage shoulder dystocia deviations?
MS. MONIZ: Object, compound.
A. I think I've already defined that.
Q. (By Mr. Weinmaster) Right. And so you went through the different type of deviations. Do you manage shoulder dystocia deviations the same way or is there a different way for the different type of what you term deviations?
MS. MONIZ: Object to the form of the question. Vague.
A. I think I've already defined all that for you.
Q. (By Mr. Weinmaster) And now I'm asking, how

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do you manage shoulder deviations?
MS. MONIZ: Why don't you take them one at a time.
A. I already answered that question.
Q. (By Mr. Weinmaster) So I've asked you how do you manage shoulder deviations. And if you want to break it up as your counsel is suggesting, that's fine.
A. I already explained to you, you know. You check for the cord, the position of the baby, you change the mother's position.
Q. Anything else?
A. Get the baby out.
Q. And in Levi Myhre's case, was there a shoulder dystocia during Levi's delivery?
A. I would not define it as a shoulder dystocia, no.
Q. How would you characterize Levi Myhre's delivery?
A. It was quick and it was fast. And it was compounded.
Q. What do you mean by that?
A. By what?
Q. It was compounded.
A. The baby was face up, and so the shoulders

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were oblique and the cord was around his neck. And so it was just getting him lined up, getting the cord off and getting him rotated so he could come out.
Q. Did Levi Myhre suffer a brachial plexus injury during his delivery?
MS. MONIZ: Object to the form.
A. No.
Q. (By Mr. Weinmaster) What caused Levi Myhre's brachial plexus injury?
MS. MONIZ: Objection; lack of foundation.
THE WITNESS: So if you object, I don't answer?
MS. MONIZ: You can answer if you're qualified to give the answer.
A. No, I'm not going to answer that.
Q. (By Mr. Weinmaster) What caused Levi Myhre's brachial plexus injury?
MS. MONIZ: Objection, lack of foundation.
A. I don't know. I have an opinion, but I don't know.
Q. (By Mr. Weinmaster) How many babies for whom you've provided the prenatal care have died in utero or shortly after birth?
MS. MONIZ: Objection; vague and compound. You may answer, if you're able to.

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A. You can't answer that question. There's just too much deviations.
Q. (By Mr. Weinmaster) Is there anything that you don't do when you are managing a shoulder dystocia and you are doing whatever you need to do to get the baby out?
MS. MONIZ: Object to the form.
A. I don't have an answer for that.
Q. (By Mr. Weinmaster) How many babies for whom you've provided prenatal care have died shortly after birth?
A. Let's see. One died from surfactant beta deficiency. One baby had a congenital heart defect.
Let me think. Those are the only two I can think of at this point.
Q. Is it possible that there were more?
A. What do you mean after delivery? Do you mean within two hours? Do you mean 24 hours? Do you mean five days?
There's a difference.
Q. Let's take the longest period you suggested which was five days.
A. Probably just those two.
Q. And what years were those?
A. Oh, gosh. I don't know. One was probably

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20 years ago. And somewhere -- it was a long time ago. And both of them died from congenital abnormalities that they would have died from. They weren't treatable.
Q. Have any of the patients that you have provided care for suffered an in-utero death of a baby?
MS. MONIZ: Object to the form.
A. That's really broad. I mean you have people that miscarry all the time. For a second or third trimester, they can walk in and their baby's dead for all kinds of reasons.
Q. (By Mr. Weinmaster) Has that happened to any of your patients?
A. Oh, sure. They say one out of four miscarry or have a bad outcome as far as their pregnancy.
Q. And would that be an accurate number, if we took the total number of deliveries?
A. No. I don't have that many. That's what statistics say, but I can't even tell you how many people miscarry.
Q. If one of your patients did have in-utero demise of the baby, would that go on your list that you keep to send newsletters to?
A. No.

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Q. Do you have a list of contacts for those patients?
A. For those patients?
Q. Right.
A. I have a contact list for the patients that I've seen irregardless of their outcome. And I don't know what you're asking me.
Q. The patients that you've had where the mother has had an in-utero demise, where would I find contact information for them?
A. In their chart. I don't have a list.
Q. Okay. So the list of the 3,582 patients that you have, that would not be included?
A. No, it would not.
MS. MONIZ: All right. Slow down. Let's wait for the end of the question.
Q. (By Mr. Weinmaster) So the list that you have of the 3,582 patients, that would not include patients who were mothers that had an in-utero demise of the baby, correct?
MS. MONIZ: I'll object to the form of the question because I think we're talking about two different things here.
You may answer.
A. I don't know what he's asking me. There's a

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difference of fetal demise and miscarriage, and how do you define it, as a first, second or third trimester?
I don't know what you're asking.
Q. (By Mr. Weinmaster) What is your definition of a still birth?
A. A baby that dies in-utero before it delivers. At term. It would have to be a term baby.
Q. If a baby died between the last time you provided care prenatally and his or her birth, would you call that a still birth?
A. It would depend. They would have to be at least 37 weeks or more to be considered term to have a still birth.
Before that it would be a fetal demise.
Q. How many still births have you ever had in your midwifery practice?
A. None.
Q. How many fetal demises have you had in your midwifery practice?
A. Then again, are you talking about first trimester, second trimester, third trimester? I mean you can't count everybody who miscarries in the first trimester as a fetal demise, even though it is.
So I don't know what you're asking, if you want to ask by trimesters.

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Q. Sure, let's go there. You can answer it like that.
A. Like I said, there's a large percentage that miscarry in the first trimester. The second and third trimester are really rare. Probably had a handful.
Q. How many babies with a brachial plexus injury have you had in your midwifery practice?
A. One.
Q. And is it your contention that that is Levi Myhre?
A. Yes.
Q. What is your definition of a baby born depressed?
A. That's really broad. It depends on how you would define depressed. Life-threatening, depressed, a little depressed. What are you asking me?
Q. Have you ever used the term "baby born depressed" in your treatment of your patients?
MS. MONIZ: Object to the form.
A. There's not an answer to it. I mean it's not definable the way he asks it.
Q. (By Mr. Weinmaster) Do you remember signing declarations in this case?
A. Yes.
Q. And when you signed those declarations, did

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you realize that you were signing them under oath?
A. Yes.
Q. Have you reviewed those declarations before your deposition today?
A. Yes, I did.
Q. Is there anything that you would change on those declarations?
MS. MONIZ: Objection, vague. If there's a specific thing, why don't you show the witness?
Q. (By Mr. Weinmaster) When you reviewed those declarations in preparation for your deposition today, was there anything at that time that you thought was incorrect or inaccurate that you would like to change?
MS. MONIZ: Objection; without the witness looking at what you're talking about.
A. I don't know.
Q. (By Mr. Weinmaster) Have you ever recreated a prenatal record of a patient?
MS. MONIZ: Object to the form.
A. I don't know what you're asking me.
Q. (By Mr. Weinmaster) Have you ever recreated a prenatal record for a patient?
MS. MONIZ: Object to the form of the question, vague and unclear.
A. There's not an answer to that question. I

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don't understand it.
Q. (By Mr. Weinmaster) Have you ever added to a prenatal record, including by signing it days after the original document was created?
MS. MONIZ: Object to the form.
A. I don't know what you're asking me.
Q. (By Mr. Weinmaster) Have you ever added to a patient's record days after the patient was seen?
MS. MONIZ: Object to the form of the question. Vague.
A. I mean if I delivered a baby today, I might finish the chart tomorrow. Is that what you're asking me?
Q. (By Mr. Weinmaster) Have you ever gone back and added to a patient's chart after it was made known to you that you were under investigation?
A. No, no.
Q. When did Levi Myhre's brachial plexus injury occur?
MS. MONIZ: Objection; lack of foundation.
A. I don't know.
Q. (By Mr. Weinmaster) What caused Levi's's brachial plexus injury?
MS. MONIZ: Objection; lack of foundation.
A. I don't know.

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Q. (By Mr. Weinmaster) Earlier I think you said you had an opinion on that.
MS. MONIZ: Same objection.
Q. (By Mr. Weinmaster) I'm sorry. Do you have --
A. It's a pediatric issue. I'm not a pediatrician, so I don't know when it happened or anything about in.
Q. But earlier today you testified you had an opinion as to what caused Levi's brachial plexus injury, is that correct?
A. Yes.
MS. MONIZ: Objection; lack of foundation. You may answer, if you are able to.
A. My opinion is he was in an adverse position, and that the labor was so fast and intense that his body was configured in there in a way that he couldn't come out, and so he had to be rotated.
And I believe he had the injury way before he was ever born. It happened in-utero.
Q. (By Mr. Weinmaster) When?
A. I don't know. In labor, in pushing that day. He was compounded in there. I don't know how long he was compounded in there. I don't know if he had been compounded that day or just that day or just

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in the birth.
I don't know.
Q. Okay. What's the maximum time that you think that Levi could have been -- I think you used the word compounded?
A. Uh-huh.
Q. That would have caused the brachial plexus injury in your mind?
A. I don't think you can define that.
Q. Why not?
A. I saw her an hour before she had the baby. I didn't see her earlier that day. I didn't see her the day before. I don't know when he was in that position.
Commonly, they're in those positions for days, but I don't know that.
Q. Do you have a fax at your home or your home office?
A. Yes, I do.
Q. Does that fax machine still have the same telephone number or fax number as it did back in 2010?
A. Yes.
Q. Has that fax number ever changed?
A. No.
Q. Were there any problems or concerns during

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the prenatal course when Levi's birth mother was pregnant with him?
MS. MONIZ: Object to the form. Overly broad and vague.
You may answer, if you're able to.
A. There's not an answer to -- you could ask me specifically things about her, but just in general, no.
Q. (By Mr. Weinmaster) When did you first start providing care for Levi's birth mother?
A. I don't know. I would have to look in the chart to see the first time she came.
Q. Did you bring the chart with you today?
A. Yes, I did.
Q. Could you please locate that and put it in front of you.
A. Sure.
Q. Is that the complete chart for Levi's birth mother?
A. Yes.
Q. And how many -- is there just one chart or two charts?
A. There's just one.
Q. What other documents did you bring with you today?

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A. Nothing. I just brought the complete chart that you have a copy of.
Q. How many pages are in that?
MS. MONIZ: We need to specify, are we talking about just for Levi's birth or other care?
THE WITNESS: For Levi?
MS. MONIZ: Right.
THE WITNESS: Oh, I brought another chart with me is that what you're asking me?
MS. MONIZ: The one in front of you is just for Levi.
THE WITNESS: This is just Kelly's and Levi's. They're together.
Q. (By Mr. Weinmaster) Okay. And what is the chart that you brought with you?
A. Just a reference chart.
THE VIDEOGRAPHER: Can you flip your microphone over.
A. Sure.
Q. (By Mr. Weinmaster) And if you would please pull out the reference chart so we can see that.
MS. MONIZ: Let's go off the record here.
THE VIDEOGRAPHER: Going off the record. The time is --
MR. WEINMASTER: Actually, I don't want to

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go off the record. I want to stay on the record.
Q. (By Mr. Weinmaster) Describe what the other chart is that you brought.
A. It was another case that I had that I just brought the chart for in case we need to review it, because it was a long time ago and I don't remember anything about it.
MS. MONIZ: So another case, another chart for Kelly Myhre?
THE WITNESS: No.
MS. MONIZ: So it's another patient?
THE WITNESS: Another patient.
MS. MONIZ: We're not going to get that out.
THE WITNESS: Okay.
Q. (By Mr. Weinmaster) Why did you bring the chart for another patient in reference to this case?
A. Because Donna told me to, to review it.
Q. Okay. How, in your mind, without telling me the name of the patient, does that case relate to this case?
A. Nothing --
MS. MONIZ: Wait a minute. We don't want to talk about anything that we discussed, so.
MR. WEINMASTER: Sure. That's fair.
Q. (By Mr. Weinmaster) So the chart that you

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brought with you today, can you tell me what year that was? Was that before Levi was born?
A. This one?
Q. The other chart.
A. No. It was some -- no.
Q. Generally, without telling me what your lawyer has talked about, what is in the other chart? Is it just a chart from a delivery? Is it some other thing?
A. It's a chart from a delivery that she asked me to bring, so we could review.
MS. MONIZ: Okay. I think -- we weren't understanding each other, and I don't want you to talk about what you and I discussed.
So let's just leave this other chart out of this, because it's not a patient in this case.
THE WITNESS: No.
Q. (By Mr. Weinmaster) Did you review that chart in preparation for your deposition in this case?
A. What chart?
Q. The documents that you brought with you today.
A. I reviewed Kelly Myhre's chart.
Q. Did you review anything else in preparation for your deposition today?

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A. I looked at my -- the interrogatories, those questions. I looked at those.
Q. Why did you testify today and call the other chart that you brought with you a reference chart?
A. It's not a reference chart. You asked me if I had any other documentations with me. I have another chart with me, but it has nothing to do with this. It has to do with Donna and I.
MS. MONIZ: Yeah.
Q. (By Mr. Weinmaster) And earlier today you testified that it was "a reference chart." My question was why then, ma'am, did you refer to it as a reference chart?
MS. MONIZ: If you can answer that without talking about anything you and I discussed or identifying anything about the patient, then give an answer.
Otherwise, you cannot answer that question.
A. I feel I didn't use the word "reference" correctly.
It was just another -- you asked me if I had another chart. I have another chart in my presence that has nothing to do with this case.
Q. (By Mr. Weinmaster) Okay. Are there any other malpractice claims that have been made against you? And that's a "Yes" or "No" question.
A. Would that be -- you know, malpractice as far as if there was a case that was an outcome?
Q. So I'm specifically asking you a narrow question, so you don't have to tell me what your lawyers have talked to you about.
Are there any other malpractice claims that have been made against you that haven't been resolved, other than the Levi Myhre case?
A. No.
Q. Are there any other lawsuits that have been filed against you that are currently pending, other than this case?
A. No.
Q. When did Kelly Levi's birth mother first come to you for healthcare?
A. Let me see. The date?
Q. Yes, please.
A. September 23rd, 2009.
Q. And how did she come under your care on that day?
A. She called and made an appointment, wanted to see me.
Q. And did you see her at that time?
A. Yes, I did.

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Q. Was anyone else with her when you first saw her?
A. I don't remember. I don't recall.
Q. And if you would, could you please count the number of pages that are in the chart for Kelly and Levi Myhre.
A. I don't know if I included the birth certificate because we're not supposed to give anybody those birth certificates. So I don't know if I made a copy of it or not.
Gosh, I lost count. Sorry. Nineteen.
Q. Are those all of the documents that you have regarding Kelly, Levi's birth mother or for Levi Myhre?
A. Yes, this is all I have.
Q. When you first started providing care for Kelly, Levi's birth mother, did you have any concerns during the prenatal course for baby Levi?
MS. MONIZ: Object to the form. Vague.
You may answer.
A. No, I didn't have any concerns.
Q. (By Mr. Weinmaster) Did you have any concerns for a possible risk of shoulder dystocia at any time during the prenatal course?
A. No.

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Q. Are there any other papers that are part of Kelly and Levi's chart that you did not bring with you today?
A. No.
Q. Can you generally describe the care that you provided on the day of delivery?
A. I can look at my notes. She arrived in labor at 8:45. I can just read you the labor notes. I mean that's how I recall, I can read you the notes.
Q. Were there any problems prenatally?
A. No.
Q. How many notes do you have that were made regarding the day of delivery?
A. Well, there's the labor sheet. There's the post-partum sheet. There's the Apgar score sheet. There's a birth record sheet. And then the birth certificate.
Q. When were each of those documents created?
A. The same day.
Q. Did you do all of the writing on each of those documents?
A. Yes, I did.
Q. Did you do the writing all at the same time in one sitting or at different times?
A. Different times.

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Q. So let's start with the first page that you're referring to. What is that?
A. That's the labor flow sheet.
Q. Do you have any independent recollection of what care you provided during the labor and delivery of Levi Myhre?
A. Do I have any what?
Q. Independent recollection.
A. I remember a little bit. I remember some things.
Q. Okay. What do you remember about the labor and delivery?
A. That it was quick and fast for somebody having a first baby. And she was very brave and very strong, and I remember it being good.
Q. What do you mean by that?
A. It was a good outcome. She delivered the baby, and that's what we were there for.
Q. At any time on the day that Levi was born, did you realize that he had problems with his arm?
A. After he was born, yes.
Q. At what time did you realize that he had problems with his arm?
A. When I did the newborn exam. He was born at 10:42, and at 11:00 o'clock I did the newborn exam and noted that his right arm was weak.
Q. How did you make that determination?
A. Because the arm was weak.
Q. How did you determine that Levi's arm was weak?
A. It was weak. It was -- it was just there. It was just hanging there. I mean it was just at his side.
Q. What did you do when you made that determination?
A. I called -- first I asked them who their pediatrician was. I explained to them that I wanted to call a pediatrician and just ask about the arm.
And so I called at 11:20 the doctor that they chose, and just told her that the baby had a weak arm, and I wanted to know what her advice was.
She said that she would see the baby in a couple days. For the parents to call and make an appointment.
MR. WEINMASTER: Now, we can go off the record.
THE VIDEOGRAPHER: Going off the record. The time is approximately 11:51 a.m.

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AFTERNOON SESSION
1:04 p.m.
April 22, 2014
THE VIDEOGRAPHER: We are back on the record.
This is disk number two in the continuing deposition of Laura Hamilton.
The time is approximately 1:04.
EXAMINATION
BY MR. WEINMASTER:
Q. We are back on the record after a break.
This morning you testified about having insurance contracts with other insurers.
Do you presently have any insurance contracts with other insurers?
MS. MONIZ: Object to the form as vague as to what kind of insurance.
A. What kind of insurance?
Q. (By Mr. Weinmaster) Any kind of insurance.
MS. MONIZ: Same objection.
A. I have car insurance.
Q. (By Mr. Weinmaster) Okay.
A. And I have homeowners insurance.
Q. Okay.
A. That's it. I don't have medical insurance

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or anything else.
Q. So when you were referring to other insurance companies this morning, were you referring to car insurance and homeowners insurance?
A. No.
Q. What were you referring to this morning when you said other insurance contracts?
A. I told you that it was Dean's Insurance. It was a -- they offered malpractice insurance to us for a small period of time before the JUA.
Q. So other than Dean, and how do you spell that?
A. Dean, D E A N.
Q. So other than Dean Insurance from 96 to 98?
A. No, it was before 96.
Q. Before 96?
A. Uh-huh.
Q. You've only had insurance with JUA?
A. Correct.
Q. Did Levi use his right arm in a functional way at any time when you cared for him after delivery?
MS. MONIZ: Object to the form.
A. I'm trying to remember. He was in my care for two hours, and he was a newborn baby.
I don't know.

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Q. (By Mr. Weinmaster) Did you make any assessments as to whether Levi could use his right arm in a functional way at any time when you cared for him after delivery?
MS. MONIZ: Object to the form of the question.
A. Are you still waiting for me to answer that?
Q. (By Mr. Weinmaster) Yes.
A. I did a limited newborn exam, as we all do as midwives. I'm not an obstetrician, so I don't do anything external. I mean a pediatrician.
But I did a normal, check his spine and, you know, you check the reflexes. And his hands were -- his fingers were moving and pink.
So just all I noticed was the weakness.
Q. Is it your testimony today that you recall that Levi had finger movement after his delivery?
A. I'm pretty sure he did. If he hadn't of, I would have documented it, but I'm sure he did.
Q. What other assessment did you do of Levi Myhre after the delivery?
A. I just told you. You know, you check his reflexes, check his spine, do his vital signs.
Q. How did you check Levi Myhre's spine during your assessment that you completed after the delivery?

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A. Turn the baby over, put it in your hand and just check the spine.
Q. What did you note, if anything, at that time?
A. That it was normal.
Q. Whose hands touched baby Levi during the delivery?
A. Only mine.
Q. Anyone else?
A. Not that I can recall. No one else should have been.
Q. Who provided care to Levi as a newborn?
A. You mean immediately or in the next few days or what do you mean?
Q. Immediately.
A. Immediately. The mom and dad. They dressed him. They fed him.
Q. Did you provide any care to Levi Myhre as a newborn?
A. Just the normal newborn exam.
Q. Other than the newborn exam, did you provide any care for Levi Myhre at any other time?
MS. MONIZ: Object to the form. Vague.
A. I don't know what you're asking me. I mean they're under my care for two hours. And as midwives

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doing births, we let the dad do -- we let him bathe the baby, dress the baby. The mom feeds the baby.
We're pretty hands off, because it's their baby.
Q. (By Mr. Weinmaster) So at any other time, other than the two hours immediately after delivery, did you provide care for Levi Myhre?
A. I did see him when -- I don't know how old he was. We do a one-week visit, and the one-week visit is between five and seven days or so. So it says when I saw him. Saw him on the eighth, four days later.
Q. What did you do at that time?
A. Just the normal newborn care that we do for all babies at one week. We weigh them. Listen to their heart, lungs. Ask the mother about the feedings. Ask the mother about elimination. See if the mom has any questions and do the PKU.
Q. Did Levi Myhre have any arm issues when you saw him on April 8, 2010?
A. I don't recall, because I didn't make a note about it. So it must not have been significant, otherwise I would have written it down.
Q. Who else was in the room during the delivery of Levi Myhre?

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A. Paul, her husband. Sandy Morris. Her mother, Debbi. And Melanie, and I have no idea who that was. I just make a note on my birth records. I always just write down everybody who is there, because I don't invite them and I usually don't know them.

So I don't even remember. I don't know who Melanie is.

Q. When you first saw Kelly Myhre on April 4, 2010, what was the status or well-being of Baby Levi?

A. According to the records, he had a good heartbeat.

Q. Anything else?

A. No. That's really the only assessment we do in labor is listen to the baby's heartbeat.

Q. Were there risk factors for a difficult delivery?

A. No.

Q. What was the status or well-being of Baby Levi through the first stage of labor on April 4, 2010, up until Kelly began pushing?

A. Well, the first stage of labor happened at home, because when she got to the office she was six centimeters, so she was already out of the first stage.

It all was very normal. I just remember it

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going really quick.

Q. Were there any concerns for a difficult delivery at that time?

A. No.

Q. Did you have discussions with anyone about labor progress and delivery?

A. No. Just the normal -- just the people that were there. No, there wasn't any discussions about it.

Q. During the second stage of labor on April 4, 2010, what was Baby Levi's status or well-being during the pushing stage?

A. Well, he had good heart tones.

Q. Anything else?

A. The cord was around his neck. He was face up, which normally they're face down.

Q. Anything else?

A. Not that I can recall.

Q. When does stage one start?

A. Well, it could be defined by -- everyone defines it differently. I define it as once contractions are at least five minutes apart for an hour. Then we can assume at that point that they're going to be in active labor.

Because that prodromal labor before that,

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with ten minutes apart isn't laboring, it's just contracting.

So everyone defines it differently. That's how I define it.

Q. And that's how you define the start of the first stage of labor, is that correct?

A. We're talking about laboring or contracting? You can contract for, you know, a whole day and not be in labor.

Labor changes every hour. Every two hours. Not every hour, every two hours.

When you're in active labor, something changes. Either contractions get closer, they get harder, they last longer. And then you'll have cervical changes. Either the cervix is getting more dilated or thinner or the head is getting lower.

So to be active labor, you have to be making some kind of progress.

Q. When does the second stage of labor start?

A. The second stage is when they start pushing.

Q. During or at the start of the second stage of labor in Levi Myhre's case, what did you do to determine what the well-being or status of Baby Levi was?

A. Listened to the heartbeat.

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Q. Please describe how you did that.

A. With a Doppler.

Q. What is a Doppler?

A. It's a form of ultrasound that has a transducer. And it has a speaker and you can hear the heartbeat. Mine also has a readout on it, so you can either see the heartbeat or hear it.

Q. So what brand or type of Doppler do you have?

A. I have three different kinds.

Q. And what are those?

A. I have a Medasonics. I have --

I don't know the names of them. I know what they look like. I don't know the names of the other two brands. They're popular brands. There's really only a couple of good Dopplers out there. It's not like cars. There's not like hundreds of them. There's like a couple.

Q. Did you have the same three that you have now on April 4th, 2010?

A. No. I have a newer one.

Q. So you had two?

A. Two at the time when Levi was born.

Q. Do you know which one you used for Levi?

A. I don't -- well, I do. Sorry. It was the

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one with the readout and heartbeat on it. Because that one also has a waterproof probe on it, and she had been in the tub.

So I use that one when they're in the tub, so I can hear the heart tones in the tub, and so I remember that was the one she had been using because she had been in the tub.

Q. Can you describe what the probe looks like?

A. Yes. It's about five or six inches long. Oh, no, let me think. Because I've got three of them.

No. It's short. It's black. And it's about -- the transducer head is about that big, and it's about this long and it's got a curly cord.

Q. And what is the brand of the one that you just described?

A. That's the one I can't remember. Imex? It might be an Imex. It's either a Medasonics or an Imex. I don't remember which one it was. I don't remember the brand of that particular one. I know I have an Imex and a Medasonics.

Q. When you used the Doppler to listen for baby Levi's heart rate, how long did you listen for?

A. Just long enough to confirm it.

Q. So what is that in seconds?

A. Whatever it takes to confirm it, once you

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find it. Sometimes you find it in one second. Sometimes it takes you ten seconds.

So whatever it took to confirm it.

Q. Do you check for beats per minute?

A. Yes.

Q. How do you do that?

A. Well, the one I was using has numbers on there. But I look at the second hand and count it.

Q. I'm sorry. You look at the second hand?

A. I mean you can count it. I mean you hear it, and you count it.

Q. Okay. And can you walk me through that, what you did with Levi when you were determining what his heart rate was in the second stage of labor, please.

A. I put the Doppler on. I heard the heartbeat, saw the numbers and I documented it.

Whether -- I mean I have a clock in every room. So it's just so -- it's just such a routine, natural thing. I just look at the clock. I mean I'm trying to describe something that I do on the back of my hand every single day. So it's hard for me to think and say, "Okay, did I look at the clock? Did I count the numbers? Did I do this?"

It's just routine. The only way you can

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document a heart tone is you have to count it, or you have to look at the Dopplers that have the numbers on it.

Q. How long does that take?

A. You can do it in one second, if you can find it right off the bat.

Q. How would you determine what the beats per minute were if you only listened for one second?

A. You can see the numbers. The numbers come up on the Doppler. It's an ultrasound. It's a little ultrasound and the numbers come up.

Q. Is there any record of that?

A. Just my documentation.

Q. Do you do any serial listening tests where you listen --

A. Sure.

Q. -- and then come back and listen again?

A. Sure.

Q. Can you describe for the record what you understand the term "serial" to be?

A. Serial would be repeating it. Doing it and then repeating it and repeating it and repeating it.

Q. Did you do that in Levi's case?

A. I listened to heart tones like I normally always do.

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Q. Did you document serial determination of what Levi's heart tones were during the second stage of labor?

A. Well, according to the record, I checked it at 10:38 and checked it at 10:40. That's two minutes apart. I guess you would call that serial.

Q. Other than those two occasions at 10:38 and 10:40, did you do any other serial documentation of Levi Myhre's heart rate?

A. Well, it depends on how you define serial. Is it two minutes? Is it ten minutes? Is it an hour?

Q. How do you define serial?

A. Well, I don't, because it's not a terminology I would use in labor. It's not something I would be thinking about or documenting.

I listen as needed and as concerned.

Q. Were there any decelerations that you determined?

A. Not that I recall.

Q. What is a deceleration?

A. A normal heart rate is 120 to 160. In labor, it can be between 100 and 110. And so a deceleration would be a heart rate that would drop. In a 15-second period it could drop and go below a hundred and then recover.

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Q. I'm sorry.
A. No, go ahead.
Q. Were there any decelerations in Levi Myhre's case?
A. Not that I recall.
Q. What would the significance of a deceleration be?
A. Well, there's a lot of causes for decelerations. It can be head compression. It could be cord compression. It could be a knot in the cord. It could be a short cord. Or you could have a placental issue.
Q. Do you typically document if you determine in your mind that there is a deceleration?
A. I document the number of the heartbeat. Because it's very common in second stage to have decelerations during a contraction, and really the significance of that is how well it recovers.
Q. Did you document any decelerations in Levi's case?
A. No, I did not.
Q. Who all was in the labor room during the pushing stage?
A. Probably the same four people that I mentioned earlier.

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Q. Was Baby Levi ever in fetal distress during this labor and delivery?
A. I don't recall that he was.
Q. If Baby Levi was in fetal distress, would that be something that you would have documented?
A. It's not something that you would necessarily document or not document. It's more about your actions of what you would do.
And it would depend on whether you had one deceleration and you could see the head. No big deal, you see it all the time.
Or are you having decelerations in the head that is not visible. That would be a little bit more concerning. That would cause some management, possibly changing the mother's position. Possibly giving the mother some oxygen.
You know, just managing the situation. And usually it recovers.
Q. Did you do any management of fetal distress during Levi's labor and delivery?
A. I don't recall doing any.
Q. Did you document any management of the fetal distress during Levi's labor and delivery?
A. No, I didn't.
Q. Which way was Baby Levi's head facing when

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Kelly began pushing on April the 4th, 2010?
A. I have to look. LOA, left occiput anterior. And then the head came out and it rotated to right.
Q. At any time in the delivery, did you rotate Baby Levi's head?
A. You know, I don't recall really rotating it, but I do remember assisting because it came out face up. So any baby that comes out face up, you automatically try to get it to restitute and turn, just so the shoulders can come out.
So nothing out of the ordinary except proper management.
Q. You wrote LOA, correct?
A. Yes.
Q. And what does that stand for?
A. Left occiput anterior.
Q. And can you describe in layman's terms what that is?
A. Yes. Left occiput anterior would be the mother's left side. And the baby's back would be here -- well, not necessarily. The baby could be in the middle. But the back of the head is on this side.
So if I'm looking at the mom, and the baby comes out, the back of the head is here and the face is here because it's left occiput.

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But his was anterior, so he was actually looking up. So he was on this side looking up, according to the records. I'm just going by what it says.
Q. And then there's another acronym you wrote in your record.
A. Rotated to ROA.
Q. And what is ROA?
A. Right occiput anterior.
Q. And can you describe in layman's terms what that is?
A. It's just rotating the baby from one side to the other side.
Q. Is that something that you did?
A. Yes.
Q. Were you assessing Baby Levi's heart rate during the labor and delivery?
MS. MONIZ: Object to the form. You can answer, if you understand the question.
A. Yes, I did. We listen to the heart tones during labor and listen to the heart tones during pushing, yes.
Q. (By Mr. Weinmaster) Was there anybody else who checked Baby Levi's heart rate other than yourself?

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A. I don't believe so. Sometimes, not necessarily in this case because I don't remember. But there might have been -- sometimes Sandy will listen if I, you know, ask her to or if I'm in the middle of, you know, getting the cord off or getting the baby.

But usually by the time you see the head or get the head out, you know, listening to the heart tones, you usually can't hear them at that point because the baby is coming out.

Q. And the chart that you have before you, is that your handwriting?

A. Yes, it is.

Q. After you determined what the heart tone was, did you then go and chart before taking another heart tone reading?

A. No. What I do is I bring this into the room, and usually as I go through things, I chart it.

But in the process of delivering the baby, that whole four minutes, I look at the clock. And then as soon as the baby is born, then I chart it.

You can't do both.

Q. So would it be fair to say that on the one page that you have documenting heart tones for Levi Myhre, you wrote that all at the same time at the same

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sitting after Levi was delivered?

MS. MONIZ: Object to the form.

A. You're asking me if I did all of it afterwards. I didn't. I did some of it in labor and some of it immediately after labor.

Q. (By Mr. Weinmaster) What time did Baby Levi's head first deliver?

A. The baby was born at 10:42. So 10:42.

Q. What did you do after Baby Levi's head delivered?

A. I don't remember exactly what I did with Levi, but I can tell you what I routinely do.

As soon as the head comes out, then you check for the shoulders and you check for a cord around the neck. And you just check for a positioning, so you know what your next move is.

Q. What did you decide your next move would be after you made that determination for Levi?

A. Well, it shows there was a cord around the neck, so I probably reduced the cord. And then the baby was face up, and they normally are born face down. So I facilitated the baby to rotate so it could come out.

Q. And in Baby Levi's case, what did you do to reduce the nuchal cord?

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A. Well, I think I slipped it over the head. I don't 100 percent remember, but I think I remember slipping it over the head.

Q. And a nuchal cord is a relatively common finding, correct?

A. Yes. Very common.

Q. Okay. And so you've probably seen nuchal cords lots of times before?

A. All the time, yeah.

Q. Have you ever had problems reducing a nuchal cord?

A. Yes.

Q. Did you have a problem in Levi Myhre's case reducing the nuchal cord?

A. I don't remember it being difficult.

Q. And in the over 3500 babies that you've delivered, how many do you remember having problems reducing the nuchal cord?

A. Oh, I don't think there's any way to know that.

Q. What's your best estimate?

A. It's not like you define it as easy or hard. It's a cord is there. It's either loose enough that you can slip it over the head, or it's not loose enough, so then you deliver the baby and get it over

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the shoulder.

So it's not like the cord is difficult. It's just a management issue. You either slip it this way or you slip it that way. I mean it can be -- either one can be difficult as far as moving it, but it doesn't mean it was hard.

You know, it's just mechanical.

Q. So the options you have with the nuchal cord to reduce it are to either slip it over the head or slip it over the shoulder?

A. Yeah. A lot of times we just leave it in place if it's loose. I mean if you can get your finger in it and it's loose, we just deliver the baby.

Q. Okay. What does the term "reduce" mean in layman's terms?

A. Moving it out of the way. A couple times I've had to actually clamp it and cut it when I had one wrapped four times. So I clamped it and cut it and uncurled it so the baby could come out.

But I would say most of the time we just slip the cord over the head. Usually it just slips right over and the baby comes out.

Q. So you as a healthcare professional delivering babies when you encounter a nuchal cord, you've got the option of reducing over the head,

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correct?
A. Yes.
Q. Reducing over the shoulder, correct?
A. Uh-huh.
Q. Yes?
A. Yes.
Q. And then clamping and cutting, correct?
A. Yes.
Q. Are there any other options?
A. Not necessarily. Sometimes we just deliver the baby with the cord there, because you can have a cord that comes up around the neck this way, and then go down and around the belly or around the wrist or around the ankle. And so those you just deliver and unwrap the little Houdini.

So it's only when you have a cord, a nuchal cord maybe once or twice or three times around the neck that's compromising the baby to come out. Obviously, then we manage it so we can get the baby out.

So every time it's a little different what we would do. You do what you can. If it's loose, great. If it's tight, cut it. If the baby is coming quickly, deliver it.
Q. Okay. Are there any other options that we

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haven't talked about when you encounter a nuchal cord?
A. There might be other options, but that's -- in my experience, those are the -- the management that I've used.
Q. Okay. And I'm sorry. I'm talking about you. Any other options that you would use?
A. No, I can't think of any other options.
Q. Okay. And in Baby Levi's case, did you have all of those different options available to you on April 4th, 2010, at that time?
A. Yes. It's always available because it's my hands.
Q. Right. And these options aren't something that you've learned since 2010?
A. Oh, no.
Q. You could have done any one of those at the time that you saw that there was a nuchal cord for Baby Levi, correct?
A. Yes.
Q. Why did you choose the option that you chose?
A. You can only make that decision at the time you feel the cord. Either it's loose or it's tight. And if it's loose, you can slip it over. If it's tight, you may have another option.

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So you don't know until that moment, you don't know what that's cord's going to do.

It's a judgment. It's an experience thing, you know. And you just know what you need to do.
Q. Can you describe what you felt when you made that decision for Baby Levi when you encountered the nuchal cord?
A. No. To me, it was very simple and straightforward. The cord was around the neck and I slipped it over the head. It seemed very simple.
Q. Did you make any notes or documentation about that?
A. No. Well, I just said in the notes there's a nuchal cord times one.
Q. Okay. And what does a times one mean?
A. Just one time around the neck. Like I said, sometimes it's around the neck, the belly, the arm, the leg. Sometimes it's twice, three times.
Q. And so you would describe the nuchal cord as tight or loose?

MS. MONIZ: Are you asking if she remembers in this case?
Q. (By Mr. Weinmaster) I'm asking if you would describe the nuchal cord as to whether it was tight or loose that you encountered when you --

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A. I don't remember if it was tight or loose. I can only assume that it was loose, because I was able to slip it over the head.
Q. How long was Baby Levi stuck?

MS. MONIZ: Object to the form of the question.
A. Levi wasn't stuck. Levi was just in a compounded presentation that just took some moving to get him rotated, to get him delivered. But he wasn't stuck.
Q. (By Mr. Weinmaster) What do you mean by a compounded presentation?
A. A cord around the neck. Baby face up, and the shoulders in the wrong position.
Q. Are there any other definitions of a compounded presentation that you're aware of?
A. I'm sure everybody has a different definition. That's my definition.

I mean you could have a compounded cord, you could have a compounded arm. You could have -- you know, the head could be in a position that compromised the birth.

So it's just all in how -- experience-wise, how I would define it.
Q. So in Baby Levi's case, you're saying that

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it's compounded because there was a nuchal cord, correct?
A. Yes.
Q. Anything else?
A. He was face up.
Q. He was face up?
A. Uh-huh.
Q. Anything else?
A. I do remember the mom -- the mom was pushing really hard. And I remember telling her at one point to stop. Because she was pushing the baby out so quickly, I had to have her stop so that I could feel for the cord and help move the shoulders.
I do remember that.
Q. Okay.
A. Because she was a first-time mom, and I just remember her like a power house just getting this baby out.
Q. Did you think the mom was pushing too hard?
A. Well, I don't think you can ever push too hard. When you're unmedicated and pushing, who knows what's too hard? I mean I think every mother would define that differently.
Q. Okay. And you, as a healthcare provider doing labor and delivery, do you provide direction or

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instructions to when a mom should push during labor?
A. Usually we never decide when the mother can push. It's a common finding.
Usually the mother says "I have the urge to push."
Q. Okay. And then what about pushing during or in between contractions?
A. You only push with contractions. Some moms try to push all the time, and you tell them just to push with contractions.
Q. Okay. So but at one point you remember telling Levi's birth mother, Kelly, to stop pushing?
A. I just remember her pushing and quickly, and I can't remember if she was pushing without contractions, I'm not sure. Some mothers will do that, so sometimes you have to say, you know, "If you've got the urge to push, go for it. If you're not having a contraction, you need to take a breath."
So I remember telling her to, you know, take a breath, and I just remember her pushing really hard.
Q. And did you tell her to stop just one time or was it more than one time?
A. I don't know. I don't remember.
Q. And did you tell her to take a breath at a different time than when you said "Stop," or was it at

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the same time?
A. I don't know. It's all just part of the management. You carry on that conversation with them because it's happening before your eyes. You can't count it. You can't say "I did this this many times, that many times."
You do what it takes to connect with the mom and get the baby out.
Q. At what point during the labor and delivery did you tell Kelly to stop?
A. It was when she was in the pushing stage. Sometime in the pushing stage, I just remember having her "slow down."
I don't know if I actually told her to stop. I do remember wanting her to stop. And I think I just probably told her to take a breath, take a breath, take a breath.
I mean I just remember it coming quick and fast. And I remember at one point just, I don't know if I told her to take a breath or to back off or stop. I don't remember exactly what I said, I just remember the process of that intensity and having her back off. And I don't remember exactly how I told her to do that.
Does that make sense?

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Q. No. But let me ask some more questions about that.
So when you said you wanted Kelly to stop pushing, did you let anybody else know about that desire?
A. Well, the people that are in the room obviously are observing, and they hear what they hear. But I'm not having any conversations with anybody else. I'm having a conversation with the mother. She looks at me, I look at her, and we get the baby out.
Q. And so you remember that you had a desire to have Kelly stop pushing out, slow down or take a breath or something?
A. Yes.
Q. Okay.
A. I guess I can't necessarily say "Stop," because I don't remember exactly saying that. But I do remember that urgency that I wanted her to stop. But I do remember saying something to her, "Take a breath" or "Slow down" or something.
I don't remember my exact usage. I haven't seen the video. You have, so you can tell me what I said.
Q. Why did she have the urgency that you wanted her to stop?

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A. She didn't have the urgency to stop. She was pushing very quickly, and just pushing and pushing and pushing.

And sometimes new mothers do that, because they don't know. So sometimes you have to just guide them through it.

Q. At what point did you feel the urgency to have Kelly stop pushing?

A. It wasn't an urgency; it was just direction. That's my job in the process is to direct them, you know, "Push, push, push." Or "Hold your breath" or "Take a breath" or "Blow out" or whatever.

It's just direction. It's not a matter of an urgency at all. It's just directing her.

Q. And when you say directing her, that is you as the healthcare provider directing the mother, correct?

A. Yes, assisting her. I guess I would say it more assisting, but it is somewhat direction. Especially when they haven't done it before, and they don't know what's going on.

And also, at my end, you never know what you're going to get. So it's just a communication. You do what you have to do.

Q. Did you feel this urgency to have Kelly stop

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pushing more than one time?

A. Again, there wasn't an urgency to have her stop pushing. It wasn't an urgency. It was a management. It was quickly, and I just remember, you know, wanting her to take a breath or slow down.

Q. Okay.

A. It wasn't urgent. I mean it was a whole, what, two minutes. I mean we're not talking about hours here.

Q. When you had the desire to have Kelly stop pushing, did that happen one time or more than one time?

A. It wasn't a desire. It was a management issue, and I don't remember how many times it was.

Q. But at least one or more than one?

A. I don't know. Whatever it takes. I mean it was four minutes from the first push to the baby was out. So I mean whatever conversation you can have at that point in time managing a baby coming out.

I can't define it for you. Sorry.

Q. What are the tools that you can use when directing a patient to get the patient to slow down during labor?

A. Talk to them.

Q. Is that something that you've done in the

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past with your other patients?

A. You do it at every single delivery. Babies don't fall out. We do manage them. We do assist them.

Q. Can you describe some of the tools that you use as the healthcare provider directing the laboring mother to get them to slow down?

A. It's just all terminology. It would be either encouragement or it's just a language.

Q. Can you give me some examples of that?

A. Okay. Someone's pushing. If the head is starting to move and crown, I'll say, "Keep pushing, keep pushing. The baby's coming, the baby's coming. Help me out, help me out. Come on, let's go."

And if the head comes out, and there's a cord, I'll say, "Wait, take a breath, take a breath, take a breath," so I can reduce the cord.

It's just a cheerleading. You're just cheerleading them on, whatever you need to do at the moment.

Q. Where did you learn this or is this something that you've developed over your experience?

A. It's something you develop over experience.

Q. What did Baby Levi look like at the time of delivery?

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A. I don't really remember. I can read the notes and try to recall. It says I rotated him and then delivered him. And back stimulation given. Opening eyes, placed on mother's abdomen. Covered with warm blankets.

So it's pretty standard. Some babies come out crying. Some babies don't, you know.

Q. Was Levi crying?

A. I don't recall. I put back stimulation, so he might not have been. But I don't know. I don't remember.

Q. What color was Levi?

A. I don't recall. Well, let me look at the Apgar score.

Well, he was a little -- you know, all of them are usually a little blue when they first come out -- it's not really blue. They're just kind of gray and pale. It takes minutes, I mean seconds for that oxygen to get in their system.

So all babies kind of come out looking kind of non-stimulated.

And then once they're out, then, you know, we talk to them and rub their back and they pink up or they cry, or open their eyes, whatever they're going to do.

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And then I just put them right up on the mom's tummy. Because I immediately put the baby on the mom's tummy, I knew the baby was fine.

If it wasn't fine, I wouldn't have immediately put them up there, I would have been doing something. But it shows here that I immediately put him up on her tummy, so that tells me from my experience and my charting that he was fine.

Q. What other options do you have if it's not fine, if you don't put the baby up on the mother's tummy?

A. It's just management. Depends on what you're doing.

Q. What type of management is that?

A. Sometimes you have to just stimulate them a little more. Might give them oxygen. Warm blankets. The most important thing is to keep them warm.

I have a little warmer that has hot towels in it, so when the babies are born, we put hot blankets right on the baby.

Q. So what other tools did you have to use if you think there is an issue that the baby might not be fine right away?

A. Just observing it. You just, you know, you can palpate the heartbeat. You can -- a lot of times,

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I'll pinch the baby's cord and you can feel the pulse. I do that usually commonly if the baby is, say, a little flaccid or something, I will immediately feel the cord.

Or you can actually put your hand on the chest and you can feel the heart beating. You can see and feel the lungs and see the baby breathing.

And so I do it so routinely, that's why it's hard for me, you know, to just tell you exactly what I do. I just routinely grab the cord and feel the pulse.

Q. Are there any other tools that you have after delivery, if you think that there might be an issue where the baby isn't fine?

MS. MONIZ: Object to the form.

A. There's a difference in being fine and not fine. Fine, to me, is this baby might need a little assistance. Might need a little bit of, you know, a kick start. And you do what you have to do to get that baby going.

As far as tools, obviously I have a stethoscope. I have an ambu bag. I have oxygen. I have a cannulas and tubing. I could always -- I have a nicometer, I could always check for the blood sugar.

Most of the time, it's just pure

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observation. Either the baby is crying or it's not.

Q. Crying is good, correct?

A. Yes.

Q. And not crying is not good?

MS. MONIZ: Object to form.

A. Not necessarily, no. Huh-uh. Some babies come out and they scream the first hour. Other babies come out and they just kind of look around and kind of see what is going on.

So the Apgar score, there's obviously things that we pay attention to, and that tells us also what kind of management we would do.

Is the heart rate over a hundred? Is the baby having respirations? Is there a muscle tone? Is the baby crying or moving and the color of the baby. And reflexes, is the baby responding?

And so it's not just what you would do. We evaluate and look at every baby at every birth.

What I tell moms is that, you know, "We hope for the best and expect the worst."

So we're always ready. I always have my O2 tank ready. I always have my little tray of instruments and gauze, bulb syringe.

Just do what you have to do. Because you've got seconds. We're not talking about five minutes

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here and making a decision and walking over to the next room and grab something and come in.

I have seconds. I have to immediately respond and immediately take care of that baby.

Q. (By Mr. Weinmaster) Did you use any of that equipment in Levi Myhre's case?

A. If I recall, I think I gave him oxygen, a little bit of oxygen blow by. I stimulated his back, the warm towels. Those are all normal things, though. Listened for, you know, felt for the heartbeat.

The only thing I remember doing any different than a routine delivery is probably giving him some oxygen blow by.

Q. Do you recall anything else?

A. No, I don't.

Q. Who all provided care to Baby Levi immediately after the delivery?

MS. MONIZ: Object to the form of the question and asked and answered.

You can answer.

A. I'm usually the only one that does anything. Sometimes, when we put the baby on the tummy -- I don't remember if we did this with Levi, but sometimes we'll put them on the tummy and I'll tell the mother, "Talk to him, talk to him. Rub him down, rub him

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down." And, you know, kind of the cheerleading thing, again.

But no one does anything to the babies but me and, you know, the parents or whoever are there. I don't have another medical person that is going to be doing anything to the baby.

Q. (By Mr. Weinmaster) In this case, was Sandy still there immediately after delivery?

A. Yes.

Q. What did she do?

A. She might have gotten me the oxygen, maybe. Or she usually gets the warm towels out of the warmer.

Q. Anything else?

A. Not that I can remember.

Q. Have you talked to Sandy about Levi Myhre's case?

A. No, I haven't.

Q. When was the last time that you talked to Sandy?

A. Oh, gosh. Two or three weeks ago, because her older daughter's pregnant coming to see me, and Sandy comes sometimes to the visits.

Q. And is Sandy aware that there is litigation arising out of Levi Myhre's case?

A. No, she isn't.

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Q. Who determined that the Apgars were what's listed on the sheet?

A. I do.

Q. When did you do that?

A. Usually within, you know, an hour of the birth. I finish the chart, work on the chart, you know.

So within the time frame of the birth. They're required to stay two hours. So within that two hours, I get the charting done.

Usually the only thing I do, maybe at a different time or day, is the birth certificate, because that's just filling in the blanks.

And so if it's 3:00 o'clock in the morning, and I'm tired, I fill it out and do the birth certificate later.

But I do all the charting in that time frame before they leave. Their charts are done.

Q. And so the Apgars, what did you do to determine what the Apgars were?

A. By looking at the baby, observation.

Q. And what are Apgars?

A. The Apgar score is a determination of the baby's status and exactly what you might need to do for management.

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Q. And so what do you do as a healthcare practitioner to do that, to make that determination?

A. You look at the baby.

Q. What are you looking for?

A. Well, are the eyes open or closed? Is the baby alert? Is the baby breathing? Does the baby have a heartbeat? What's the color of the baby? Is the baby crying or not?

Q. What did you do in Levi's case?

A. What do you mean what did I do?

Q. Well, I understand you actually came to numbers in the apgar assessment.

A. Yeah, there's a form. You just fill it out and add up the numbers.

Q. And what did you come up with in Levi's case?

A. At one minute seven and at five minutes nine.

Q. And how did you make the determination that Levi Myhre's apgar was seven at one minute?

A. The heart rate was -- you scale them on a zero, one, or two, and it's right there on there what you're looking for.

And so he had a heart rate over a hundred, so that's two. His respiratory effort was slow,

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because he wasn't -- I don't remember him vigorously crying, because it says I stimulated his back. So that's a one.

His muscle tone, he's either actively kicking and moving or he's just kind of moving. And so I gave him a one.

The reflex irritability would be the crying, so he must have been crying.

But they don't necessarily have to be -- some babies whimper and cry, and some babies you can't get them to cry for anything. And obviously -- I gave him a two, so he must have been crying just fine.

And then the color, most all babies, their hands and feet will stay blue for about 24 hours. And so they hardly ever get a two for color. Well, I can't say ever. Once in a while.

So the first apgar score is just basically there so it's immediately what do we need to do. The five-minute apgar score is long term. Either this baby's, you know, fine or not fine.

Q. So at the one minute heart rate on the apgar score, how did you determine that?

A. By feeling the pulse. That's usually how I always do it.

Q. Okay.

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A. Because it's quick and easy. You can do it in two seconds.
Q. So is it true that with the respiratory effort with a score of one, that would be slow, irregular and hypoventilation?
A. Yeah. It was slow.
Q. And --
A. Yeah, it was slow.
Q. And what do you look at to determine what respiratory effort is?
A. Well, is the baby breathing or not breathing? Is it, you know, vigorously breathing, or is it just -- some babies are just kind of wimpy, and you just have to kind of wake them up.
Q. What is hypoventilation?
A. "Hypo" would be decreased oxygen.
Q. And that would be under the score of one which you gave Levi for respiratory effort, correct?
A. Uh-huh.
Q. Sorry, is that a yes?
A. Yes.
Q. And then with muscle tone there was a score of one?
A. Uh-huh. Which is very common, also. You know, they don't come out kicking and screaming. I

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mean some of them do, but most babies have to transition.
Q. Where did this apgar score chart come from?
A. It's in every chart. I have it on every single letter.
Q. Where did you get it?
A. It's a standard form that we all use on our charts. I can't say "we all," but it's standard.
You'll usually find some kind of an apgar scoring in probably all births. I mean I've never not seen it in a chart.
Q. Where did this particular chart come from?
A. This is a modified. What was it, physicians -- physicians chart.
When I became a midwife 31 years ago, we didn't have -- didn't have really any charts because that wasn't really out there.
This was a chart that the hospital that I would transfer to, Centralia, this was the chart that they used. And so I just modified it by putting my name on it and putting it in the -- and using it.
And I've never changed it. I've used the exact same charts for 31 years.
The only thing that I designed was the birth record of the mom and the baby. And that was from

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midwifery school. That was actually a form that we had in the midwifery school.
Q. So the apgar scoring chart, this is something that you were the one that modified it, correct?
A. No. That's a standard chart.
Q. So the apgar scoring chart that you used for Levi Myhre, this was something that you actually made the form for, correct?
A. No, I did not. I told you it was a standard chart. It came with the chart. The only form I made was the last page that says "Birth Record" and "Baby Record." That's the only form that I made.
All the rest are a standard WISPIA chart that I got from the hospital 31 years ago.
Q. And what's a WISPIA?
A. It used to stand for Washington Insurance Physician something, association or something. But then that was -- that was the same chart the hospital used.
Q. And that would be Providence Centralia Hospital?
A. Yes. At that time it was Centralia. It wasn't Providence.
Q. And what year was that?

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A. When I started?
Q. No. What year was it that you took the information?
A. When I first became a midwife in 1983.
Q. So to be clear, the form that you used to do the assessment to determine what Levi Myhre's Apgars were was a form that you got from Providence Centralia Hospital --
A. Yes.
Q. -- in 1983. And then you modified for your own use in your practice, correct?
A. No. That's not what I said.
MS. MONIZ: Object to form.
A. That's not what I said. The only form -- this is the third time I've told you this.
The only form I developed was the last one that says "Birth Record" and "Baby Record." That's the only one. And that was a form that came from the midwifery school.
All the rest was a chart that came from the hospital that I took a copy of.
Q. (By Mr. Weinmaster) Did the hospital know about that?
A. Yeah, they gave it to me.
Q. Okay.

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A. I worked there for six years.
Q. And this was -- so to do the apgar assessment, when you're determining respiratory effort, a score of one of being slow, irregular or hypoventilation, your testimony is that that language came from Providence Centralia in the form you got in 1983, is that correct?
A. Yes, it is. I haven't modified this at all. Well, I put my name on the bottom. That's all I did.
MS. MONIZ: When it's convenient, could we take another break?
MR. WEINMASTER: Sure.
THE VIDEOGRAPHER: Going off the record. The time is approximately 2:04.
(Recess.)
THE VIDEOGRAPHER: Back on the record. The time is approximately 2:19.
(Marked Deposition Exhibit No. 2.)
Q. (By Mr. Weinmaster) We're back on record after a short break, and you've been handed what has been marked as Exhibit 2 to the deposition.
What I'd like you to do is go through and look at the pages and make sure that that is an accurate copy of the chart that you brought with you here today, please.

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A. Okay. Yeah. The only thing I don't have, and I don't know why I don't have it in here, was this release. And I didn't -- when I counted it, I didn't count the birth certificate because I didn't know whether I had sent it to you or not, but it's in here. And there are two of these. So I didn't count them, because there's two of them.
So, yeah, looks like everything, everything that I have.
Q. Okay. Thank you.
A. Uh-huh.
Q. And then if you would go to your chart that you made on Exhibit 2, that you made for the labor and delivery of Levi Myhre, what I'd like to have you do is read into the record what you actually wrote down.
A. Which one, the labor record or the --
Q. So my understanding there's two pages --
A. Uh-huh.
Q. -- of your actual charting, correct?
A. Uh-huh.
Q. That's a yes?
A. Yes. Sorry.
Q. Okay. And if you would hold it up for the video camera so we can see that's what we're looking at. If you would read that into the record, please.

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A. Okay. It shows at the top Kelly Myhre. Her expected delivery date was 4/11/10. The date of this event was 4/4/10. She's B positive.
Her labor began at 5:30, every five minutes.
Membrane -- spontaneous rupture of membranes at 8:55 and they were clear.
And she's negative for GBS.
4/4/10 at 8:45 -- do you want me to do the military time or just go ahead and say the regular time?
Q. Military is what you wrote, correct?
A. Yes, I wrote that. Yeah, I do all my charting in military time, so.
"At 2045, arrived in active labor.
"At 2055, six centimeters, 75 percent effaced. Zero station. Fetal heart tones 150. Blood pressure 124 over 80. The pulse was 84. The temperature was 98.2. And there was spontaneous rupture of membranes with the exam. A large amount of clear water with bloody show.
"At 9:05, up to warm tub. Vomiting green bile.
"At 9:22, out of the tub. On toilet, void and BM.
"At 9:26, took the heart tones, 150. And at

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this time she's on hands and knees.
"At 9:41, heart tones 146. Resting on bed.
"At 9:57, eight centimeters, 75 percent efface, plus one station. Fetal heart tones 150 on side. Contractions every three minutes.
"At 10:14, started an IV of D5RL for hydration. TKO, back into the warm bath.
"At 10:30, contractions and tense. States urge to push.
"10:35, moved to the bed - complete.
"10:38, heart tones 145 and pushing.
"10:40, heart tones 140, pushing.
"10:42, baby boy.
"Laura Hamilton."
Q. Okay. And although you wrote down military time like 2105, you're reading that as 9:05 just then, correct?
A. Correct.
Q. And at 2335, did you make a change to the time?
A. Right. It looks like I probably was writing regular time, and I changed it to military time.
Q. Okay. And so at what time was, where it says "move to bed - complete," what time did that actually occur in military time?

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A. 1035. I mean, sorry, 2235. Sorry.
Q. 2235?
A. Yeah.
Q. So at what time was the pushing stage, what time did that begin, according to this sheet?
A. At 2238.
Q. Okay. And then if you would turn to the next page, and hold that up for the video camera so we can see it.
And that's just one page that you charted after the delivery, correct?
A. Correct.
Q. If you would, please, read that into the record as it's written in military time.
A. Okay. "Kelly Myhre, 4/4/10, 2242. Baby boy, nuchal cord times one. Assisted shoulder delivery. Baby came out LOA, rotated to ROA and then delivered. Back stimulation given. Heart rate, 140. Opening eyes, placed on mother's abdomen. Covered with warm blankets.
"2244, crying, pinker, warm.
"2245, ten units Pitocin added to IV. Flow heavy.
"2248, placenta delivered complete. Fundus firm, flow moderate, perineum intact, fundal massage

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done.
"2250, flow scant. IV infusing well. Ten units Pitocin added.
"2254, her blood pressure was 130 over 42. Pulse 90.
"2300, baby alert, pink. Newborn exam done. Heart rate 146, respirations 44, temperature 98.6. Noted right arm weak at side.
"2320, spoke with Dr. Lo, pediatrician. Discussed birth and baby's arm. States will see the baby in one to two days. Will call office for an appointment. Parents informed.
"2355, up to bathroom. Tolerated well. Fundus firm. Flow moderate to scant, no clots. Able to void. Blood pressure 126 over 78."
And now it's 4/5/10.
"At 0010, baby alert, pink, warm.
"0050, newborn and post-partum instructions given with understanding.
"0110, baby in car seat, home with family."
Q. Other than the two pages that you just read into the record, are there any other handwritings or charting that you've done in Levi Myhre's case, other than these two pages?
A. No.

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MS. MONIZ: Yes.
A. Oh, handwriting. Oh, on the birth record?
Q. (By Mr. Weinmaster) So regarding the actual labor and delivery, just those two sheets?
A. Yes.
MS. MONIZ: Well, just for the record, there is the birth record on mother and baby that's handwritten.
Q. (By Mr. Weinmaster) Right. And that was something that wasn't part of the labor and delivery charting, correct?
A. It is.
Q. Okay. Why?
A. It's a summary of the birth.
Q. Okay. If you would hold that up for the record.
A. Okay.
Q. When did you create that document?
A. At the delivery, post-partum, after the baby was born.
Q. At what time?
A. It was probably within an hour, because I do them right away.
Q. Okay. And what did you -- what was the purpose of writing on this form?

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A. It's just a birth record form. It's a pretty standard form. It's just -- it's just statistics, I guess. It's just a birth record. It's a summary of everything that happened.
Q. And what do you do with this form?
A. It's part of the chart.
Q. Is this form communicated to any state agency?
A. No.
Q. And so why is it your practice to go back and write more information after the fact, other than what has been charted?
MS. MONIZ: Object to the form of the question.
A. It's not more information. It's just standard of care to have a birth record. All the charts have them.
Q. (By Mr. Weinmaster) And where did you get this, the actual form, where you --
A. This one I got from the Seattle Midwifery School, and I modified it with a couple of things.
Q. In what year did you get that form?
A. In 1983.
Q. When did you modify it?
A. Within -- I don't know, five or six years of

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practice.
Q. If you would go ahead and read into the record what you've written.
A. "Name, Kelly Myhre. Age 21. Delivery address Chehalis.
"Gravid, one. Para, zero. EDC 4/11/10. Date of Birth 4/4/10. Time 2242.
"Labor Summary: First stage: Five hours. Second stage: Eight minutes. Third stage: Seven minutes.
"Membrane: Spontaneous rupture of membranes at 8:55, clear.
"Time Cord Cut: 2248 by Paul.
"Number of Vessels: Three.
"Placenta: 2249 complete, Schulte.
"Perineum: Intact. Zero lacerations. Zero repair.
"Estimated blood loss: Less than 300 CCs. Treatment: 20 Units of Pitocin.
"Delivery Position: Semi-sitting.
"Baby's Position: LOA.
"Nuchal Cord: Times one around neck.
"Total Used: Chux pads: Four. Peri Pads: One. Towels: Zero.
"Medications: 20 units Pitocin IV at 2245

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and 2250, ten units each time.
"Notes: Right arm weak.
"Called Dr. Lo at 2320.
"Birth Record. Name: Levi Zane Myhre, male.
"Weight: Eight-ten. Length: 21. Chest: 13 and a half. Head: 13 and a half.
"Apgar: One minute, seven; five minutes, nine. Suctioning with a bulb syringe.
"Resuscitation: Back stimulation, 02 blow by.
"Medications: Ilotycin at 2300. Vitamin K IM.
Exam: Check if normal or describe.
"General Appearance: Term.
"Color: Pink.
"Head Ear Eye Nose and Throat: Alert.
"Heart Rate: Regular.
"Lungs: Respiratory rate, clear.
"Abdomen: Soft.
"Feeding: Breast.
"Cord: Three vessels.
"Hips: No click.
"Genitalia: Male.
"Anus: Patent.

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"Extremities: Active.
"Reflexes: Alert.
"Voiding/Meconium: None at the delivery.
"Attendants at birth: Debbi, Paul, Sandy, Melanie."
Q: And there's no back sheet to that?
A. No.
Q. It's only the front sheet, correct?
A. No. Uh-huh.
Q. How did you get the number of eight minutes for the second stage that's listed on this sheet?
A. From the time of the urge to push until the time the baby was born.
Q. Which would be what time in military time?
A. What do you mean?
Q. From what time to what time?
A. It looks like -- actually, it looks like from the time she was complete at 2235 and 2542, that's seven minutes.
Q. Okay. And at 2242 was that the time where Levi's head was delivered?
A. It's the time when the whole baby was out.
Q. Okay. So how long did the third stage last?
A. From the delivery of the baby to the placenta?

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Q. Yeah.
A. It lasted seven minutes.
Q. And how did you make that determination?
A. From the time of the birth to the time the placenta came out. So the baby was born at 2242 and the placenta came out at 2249. So that's seven minutes.
Q. Okay. I'm just going back to where it actually says "2248, placenta delivered complete."
Did I read that right?
I think we're on a different sheet. I'm going back to this one.
A. "2248, placenta delivered complete."
Q. Correct. Was that at the end of the third stage, 2248?
A. Yeah. I wrote 2249, the difference. Yeah.
Q. So does that back up the time when Levi was -- his whole body was delivered, or just his head was delivered?
A. At what time?
Q. So at 2242.
A. His whole body is out.
Q. How do you know that?
A. Because that's when I look at the clock when the body comes out.

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Q. And your clock says 2242?
A. It must have. That's what I wrote, yes.
Q. And then did you look at your clock when the placenta was delivered at the end of the third stage?
A. Yes.
Q. And what does the clock indicate?
A. Well, I wrote one at 2248 and one at 2249, so 2248 and a half. I don't know, one of those times.
Q. Were you looking at the clock at that time?
A. Yes, I just look at the clock and I block it in my head.
Q. And you're accurate within a minute, do you think?
A. Oh, yeah.
Q. So all of the times here might be plus or minus a minute?
A. No.
MS. MONIZ: Slow down and let's listen to the question.
Q. (By Mr. Weinmaster) So at what time was Levi's head delivered?
A. The body was delivered at 2242.
Q. At what time was Levi's head delivered?
A. I don't know. I don't clock that.
Q. Why not?

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A. There isn't any reason to.
Q. So as you sit here today, you have no way to time length or period of time between the time when Levi's head was delivered and the time that his body was actually delivered, is that correct?
A. What were you asking me if I what?
Q. As you sit here today, do you have any way to determine what the length of time was from the time that Levi's head was delivered until the time his entire body was delivered?
A. No. Huh-uh.
Q. Did you pull on Baby Levi's body at any time?
A. Not that I remember.
Q. Did you provide traction of any type to Baby Levi's body at any time?
A. I don't remember if it was any type of traction. I just remember moving the baby. I mean you have to do --
I don't know what you mean by traction, because there's a process of delivering the baby. And of course you put your hands on the baby, and of course there is slight pulling and pushing and twisting and moving the baby out.
Are you asking me if it was normal traction?

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Was it excessive traction? What are you asking me?
Q. What is normal traction versus excessive traction?
A. Well, normal traction would just be the normal process to rotate and get the baby out.
Q. What is excessive traction?
A. Well, excessive would be excessive. I mean you would be really pulling. I mean I remember, working at the hospital, the doctors would put their feet up on the table and pull the babies.
I don't do that, but --
Q. Did you apply any amount of traction using your hands when they were placed upon Baby Levi's head?
A. Nothing abnormal. Just normal traction.
Q. So your testimony is that you did apply traction to Baby Levi's head when you were delivering him, correct?
A. No. That's not what I said.
I said normal traction to assist the birth of the baby.
Q. So you did provide traction when delivering Baby Levi by applying pressure using your hands while they were on his head, correct?
MS. MONIZ: Object to the form of the

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question.
A. I didn't use pressure. I use normal traction. The baby can't fall out on the floor. I have to put my hands on the baby as the baby starts to deliver.
I mean you can call that traction. You can call that holding. You can call that pulling. You can call that catching.
Q. (By Mr. Weinmaster) Did you pull Baby Levi's head with your hands?
A. No, I did not.
Q. Did you provide traction to Baby Levi's head?
A. Normal traction -- normal traction to assist in the birth.
Q. For how long did you apply, in your words, "normal traction" using your hands when they were placed on Baby Levi's head?
A. Probably a minute.
Q. At what position was Baby Levi's face looking in relation to the mother's body when you applied traction with your hands to Baby Levi's head for, as you said, probably a minute?
A. When I assisted Baby Levi to be delivered, when he came out, he was face up.

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Q. So at the time that you applied traction using your hands to Baby Levi's head for approximately one minute, your testimony is that Baby Levi was facing face up, correct?
MS. MONIZ: Object to the form.
Listen carefully. You can answer, if you are able to.
A. Go ahead and ask me again.
Q. (By Mr. Weinmaster) Your testimony is that you were providing traction for probably one minute at the time that Baby Levi's face was facing up in relation to his mother, is that correct?
A. No.
MS. MONIZ: Object to form.
Go ahead.
A. No, it's not correct.
Q. (By Mr. Weinmaster) Where was his face facing at that time?
A. It was -- should have been facing up.
Q. Can you describe exactly how you provided traction to Baby Levi's head?
A. I didn't provide any abnormal traction. I assisted the baby in normal traction to rotate and deliver.
Q. Can you describe what you did?

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A. I put my hands on the baby in normal traction and rotated the baby and delivered it.
Q. And when you say delivered it, what did you do to do that?
A. Caught it. Once it was freed up, the baby came out.
Q. Did you provide any force when you had your hands upon Baby Levi's body?
MS. MONIZ: Object to the form.
A. Nothing abnormal. Nothing abnormal than a normal rotating the baby and getting it out.
Q. (By Mr. Weinmaster) Did you make any mistakes in your documentation of this delivery?
MS. MONIZ: Object to the form.
A. We just found the one-minute discrepancy. Probably because I looked at the time the cord was cut, and I knew the placenta came out right after that. So I wrote 48 and 49.
Q. (By Mr. Weinmaster) Is that the only mistake that you made?
MS. MONIZ: Object to the form of the question.
A. I wouldn't say I made any mistakes. I can say that maybe there was a discrepancy just from transposing, but it wasn't a mistake.

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Q. (By Mr. Weinmaster) What discrepancies are there that you discovered when you were transposing?
A. One minute.
Q. And that's it?
A. That's all I -- that's the only one I could find.
Q. What amount of pressure did you use when you were applying traction to Baby Levi's head?
MS. MONIZ: Object to the form of the question.
You can answer, if you're able to.
A. I'm not going to, no. I don't know.
Q. (By Mr. Weinmaster) Where were your fingers located at the time that you applied traction to Baby Levi's head?
A. I don't know as far as Baby Levi's concerned. But when your hands are on the baby, usually your hands are on their head and your hands are around their neck.
So that's just routine normal, what I do at every birth. So I'm assuming my hands were around his neck where they always -- where they should be and where they always are when we do a birth.
Q. And can you describe specifically how your fingers were around Baby Levi's body at the point that

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you applied traction with your hands?
MS. MONIZ: Object to the form of the question.
And I think if we're really going to get into this kind of detail, it's time to look at that video.
MR. WEINMASTER: Counsel, all I need from you is an objection.
If I don't understand the question, I'll ask another one.
MS. MONIZ: I have an objection. And I think it's very unfair to this witness.
Let's pull out the video and let her look at it.
MR. WEINMASTER: Counsel, that's -- I don't want any more -- we can talk about this off the record. We're on the record right now.
All I need from you is an objection.
MS. MONIZ: You have an objection.
MR. WEINMASTER: Thank you. Could we have the last question read back, please.
THE REPORTER: "Question. And can you describe specifically how your fingers were around Baby Levi's body at the point that you applied traction with your hands?"

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A. My hands weren't around the body. My hands were assisting the head.
And there wasn't any excessive traction. It was just the normal process of assisting the baby to come out.
Q. (By Mr. Weinmaster) What do you recall about where the position of your hands were in relation to Baby Levi's head?
MS. MONIZ: Same objection.
A. I've already answered that question.
Q. (By Mr. Weinmaster) Which is what?
A. My hands were on the baby's head, and my fingers were around the neck. That's normal standard of care. That's where my hands are at every birth.
Q. Do you apply traction to the baby's head in every birth?
A. You do what you need to do. Sometimes it's modified traction -- not modified. Sometimes it's just simple traction. It's what you do to deliver a baby. They don't fall out.
You can't just sit there and say, "Okay, fall out."
You have to assist, and you manage the birth of the baby.
I don't call it traction. I don't call it

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pulling. I don't call it anything excessive. It's the process.
I mean I don't know what you want me to tell you.
Q. In the cases where you use simple traction, how much pressure do you apply in those cases?
MS. MONIZ: Object to the form of the question.
A. There's no way to determine that. There's no way to measure that.
And like I said, you have your hands on the baby and it's whatever way it goes, if you need to do this, or do this, or do this. And you get the baby out.
There's no way to measure what kind of pressure you're having there.
Q. (By Mr. Weinmaster) So there's no way to know when it's too excessive, would that be correct?
MS. MONIZ: Object to the form.
A. That's not a question you can answer. Because every single birth is different, and the management of Levi's birth is one process to the next to the next. So there's no way to define that what you're asking me.
Q. (By Mr. Weinmaster) You used the term too

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excessive. What do you mean by too excessive?
MS. MONIZ: Object to the form of the question.
A. Yeah, I said that. And I retracted that and I said simple traction.
Q. (By Mr. Weinmaster) So let's talk about simple traction. What do you mean by that?
A. Okay. You put your hands on the baby's head, you put the fingers around the neck. You assist the baby to come out, so it doesn't fall on the floor. Whatever it takes.
Q. And that's simple traction?
A. That would be the normal process in delivering a vaginal birth.
Q. And how did the term "simple traction" that we just talked about differ from the term you used earlier of "excessive traction"?
A. I retracted that term "excessive traction," and I don't have a definition for it.
Q. What do you mean or why do you want to retract it?
A. Because I said it, and I didn't mean to say it. I meant to say "simple".
Q. Is "simple" the same thing as "excessive"?
A. It could be.

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Q. Would you agree that you can apply too much traction to a baby's head?
A. I think it would be very difficult to apply too much traction with your hands. Maybe with instruments, yes.
Q. Do you think it would be possible to apply too much pressure to a baby when delivering with your hands on their head?
MS. MONIZ: Object to the form.
A. No. I don't believe you can apply -- I don't think you can define the amount of pressure. It's not definable.
Q. (By Mr. Weinmaster) Can you apply too much pressure to a baby's body when your hands are pulling on its head during a delivery?
MS. MONIZ: Object to the form of the question.
A. I don't know. I'm not an expert witness about those kinds of births, so I don't know.
Q. (By Mr. Weinmaster) In your experience, can you apply too much pressure to a baby's head when pulling during a delivery?
A. Well, we don't pull babies out. We assist them.
Q. During a delivery, can you apply too much

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pressure with your hands when assisting during a delivery?
A. I don't think you can measure the amount of pressure. It's not measurable.
Q. Is there any amount of pressure applied to the baby during delivery with your hands that can be too much?
MS. MONIZ: Object to the form of the question.
A. I don't think you can define that. I can't define that for you.
Q. (By Mr. Weinmaster) Would you agree that there can too much pressure?
MS. MONIZ: Object to the form of the question. Asked and answered.
A. I already answered that. I said with instruments I do believe there could be too much pressure. If you had forceps or vacuum on there, yes, I think you could have too much pressure.
But I don't feel the human hands can.
MR. WEINMASTER: Thank you. Let's take a break.
THE VIDEOGRAPHER: This is the end of disk number two. This deposition will continue on disk number three.

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The time is approximately 2:53. Going off the record.
(Recess.)
THE VIDEOGRAPHER: This is the beginning of disk number three in the continuing deposition of Laura Hamilton. The time is approximately 3:38.
MR. WEINMASTER: We are back on the record after a break.
We now have a video on a DVD that we are going to make Exhibit 3 to the deposition.
(Marked Deposition Exhibit No. 3.)
Q. (By Mr. Weinmaster) And what I'm going to do is play this through, Ms. Hamilton, and then we'll ask you some questions.
So first of all, what you're visualizing on the screen, do you see in the left-hand bottom corner where there's a time stamp?
A. Uh-huh.
Q. Is that a yes?
A. Yes. Sorry.
Q. And so right now the time stamp is 000, is it not?
A. Correct.
Q. Okay. So as we go through, you can see it at the bottom the time stamp changes. Like right now

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it's at 3:15.
Do you see that?
A. Yes.
Q. So I'm going to ask you some questions based on the time stamp of the video as we go out to about seven minutes.
And so now I am pressing "Play" on the video.
A. It's amazing.
Q. Why do you say it was amazing?
A. It amazes to me every single time I see those heads crown and the babies come out. She was a first-time mom. She did great. It was good.
Q. After watching this seven-minute video, is there any part of the testimony that you've given so far that you'd like to change?
A. Oh, it was way easier than you guys all described it. That was nothing. You all were describing this tugging and pulling. There was none of that.
I had my hands on there. I moved him. I had, you know, my hands came off and went back on.
No, that was slick as a whistle.
Q. I'm sorry. Slick as a whistle?
A. Yeah. That's what we say.

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Q. Okay. And I know we talked about that earlier this morning, but please refresh my recollection. What do you mean when you say "Slick as a whistle"?
A. Well, boy, that didn't take long at all to get that baby out. That was quick. That was fast.
Q. Was the apgar that you wrote down after what you visualized here today with Exhibit 3 --
A. Uh-huh.
Q. -- is it your testimony that the apgar is still accurate?
A. Yes, totally. Yes.
Q. So what you visualized in the video today would, in your testimony, be consistent with the one minute apgar of seven, is that correct?
A. Yes, yes. Uh-huh.
Q. I'm going to play back here and stop and ask you some specific questions.
So at 0057, we see what looks like a tube that's in the hand that is wearing a pink glove.
Number one, is that your hand?
A. This right here?
Q. Right.
A. Yes, that's me right here. That's a Doppler; it's not a tube.

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Q. In the video that we see where you're wearing a pair of pink gloves, is that true?
A. I don't think they were pink, but they were gloves. I don't have pink gloves.
Q. They look a little pink to me. Maybe they're a different color. Let's take a look.
A. They're kind of white, transparent. I don't have any pink gloves.
Q. Okay.
A. They might look pink in there, but they're not pink.
Q. What color are they?
A. They're like flesh color.
Q. So right there at 0036, we hear the words "Go, go, go"?
A. Uh-huh.
Q. Is that a yes?
A. Yes.
Q. And do you recognize that to be your voice?
A. Yes, it is.
Q. Did you recognize the voices of any other individuals when you first heard the audio to the seven-minute video?
A. I recognized Paul, the father. And I recognized Sandy. And there was another voice, and I

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think it was her mom. But I wouldn't recall if I heard the voice. I wouldn't know if it was her mom. I never met her before.
Q. So at this point, we're at 0059, and we've just seen the gloved hand go in with -- I called it a tube but you corrected me. It's a Doppler?
A. It's a Doppler.
Q. And I think we talked about the purpose of the Doppler is to get a heart rate?
A. Yes.
Q. And so that's the only purpose at 0059 of what you're doing with the Doppler, is that correct?
A. Listening to the baby, yes.
Q. Okay. Did you recognize -- right now we're at 0113. Did you recognize the words "I'm just going to have you get me a thing of Pitocin"?
A. Yes.
Q. Was that your voice?
A. That was my voice.
Q. Did you say those words?
A. I did.
Q. Why did you say those words?
A. Well, I have a little tray I set up for every birth and I always put one in there. But she went so quick and fast I didn't have time to get

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everything in there. So I had Sandy get it for me, so I could put it in my little tray.
Because I'm also my own nurse. I tell everybody, "I'm a one-man band."
So I always have the Pitocin in my tray. And I remember her going quickly and not expecting her to push this baby out so fast. So I hadn't gotten everything ready so I had Sandy get it for me.
Q. So was the Pitocin in a syringe?
A. No. You didn't hear me say "Get me a vial of Pitocin in a syringe"?
Q. I believe you said "Get me a thing of Pitocin" and the syringe?
A. And the syringe, yes.
Q. Okay.
A. So she just brought it over to me and put it in my tray and I would have drawn it up.
Q. So Sandy would not have been authorized to draw up a legend drug?
A. She could have. I could have ordered her to do that. But she doesn't, I do it.
Q. In the past has Sandy ever prepared any of the drugs or medications that you have administered?
A. Never. No. She's scared to death of needles. She wouldn't do that in a million years.

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Q. And so can you describe the process of drawing up the Pitocin in this case.
A. I probably drew it after the birth. I just wanted it available.
Q. And what do you do or what did you do in this case when you draw up Pitocin?
A. Well, I probably drew it after the delivery and probably stuck it in the IV as the notes suggest.
Q. Just in layman's terms, can you describe what that process is?
A. It's a little vial about this big. You pop the top off and flip it upside down, and you put your needle in there and you draw it up.
Q. Okay. And do you know what the percentage or what the actual compound is that's in the vial?
MS. MONIZ: Object to form.
A. Pitocin. I don't know what else. It's just Pitocin and it's a one-dose vial. It's not multi-dose, it's one.
Q. (By Mr. Weinmaster) And do you know what the volume is for that one --
A. One cc.
Q. One cc?
A. Uh-huh.
Q. Okay. So in this case, do you recall taking

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a one cc dose of Pitocin and drawing up in a syringe?
A. It says I did after the birth and put it in the IV. So I would say yes, I did do that.
See, I just wanted it over here, just in case.
Q. Now again we hear "Go, go, go." That's your voice, correct?
A. Uh-huh. Yes. Sorry.
Q. And at 0141 on the video, again, that's your voice saying "Go, go, go"?
A. Yes, it is.
Q. Okay. And now at 0155, I heard the words "Get the light" but to me it didn't sound like your voice.
That was someone else? Or maybe it was your voice.
A. No. That was my voice.
Q. That was your voice?
A. Yes.
Q. When you said "Get the light," who were you talking to?
A. I don't know, who was there? Maybe Sandy or -- because I have a light -- okay. There's a, you know, here's the bed. She's across the bed this way, and I have a light over here that I have. It's a long

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light that you can plug in.
And I had it on. I just wanted it so I could hold it there so that I could see the baby's head.
Q. Okay.
A. It's just so the people in the room can see it.
Q. Okay. So it looks on the video at the time stamp 0155 that the viewer of the video is able to see better. It looks like there's more lighting there.
A. Yeah, we probably brought the light over, and her friend -- probably her friend was holding it.
Q. Is that a hand-held light?
A. Yeah, it's -- yeah. It looks like an ink pen with a little halogen light at the end.
Q. Oh, and does it turn?
A. No. I actually use it when I do pap smears and stick up inside the speculum.
Q. Okay.
A. But it's got amazing light, so we use it. I always say I need a light on my head like the miners, you know.
Q. And is something -- do you still have that light?
A. Yes, I do.

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Q. So you asked for the light. Someone grabs it and is holding it for you?
A. Holding it. Yeah, you can see someone is holding it there. There's the light right there. You can tell there's light.
Q. Okay. And then at 0155, it looks like there's a hand, a gloved hand, that is going toward the bottom of the vagina. And then are you able to see the baby's -- the top of the baby's head there?
A. Yes.
Q. What else are you able to visualize in the frame from the video at 0155?
A. Just the head is visible. Not crowning yet. Almost but not yet.
Q. Now we're at 0203. And that is still your hand that's in the video frame. What are you doing at this point?
A. I'm just supporting the perineum. We kind of do a little sweep, like just kind of help stretch a little bit, so it doesn't tear. And then you just kind of support it.
Q. So at this point, have you put your hands, fingers or any part of your body on the actual baby that's being delivered?
A. No. Not at this point.

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Q. Okay. Now we're at 0215. Do you visualize the baby's head in that frame?
A. No.
Q. Is that of significance to you?
A. No, not at all. Huh-uh. Because the babies come down like a tide in the ocean. They come down and then they go back, they come down and they go back. And then pretty soon they kind of stay there a little bit more and a little bit more and a little bit more.
This is a first-time mom. They typically would push a half hour, 45 minutes. She's pushing four or five minutes and that baby's out. So this is amazing.
Q. Okay. Now we're at 0252.
And what do we see in that frame?
A. Just the head appearing again as she pushes, and me just supporting the perineum.
Q. Now we're at 0318.
What do we see thus far?
A. The head is starting to deliver, and so I'm just helping the head deliver, just guiding it.
Q. Right here we're at 0325. I actually went a little far.
From 0324 to 25, at this point what are you

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doing?
A. I'm still just assisting the head out.
Q. And what is the baby's presentation here?
A. You know what, I can't tell.
Q. So there we're at 0323. Are you able to tell what the baby's presentation is there?
A. Yeah. This looks like the back of the head.
Q. So what presentation would that be?
A. That would be LOP -- probably LOP or LOA. No, it's on the left. This would be the left.
I can't really see the whole head to see how it's coming out.
Q. So is the baby face up or face down here?
A. It looks like it's more sideways, but I can tell in another frame here.
Q. So here we see two hands, two of your hands go in at 0330. What are you doing in there?
A. It looks like I'm just, you know, assisting the baby. It looks like the baby's turning, and I'm just there.
Q. Okay. And you're doing that with your hands?
A. It looks to me like the baby's head came out, and you hold it, and it looked like the baby turned its head itself, and it looks like all I did

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was just hold it.
Q. And now we're at 0335. In that frame, were those your two gloved hands?
A. Yes.
Q. What are you doing there?
A. Just guiding the head. My hands are just right there guiding the head. Because when the baby comes out -- when the baby comes out, it will either do this or do this. And it restitutes.
And so at that point, you just have your hands there to see what the next step is going to be. Sometimes all we have to do is just barely kind of move it and the shoulder will pop right out. Sometimes it won't. So then we're looking to see why it's not just popping right out.
But it's a -- it's just a real simple process. It's just delivering the baby.
Q. Up until the time of what's visualized at 0335, have you used your hands to apply any amount of force --
A. No, not at all.
Q. Let me finish, please.
A. I know what you're going to ask me.
Q. -- up until the time where it's visualized in the video at 0335, have you used any amount of

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force with your hands placed upon the body of Baby Levi?
A. Not at all.
MS. MONIZ: Object to form.
A. It's just guiding it. There's no pressure there at all.
Q. (By Mr. Weinmaster) Is it your testimony that at the exact moment in time that is visualized here on the video at 0335 that you are not and did not place any amount of force with your hands upon the body of Baby Levi?
A. No.
MS. MONIZ: Object to the form.
A. No force at all. Just normal transition. Just -- no force at all.
Q. (By Mr. Weinmaster) So it's your testimony, Ms. Hamilton, that what we see and what you see right now on the video at 0335, at that point you're not using any force?
A. No, not at all. No. My hands are just sitting there.
Force would be like this. My hands are just sitting there.
Q. Now we've gone to 0337. And it looks like you have a position change with your hands.

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Do you know what you're doing there?
A. Probably the cord. That's what I'm thinking. I mean we can see the next phase, but at this point is when you would probably see the cord or feel the cord, so I'm thinking it must be addressing the cord.
Q. When you see a nuchal -- we're talking about a nuchal cord?
A. Correct.
Q. When you see that as a healthcare provider delivering babies, is that something that gives you fear or concern?
A. No, not at all. We see the cords all the time. I don't know what the literature says. I tell people that the cord is probably around the neck 50 percent of the time. I see it all the time. Whether it's around the neck or the shoulder or the arm or the leg.
There's two things when you see -- you want to feel for the cord, which it looks like I'm doing. Because you can have a nuchal cord that can just come down and back up, or you can have a cord around the neck.
And so, you know, you just have to establish, if you see that cord, what is that cord

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doing?
There I was just slipping the cord right off. You can see it.
Q. What is a nuchal cord?
A. A nuchal -- nuchal means around. So it could be nuchal looped, it could be around the head, the arm, the leg. Sometimes it will come down and go back up that way. That's a nuchal cord.
Anytime there's a cord that's presenting, it's a nuchal cord.
Q. Okay. I'm going to go back a bit because I missed that. We're playing again at 0339.
A. Okay.
Q. At 0341, what are you doing?
A. I don't know. I can't tell by that frame. I don't know.
Q. At 0350, what are you doing?
A. Just -- we kind of do this rocking thing to see which way the baby is going to go. It's either going to go this way or it's going to go this way. It kind of rotates, so it's just kind of a rocking motion to see which way the baby is going to go.
Q. Are you applying any amount of pressure with your hands at that point?
A. No. You just have your hands on the baby.

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Q. At 0352, are you applying any amount of pressure on Baby Levi at that point?
A. No. I've just got ahold of him.
Q. And it looks like in the center of our screen --
A. That's the cord still.
Q. -- is that the umbilical cord?
A. Yes, it is.
Q. Okay. And then it looks like on the top of the screen we see your left hand?
A. Uh-huh.
Q. And then on the bottom we see your right hand. Do you see that?
A. Yes.
Q. And both of your hands are facing with thumbs up, correct?
A. Yes.
Q. Okay. And then at 0352, I just saw your right index finger point and then go back into the vaginal canal?
A. Yes. Right there by the shoulder, probably.
Q. Would you agree with that?
A. Yes. It's not really in the vaginal canal, it's just right there at the introitus.
Q. And then at 0355, are you applying any

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amount of force with your hands upon the body of Baby Levi at that point?
A. Nothing excessive, no. Just normal, just normal assisting.
Q. So would agree that, at least at 0355, you agree you are applying some amount of pressure?
A. No. I'm assisting. There's no pressure.
Q. Okay. So your testimony is, Ms. Hamilton, at 0355 on what is visualized on the video, that you are not applying any amount of pressure with your hands upon the body of Baby Levi, is that correct?
A. I can't answer that question, because it's not -- you need to ask -- rephrase it.
Q. Were you applying any amount of pressure whatsoever to the body of Levi Myhre at the point in time that is depicted in the video as 0355?
A. I would say I have my hands on there, and I'm manually, you know, assisting the baby. I wouldn't call that pressure, no.
Q. Okay. At any point in time up until 0355, have you placed your hands upon Baby Levi's head?
MS. MONIZ: Object to the form.
A. What are you asking me?
Q. (By Mr. Weinmaster) Sure. Did you put your hands on Baby Levi's head?

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MS. MONIZ: Objection; vague.
A. When you're delivering, you have to touch the baby.
Q. (By Mr. Weinmaster) So would the answer to my question be yes?
A. Yes. I touched the head.
Q. So we jumped back a little bit. At 0320, would you agree that your hand is pulling on Levi Myhre's head at that point?
A. No. The head is not even all the way out. There's no way you could pull on it. Your hands are there assisting as it comes out. So no, I'm just guiding it. There's no pulling at all.
Q. Okay. So at 0320 your testimony is you're not pulling on Levi's head?
A. Correct. I'm not pulling on his head.
Q. And now we're at 0325. Is your testimony that you're not pulling on Levi's head up until this point?
A. I'm not pulling on his head. Just positioning my hand on the baby.
Q. Up until 0331 on the video, is your testimony that you haven't pulled on Levi's head up to this point?
A. No, I haven't pulled on it at all. I'm not

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even touching the head. I'm touching the shoulder.
Q. At 0335, is your testimony up until this point in time on what's visualized in the video you haven't pulled on Levi's head?
A. No, not at all. You're just guiding it. You have your hands on it, and mom's pushing and the baby's coming, and you're just guiding it. You can't pull them out. You can't.
Q. So at 0341, just before that, I heard the voice say "We've got a cord, we've got a cord"?
A. That was my voice.
Q. That was your voice. And you were referring to the nuchal cord?
A. Yes.
Q. And now we're at 0349. Up until this point, is it your testimony that you haven't pulled on Levi's head?
A. No. I'm not pulling on it there. I'm rocking it. You're rocking it to get it under the pelvic bone, so then you can bring it up like this. So it's a rocking motion.
Q. So up until 0349, your testimony is you provided a rocking motion with your hands upon Levi's head?
A. To assist -- just assisting it, yes.

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Q. How much pressure did you use when you performed the rocking motion with your hands upon Levi's head?
A. Probably none, because it comes right out. Now this is when the baby rotates.
Q. So right here, we're at 0357. Can you describe how your fingers are positioned at that point?
A. Probably around the baby. That's what we do. It looks like, you know, I just got my hands around the head or around the neck there. Just got my hands just like that.
Q. Around Levi's head?
A. Well, his head is right there. My hands are right there. It's more like around his neck or shoulders there. This looks like the shoulder coming right there. See, now I'm getting the bottom shoulder out.
Q. So now we're at 0401. Can you describe the position of your hands?
A. On the baby.
Q. On what part of the baby?
A. The baby's head and neck.
Q. Are both of your hands on Levi's head and

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neck in that?
A. I can only see one hand. I don't see the other hand.
Q. Okay. And so what we see at 0401 on the top of the video, that would be Levi's head, correct?
A. Correct.
Q. And then on the bottom of the video we see, that would be your right hand, correct?
A. Correct.
Q. And then over here on the upper right-hand side of the video, would that be your left hand?
A. It doesn't look like a hand. So there is, yeah.
Q. Okay. And so we jump forward to 0402.
A. Yes.
Q. So going back to 0401, you would agree that the bottom of the screen that was your right hand. At the top of the screen to the left-hand side was Levi's head, correct?
A. Yes.
Q. And then at the top of the at 0301 to the right-hand side would be your left hand, correct?
A. My left hand would here and the right there.
Q. Okay.
A. See, there's his ear. And there he's face

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up.
Q. At 0408, up until this point in time have you used your hands to place pressure upon Levi's head?
A. No. Go back, I want to see him rotate.
Q. Okay. So now we're at 0410. And at this point, are you applying any amount of pressure to rotate?
A. Nothing abnormal, huh-uh. Totally normal.
Q. Okay. Any amount of pressure?
A. I couldn't define pressure at this point, because it's the process in delivering the baby's head. So I can't say it was pressure. I would say it was assisting.
Q. Okay. So at this point in time at 0412, can you describe where your right hand is in that photo or that video?
A. No. I can't tell by that frame.
Q. Okay. Would you agree that your right hand --
A. Maybe this is my right hand.
Q. Right. Your right hand has the bottom three fingers and then your index finger is in the top middle of the screen?
A. That looks like my thumb.

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Q. Okay. So going back to 0410, that is actually your thumb in the top of the screen?
A. Well, I think so. It's kind of hard to tell. That was my index finger.
Q. Okay. What are you grabbing in that shot?
A. I don't think I'm grabbing anything. There's his shoulder.
Q. So in 0419, what are you doing?
A. It looks like just assisting in the rest of the birth, because this looks like the shoulder. Looks like this part right here.
Yes, there he goes.
Q. And then at 0241?
A. I rotated him.
Q. And you did that with your hands?
A. Uh-huh. He was --
Q. Is that a yes?
A. He was -- I mean if you go back, you can hear me say, "Watch him rotate."
The babies will come out, and they just spin sometimes right in front of you eyes. Sometimes they'll crown and spin.
But as soon as he came out in a position where his shoulder was he spun. I even said "Watch him rotate."

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Q. And did you place any amount of pressure on Levi Myhre's body when you rotated him?
A. I didn't -- it looks like I assisted with this baby rotating itself. But no, there wasn't any pressure.
Q. And then you'd agree at 0424, at that point, Levi Myhre's entire body has been delivered?
A. Correct.
Q. All right. Thank you.
MR. WEINMASTER: We can go ahead and take a short break.
THE VIDEOGRAPHER: Going off the record. The time is approximately 4:24.
(Recess.)
THE VIDEOGRAPHER: The time is approximately 4:36.
Q. (By Mr. Weinmaster) Ms. Hamilton, please describe all the education and training you have received specific to shoulder dystocia risks, assessment and management.
A. It would just be experience.
Q. Did you feel an urgency to get Levi's body delivered as soon as possible?
A. No more than usual.
Q. Other than this lawsuit, what other

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complaints have there been regarding your care as a midwife?
MS. MONIZ: Object to the form. Overly broad.
A. I don't know anything about the complaints. I know there's several of them, because the doctors complain every time I send a patient to the hospital. But I've never seen them, I've never seen a complaint.
Q. (By Mr. Weinmaster) You say "The doctors complain every time I send a patient to the hospital"?
A. For years, they did. I don't think they so much do anymore, but they used to. They used to tell me they were going to, and they did. When I first started practicing, in the first ten years.
And I know they did, because they told me they did.
Q. Why is that?
A. Because they didn't like home births and midwives.
Q. Was this just one hospital or more than one?
A. Just one that I know of. Just my local hospital where I transferred to.
Q. Okay. Since you got your midwife license, are you able to go into a hospital and assist with deliveries?

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A. You could apply for privileges to do that, but I choose not to.
Q. Okay. So have you ever had privileges to go and help with deliveries in a hospital?
A. No.
Q. Is there a specific reason why you choose not to apply for privileges at any hospital?
A. I have no desire to do births at hospitals.
Q. Why is that?
A. Just a matter of philosophy and experience and it's what -- it's what women want. They don't want to be in the hospital. They want to have them at home.
Q. Are you aware of any complaints regarding your care as a midwife, other than the doctors at the hospital that we talked about?
MS. MONIZ: Object to the form.
A. I'm not aware of -- I know there's complaints but I'm not aware of what they are, because I haven't seen them or been notified of them. So no, I don't know what they are.
Q. (By Mr. Weinmaster) Have there been any criticisms of your care as a midwife sent to the Department of Health in addition to the complaints?
MS. MONIZ: Object to the form.

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A. I have no idea. I've never been contacted by them with any of that information.
Q. (By Mr. Weinmaster) How many investigations of your care have been started by the Department of Health?
A. I don't know. Maybe one or two, or three. I don't know.
Q. Have you ever received any correspondence indicating the number of complaints that were formally made against you regarding your care as a midwife?
A. No. I've never received anything.
Q. Has JUA or anyone acting on their behalf, such as MSS or another insurance agent, ever asked you to provide information regarding the number of complaints?
A. Never. No.
MS. WEAVER: I'll object to form. MSS is not an insurance agent.
Q. (By Mr. Weinmaster) Has anyone from JUA ever asked you to provide information about the complaints against you?
A. No.
Q. Has anyone from MSS ever asked you to provide information regarding the complaints against you?

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A. No.
Q. Has Liz Chalmers in her capacity as administrator to MSS ever asked you to provide information regarding the number of complaints against your care as a midwife?
A. No.
Q. Are you aware of any complaints sent to the Department of Health that did not result in any lawsuit?
A. Was I aware of what?
Q. Any complaints sent to the Department of Health that did not result in a lawsuit.
MS. MONIZ: Object to the form.
A. I don't know the answer to that.
Q. (By Mr. Weinmaster) Okay. Has your attorney today, Donna Moniz, represented you in any prior complaints with the Department of Health?
MS. MONIZ: Object to the form.
But go ahead and answer.
A. Yes.
Q. (By Mr. Weinmaster) Okay. When was the first time that you were represented by Ms. Moniz? And I'm just looking for the year.
A. 1994, I believe.
Q. And in what capacity were you represented by her? And I'm looking for the type of case.

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A. It was a license -- it wasn't a lawsuit. It was a license issue.
Q. Okay. So there was an action against your license as a licensed midwife in 1994, correct?
A. That's correct, isn't it, Donna? Yes.
Q. And in what other formal matters has Ms. Moniz represented you?
A. There was one other case. When was that? There was one other case that resulted in them dropping it. I don't remember when that was.
Q. Did you contact anyone to discuss the Levi Myhre birth between the time that Levi left your office in April of 2010 until the time that you were notified of the claim being made by my firm?
MS. MONIZ: Object to the form of the question.
A. I don't recall discussing the case with anybody, because I didn't know there was a case.
Q. (By Mr. Weinmaster) How did you first learn that there was a claim being made against you?
A. I received a letter from the in-body office there in Centralia.
Q. And who did you contact when you received that letter?

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A. Donna.
Q. And that's Donna Moniz?
A. Donna Moniz, yes.
Q. Okay. And was JUA, from your understanding as a consumer of insurance, your insurer at that time?
A. Yes.
Q. And in fact, you had made payments and paid for the insurance, to your understanding as a consumer of insurance, to JUA at that time, correct?
A. Yes.
Q. How many orders have been issued from the Washington State Department of Health regarding your care as a midwife, if you know?
MS. MONIZ: Object to the form of the question.
A. I don't know. I don't know what you mean by orders.
Q. (By Mr. Weinmaster) Okay. Sure. Let's talk about that.
Any written document from an administrative law judge, a health law judge or a court of law within the state of Washington regarding your care as a midwife.
MS. MONIZ: Object to the form of the question.

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Do you want me to help her?
MR. WEINMASTER: No. That's okay. Thanks, Donna.
MS. MONIZ: I'm going to object to the form. I think it's vague as to "orders."
Q. (By Mr. Weinmaster) Sure. At least, do you know, Ms. Hamilton, sitting here today, how many orders have been issued regarding your care as a midwife from the Washington State Department of Health?
A. I think only one. There might be two.
Q. Can you describe your working relationship with Midwifery Support Services or MSS?
A. I don't even know what MSS is. I've never heard of that. I just know JUA. I don't know if they're all the same. I don't know.
Q. How is it that you ended up getting your malpractice insurance?
A. Through the JUA?
Q. Yes.
A. It became available and I applied for it and got it.
Q. Okay. And then that was back in 90 --
A. 96.
Q. 96. And then every year, do you pay an

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annual premium?
A. I am usually quarterly, because it's so much.
Q. Okay. So you pay quarterly premiums, and then do they provide you any correspondence?
A. Yeah. In January when we pay for the -- pay for that, they get just a cover sheet that says we're covered.
Q. Okay. And with these checks you've been sending, where do you send them to?
A. To the JUA. It's a post office box in Spokane.
Q. Okay. Have you ever had to fill out any information or answer any questions regarding whether or not you were an insurable risk?
MS. MONIZ: Object to the form.
A. No.
Q. (By Mr. Weinmaster) Has anyone from MSS ever asked you any questions about your prior healthcare history as a licensed midwife?
MS. MONIZ: Object to the form.
A. No.
Q. (By Mr. Weinmaster) Have you ever filled out an application for insurance other than that first time in 1996?

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A. No. Not an application. We fill out a form every year, but just about our births. But no, nothing about an application.
Q. Okay. And is the form that you fill out, your payment is based on the number of deliveries within the state of Washington, correct?
A. Yes.
Q. Okay. And so the purpose of that form, from your perspective, is to figure out how much you have to pay for that particular year?
A. Correct, yes.
Q. Is any other information provided other than the actual number of deliveries within the state of Washington on that particular form?
A. No.
Q. How do you know Nancy Spencer?
A. You asked me that question earlier. We were in the midwifery school together. We were both in the first class.
Q. And was Nancy Spencer involved in any of the actions against your license as a licensed midwife?
A. What do you mean involved?
Q. Did she have any involvement in any way whatsoever?
MS. MONIZ: Object to the form. Overly

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broad.
A. I don't know what you're asking me.
Q. (By Mr. Weinmaster) Did Nancy Spencer have any involvement in any of the prior actions against your license in the state of Washington?
MS. MONIZ: Object to the form of the question.
A. I don't know what you're asking me. I don't know the answer to that.
Q. (By Mr. Weinmaster) Is Nancy Spencer involved with JUA, to your knowledge?
A. Yes.
Q. In what capacity?
A. I really don't know. I know she goes to the meetings, but I don't know in what capacity.
Q. Who is Kathy Dann?
A. Kathy Dann is -- I delivered her three babies probably more than 20, 25 years ago. And she's a birth assistant at Round the Circle Midwifery. And I think she's a doula.
Q. What is a qualified birth assistant?
A. I don't know. I don't know the definition of that.
Q. Do you know if Kathy Dann is a "qualified birth assistant"?

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A. I don't know.
Q. Did you ever pay any monetary fines to the Washington State Department of Health?
A. Yes, I did.
Q. Do other people ever document what is happening during the births that you perform or is it only your charting?
A. When I have births -- when Sandy is there, Sandy will -- we'll have a tablet and she'll write down things for me. I'll tell her, you know, what times, fetal heart tones, what time the water broke.
I'll tell her, if I'm across the room, I'll say "Write that down, write that down."
Q. But in this case, Levi's case, that didn't happen?
A. She was there. She wrote down times.
Q. And so if we go back to Exhibit 2, what writing is Sandy's?
A. None. We just have a tablet, and we just jot things down. And then I -- we refer to that when I'm finishing the chart, and then they're just -- it's just notes. I just throw them away.
Q. So is it your testimony that in Levi Myhre's case specifically there was handwritten documentation by Sandy that you threw away?

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A. You know, I don't remember if she wrote things down or not. We always have a tablet there. And I know sometimes I call out, "Write this down, write that down."
But I don't recall if she did or not for that birth.
Q. So in Levi Myhre's case we just won't know whether there was handwritten information that was thrown away, is that correct?
MS. MONIZ: Object to the form.
A. It's a tablet like that. I write their name at the top, the time, what time they arrive, how they want to spell the baby's name. If I weigh the baby, she'll write down the weight.
So just use it to transfer. It's just notes. I don't keep any of them. I do that for all the births. I don't keep any of them because I transfer all the information to the chart.
When I have a tablet there. I don't always. It just depends what time of day it is.
Q. (By Mr. Weinmaster) So in Levi Myhre's case, is it your testimony that notes were thrown away or not?
MS. MONIZ: Object to form.
A. Notes were not thrown away. I might have

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written some information down on a piece of paper down that was thrown away, like maybe how to spell his name or maybe how much he weighed or something.
But not any medical notes, just jots.
Q. (By Mr. Weinmaster) Have you discussed this case with Nancy Spencer?
A. Very briefly. Not very much.
Q. When was the first time that you discussed Levi Myhre's case with Nancy Spencer?
A. Probably when she was going to go see the video.
Q. Where were you the first time that you discussed Levi Myhre's case with Nancy Spencer?
A. I don't know. We talk every day on the phone, so probably on the phone.
We don't talk every day on the phone. We probably talk two or three times a week on the phone.
Q. So you would consider Nancy Spencer a personal friend?
A. She's definitely a personal colleague.
Q. In what month and year was the first time that you spoke to Nancy Spencer about Levi Myhre's case?
A. I don't know.
Q. But you know it was prior to the time that

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she came to my office and watched the video that you've just watched today, correct?
A. Yes.
Q. Did you speak to Nancy Spencer at any time after that first occasion about Levi Myhre's case?
A. She just briefly said, talked to me after she saw the video, that she thought I managed it excellently.
Q. When was that?
A. After she watched the video.
Q. Was that conversation in person or on the telephone?
A. On the telephone.
Q. Did you call her or did she call you?
A. I don't know. I don't know. She calls me, I call her. You know about -- we talk about -- we run cases by each other all the time. What about this case? What about that case?
No names, none of that. It's just "I had this situation and that happened," that type of thing.
Just on a professional level.
Q. Has Nancy Spencer ever testified before on your behalf?
A. I don't know.
Q. Has Nancy Spencer ever provided written

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testimony under oath on your behalf?
A. Not that I'm aware of.
Q. Has Nancy Spencer ever sat on the board of JUA at any time?
A. Well, I knows she goes to the meetings, but I don't know what she does there. I don't know what her capacity is.
Q. At any time, did you speak to Louisa Wells about Levi Myhre's case?
A. No.
Q. I may have asked you this earlier, but do you have a professional relationship with Louisa Wells?
A. I have no idea who she is. I have no idea. I don't know if she's a midwife or a nurse. I don't know what she is.
Q. Okay. Did you have any professional relationship with Donna Moniz or anyone at her firm, not in the capacity of them being your lawyers, but prior in healthcare when members of that firm were in other professions?
MS. MONIZ: Object to the form. Vague.
A. I've only known Donna in a professional capacity.
Q. (By Mr. Weinmaster) You would agree that

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all treatment decisions should be made with patient's safety as the first priority, wouldn't you?
MS. MONIZ: Object to the form of the question.
A. I don't understand your question.
Q. (By Mr. Weinmaster) Should all decisions by a healthcare provider delivering laboring mothers be made with patient safety as the first priority?
MS. MONIZ: Object to the form of the question and misstates the standard of care.
A. I'm not going to answer that. I don't know what you're trying to ask me. I mean I think as healthcare providers, of course we're concerned about people's safety. So I don't know what you're asking me.
Q. (By Mr. Weinmaster) Sure. And in fact, as a healthcare provider you're concerned with your patient's safety when providing care, are you not?
MS. MONIZ: Object to the form of the question. It's argumentative and misstates the standard of care.
A. I already answered that. I already said, as medical professionals we do, our concern is the safety.
Q. (By Mr. Weinmaster) And do you agree that

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treatment decisions should be made with patient safety as the number one priority?
MS. MONIZ: Object to the form of the question. Argumentative and misstates the standard of care.
A. I think -- I don't -- I think there's a lot of issues that would be number one in the safety of someone's care. I just think -- you can't just name one thing.
Q. (By Mr. Weinmaster) What are things that you think would be more important than the safety of your patients when making decisions regarding providing care for them?
MS. MONIZ: Object to the form of question. It's argumentative and misstates standard of care, and it's twisting her testimony.
A. I don't have an answer.
Q. (By Mr. Weinmaster) If a licensed midwife is careless and hurts someone, she is held responsible for the damage that she causes, would you agree or disagree with that?
MS. MONIZ: Object to the form of the question. It misstates the law and it's argumentative.
A. I don't have an answer for that.

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Q. (By Mr. Weinmaster) Why not?
MS. MONIZ: Same objection.
A. It's just way too broad. I mean you're saying if we cause damages. I don't think anybody ever intends to have damages. But in life, damages occur, but it's not anybody's fault.
Q. (By Mr. Weinmaster) As the danger to a patient increases, should a midwife act more carefully?
MS. MONIZ: Object to the form of the question.
A. I'm not going to answer that. That's really a stupid question. The danger? You think we're all out to cause dangers?
Q. (By Mr. Weinmaster) No. Let me rephrase that to make sure that you do understand.
Because I don't think it's a stupid question.
Here's my question. As the danger to a patient increases, the midwife should act more carefully?
MS. MONIZ: Object to the form of the question. Same objection. It misstates the standard of care. We know you're reading the repeti questions off your iPad there or whatever. And it's not a fair

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question to this witness, particularly in this case.
MR. WEINMASTER: Are you instructing her not to answer?
MS. MONIZ: I think she's already told you what she thinks of your question.
MR. WEINMASTER: Are you instructing this witness not to answer?
MS. MONIZ: She can use her judgment on whether to answer and whether she's able to answer the question as phrased.
A. I don't believe I put any patient in danger.
Q. (By Mr. Weinmaster) Do you believe that the birth process can be potentially dangerous to a baby?
MS. MONIZ: Object to the form of the question.
A. I'm not going to answer that. There's not an answer for that.
MR. WEINMASTER: I'm going to continue this deposition until we get a ruling, if necessary, on these. And I think Judge Yee has already ruled that I can come back and take a second deposition, if necessary.
But I want to make a record that this is also another ground that I may need to come back on. Because the witness is obviously refusing to answer my

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question, and has not been instructed by her counsel not to answer the question, by making a legal objection or instruction thereof in violation of CR 30, CR 26, and actually I think it's 30(h), also.
But I will move on.
MS. MONIZ: We, of course, object to continuing on that basis.
And we also object as Judge Yee didn't say you could show the video, ask her all the questions about it, and then come back a second day.
MR. WEINMASTER: I think the judge's order on that issue will speak for itself.
Q. (By Mr. Weinmaster) Would you agree that healthcare providers such as yourself must accurately read and record information to promote patient safety?
MS. MONIZ: Object to the form of the question, and again it's not a legal standard.
You may answer, if you're able to answer the question.
A. I don't understand the question.
Q. (By Mr. Weinmaster) Healthcare providers must accurately read information to promote patient safety. Would you agree with that statement?
MS. MONIZ: Object to the form. It's vague and ambiguous.

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A. I don't have an answer for that.
Q. (By Mr. Weinmaster) You don't have an answer or you refuse to answer?
A. I don't have an answer for it. I'm not an expert witness. You want to know healthcare providers, I can't speak for any healthcare providers.
Q. Healthcare providers must accurately record information to promote patient safety. Would you agree with that statement?
MS. MONIZ: Object to the form of the question. Same objections.
A. I don't – I don't have a statement about what other healthcare providers should be doing.
Q. (By Mr. Weinmaster) What about you, yourself?
MS. MONIZ: Same objection.
A. Ask me again.
Q. (By Mr. Weinmaster) Would you, Ms. Hamilton, as a healthcare provider, agree that you must accurately record information about a patient to promote patient safety?
MS. MONIZ: Object to the form of the question.
A. I think as a healthcare provider, we all want to do the best and we all want to be accurate.

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We're all human. Mistakes are made. You know, times are confused.
I honestly have never done anything intentionally to make -- do that mistake. But it can happen.
Q. (By Mr. Weinmaster) So in the 3,582 deliveries that you've done, have you made any mistakes?
MS. MONIZ: Object to the form of the question.
A. None that I regret. Not one. I can't look back on a single birth and say "Oh, gosh. I should have done that." Never.
Q. (By Mr. Weinmaster) So is it your testimony, Ms. Hamilton, as you sit here in this case that you don't have regrets about any mistakes from any of the 3,582 deliveries that you've done?
A. No, not conscious mistakes. I think we could look at every birth, and we could learn from it, and maybe modify things. But I've never, ever felt I've ever made a mistake that I regretted, never.
I totally believe 100 percent in what I do. And I dedicate myself -- this is my life's work, this is what I do every day. I would never intentionally -- I don't think I ever intentionally

made a mistake. I maybe sometimes might have managed differently, but it's not a mistake.
Q. So in all those deliveries, you've never made one mistake?
A. Not that I would regret, no.
MR. WEINMASTER: Thank you. Those are all the questions that I have.
MS. MONIZ: I may have some follow-up.
Are you going to have some questions?
MS. WEAVER: I would like to have some colloquy on the record at the end of the dep regarding my client and have that on the record with Doug.
But I do not have questions for Ms. Hamilton.
THE VIDEOGRAPHER: Going off the record. The time is approximately 5:11.
(Recess.)
THE VIDEOGRAPHER: Back on the record. The time is approximately 5:16.
MS. MONIZ: Okay. I have no questions.
We do want to make a record, though, and that is that in our view, the deposition is concluded.
The questions that were not answered were not fairly answerable and they were objected to.
And also, we had the opportunity to look at

the video. And there's -- if there's anything more that should be discussed about that, it should be done today.
MS. WEAVER: It's your turn. I suppose there's no follow-up questions?
MR. WEINMASTER: No. I don't have follow-up questions.
And I'm not done with the deposition. I continue the deposition. We'll make those arguments to the court, if necessary.
(Colloquy excerpted.)
THE VIDEOGRAPHER: This is the end of disk number three and adjourns this deposition.
The time is approximately 5:25.
(Deposition recessed at 5:25 p.m.)

SIGNATURE

I declare under penalty of perjury under the laws of the State of Washington that I have read my within deposition, and the same is true and accurate, save and except for changes and/or corrections, if any, as indicated by me on the CHANGE SHEET flyleaf page hereof.

Signed in _____,
Washington, this _____ day of _____,
2014.

_____
LAURA HAMILTON
Taken: April 22, 2014

Re: MYHRE vs. HAMILTON
Cause No.: 14-2-02446-1 SEA
Pat Lessard, CCR 2104

CERTIFICATE

STATE OF WASHINGTON)
) ss.
COUNTY OF KING)

I, the undersigned Washington Certified Court Reporter, hereby certify that the foregoing deposition upon oral examination of LAURA HAMILTON was taken stenographically by me on April 22, 2014 and transcribed under my direction;

That the witness was duly sworn by me pursuant to RCW 5.28.010 to testify truthfully; that the transcript of the deposition is a full, true, and correct transcript to the best of my ability; that I am neither attorney for nor relative or employee of any of the parties to the action or any attorney or counsel employed by the parties hereto, nor am I financially interested in its outcome.

I further certify that in accordance with CR 30(e) the witness was given the opportunity to examine, read and sign the deposition within 30 days upon its completion and submission, unless waiver of signature was indicated in the record.

IN WITNESS WHEREOF, I have hereunto set my hand this 28th day of April, 2014.

_____
Pat Lessard, CCR 2104

CHANGE SHEET

PLEASE MAKE ALL CHANGES OR CORRECTIONS ON THIS SHEET, SHOWING PAGE, LINE AND REASON.

PAGE LINE CORRECTION AND REASON

LAURA HAMILTON
Taken: April 22, 2014
Re: MYHRE vs. HAMILTON

EXHIBIT 4

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
ADJUDICATIVE SERVICE UNIT

In the Matter of	**Master Case No. M2018-203**
LAURA A. HAMILTON Credential No. MIDW.MW.00000041 Respondent.	**EX PARTE ORDER OF SUMMARY ACTION**

PRESIDING OFFICER: Jerry A. Villarreal, Health Law Judge

This matter came before the Presiding Officer, Health Law Judge Jerry A. Villarreal, on delegation from the Secretary, on September 10, 2018, on a Motion for Order of Summary Action brought by the Midwifery Program of the Department of Health (Program), through the office of the Attorney General. The Program issued a Statement of Charges alleging Respondent violated RCW 18.130.180(1), (4), and (7), WAC 246-834-255(1)(f) and (3)(a), and RCW 18.50.010. The Presiding Officer, after reviewing the Statement of Charges, Motion, and supporting evidence, GRANTS the motion. **CREDENTIAL SUMMARILY SUSPENDED** pending further action.

1. FINDINGS OF FACT

1.1 Respondent is a midwife, credentialed in the state of Washington at all times applicable to this matter.

1.2 The Program issued a Statement of Charges alleging Respondent violated RCW 18.130.180(1), (4), and (7), WAC 246-834-255(1)(f) and (3)(a), and RCW 18.50.010. The Statement of Charges was accompanied by all other documents required by WAC 246-10-201.

1.3 As set forth in the allegations in the Statement of Charges, as well as the motion for summary action, Respondent has been a credentialed midwife in Washington since 1983. Between 2013 and 2016, Respondent provided prenatal care to Patients A, C, and D and their babies, both pre- and post-birth. Respondent's negligent practice of

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midwifery put the mothers' and babies' health at risk and caused or contributed to permanent injury to Patient B (Patient A's newborn), the death of Patient C's stillborn infant, and delayed assessment and treatment for drug withdrawal for Patient E (Patient D's newborn). The Program finds that abuse of a position of trust as alleged here and supported by the attached declaration and exhibits, justifies making a determination of immediate danger and a decision to immediately suspend the Respondent's credential until a hearing on the matter can be held.

1.4 The above allegations, supported by the declaration of Jocelyn A. King, Health Care Investigator, together with the attached exhibits, justify the determination of immediate threat in this case and a decision to immediately suspend the Respondent's credential until a hearing on the matter is held.

2. CONCLUSIONS OF LAW

2.1 The Secretary (and by delegated authority the presiding officer) has jurisdiction over Respondent's credential to practice as a midwife. RCW 18.130.040.

2.2 The Secretary has authority to take emergency adjudicative action to address an immediate danger to the public health, safety, or welfare. RCW 18.130.135 and RCW 18.130.050(8).

2.3 The Findings of Fact establish the existence of an immediate threat to the public health and safety if Respondent has an unrestricted credential. The Findings of Fact establish that the requested summary action is necessary and adequately addresses the danger to the public health and safety.

3. ORDER

3.1 Based on the Findings of Fact and Conclusions of Law, it is ORDERED that Respondent's credential to practice as a midwife is **SUMMARILY SUSPENDED** pending further disciplinary proceedings by the Secretary. Respondent shall immediately deliver all credentials, including wall, display, and/or wallet, if any, to the Program.

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3.2 It is HEREBY ORDERED that a protective order in this case is granted. All healthcare information and non-conviction data contained in the Ex Parte Motion, Declaration, and attached exhibits shall not be released except as provided in RCW 70.02, RCW 10.97, WAC 246-10-405(2), and WAC 246-10-405(5).

Dated this 11th day of September, 2018.

Jerry A. Villarreal

JERRY A. VILLARREAL, Health Law Judge
PRESIDING OFFICER

For more information, visit our website at:
http://www.doh.wa.gov/PublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/Hearings.aspx

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH
ADJUDICATIVE SERVICE UNIT

In the Matter of: LAURA A. HAMILTON, Credential No. MIDW.MW.00000041, Respondent.	)	Master Case No. M2018-203 ORDER ON SHOW CAUSE

APPEARANCES:

Laura A. Hamilton, Respondent, by
Johnson, Graffe, Keay, Moniz & Wick, LLP, per
Donna M. Moniz, Attorney at Law

Department of Health Midwifery Program (Program), by
Office of the Attorney General, per
Sierra McWilliams, Assistant Attorney General

PRESIDING OFFICER: John F. Kuntz, Review Judge

On September 28, 2018, the Presiding Officer on convened an in-person show cause hearing pursuant to RCW 18.130.135. The hearing was to determine two issues: (1) whether the Respondent's conduct poses an immediate threat to the public health, safety or welfare; and (2) whether the action taken was necessary to prevent or avoid the immediate danger to the public health, safety or welfare.

SUMMARY OF PROCEEDING

The Presiding Officer admitted the following Department exhibits:

D-1: Ex Parte Motion of Summary Action, dated September 5, 2018.

D-2: Declaration of Department of Health Investigator Jocelyn A. King, dated August 27, 2018, and including the following exhibits:

Exhibit A: Respondent's chart notes for Patient A, dated April 9, 2014, and pre-natal chart notes.

Exhibit B: Chart notes for Patient B from Isaac S. Pope, MD, dated April 17, 2014.

Exhibit C: Respondent's chart notes for Patient C, dated December 2-3, 2014, and pre-natal chart notes.

Exhibit D: Chart notes for Patient C from WCH Providence Centralia Hospital, dated December 2, 2014.

Exhibit E: Chart notes for Patient F from WSP Providence St. Peter Hospital, dated July 12, 2016.

Exhibit F: Respondent's chart notes for Patient E and Patient F, dated March 2016 through July 2016.

Exhibit G: Statement to the Department of Health from Annastasia Sherman, CFWS Social Worker, undated.

D-3: Program's Reply in Support of Order of Summary Suspension dated September 27, 2018, and supported by the following:

Declaration of Sierra McWilliams, dated September 27, 2018 (and including a copy of a Stipulation to Informal Disposition, In the Matter of the License to Practice Midwifery by: Laura A. Hamilton, Docket No 98-03-B-1084MW, dated November 20, 1998).

Declaration of Erin Saavedra, dated September 27, 2018 (with attached curriculum vitae).

The Presiding Officer admitted the following Respondent exhibits:

R-1: Motion to Lift Summary Suspension Imposed on September 11, 2018, on Laura A. Hamilton, and supported by:

Declaration of Laura A. Hamilton, dated September 24, 2018.

Declaration of Robert Demott, MD, dated September 21, 2018.

Declaration of Carolee Hall, dated April 1, 2016 (with attached curriculum vitae).

Declaration of Donna M. Moniz, dated September 25, 2018 (with study entitled: Methadone versus buprenorphine in pregnant addicts: a double-blind, double-dummy comparison study, first published 24 January 2006).

Declaration of Aaron Caughey, MD, Ph.D, dated April 4, 2018.

Respondent's statements regarding Patients A, B, C, D, E, and F, and relevant chart notes for the patients.

R-2: Declaration of Karin J. Mitchell In Support of Respondent's Motion to Lift Summary Suspension, dated September 27, 2018.

In addition to the above exhibits, the Presiding Officer was provided with copies of the Statement of Charges and Answer to Statement of Charges. Oral argument was requested by the parties.

I. FINDINGS OF FACT

1.1 On September 11, 2018, the Secretary of Health (Secretary) issued a Statement of Charges and Ex Parte Order of Summary Action and other necessary pleading required under WAC 246-11-520/WAC 246-10-201. Under the Ex Parte Order of Summary Action, Health Law Judge Jerry A. Villarreal (the Presiding Officer on delegation from the Secretary of the Department of Health) alleged the Respondent's conduct posed an immediate threat to the public health, safety or welfare, and summarily restricted/ suspended the Respondent's credential to practice as a midwife.[1]

1.2 On September 19, 2018, the Respondent filed her Answer to Statement of Charges. The Respondent denied the allegations contained in the Statement of Charges. As a part of the Answer to Statement of Charges, the Respondent requested a show cause hearing pursuant to RCW 18.130.135.

[1] The matter was transferred to the undersigned Presiding Officer on September 18, 2018.

1.3 On September 28, 2018, the Presiding Officer convened a show cause hearing and considered the evidence submitted by the parties.[2]

1.4 There is evidence of immediate danger to the public's health and safety in this case. That evidence includes: the Respondent having emergency equipment present but not readily available for use in case of an emergency; and the Respondent providing midwifery services to a patient or client (here Patient E, the Respondent's niece) who suffered from current drug addiction or abuse issues in derogation of the Respondent's own policy for Consultation, Referral, Transfer of Care, Emergency Transfer and Transportation.

1.5 Based on totality of the evidence, the immediate danger identified above does not require a total suspension of the Respondent's midwifery credential. There are lesser restrictive alternatives available that will protect the public from the identified immediate dangers.

II. CONCLUSIONS OF LAW

2.1 The Presiding Officer (upon delegation from the Secretary of Health) has jurisdiction over the Respondent and the subject matter of the proceeding. RCW 18.130.040; RCW 18.130.135.

2.2 The Program bears the burden of proof in a show cause proceeding on a more likely than not basis that the Respondent poses an immediate threat to the public health, safety or welfare. RCW 18.130.135 (1).

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[2] Much of the evidence the parties submitted more correctly goes to the appropriate standard of care for midwifery practice in the state of Washington. The standard of care issue is more appropriately addressed during a full administrative proceeding and the Presiding Officer restricted his evaluation of the evidence presented to address those issues required under RCW 18.130.135.

2.3 Based on the Findings of Fact, the Program proved on a more likely than not basis that some of the Respondent's conduct posed an immediate danger to the public health, safety or welfare. RCW 18.130.135(1).

III. ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Presiding Officer (upon authority delegated to him from the Secretary of Health) determines that the Respondent does pose an immediate threat to the public health, safety or welfare, but that the immediate threat can be addressed by a less restrictive summary action pursuant to RCW 34.05.479(2). The Respondent's credential to practice as a midwife in the state of Washington is RESTRICTED, as follows:

1. The Respondent must have emergency equipment (including but not limited to oxygen and an Infant Ambu bag) both in her possession at the delivery site and set up for instant use in the event of an emergency at the delivery site. The Respondent must enter her compliance with this requirement in the patient's or client's midwifery records. The Respondent shall comply with this requirement pending a full administrative hearing on the matter.

2. The Respondent is prohibited from providing midwifery services where the expectant mother is suffering from drug addiction or abuse issues. The Respondent's midwifery records shall clearly reflect the date when drug addiction or abuse issues are discovered and the date of the Respondent transfers the patient or client to a physician or qualified certified nurse midwife. The Respondent shall comply with this requirement pending a full administrative hearing on the matter.

2. The Respondent is prohibited from providing midwifery services to any family member (which includes extended family members) pending a full administrative hearing on this matter.

Dated this 2nd day of October, 2018.

JOHN F. KUNTZ, Review Judge
Presiding Officer

NOTICE TO PARTIES

This order is subject to the reporting requirements of RCW 18.130.110, Section 1128E of the Social Security Act, and any other applicable interstate or national reporting requirements. If discipline is taken, it must be reported to the Healthcare Integrity Protection Data Bank.

The Respondent has requested a full hearing on the merits in this matter. Should the Respondent seek an expedited hearing, they must request it by sending such request in writing to the Adjudicative Service Unit within 45 days of the date of this Order. An expedited hearing must be provided within 45 days of the request of the hearing, unless stipulated otherwise. RCW 18.130.135 (5).

This order is "served" the day it is deposited in the United States mail. RCW 34.05.010(19).

For more information, visit our website at:
http://www.doh.wa.gov/PublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/Hearings.aspx

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
ADJUDICATIVE SERVICE UNIT

In the Matter of: **LAURA HAMILTON** Registration No. MIDW.MW.00000041 Respondent	)	Master Case No. M2018-203 DECLARATION OF SERVICE BY MAIL

I declare under penalty of perjury, under the laws of the state of Washington, that the following is true and correct:

On October 2, 2018, I served a true and correct copy of the Order on Show Cause, signed by the Presiding Officer on October 2, 2018, by placing same in the U.S. mail by 5:00 p.m., postage prepaid, on the following parties to this case:

Donna M Moniz
Johnson Graffe Keay Moniz and Wick LLP
925 4th Ave Ste 2300
Seattle, WA 98104-1145

Sierra McWilliams, AAG
Office of the Attorney General
PO Box 40109
Olympia, WA 98504-0109

Laura A Hamilton
808 State Route 508
Chehalis, WA 98532-8742

DATED: This 2nd day of October, 2018.

Markay Newton, Adjudicative Clerk Office
Hearing Scheduler

CC: Billy Jo Dale, Case Manager
Page Fury, Compliance Officer
Patricia Stuart, Staff Attorney

EXHIBIT 5

GOLD Learning

Online Continuing Education

CERTIFICATE OF ATTENDANCE

This is to certify that

Laura Hamilton

has attended the following presentation(s) through Perinatal Conference 2017

Jarold "Tom" Johnston Jr. - The Perinatal Microbiome
Linda Smith - The Impact of Birth Practices on Breastfeeding
Shahiree Premji - Preterm birth: Does Mind (the Culture) Matter?
Melissa Bartick - Missing the evolutionary boat: How viewing infant sleep out of context fails parents and children
Desirée Israel - Birthing While Black: The Impact of Racial Trauma and Perinatal Outcomes
Simone Hoeltzman - Common perinatal mental disorders: an approach for the maternal health care provider
Nancy Byatt - Promoting Maternal and Child Health: Preventing, Identifying, and Managing Postpartum Depression
Jodi Hall - "If they just knew better, they'd do better": Care provider myths, transiteracy, and the need for a trauma informed approach in reproductive care
Natashia Conner - Timeline of African American Experience
Tikvah Wadley - "What's The Big Deal about Community Based Doulas?"
Miriam Zolla Pérez - Providing Radically Compassionate & Inclusive Care
Brian Russell - The Father Factor: exploring the influence men have on the healthy development of children
Pam Douglas - The baby who cries and fusses: latest evidence, common misconceptions, and how we can help
Jessica Tearne - Parental age and mental health outcomes in children- what do we know and where to from here?
Michelle Mottola - Maternal lifestyle intervention to prevent obesity in both mom and baby
Illyma Martin - Three Hearts: The Neurobiology of Love in the Childbearing Year
Tracy Donegan - Mindfulness as an Intervention to Improve Maternal and Infant Health
Aisha Al Hajjar - Providing Culturally Sensitive Care
Betsy Schwartz - The Fun Factor: The Science Behind Fun and Play for Increased Learning
Lori A. Brotto - Sexual health in the postpartum period
Tammy Ruiz Ziegler - Perinatal Hospice and Palliative Care in a Mid-Sized Hospital
Feyth M. Parks - Making a Way Out of No Way: Cultural Strengths, Health Disparities, and Postpartum families

Attendance at the above-noted presentations provide the bearer of this certificate with the following CERPS:

L-CERP: 1.00 R-CERP: 21.50 E-CERP: 0.00 Instructional Hours: 22.50

Online at www.GOLDLearning.com

Instructional Hours are in topics on the IBLCE Exam Blueprint

CERPs Allocated by IBLCE. IBLCE Approval Number CLT114-07

Date Completed: 04/30/2018

Date Certificate Issued: 02/06/2019

FBickford

Fleur Bickford *RN, IBCLC, Program Director*

GOLD Conferences International

300 - 1201 West Pender St.

Vancouver, BC, Canada V6E 2V2

GOLD Learning

Online Continuing Education

CERTIFICATE OF ATTENDANCE

This is to certify that

Laura Hamilton

has attended the following presentation(s) through Breech Birth Lecture Pack

Andrew Kotaska - Heads-up not hands-up: the Unexpected Breech Birth
Gail Tully - Illustrating Breech Complications
Stuart Fischbein - The Home Breech Option, Proper Selection & Technique
Shawn Walker - Understanding the mechanisms as the key to safe breech birth
Shawn Walker - Using research to improve the way we teach and learn vaginal breech birth

Attendance at the above-noted presentations provide the bearer of this certificate with the following CERPS:

L-CERP: 0.00 R-CERP: 5.00 E-CERP: 0.00 Instructional Hours: 5.00

Online at www.GOLDLearning.com

Instructional Hours are in topics on the IBLCE Exam Blueprint

CERPs Allocated by IBLCE. IBLCE Approval Number CLT114-07

Date Completed: 04/30/2018

Date Certificate Issued: 02/06/2019

FBickford

Fleur Bickford *RN, IBCLC, Program Director*

GOLD Conferences International

300 - 1201 West Pender St.

Vancouver, BC, Canada V6E 2V2

GOLD Learning

Online Continuing Education

CERTIFICATE OF ATTENDANCE

This is to certify that

Laura Hamilton

has attended the following presentation(s) through Breastfeeding Essentials: From Assessment to Problem Solving Lecture Pack

Diane Wiessinger - Everything Old is New Again
Kathy Parkes - Lactation Choices Following Pre-and-perinatal Loss
Barbara Wilson-Clay - Maternal & Infant Assessment for Breastfeeding: Essential Concepts for Midwives
Diana West - Postpartum Nipple Pain: Causes, Treatments, and Empathy
Lisa Marasco - Recognizing When Things Are Heading South
Nancy Mohrbacher - Using Gravity-Assisted Positions to Prevent Early Breastfeeding Problems

Attendance at the above-noted presentations provide the bearer of this certificate with the following CERPS:
L-CERP: 6.00 R-CERP: 0.00 E-CERP: 0.00 Instructional Hours: 6.00
Online at www.GOLDLearning.com
Instructional Hours are in topics on the IBLCE Exam Blueprint
CERPs Allocated by IBLCE. IBLCE Approval Number CLT114-07

Date Completed: 04/30/2018
Date Certificate Issued: 02/06/2019

FBickford

Fleur Bickford *RN, IBCLC, Program Director*
GOLD Conferences International
300 - 1201 West Pender St.
Vancouver, BC, Canada V6E 2V2

Certificate of Participation

Name: Laura Hamilton, LM

Non-Stress Tests (NSTs) in Midwifery Practice

May 20, 2017

2:00 pm – 6:00 pm (4 hours)

Location: Hamilton Midwifery Clinic, Chehalis, WA

Objectives:

1. Discuss relevant fetal and maternal physiology in regards to regulation of the fetal heart rate (FHR) during the 3rd trimester of pregnancy.
2. List at least 6 indications for performing a nonstress test (NST) in midwifery practice.
3. Identify the basic components of an electronic fetal monitor (EFM), and discuss optimal positioning of the external components on the client's abdomen.
4. Evaluate electronic fetal monitor printouts according to standardized criteria.
5. Identify NST results that indicate the need for consultation, co-management, or referral.
6. State 10 documentation requirements when charting the results of an NST.

Facilitator: Karen E. Hays, DNP, CNM, ARNP

Signed Karen E. Hays CNM

Certificate of Compliance Mastery

LAURA HAMILTON

THIS CERTIFIES

2014 OSHA- BLOODBORNE PATHOGENS Training

and has demonstrated a Mastery of Understanding in the following areas:
Bloodborne Pathogens
Exposure Determination, Exposure Control Plan, Symbols,
Housekeeping, Incident Exposure, Recordkeeping

By Signing Below, I certify that I have understood the 2014 OSHA- BLOODBORNE PATHOGENS Training Rules as they have been explained to me, and I will abide by the Policies and Procedures established by this practice.

Job Title

Training Supervisor Initials

2014-12-02
Lake Side Birth Center

Laura Hamilton LM
Employee Signature

12/3/14, 9:33 AM

Certificate of Compliance Mastery

LAURA HAMILTON

(user completed)

2014 OSHA- HAZARD COMMUNICATIONS Training

and has demonstrated a Mastery of Understanding in the following areas:
Hazard Communication
Labeling, GHS Conversion, Precautionary Statements, Handling,
SDS, Waste Containers, Exposure Incidents and Evaluation,
Injury Log, Exposure Incident, Post-Exposure Evaluation,
Designated of Work and Non-Work Areas

By Signing Below, I certify that I have understood the 2014 OSHA- HAZARD COMMUNICATIONS Training Rules as they have been explained to me, and I will abide by the Policies and Procedures established by this practice.

Job Title *Training Supervisor Initials* *2014-12-02*
Lake Side Birth Center

Laura Hamilton LM
Employee Signature

Certificate of Compliance Mastery

LAURA HAMILTON

has completed

2014 HIPAA SECURITY Training

and has demonstrated a Mastery of Understanding in the following areas:

Administrative Safeguards
Policies and Procedures, Sanctions, Risk Analysis,
Termination, Minimum Necessary
Physical Safeguards
Software, Logins, Passwords, Incident Procedures, Identity Theft,
Disaster Recovery, Emergency Mode
Technical Safeguards
Human Access, Media Controls, Disposal of PHI, Workstation,
Data Backup, User Identification, ePHI Access
Documentation
Business Associate Agreement, Document Repair
Policies and Procedures
Authentication, Mobile Devices, Transmissions
Omnibus Breach Notification HITECH
Notification, Email Communication

By Signing Below, I certify that I have understood the 2014 HIPAA SECURITY Training Rules as they have been explained to me, and I will abide by the Policies and Procedures established by this practice.

Job Title *Training Supervisor Initials* *2014-12-02*
Lake Side Birth Center

Laura Hamilton
Employee Signature

Certificate of Compliance Mastery

LAURA HAMILTON

has completed

2014 OSHA- GENERAL SAFETY Training

and has demonstrated a Mastery of Understanding in the following areas:
General Safety
Fire Safety, Emergency Exits, Eyewash,
Electrical, Gas, First Aid, Violence,

By Signing Below, I certify that I have understood the 2014 OSHA- GENERAL SAFETY Training Rules as they have been explained to me, and I will abide by the Policies and Procedures established by this practice.

Job Title *Training Supervisor Initials* *2014-12-02*
Lake Side Birth Center

Laura Hamilton LH
Employee Signature

Certificate of Compliance Mastery

LAURA HAMILTON

has completed

2014 HIPAA PRIVACY Training

and has demonstrated a Mastery of Understanding in the following areas:

[illegible]

By Signing Below, I certify that I have understood the 2014 HIPAA PRIVACY Training Rules as they have been explained to me, and I will abide by the Policies and Procedures established by this practice.

Job Title _____ Training Supervisor Initials _____ 2014-12-02

Lake Side Birth Center

Laura Hamilton LM

Employee Signature

Certificate of Compliance Mastery

LAURA HAMILTON

has completed

2014 OSHA- REGULATED WASTE Training

and has demonstrated a Mastery of Understanding in the following areas:
Regulated Waste
Handling, Labeling, Storage, Removal, Mixing, Spills

By Signing Below, I certify that I have understood the 2014 OSHA- REGULATED WASTE Training Rules as they have been explained to me, and I will abide by the Policies and Procedures established by this practice.

Job Title

Training Supervisor Initials

2014-12-02
Lake Side Birth Center

Laura Hamilton
Employee Signature

[redacted]

This Document Certifies That

Laura Hamilton LM

Has Completed Eight education hours
January 14, 2013

Gestational Diabetes Management in Pregnancy

Legacy Salmon Creek Medical Center
Vancouver, WA

Certification

LIMITED OB DIAGNOSTIC ULTRASOUND

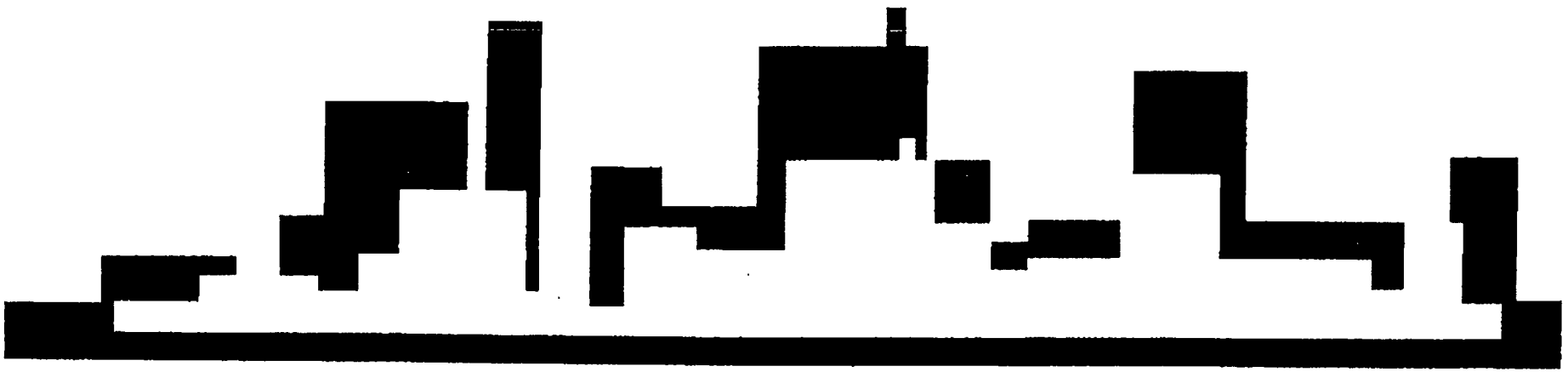
WAKE FOREST UNIVERSITY

SCHOOL OF MEDICINE, WINSTON, NC

ONLINE COURSE; TWELVE HOURS CEU'S

COMPLETED BY LAURA HAMILTON, LM

MAY 20 & 21, 2013



The American Emergency Medical Advisory Association

hereby recognizes that

Laura Hamilton

has completed the

Neonatal Resuscitation Program Certification Course

administered by

National Health Care Provider Solutions

on

July 01, 2012

The cirriculum is based upon the most current recommendations set by the American Academy of Pediatrics's guidelines. The AEMAA recognizes this accomplishment to be worth 9 Continuing Medical Education Credits.

NATIONAL HEALTH CARE PROVIDER SOLUTIONS

Provider #068116

Karl F. Disque D.O. RPh of National Health Care Provider Solutions

Wake Forest University

School of Medicine

Courses, Seminars & Educational Media

offering on-line education

"Diagnostic Ultrasound"

March 8, 2011

Laura Hamilton, LM

completed 6 hours CEU's

National Center for Applied Learning

Winston-Salem, NC

Certificate of Attendance

Hypertention in Pregnancy

Sponsored by Legacy Hospital, Vancouver, WA

July -11, 2011

Laura Hamilton — 7 hours

Participate — Number of Hours

Legacy Hospital
Vancouver, WA

Roberta Coleman, ARNP, CNM

Multicare Regional Perinatal Outreach Program

Certificate of Attendance

This certificate acknowledges that

Laura Hamilton

Has successfully completed the following Education Offering:

"Neonatal Resuscitation Program – Accelerated Provider Course"
February 12, 2010

Allenmore Hospital Classroom, Tacoma, Washington

Number of attendance hours awarded

4.0

Susan Greenleaf, RNC, BSN

Susan Greenleaf, RNC-NIC, BSN
Multicare Regional Perinatal Outreach Program
P.O. Box 5299; MS#: 409-B-PO – Tacoma, WA 98415-0299 (253) 403-4788

BEST PRACTICE: MANAGING EARLY BREASTFEEDING CHALLENGES

Certificate of Completion

PRESENTED BY

EVERGREEN PERINATAL EDUCATION

IN PARTNERSHIP WITH

CHEHALIS, WASHINGTON

JUNE 29, 2010

Laura Hamilton

PARTICIPANT NAME

8.4

NUMBER OF HOURS CLAIMED

This offering has been approved by the following organizations for the respective hours of continuing education credit.

International Board of Lactation Consultant Examiners, Inc. (IBLCE) #CLT108-4	7 L CERPs
American Dietetic Association (Category II)	7 CPE Hours
Provider approved by the California Board of Registered Nursing, Provider No. CEP 14127 for	8.4 Contact Hours

Evergreen Perinatal Education
402 Detwiller Lane
Bellevue, WA 98004
425.455.3231
www.evergreenperinataleducation.com

PREMIUM

Biomedical

Current concepts
in HIV and Hepatitis
management and treatment
in a medical setting.
August 24, 2009
Peace Health Medical
Portland, Oregon

Laura Hamilton, LM
attended and completed
6 hours CEU's

Peace Health Medical
Continuing Education
Jessica Ramsey, ARNP

PESI HealthCare

Certificate of Successful Completion

Breastfeeding: New Strategies for Improved Outcomes

Speaker: Jennifer Thomas, MD, IBCLC, FAAP, FABM

11/12/2008

Olympia, WA

The following participant

Laura Hamilton

(License #, if applicable)

has completed the above-referenced educational activity in its entirety or as indicated below.

This certificate provides sponsor verification of individual attendance and may be used for your records or for any licensing not listed below. PESI maintains attendance records for 7 years.

Nurses/Nurse Practitioners/Clinical Nurse Specialists: PESI, LLC is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Nurses in full attendance will earn 6.0 contact hours. No partial contact hours will be issued for partial attendance.

Iowa Nurses: PESI, LLC, is an approved provider by the Iowa Board of Nursing. Provider #: 346. Full Attendance at this course qualifies for 6.0 contact hours. Full attendance is required. No partial contact hours will be issued for partial attendance.

Physician Assistants: This program has been reviewed and is approved for a maximum of 6.0 hours of clinical Category I CME credit by the American Academy of Physician Assistant Review Panel. Physician assistants should claim only those hours actually spent participating in the CME activity. This program was planned in accordance with AAPA's CME Standards for Live Programs and for Commercial Support of Live Programs.

**____ Physician Assistants in partial attendance and qualifies for _____ credits.

Registered Dietitians & Dietetic Technicians, Registered: PESI, LLC, PE001, is a Continuing Professional Education (CPE) Accredited Provider with the Commission on Dietetic Registration (CDR) from June 1, 2006 through May 31, 2009. Registered dietitians (RDs) and dietetic technicians, registered (DTRs) will receive 6.0 continuing professional education units (CPEUs) for completion of this program/materials. Continuing Professional Education Provider Accreditation does not constitute endorsement by CDR of a provider, program, or materials.

**____ Registered Dietitians & Dietetic Technicians, Registered in partial attendance and qualifies for _____ credits.

Other: Attendee holds license/certification not listed above.

**____ Attendee in partial attendance and qualifies for _____ credits.

The back of this certificate may contain additional information

Lisa A. Goyette

Lisa A. Goyette, Continuing Education Administrator

PESI HealthCare 1-800-843-7763
P.O. Box 900, Eau Claire, WI 54702-900

Midwives' Association of Washington State

Certificate of Attendance

Laura Hamilton LM
Name

Attended the MAWS sponsored
Legend Drug Clinical Update
Held Friday April 29th 2005 5:00pm-9:00pm
At Providence Hospital Auditorium, Seattle WA

Ali Toperosky MAWS President

13128 Totem Lake Blvd ste 101 • Kirkland, WA • 98034 www.washingtonmidwives.org 1-888-4-A-BIRTH

Certificate of Attendance

Laura Hamilton

252130004

Participant Name and Professional License Number

LIMITED THIRD TRIMESTER OB ULTRASOUND

BRN and ANCC CE Credit 16 Contact Hours (8 /day) - ACNM 13 Contact Hours - 1.3 CEUs (.65 /day)

Professional Education Center is a Continuing Education Provider approved by the:
California Board of Registered Nursing BRN Provider No. 9890, Kansas Provider #LT0170-0261,
Alabama BRN Provider ABNP1012, Iowa BRN Provider #290, and FloridaBRN Provider FBN 2219
Alabama State Nurses' Association which is accredited as an Approver of Continuing Education in Nursing by
the American Nurses Credentialing Center's Commission on Accreditation - ANCC Provider #5-67.0
ACNM Course #9899/144 Approved for 1.3 CEUs or .65 CEUs per Day

This Certificate must be retained by the licensee for a period of seven years from the date the course concludes
Program Location and Date(s) of Attendance.

Professional
EDUCATION CENTER
2895 The Esplanade
P.O. Box 7447
Chico, California 95927-7447

February 25-26, 2000
Portland, OR

Signature of Provider

Professional
EDUCATION CENTER

2805 The Esplanade
P.O. Box 7447
Chico, California 95927-7447
Voice: 530-343-3504 — Fax: 530-343-3575
Web Site: www.proedcenter.com

Laura Hamilton CNM
808 State Highway 508
Chehalis, WA 98532

Dear Laura,

We are pleased to inform you that you have achieved a passing score on the Limited Third Trimester Obstetric Ultrasound Exam and are now Certified in the core content material. Certification Exam data for your class group follows:

Possible Points:	Total 63
Range of Scores:	High - 63 Low - 36
High Score of:	63 used as 100%
Average Score:	58= 92%
Class Pass Rate:	99% YOUR SCORE IS: **60 = 95%**

GENERAL SCORING:
90-100% = Above Average Knowledge Base
80-89% = Average Knowledge Base
70-79% = Passing - Recommend Review
<69% = Unable to Certify Knowledge

Enclosed is your Certificate - this documents specific course taken as well as achievement of passing score documenting your knowledge base.

As with all areas of knowledge, we recommend continued study, updates, and review of applicable current literature, professional standards, guidelines and recommendations.

Congratulations! We hope to see you at future programs.

Sincerely,

Sherrill Tillger, RN, MA
Director

Encl: OB Ultrasound Certificate

EDUCATION

MultiCare

MultiCare's Department of Continuing Medical Education

"TWELFTH ANNUAL CURRENT CONCEPTS IN PERINATOLOGY"

Friday, October 6, 2000

8:00 am - 4:10 pm

Tacoma Sheraton Hotel
Tacoma, Washington

Laura Hamilton

Each participant needs to keep a personal file of CME credits for reporting purposes.

AMERICAN MEDICAL ASSOCIATION

As an organization accredited by the WSMA Medical Education Committee to provide continuing medical education, MultiCare Health System certifies that this course meets the criteria for six and one half (6.5) hours of Category 1 CME to satisfy the relicensure requirements of the Washington State Medical Quality Assurance Examiners and for the Physician's Recognition Award of the American Medical Association. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

The American College of Obstetricians and Gynecologists has assigned seven (7) cognates (Formal Learning) to this program.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

This program has been reviewed and is acceptable for six and one half (6.5) Prescribed hours by the American Academy of Family Physicians.

CONTINUING EDUCATION UNITS

This offering for seven point eight (7.8) contact hours is provided by MultiCare Health System's Department of Continuing Medical Education.

Victoria C. Fletcher, R.N., M.S.N

Victoria Fletcher, Director
Continuing Medical Education
(253) 403-1221

Neonatal Resuscitation

Awarded to

Laura Hamilton

This program for eight contact hours is sponsored by St. John Medical Center, which is approved as a provider by the California State Board of Nursing. CEP#10128. This certificate must be retained by the licensee for a period of four years after the course ends.

Date: June 5, 1999

Louise Darling
OB RN

Marilynn Westerbeck
Staff Education Director

PeaceHealth
St. John
Medical Center

Midwives Association of Washington State

Certificate of Attendance

Be it known that

Laura Hamilton, LM

completed one day's attendance of the
Midwives Association of Washington State
1999 Annual Conference
"Evidence Based Care:
Bridging the Gap – Theory to Practice"

Friday, 22 October, 1999

Jaye D. Barr, Conference Coordinator

EDUCATION MultiCare +
Continuing Medical Education

MultiCare's Department of Continuing Medical Education

"ELEVENTH ANNUAL CURRENT CONCEPTS IN PERINATOLOGY"

Friday, November 5, 1999
8:10 am - 4:10 pm

Tacoma Sheraton Hotel
Tacoma, Washington

Laura Hamilton

Each participant needs to keep a personal file of CME credits for reporting purposes.

AMERICAN MEDICAL ASSOCIATION

As an organization accredited by the WSMA Medical Education Committee to provide continuing medical education, MultiCare Health System certifies that this course meets the criteria for six and one half (6.5) hours of Category 1 CME to satisfy the relicensure requirements of the Washington State Medical Quality Assurance Examiners and for the Physician's Recognition Award of the American Medical Association. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

The American College of Obstetricians and Gynecologists has assigned seven (7) cognates (Formal Learning) to this program.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

This program has been reviewed and is acceptable for six and one half (6.5) Prescribed hours by the American Academy of Family Physicians.

CONTINUING EDUCATION UNITS

This offering for seven point eight (7.8) contact hours is provided by MultiCare Health System's Department of Continuing Medical Education.

Victoria C. Fletcher, RN, MSN

Victoria Fletcher, Director
Continuing Medical Education
(253) 403-1221

Certificate of Attendance

MultiCare's Department of Continuing [illegible]

"TENTH ANNUAL CURRENT CONCEPTS IN PERINATOLOGY"

Friday, October 2, 1992
8:00 am - 4:00 pm

Tacoma Sheraton Hotel
Tacoma, Washington

[illegible]

Each participant needs to keep [illegible] of CME credits for reporting [illegible]

[illegible]

LEGACY
Health System

Certificate of Attendance for
Continuing Medical Education — Category 1 Credit

THIS VERIFIES THAT:

NAME Laura Hamilton, LM

HAS COMPLETED:

1997 Swanman Lecture Series
"Reducing the Risks for Mother and Baby"

Held at
Oregon Convention Center - Portland, Oregon

Legacy Health System is accredited by the Oregon Medical Association to sponsor continuing medical education for physicians.

The Legacy Health System designates this educational activity for a maximum of 7.0 hours in category 1 credit of the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

This program has been reviewed and is accepted for 6.25 prescribed hours by the American Academy of Family Physicians.

Date: May 15, 1997

Rose Baskin

Rose Baskin, MS
Director
Continuing Medical Education

David K. Winchester, MD
Chairman
Continuing Medical Education

"1997 Swanman Lecture Series" 5/15/97 LHS Cat. 1 - 7.0

This program is sponsored by Legacy Health System

Certificate of Participation

Verification of Attendance and Successful Completion

Laura Hamilton, LM

is awarded 7.2 *contact hours for attendance at*

Airlift Northwest Fall Conference '97

on September 26, 1997 at Museum of Flight Auditorium Seattle, WA

This class #3376 for 7.2 contact hours is sponsored by Children's Hospital and Medical Center, which is approved as a provider by the Washington State Nurses Association. The Washington State Nurses Association is accredited as an approver of continuing education in nursing by the American Nurses' Credentialing Center Commission on Accreditation.

Susan Heffernan

Susan Heffernan, RN, MN

Provider Number PA2-98

Children's Hospital & Medical Center

CERTIFICATE OF ATTENDANCE

OB/GYN for Primary Care Practitioners

November 6, 1997

Renton, Washington

PARTICIPANT: Laura Hamilton, LM

AMERICAN MEDICAL ASSOCIATION

As an organization accredited by the WSMA Medical Education Committee, Group Health Cooperative Department of Medical Education certifies that this course meets the criteria for 5.75 hours of Category I CME to satisfy the relicensure requirements of the Washington State Board of Medical Examiners and for the Physicians Recognition Award of the American Medical Association.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

This program has been reviewed and is acceptable for 5.75 prescribed hours by the American Academy of Family Physicians.

Group Health Cooperative of Puget Sound

Department of Medical Education

Michael E. Stuart, MD
Tri-Regional Director
of Medical Education
(206) 326-3441

Matthew R. Handley, MD
Central Regional Director
of Medical Education
(206) 326-3240

Certificate of Attendance

Tufts University School of Medicine
Department of Continuing Medical Education

NINTH ANNUAL CURRENT CONCEPTS IN PERINATOLOGY

Friday, November 7, 1997
8:00 am – 4:00 pm

Tacoma Sheraton Hotel
Tacoma, Washington

Laura Hamilton, RN

Each participant needs to keep a personal record of CME credits for re-licensing purposes.

SPONSORED BY THE [illegible]

[illegible]

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

AMERICAN ACADEMY OF FAMILY PHYSICIANS

CONTINUING EDUCATION UNITS

[illegible]
Course Director
Continuing Medical Education
Tufts University School of Medicine

[illegible]
Program Director
Tufts University School of Medicine

Certificate of Attendance

Laura Hamilton
Participant Name

2552/3000
Professional License Number

Advanced Fetal Monitoring: Maternal/Fetal Challenges for the Caregiver

CE Credits: 16 Hours BRN, ANA, and AACN (8 Each Day) - 12.5 Hours ACNM Credit (6.25 Each Day)

Professional Education Center is a Continuing Education Provider approved by the:
California Board of Registered Nursing BRN Provider No. 9890, Kansas BRN Provider #LT0170-0261,
Alabama BRN Provider ABNP1012 - Iowa BRN Provider #290 - Florida BRN Provider #2712350
Alabama State Nurses Association which is accredited as an Approver of Continuing Education in Nursing by the
American Nurses' Credentialing Center's Commission on Accreditation - ANA Provider #5-67.0 -
ACNM Course # 9596/228 Approved for 12.5 Contact Hours/.12 CEUs Entire Course - or - 6.25/.6CEUs Each Day

This Certificate must be retained by the licensee for a period of seven years from the date the course concludes.

Program Location and Date:

Portland, Oregon
December 11-12, 1997

Professional
EDUCATION CENTER
1074 East Avenue, Suite K-2
P.O. Box 7447
Chico, California 95927-7447

Sherrie Zweigenbaum
Signature of Provider

CERTIFICATE OF ATTENDANCE

Laura Hamilton, LM

has received 7.3 contact hours by attending

FALL PERINATAL REGIONAL NURSING CONFERENCE

September 20, 1996
Presented by MultiCare Health System,
The Southwest Washington Regional Perinatal Care Program
and
Center for Clinical Education

Victoria E. Fletcher, R.N., MSN

Victoria Fletcher, RN, MSN
Director, Center for Clinical Education

Susan McNiel, RNC, MN

Susan McNiel, RNC, MN
Perinatal Outreach Clinical Nurse Specialist

THIS CLASS FOR 7.3 CONTACT HOURS IS SPONSORED BY THE CENTER FOR CLINICAL EDUCATION, MULTICARE, TACOMA, WASHINGTON, WHICH IS APPROVED AS A PROVIDER BY THE WASHINGTON STATE NURSES ASSOCIATION. THE WASHINGTON STATE NURSES ASSOCIATION IS ACCREDITED AS AN APPROVER OF CONTINUING EDUCATION IN NURSING BY THE AMERICAN NURSES CREDENTIALING CENTER COMMISSION ON ACCREDITATION. CEARP #119

Midwives' Association of Washington State

Certificate of Attendance

This certifies that

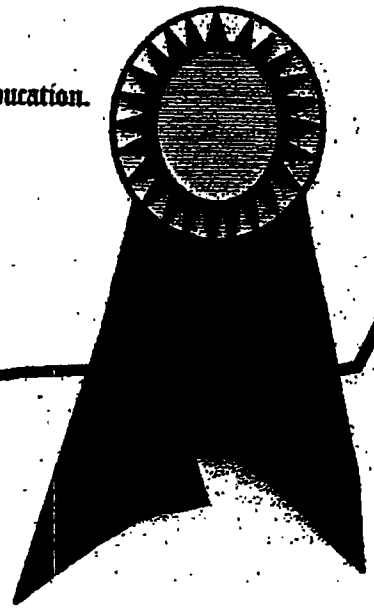
Laura Hamilton

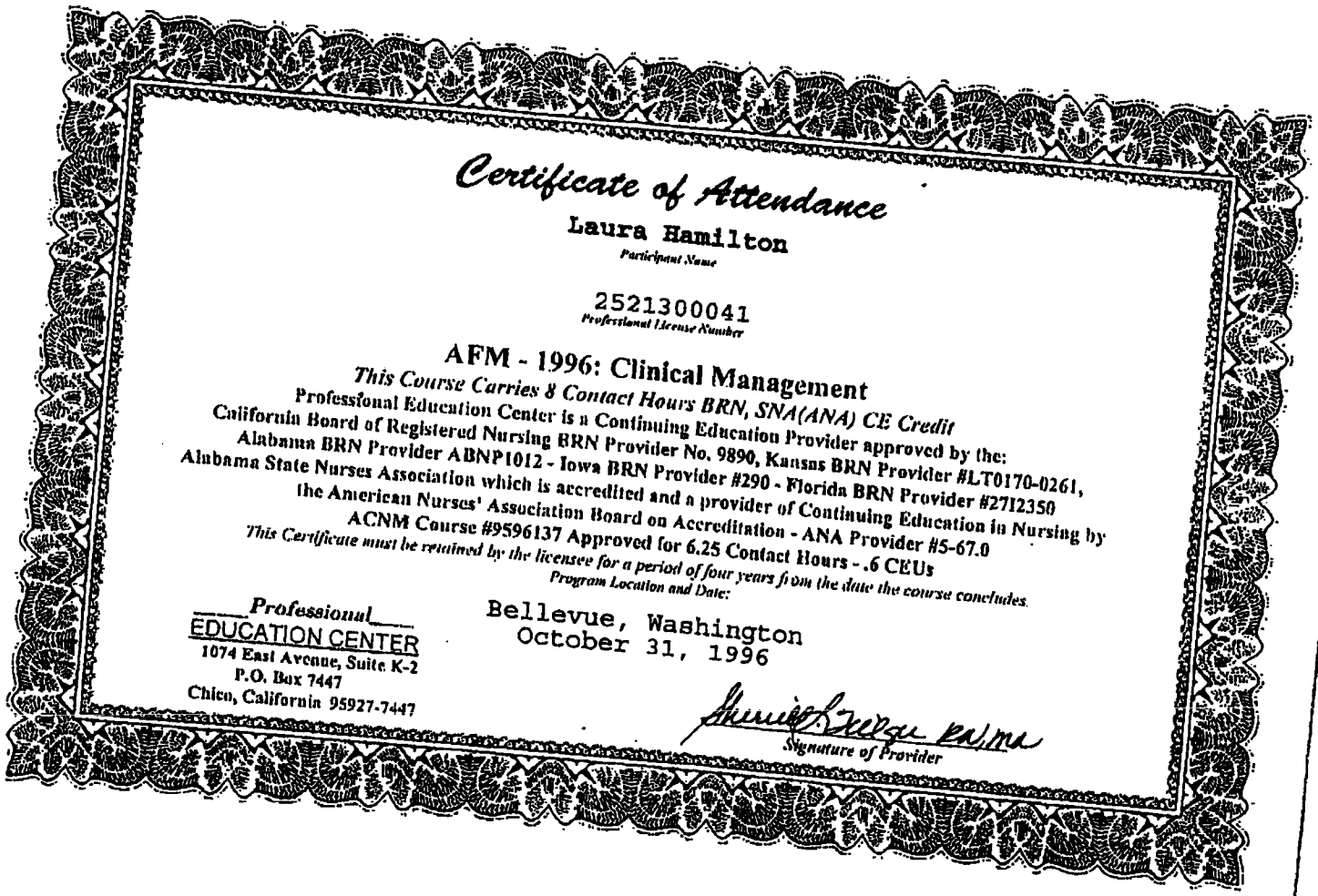
attended the annual meeting of
the Midwives' Association of Washington State
and the American College of Nurse-Midwives,
Chapter VI-3
Friday and Saturday,
October 11th & 12th, 1996
and completed
12 contact hours of continuing education.

Laura Hamilton LM

Authorized Signature

Continuing education approved by the Education Committee
of the Midwives' Association of Washington State





Certificate of Attendance

Laura Hamilton
Participant Name

2521300041
Professional License Number

AFM - 1996: Clinical Management

This Course Carries 8 Contact Hours BRN, SNA(ANA) CE Credit

Professional Education Center is a Continuing Education Provider approved by the: California Board of Registered Nursing BRN Provider No. 9890, Kansas BRN Provider #LT0170-0261, Alabama BRN Provider ABNP1012 - Iowa BRN Provider #290 - Florida BRN Provider #2712350 Alabama State Nurses Association which is accredited and a provider of Continuing Education in Nursing by the American Nurses' Association Board on Accreditation - ANA Provider #5-67.0

ACNM Course #9596137 Approved for 6.25 Contact Hours - .6 CEUs

This Certificate must be retained by the licensee for a period of four years from the date the course concludes.

Program Location and Date:

Bellevue, Washington
October 31, 1996

Professional
EDUCATION CENTER
1074 East Avenue, Suite K-2
P.O. Box 7447
Chico, California 95927-7447

Signature of Provider

Certificate of Attendance

Laura Hamilton

Participant Name

2521300041

Professional License Number

Fetal Assessment & Limited OB Ultrasound

This Course Carries 16 Contact Hours BRN and SNA Credit

Professional Education Center is a Continuing Education Provider approved by:
California Board of Registered Nursing BRN Provider No. 9890
Alabama BRN Provider ABNP1012 - Iowa BRN Provider #290
Alabama State Nurses Association which is accredited and a provider of Continuing Education in Nursing by the American Nurses' Association Board on Accreditation - Provider #5-67.0
ACNM Course #9293/226 - 13.0 Contact Hours/1.3 CEU

This Certificate must be retained by the licensee for a period of four years from the date the course concludes.

Program Location and Date

Portland, Oregon
April 26-27, 1996

Professional
EDUCATION CENTER
1074 East Avenue, Suite K-2
P.O. Box 7447
Chico, California 95927-7447

Sherrill L Tuttle RN MA

Signature of Provider

Certified

FETAL ASSESSMENT

& Limited Obstetric Ultrasound

Laura Hamilton

Has completed all requirements for Certification and is recognized as having demonstrated knowledge in Fetal Assessment and Limited Obstetric Ultrasound.

Attended 16 Hour Course
Passed Comprehensive Course Exam

April 26-27, 1996

Professional
EDUCATION CENTER
1074 East Avenue, Suite K-2
Chico, California 95926

Sherrill Tillger RN MA

Sherrill Tillger, RN, MA
Perinatal Program Director

Midwives' Association of Washington State

Laura Hamilton, LM Regional Director
725 State Hwy 508, Chehalis, WA 98532
Office: 360-262-9044 Fax: 360-262-3989

This is to verify that Laura Hamilton, LM attended the following MAWS continuing education meetings:

February 22, 1995	*MAWS the organization*
April 19, 1995	*Post Partum (1 hour)*
June 21, 1995	*Labor (1 hour)*
September 16, 1995	*Annual Conference update*
November 17, 1995	*Laboratory testing (1 Hour)*

Laura Hamilton

Laura Hamilton, Southwest Regional Director

June 15-18, 1995
Eugene, Oregon

Certificate of Attendance

You will be given a code number in the middle of each class to verify your attendance in that class. Please record this number under the code column, next to the class you have attended. These numbers will not be given out at any other time.

This is to verify that Laura Hamilton LM attended the following classes.
CNM Certification #:_____ Social Security #: 534 70 0808

CLASS	INSTRUCTOR	CONTACT HOURS	CODE	DATE
Neonatal Resuscitation	Edmunds	1 hr 20 m	TP18	6-15-95
Risk Intervention	Edmunds/Cohen	1 hr 20 m	TP18	6-15-95
Biophysical Profile	Stohrer	1 hr 20 m	TP18	6-15-95
PROM	Sherman	1 hr 10 m	P22H	6-15-95
Malpresentation	Gaskin	1 hr 15 m	P22H	6-15-95
Uncommon Complications	Edmunds/Cohen	1 hr 30 m	P22H	6-15-95
Keeping Midwifery Alive & Growing		1 hr 15 m	G10T	6-16-95
Second Stage Difficulties	Dzata	1 hr 30 m	2SMC	6-16-95
Labor & Birth Complications	ElHalta	2 hr	3E1I	6-16-95
Cross Cultural Approaches to Pregnancy		2 hr	C4AP	6-16-95
Worldwide Midwifery Vision	Wagner	2 hr 30 m	P5GP	6-16-95
Aids Education	Edmunds	1 hr 45 m	62A2	6-17-95
Hemorrhage & 3rd Stage	Frye	1 hr 30 m	71H0	6-17-95
Homebirth	Gaskin	1 hr 30 m	7PBP	6-17-95
Technology/Normal Birth Process		2 hr 30 m	P86S	6-17-95
Bonding	Klaus	1 hr 30 m	9SP1	6-18-95
Birth Review Complications	Gaskin	2 hr	IE6P	6-18-95
Newborn Complications	Frye	2 hr	1AP1	6-18-95
Shoulder Dystocia	Gaskin	1 hr 30 m	24SI	6-18-95

Signed,
Karen Navarro

Karen Navarro
Conference Coordinator

ACNM ID#- 9394/119
ICEA ID#-99200010

See list of minutes for each class to compute into contact hours.

Midwives' Association of Washington State

Certificate of Attendance

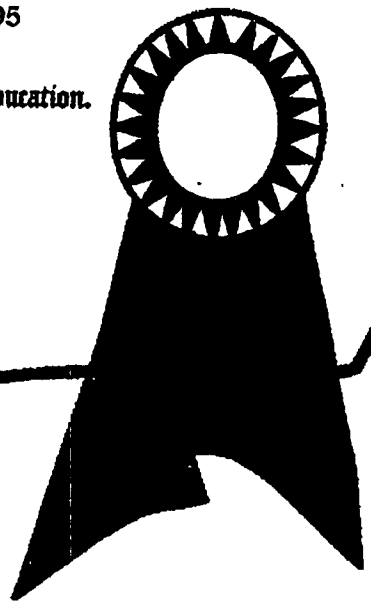
This certifies that

Laura Hamilton, LM

attended the annual meeting of
the Midwives' Association of Washington State
and the American College of Nurse-Midwives,
Chapter VI-3
Friday and Saturday,
September 29th & 30th, 1995
and completed
9 contact hours of continuing education.

C. Courtney, LM.
Authorized Signature

Continuing education approved by the Education Committee
of the Midwives' Association of Washington State



The North American Registry of Midwives

P.O. Box 15 • Linn, West Virginia 26384

BOARD OF DIRECTORS
Ruth Walsh, RN - Midwife
Chairperson
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(304) 462-5617

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Sharon Wells, MS, CPM
Certification Project Coordinator
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telephone/fax: (516) 749-1241

Shannon Anton - Midwife
Secretary
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(415) 668-5157

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Tallahassee, Florida 32315
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(512) 327-4726 (wk)
fax: 327-3459

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(907) 688-2000

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PO Box 42526
Atlanta, Georgia 30311
(404) 792-9334 (h)
(404) 767-8595 (wk)
fax: 761-7565

Test Consultant
Mary Ellen Sullivan, MS
Rt. 2 Box 113
Mannington, West Virginia 26582
(304) 795-4549

Dear Laura Hamilton

This letter is to inform you that you have successfully completed the North American Registry of Midwives Examination and have been accepted to the Registry.

Congratulations!

Examinations are kept for a period of three months before being destroyed.

A certificate will be mailed to you.

Sincerely,

Pam Weaver

Pam Weaver 10-26-95

EXHIBIT 6

Healthcare Provider

American Heart Association.

PEEL HERE

LAURA HAMILTON

This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association BLS for Healthcare Providers (CPR and AED) Program.

3-24-17
Issue Date

3-2019
Recommended Renewal Date

Training Center Name: Emergency Medical Training TC ID: WA-20358

TC Info: Auburn, WA 98002 800.634.8048
(City, State, ZIP, Phone)

Course Location: CHEHALIS, WA 98532

Instructor Name: [signature] Inst. ID #: D712B109701

Holder's Signature: Laura Hamilton

© 2011 American Heart Association Tampering with this card will alter its appearance. 90-1801

This card contains unique security features to protect against forgery.

90-1801 3/1

Healthcare Provider

American Heart Association.

LAURA HAMILTON

This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association BLS for Healthcare Providers (CPR and AED) Program.

3-10-13
Issue Date

3-15
Recommended Renewal Date

Heartsaver® First Aid CPR AED

American Heart Association.

Laura Hamilton

This card certifies that the above individual has successfully completed the objectives and skills evaluations in accordance with the curriculum of the AHA Heartsaver First Aid CPR AED Program; Optional completed modules are those NOT marked out:

~~Child CPR AED~~ ~~Infant CPR~~ ~~Written Test~~

10-12-12
Issue Date

10-12-14
Recommended Renewal Date

NRP Provider

NATIONAL HEALTHCARE PROVIDER SOLUTIONS

Laura Hamilton

This card confirms that the individual named above has successfully completed the Neonatal Resuscitation Program exam in accordance with the most recent infant critical care guidelines.

7/1/2012
Issue Date

7/1/2014
Expiration Date

Neonatal Resuscitation Program (NRP) Provider

Laura Hamilton

has successfully completed the national cognitive and skills evaluations indicated on the reverse side in accordance with the curriculum of the American Academy of Pediatrics/American Heart Association Neonatal Resuscitation Program.

2-12-10
Course Completion Date

2-12-12
Recommended Renewal Date

Register for a renewal reminder e-mail at www.aap.org/nrp

American Academy of Pediatrics
ADVOCATES TO THE HEALTH OF ALL CHILDREN

American Heart Association.
Learn and Live.

The North American Registry of Midwives

HAVING SATISFIED ALL REQUIREMENTS SET FORTH BY THE NORTH AMERICAN REGISTRY OF MIDWIVES YOU ARE ENTITLED TO BE KNOWN AS A CERTIFIED PROFESSIONAL MIDWIFE WITH ALL HONORS, RIGHTS AND PRIVILEGES THERETO PERTAINING.

Laura A. Hamilton

Certificate No.
99110017

Expiration Date
11/29/2014

The North American Registry of Midwives

HAVING SATISFIED ALL REQUIREMENTS SET FORTH BY THE NORTH AMERICAN REGISTRY OF MIDWIVES YOU ARE ENTITLED TO BE KNOWN AS A CERTIFIED PROFESSIONAL MIDWIFE WITH ALL HONORS, RIGHTS AND PRIVILEGES THERETO PERTAINING.

NARM

Laura A. Hamilton

Certificate No.
99110017

Expiration Date
11/29/2011

6

American Heart Association

Learn and Live

Heartsaver® First Aid

LAURA HAMILTON

This card certifies that the above individual has successfully completed the objectives and skills evaluations in accordance with the curriculum of the AHA for Heartsaver First Aid Program.

Modules Completed: Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ

11-29-2008 — Issue Date

N-2010 — Recommended Renewal Date

Training Center: College of Medical Training

TC Address Contact Info: CoMT (253) 566-8282

Course Location: CHEHALIS, WA

Instructor: Linda Henderson-Muller, RN

Holder's Signature: Laura Hamilton

© 2008 American Heart Association Tampering with this card will alter its appearance. 80-1202

6

American Heart Association

Learn and Live

Healthcare Provider

LAURA HAMILTON

This card certifies that the above individual has successfully completed the national cognitive and skills evaluations in accordance with the curriculum of the American Heart Association for the BLS for Healthcare Providers (CPR & AED) Program.

11-29-2008 — Issue Date

11-2010 — Recommended Renewal Date

American Heart Association

Learn and Live

Heartsaver® First Aid

LAURA HAMILTON

This card certifies that the above individual has successfully completed the objectives and skills evaluations in accordance with the curriculum of the AHA for Heartsaver First Aid Program.

Modules Completed: Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ

10-11-10 — Issue Date

10-2012 — Recommended Renewal Date

Training Center: College of Medical Training

TC Address Contact Info: COMT/MTCI 253-566-8282

Course Location: CHEHALIS, WA

Instructor: Linda Henderson-Muller, RN

Holder's Signature

© 2008 American Heart Association Tampering with this card will alter its appearance. 80-1202

American Heart Association

Learn and Live

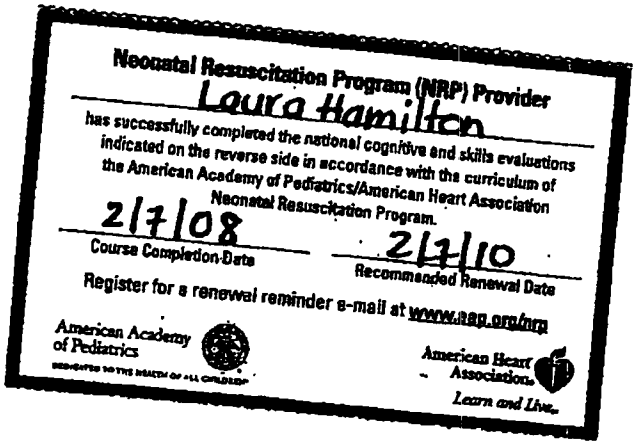
Healthcare Provider

LAURA HAMILTON

This card certifies that the above individual has successfully completed the national cognitive and skills evaluations in accordance with the curriculum of the American Heart Association for the BLS for Healthcare Providers (CPR & AED) Program.

10-11-10 — Issue Date

10-2012 — Recommended Renewal Date



Neonatal Resuscitation Program (NRP) Provider

Laura Hamilton

has successfully completed the national cognitive and skills evaluations indicated on the reverse side in accordance with the curriculum of the American Academy of Pediatrics/American Heart Association Neonatal Resuscitation Program.

2/7/08 — Course Completion Date

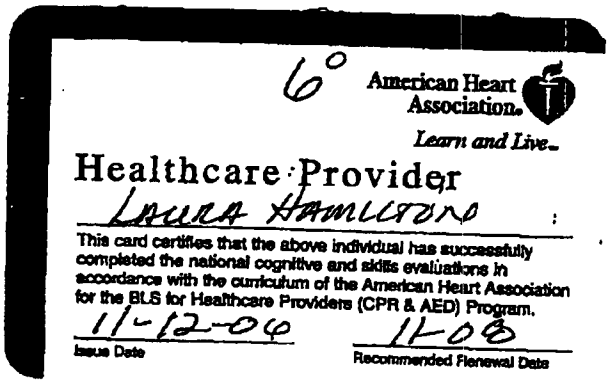
2/7/10 — Recommended Renewal Date

Register for a renewal reminder e-mail at www.aap.org/nrp

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN

American Heart Association. Learn and Live.



6°

American Heart Association. Learn and Live.

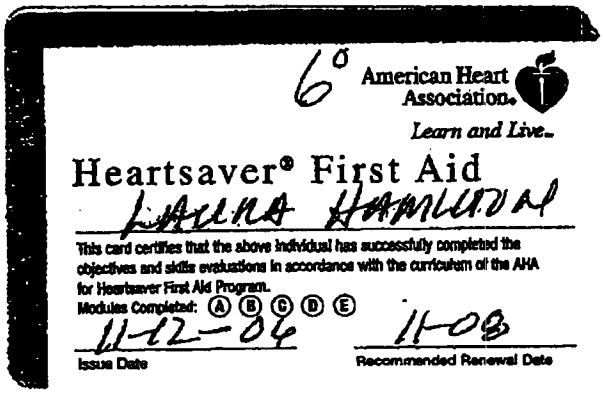
Healthcare Provider

Laura Hamilton

This card certifies that the above individual has successfully completed the national cognitive and skills evaluations in accordance with the curriculum of the American Heart Association for the BLS for Healthcare Providers (CPR & AED) Program.

11-12-06 — Issue Date

11-08 — Recommended Renewal Date



6°

American Heart Association. Learn and Live.

Heartsaver® First Aid

Laura Hamilton

This card certifies that the above individual has successfully completed the objectives and skills evaluations in accordance with the curriculum of the AHA for Heartsaver First Aid Program.

Modules Completed: (A) (B) (C) (D) (E)

11-12-06 — Issue Date

11-08 — Recommended Renewal Date

American Heart Association.

Fighting Heart Disease and Stroke

Healthcare Provider

Laura Hamilton

This card certifies that the above individual has successfully completed the national cognitive and skills evaluations in accordance with the curriculum of the American Heart Association for the BLS for Healthcare Providers Program. CPR / AED

01/28/2003
Issue Date

01/28/2005
Recommended Renewal Date

AHA Region WA

Community Training Center WETC

Training Site Centralia, Wa

Instructor Linda Amondson-Muller RN.

Holder's Signature

©2000 American Heart Association *Tampering with this card will alter its appearance.* 70-2915

American Heart Association

Laura Hamilton

Has successfully completed the national cognitive and skills evaluations in accordance with the curriculum of the American Heart Association for Basic Life Support Healthcare Provider

Issue Date: 11/30/98 Expiration Date: 11/30/00

CTC: LCC Business and Industry Center
Training Site: on site
Instructor: Linda [illegible] Amondson
Instructor ID:

Holder's Signature: Laura Hamilton

Neonatal Resuscitation
CPR Certification

Basic Life Support for Healthcare Professionals

includes
CPR and Airway Obstruction Management in
Adults, Children, and Infants
as set forth by the *American Heart Association*

This certifies that

Laura Hamilton, LM

has completed 6 HOURS of Neonatal Resuscitation and CPR certification

Linda Amondson

Linda Amondson, BLS instructor of AHA

6-26-98
Date expires

Neonatal Resuscitation
CPR Certification

Basic Life Support for Healthcare Professionals

includes
CPR and Airway Obstruction Management in
Adults, Children, and Infants
as set forth by the *American Heart Association*

Tuesday, March 14, 1995
2-6 PM

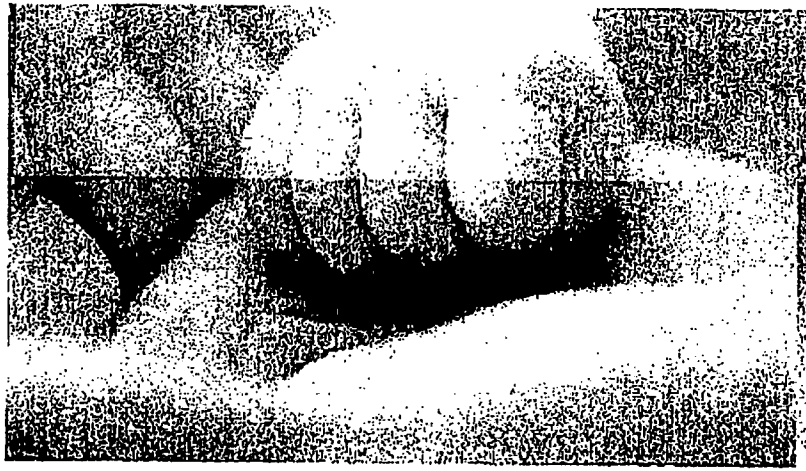
This certifies that

Laura Hamilton, LM

has completed the Neonatal Resuscitation and CPR certification

Linda Amondson 3-14-95

Linda Amondson, BLS instructor of AHA — *Date*



PMA

Professional Midwives Affiliation

Laura Hamilton, LM

A professional member in good standing for the years of
2016-2017.
Has participated in approved peer review in the year 2017.

Dates Reviewed— 05-11-2017 3 cases presented

Attended Peer Review for others— 3-30-17

Ann B. Olsen, LM.

Ann B Olsen, LM

PMA

Professional Midwives Affiliation

Laura Hamilton, LM

A professional member in good standing for the year of 2013.
Has participated in approved peer review in the year 2013.

Dates Reviewed— 5-2-13
Attended Peer Review for others— 1-31-13, 5-2-13, 7-26-13
Total Continuing Ed hours in addition to Peer Review in 2013. 6

Ann B Olsen, LM

PMA

Professional Midwives Affiliation

Laura Hamilton, LM

A professional member in good standing for the year of
2010-2011.
Has participated in approved peer review in the year 2011.

Peer Review Dates:
7-29-11, 10-28-11

Nancy Spencer, LM

PMA

Professional Midwives Affiliation

Laura Hamilton, LM

A professional member in good standing for the year of
2009-2010.
Has participated in approved peer review in the year 2010.

Peer Review Dates:
02-24-10, 05-07-10, 08-20-10, [redacted]

Ann B. Olsen, LM

Ann Olsen, Secretary

Laura Hamilton, LM

A professional member in good standing for the year of 2008-2009.

Has participated in approved peer review in the year 2009.

Peer Review Dates:
10-31-08, 01-30-09, 05-08-09 07-24-09, 10-23-09

Ann B. Olsen, LM.

Ann B. Olsen, Secretary

Laura Hamilton, LM

A professional member in good standing for the year of 2007-2008.

Has participated in approved peer review in the year 2008.

Peer Review Dates:
11/19/07, 10/31/08

Ann B. Olsen

Ann Olsen, Secretary

Laura Hamilton, LM

A professional member in good standing for the year of 2006-2007.
Has participated in approved peer review in the year 2007.

Nancy Spencer, LM, President

Laura Hamilton, LM

A professional member in good standing for the year of 2006-2007.

Has participated in approved peer review in the year 2006.

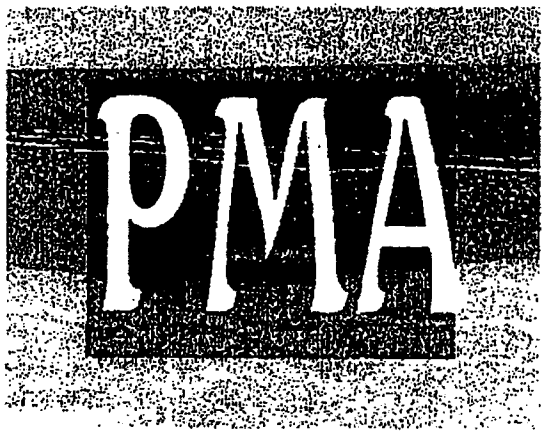
Ann B. Olsen, LM

Ann Olsen, Secretary

Laura Hamilton, LM

A professional member in good standing for the year of 2005-2006.
Has participated in approved peer review in the year 2005.

Nancy Spencer, President



Professional Midwives Affiliation

Laura Hamilton, LM

a member in good standing for the year of 2003-2004

Nancy Spencer, LM, President

American Pregnancy™ Association

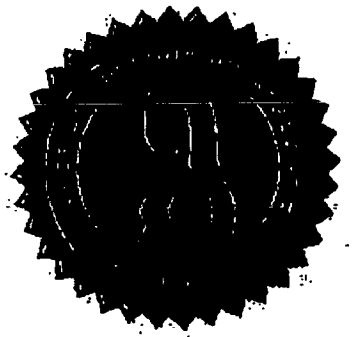
WWW.AMERICANPREGNANCY.ORG

Be It Hereby Known That

Laura Hamilton, CPM

is a member in good standing of the American Pregnancy Association and is hereby granted all the honors and privileges pertaining to membership.

Members of the Association are committed to promoting reproductive and pregnancy wellness through education and practice.



Brad Imler

P. Bradly Imler, Ph.D.
President

American Pregnancy Association
Irving, Texas
www.americanpregnancy.org

Expiration

June 2009

Midwives' Association of Washington State

Certificate of Membership

Laura Hamilton, LM, CPM

is a Professional Member of the Midwives' Association of Washington State for the year 2012.

Midwives Model of Care SUPPORTER

Lynn Hughes

Lynn Hughes, LM / Program Director

Midwives' Association of Washington State

Certificate of Membership

Laura Hamilton, LM, CPM

is a Professional Member of the Midwives' Association of Washington State for the year 2011

Midwives Model of Care SUPPORTER

Lynn Hughes, LM

Lynn Hughes, LM / Program Director

Midwives' Association of Washington State

Certificate of Membership

Laura Hamilton, LM, CPM

is a Professional Member of the Midwives' Association of Washington State for the year 2010

Midwives Model of Care SUPPORTER

Lynn Hughes, LM

Lynn Hughes, LM / Program Director

Midwives' Association of Washington State

Certifies that

Laura Hamilton, LM,

is a 2001 Professional Member in good standing.

Suellen Jeffrey, LM
President

Midwives' Association of Washington State

certifies that

Laura Hamilton, LM

is a professional member in good standing

for 2000

Suellen Jeffrey, LM.

Suellen Jeffrey, LM
President

Midwives' Association of Washington State

certifies that

Laura Hamilton, LM

is a professional member in good standing

for 1999

LeeAnne Shelley, LM
President

Midwives' Association of Washington State

certifies that

LAURA HAMILTON, LM

is a professional member in good standing

1997

(year)

Kathy Luch LM, President

Midwives' Association of Washington State

certifies that

Laura Hamilton, LM

is a professional member in good standing

1996

(year)

LeeAnne Shelley, President

Midwives' Association of Washington State

certifies that

Laura Hamilton, L.M.

is a professional member in good standing
1995

LeeAnne Shelley, President

EXHIBIT 7

SUPERIOR COURT OF WASHINGTON, LEWIS COUNTY

SCOTT HAMILTON, as guardian ad litem for Z.H., Plaintiff, vs. LINDA AMONDSON-MULLER, Personal Representative of the ESTATE OF LAURA HAMILTON, Defendant.	20-2-00543-21

VIDEOTAPED REMOTE DEPOSITION UPON ORAL EXAMINATION OF

ROBERT DeMOTT, M.D.

9:00 a.m.

APRIL 12, 2022

(Via Zoom)

REPORTED BY: ELEANOR J. MITCHELL, RPR, CCR 3006

why wasn't there also an injury on the left side?

If these injuries occur as you describe, why doesn't Zachary have two almost-completely-useless right arms? I mean arms.

MS. MONIZ: Object to the form.

A. Well, I mean, bilateral brachial plexus injuries are pretty rare. It doesn't happen very often. The -- the -- the impact on the sacral promontory is only 2 or 3 centimeters -- I'm sorry.

The impact on the pubic symphysis anteriorly is only 2 or 3 centimeters; whereas, the sacral promontory is 11 to 12 centimeters long. So that posterior shoulder has more bone to have to clear. So that certainly could have something to do with it having a brachial plexus deficit; whereas, the anterior shoulder was not.

And, in addition, Laura Hamilton used only gentle traction and did the right maneuvers to release that anterior shoulder. So she obviously didn't pull too hard on the anterior shoulder, and she had no opportunity to pull on the posterior one when the -- when its deficient was occurring. So that's why.

Q. (BY MS. MACHLER.) And --

A. That's why.

Q. Okay. And your -- your statement that she

used only gentle pressure, what in the -- what are you basing that on?

A. Well, just her description that -- that that's how she delivers babies. And that's how we are all taught to deliver babies. And she has many years of experience doing this, has delivered thousands of babies without any deficits, so why, in this particular case, would she do anything different.

Q. Now, is there anything in the record -- sorry. I just made my chair sink down.

Is there anything in this record that you're relying on that, on this occasion, Laura Hamilton used only gentle traction?

A. No, nothing -- nothing specific other than what she normally does.

Q. Okay. Now, further on down in the disclosure [as read]: Dr. DeMott is expected to testify that Zachary Hamilton's injury likely happened before the shoulder dystocia was even evident -- we talked about that -- and that Laura Hamilton saved this baby from potentially catastrophic brain injury and possible death by delivering him before any hypoxic ischemic damage could occur.

Is that going to be your testimony?

A. Oh, yes. I mean, shoulder dystocia is an

MS. MONIZ: Object to the form.

A. That is correct.

Q. Okay. A birth attendant can use the maneuvers that you described, which are the standard of care, and deliver a baby out following shoulder dystocia without an injury; is that correct?

MS. MONIZ: Object to the form.

A. Yes.

Q. (BY MS. MACHLER.) And that's -- that's the whole point of -- of the standard of care is to prevent injury; is that correct?

MS. MONIZ: Object to the form.

A. Well, yes, and to save the life of the baby. I guess that would be saving -- that would be decreasing hypoxic injury, yes.

Q. (BY MS. MACHLER.) All right. Now, I might have asked you this, but -- and so if I did, I apologize. Is -- do you know how many brachial plexus cases you've reviewed as an expert in your career?

A. Well, I didn't count them up, but I would estimate about in the order of 200 to 220.

Q. Okay. And have you reviewed cases where the child suffered four avulsions in the brachial plexus?

A. I've had children that had avulsions and more than one, but I don't know the number.

EXHIBIT 8

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON

IN AND FOR THE COUNTY OF LEWIS

SCOTT HAMILTON, as guardian Ad litem for Z.H.,

Plaintiffs,

vs. No. 20-2-00543-21

LINDA AMONDSON-MULLER, Personal Representative of the ESTATE of LAURA HAMILTON,

Defendants.

VIDEO DEPOSITION OF BRIAN SOLLERS, D.O.

BE IT REMEMBERED that on the 7th day of January, 2022, at the hour of 10:01 a.m., the video deposition of BRIAN SOLLERS, D.O., was taken at the request of the Defendants, before Caryn E. Winters Keller, CRR-RPR-CCR-CSR, Washington CCR No. 2496, Idaho CSR No. 237, at Prosser, Washington, pursuant to the Washington Rules of Civil Procedure.

you know, just, I would like to know the specifics of the timing of that random blood draw, which Seng states that she never has one. I'm confused on that part of things.

But the concerns that I have are that when a patient describes a fetus feeling heavy or big, which has been described both in multiple depositions, I always take that very seriously that a mom may have a child that is larger gestational age.

Maternal perception is very, very important when evaluating this. And if I had somebody doing that, then I definitely would have been wanting somebody to, you know, do an ultrasound or check for growth or any of those things. I think that's imperative.

Also too my understanding is -- and it doesn't say it in Laura's notes -- but her ethnicity, I believe, of Seng is Southeast Asian, if I'm not -- I hope I'm correct on that. We'd have to confirm that. But based on her -- her name, I would -- I would be concerned also that people from that part of the world tend to have higher rates of gestational diabetes. So that would be another thing that I would be concerned or clued in that -- that we should be making sure that is appropriately reviewed.

Q Based on the medical records and the -- and the testimony of Miss Hamilton in terms of the timing of the blood sugars, do you have an opinion about whether this

patient had gestational diabetes?

A It's -- it's really not acceptable to just do one random blood sugar, if that's what was actually done, or even just one postprandial blood sugar.

If you have a patient that's not able to perform a glucose challenge test, then you would ask for at least a number of -- two weeks at minimum of monitoring the glucose, fasting two hours postprandial, which would mean breakfast, lunch and dinner. So a total of four times per day to be able to decide whether or not the patient has gestational diabetes.

The standard of care in my opinion is that patients with any sort of risk factor, and also just normal pregnancies, should undergo gestational diabetes glucose challenge tests with a Glucola drink, followed by a one-hour draw, which is usually also accompanied with a complete blood count to look for anemia, as well as thrombocyte leukemia, which was not performed.

Q So you believe the standard of care for licensed midwives, even though you don't know what that is, would have required a glucose challenge test or some more elaborate alternative to the testing that Ms. Hamilton did; is that correct to say?

A Yes.

Q But with the evidence we have, based on Ms.

she described it, and I remember it -- it catching me off guard that -- you know, again, you referred to the potential that what the standard of care is in a lay midwife is not always the same for what we do. So I have never heard of that measurement being done in that fashion. I know it's in her deposition.

Q All right. Well, maybe we'll come back to that if you don't have it handy.

A All right.

Q Based on the fundal height measurements that are in Ms. Hamilton's record, was there evidence of this baby being large for gestational age?

A No.

Q And based on her weight gain, was there any evidence of the baby being large for gestational age?

A No.

Q If a patient has gestational diabetes, it's not a risk factor for shoulder dystocia unless they have a large-for-gestational-age baby, correct?

A That is incorrect.

Q So it's your testimony that in the presence of gestational diabetes there's a risk for shoulder dystocia even with a normal-sized baby?

A Absolutely.

Q Are there other -- well, first of all, are there risk

EXHIBIT 10

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON

IN AND FOR THE COUNTY OF LEWIS

SCOTT HAMILTON, as guardian ad litem for Z.H., Plaintiffs, v. LINDA AMONDSON-MULLER, Personal Representative of the ESTATE of LAURA HAMILTON, Defendants.	No. 20-2-00543-21

Videotaped Videoconference Deposition of

SANDRA WILKINSON, CNM, RNP, SANE-P

Friday, March 25, 2022

REPORTED BY: Kyle Ridenour,
RSR, CCR 21033678
Job No. 848373

The issue I have with her description of the delivery is that she said the shoulders were asynclitic, that they were not in the up-and-down, the anterior-posterior position.

Now, the oblique diameter is actually the largest diameter in the pelvis to get the shoulders into. Shoulder dystocia is caused because the shoulders won't rotate into the oblique diameter. And she was trying to actually rotate the shoulders into the AP diameter. That's why I said she made it worse. She took the shoulders out of a favorable position and put them into a much narrower position -- diameter. It makes no sense.

She said she kept trying to get the woman to push -- which was negating what she was trying to do -- and get the baby into a position where it could fit in the pelvis. The size of the baby, for the mother, it was always going to be difficult. But her description is making it so much worse.

Then she said she tried to deliver the posterior shoulder. I'm not sure -- you can't deliver the posterior shoulder. There's just no room for that. What you do, if the Rubin's hasn't worked to move those shoulders into the oblique out of the AP, is reach in, grab the posterior arm, bring the arm over the chest and

out of the vagina, which now decreases the bisacromial diameter; so the distance from bony shoulder to bony shoulder. You're trying to reduce it to the axilla to the bony shoulder, which is less than the shoulder to shoulder. So did she make a mistake saying, "I was trying to deliver the shoulder"? I'm not sure.

And then she said the baby delivered quickly after that.

So I think all of these things are so easily explainable. You know, what happens normally in the delivery, with graphics, you can see it. I mean, everybody can see and acknowledge it, what the body does to deliver and then what Midwife Hamilton said she did to deliver and why my opinion that her maneuvers actually increased the danger to this baby and mother, made it worse.

Q Do you have any criticism of her prenatal care?

A She missed it. You know, she missed. I mean, this is a woman having a fourth baby. She has a new husband. He's 6 foot 6. She's 4 foot 10. Even in the animal -- with cows, people know that this is a problem. And very likely, you know, as UpToDate shows, it's probably the only consistent reliable factor. Can I predict? It will make you think, "Yeah. Is there a

EXHIBIT 11

SUPERIOR COURT OF WASHINGTON, LEWIS COUNTY

SCOTT HAMILTON, as guardian ad litem for Z.H.,	Plaintiff,	
vs.		20-2-00543-21
LINDA AMONDSON-MULLER, Personal Representative of the Estate of Laura Hamilton,	Defendant.	

REMOTE DEPOSITION UPON ORAL EXAMINATION OF

MARY BURGESS

1:00 p.m.

APRIL 29, 2022

LYNDEN, WASHINGTON

(Via Zoom)

REPORTED BY: ELEANOR J. MITCHELL, RPR, CCR 3006

not know that you could injure a baby by applying too much traction during delivery?

A. Yes.

Q. And why would you be concerned about that?

A. Again, the -- trying to work to do skills to get the baby delivered as safely as possible.

Q. And would not knowing that you could injure a baby by applying too much traction inhibit the ability to safely deliver the baby?

MS. MONIZ: Object to the form.

A. Can you ask that again, please?

Q. (BY MR. NEFF.) I'll rephrase it. It was a bad question.

Would not -- if a midwife doesn't know they could injure a baby by applying too much traction during delivery, would you be concerned that that's a safety issue?

MS. MONIZ: Object to the form of the question.

A. Yes.

Q. (BY MR. NEFF.) And scrolling down, it looks like you made a notation over here [as read]: Four-foot-nine. Right?

A. Um-hmm.

Q. Is that what that says?

A. Yes.

Q. And then you circled some testimony about the weight of the baby. What was the purpose of these notations?

A. Just highlighting how big was the baby, how long was the baby, how tall was the mother.

Q. Do you agree that a woman's body can make a baby that is too large for her to safely deliver vaginally?

A. Yes.

Q. Have you seen that in your work as a midwife?

A. I have seen large babies born. Or I -- let me back up, please.

I -- I know that mothers can grow very large babies, and it, at some point, makes it very hard on the mother, yes.

Q. So what do you do if you're in that situation, and you as a midwife suspect the baby inside the mother is too large to be safely delivered vaginally?

MS. MONIZ: Object to the form of the question.

A. I would refer to an OB.

Q. (BY MR. NEFF.) And why would you refer to an OB?

A. For a second opinion, sometimes. Sometimes,

EXHIBIT 12

SUPERIOR COURT OF WASHINGTON, LEWIS COUNTY

SCOTT HAMILTON, as guardian ad litem for Z.H., Plaintiff, vs. LINDA AMONDSON-MULLER, Personal Representative of the Estate of Laura Hamilton, Defendant.	20-2-00543-21

VIDEOTAPED REMOTE DEPOSITION UPON ORAL EXAMINATION OF DOLLY BROWDER

9:00 a.m.

APRIL 13, 2022

(Via Zoom)

REPORTED BY: ELEANOR J. MITCHELL, RPR, CCR 3006

assessing whether a pregnancy's high risk?

A. No.

Q. Do you personally believe that home birth is appropriate for a woman with a high-risk pregnancy?

A. No. I don't think high-risk pregnancy should occur in home -- in the home.

Q. And similar question: Do you personally believe that it's safe for a woman with a high-risk pregnancy to give birth in the home?

MS. MONIZ: Object to the form of the question.

A. I thought that's what you just asked me. No, I don't think it's safe for a high-risk pregnancy to have a home birth.

Q. (BY MR. NEFF.) What should a midwife do if, during prenatal care, she determines a woman's pregnancy to be high risk?

A. She would refer that person to a physician who would do -- usually it's a physician that does high-risk pregnancies and births.

Q. Why is it important for a midwife to do that?

A. For the safety of the mother and the baby.

Q. Are there ways for midwives to estimate fetal weight during pregnancy?

A. There are methods that people try, and they

EXHIBIT 13

DOB: 3-7-76 Age: 38 Baby's Fathers Name: Scott Centralia, WA 98532 Insurance: Private

MEDICAL HISTORY

MENARCHE Yrs | INTERVAL Days | DURATION Days

CHECK IF NEGATIVE - DESCRIBE POSITIVE HISTORY

+	PAP HISTORY
—	INFERTILITY
—	GYN DISORDER
—	GYN SURGERY
—	OTHER SURGERY
—	DES EXPOSURE
—	PRIOR CONTRACEPTION
—	BCP W/IN 90 DAYS CONCEP
—	HERPES - SELF/PARTNER
—	STD/OTHER
—	HEENT
—	CARDIOVASCULAR
—	RESPIRATORY/ASTHMA
—	HEPATITIS
—	OTHER

2011 WNL

HABITS

CHECK IF NEGATIVE - DESCRIBE POSITIVE HISTORY

—	TOBACCO
—	ETOH
—	DRUGS

FAMILY HISTORY - STATE RELATIONSHIP

—	DIABETES
—	HYPERTENSION
—	CANCER
—	HEART DISEASE
—	MULT GESTATION
—	CONGEN ANOM
—	OTHER FAMILY HX

PATIENT PREFERENCES

BABY'S PHYSICIAN

SUPPORT PERSON/COACH Scott

BREAST ☒ BOTTLE ☐

CIRCUMCISION YES ☒ NO ☐

PRENATAL CLASSES YES ☐ NO ☐

PREVIOUS PREGNANCIES

NO.	DATE	LENGTH (WKS)	LABOR (HRS)	TYPE DEL	ANES	SEX	WEIGHT	WEIGHT GAIN	COMPLICATIONS	OUTCOME/ NAME
1		38	long	VAG	—	F	7-12		SVB	
2		37	6-8	VAG	epid	F	5-4		SVB	
3		37	4-8	VAG	epid	F	5-6		SVB	
4	2013	SAB	D&C							

PRESENT PREGNANCY HISTORY

SYMPTOMS tired, nausea,

MEDS prenatals

ILLNESSES

	DATE	WEEKS	EDC/RANGE
LMP	7-2013		4.26.14
UNP			
OVU/CONCEP			
FIRST EXAM	10.09.13		
+HCG URINE	Home		
+HCG SERUM			
FHT DOPPLER	10.09.13		
FHT FETOSCOPE			
FM	November		
ULTRASOUND			
ULTRASOUND			
ULTRASOUND			

PHYSICAL EXAMINATION

CHECK IF NEGATIVE - DESCRIBE POSITIVE FINDINGS

+	HEENT
—	NECK
—	LUNGS
—	BREASTS
—	HEART
—	ABDOMEN
—	NEURO
—	EXTREMITIES/SKIN
—	EXTERNAL GENITALIA
—	VAGINA/CERVIX
—	UTERUS - SIZE
—	ADNEXAE
+	BONY PELVIS/ADEQUATE?

glasses

5'0"

Proven

NAME Sara Hamilton

ADDRESS 197 Big Hanaford Rd

Centralia, WA 98531

PH: 754-1757

LAURA HAMILTON, LICENSED MIDWIFE 808 State Hwy 508, Chehalis, WA 98532 360-262-9044

NAME	EDC	ultrasound due date
Serg Hamilton	4.26.14	

PAP	MSAFP	UA	TYPE RH	HBsAg	HIV	RUBELLA
2013	declined	Neg	B POS	neg	neg	Immune

ANTIBODY SCREENS	HCT/HGB	CULTURES	GTT FBS	SEROLOGY/VDRL
negative	31.3 / 10.7	(-)	107 . 128	negative

PREPREGNANT WEIGHT 140 ALLERGIES None!

DATE	GEST AGE WEEKS	WT	B.P.	URINE ALB	URINE SUG	F/D FHT	FUNDAL HEIGHT	EDEMA	FETAL MOVEMENT	PROBLEMS/RECOMMENDATIONS	RET
10.09.13	11	150	112/70	N	N	150 *	12	—	—	(+) FHT R.O.B - Handouts given	(4)
11.05	15	150	108/68	n	n	140 *	16	—	some	discussed diet & nutrition (+) FHT, tired	(4)
12.10	20	152	114/66	n	n	140 *	20	—	+	taking Prenatals (+) FHT, Looking baby mine	(4)
1.7.14	25	152	116/72	n	n	142 *	25	—	+	(+) FHT, Baby moving lots. Transverse today	(4)
2.4.14	29	156	128/78	n	n	144 *	30	—	+	Lots of Braxton Hicks. (+) FHT. Head down.	(2)
3.4.14	32	156	120/80	n	n	156 *	34	—	+	daily Braxton Hicks Head down (+) FHT	(2)
3.25	35	158	118/78	n	n	140 *	36	—	+	Baby KOH; Having heart burn & Braxton Hicks. Ready for baby to come.	(1)
4.09.14	SVB @	37	wks	4 days						L Hamilton LM	

PROBLEMS/COMMENTS 1-7-14 glucose 107
2.4.14 glucose 128 post meal

bon

POSTPARTUM FOLLOW-UP VISITS

Mother's Name Seng Hamilton Baby's Name Zachary James

Birth Date 04-09-2014 weight 10-03 head 14" length 23"

1 week	
Date	Color
Weight 1160 →	Weight
Breast	Heart DP
Lochia	Lungs DP
Fundus	Feeding Pop's
Perineum intact	Cord
Vitals	Pku
	Circumcision?
3 Weeks	
Date	Activity
Weight	Weight
Breast	Heart
Lochia	Lungs
Fundus	Feeding
Perineum	BM/Voiding
Vitals	Head: length:
6 weeks	
Date 5.21.14	Activity Alert
Weight 135	Weight 11-07
Breast Not nursing	Heart RR
Lochia Spotting	Lungs Clear
Uterus FC cramps	Feeding Formula
Perineum none tender	Head: 14 1/2 length: 23"
Cervix	Sleeping up every 3 hrs
PAP Smear I deferred	
Family Planning	

Laura Hamilton, Licensed Midwife
808 State Route 508, Chehalis, WA 98532
Office: 360-262-9044 Fax: 360-262-3989

Laura Hamilton
LICENSED MIDWIFE
808 State Route 508
Chehalis, Washington 98532
(360) 262-9044
Fax (360) 262-3989

September 20, 2013

Dear King County Courts;

Seng Livingston Hamilton is under my care for her current pregnancy. Seng's expected due date is April 26, 2014. Seng has a history of three live births and one miscarriage. Seng has been experiencing sever fatigue, nausea, spotting and pre-mature contractions. Since Seng's last pregnancy ended in miscarriage, we would like to take every precaution to help Seng maintain this pregnancy, by being on modified bed rest and to reduce stress as much as possible. I recommend that Seng rest one hour in the morning and two hours in the afternoon, eat every two hours and drink a cup of fluid every hour.
Thank you for your consideration;
Sincerely;

Laura Hamilton LM

Laura Hamilton
Licensed Midwife

Quest Diagnostics

Report Status: Final

HAMILTON, SENG

Patient Information	Specimen Information	Client Information
HAMILTON, SENG DOB: 03/07/1976 AGE: 37 Gender: F Fasting: U Phone: NG Patient ID: NG	Specimen: OW705157N Requisition: 2525040 Collected: 12/10/2013 / 16:15 PST Received: 12/11/2013 / 21:07 PST Reported: 12/12/2013 / 14:25 PST	Client #: 98532001 MAILOUT HAMILTON, LAURA A MIDWIFERY SERVICES 808 STATE ROUTE 508 CHEHALIS, WA 98532-8742

Test Name	In Range	Out Of Range	Reference Range	Lab
OBSTETRIC PANEL				
CBC (INCLUDES DIFF/PLT)				NW
WHITE BLOOD CELL COUNT		11.0 H	3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT		3.67 L	3.80-5.10 Million/uL	
HEMOGLOBIN		10.7 L	11.7-15.5 g/dL	
HEMATOCRIT		31.3 L	35.0-45.0 %	
MCV	85.3		80.0-100.0 fL	
MCH	29.1		27.0-33.0 pg	
MCHC	34.1		32.0-36.0 g/dL	
RDW	13.0		11.0-15.0 %	
PLATELET COUNT	252		140-400 Thousand/uL	
ABSOLUTE NEUTROPHILS		8701 H	1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	1584		850-3900 cells/uL	
ABSOLUTE MONOCYTES	528		200-950 cells/uL	
ABSOLUTE EOSINOPHILS	132		15-500 cells/uL	
ABSOLUTE BASOPHILS	55		0-200 cells/uL	
NEUTROPHILS	79.1		%	
LYMPHOCYTES	14.4		%	
MONOCYTES	4.8		%	
EOSINOPHILS	1.2		%	
BASOPHILS	0.5		%	
ANTIBODY SCREEN, RBC				NW
W/REFL ID, TITER AND AG	NO ANTIBODIES DETECTED		Reference range No antibodies detected	

This test is intended as a screen to detect those IgG antibodies implicated in hemolytic diseases of the newborn. It does not routinely detect IgM antibodies and thus is not suitable for screening for irregular antibodies prior to transfusion.

ABO GROUP AND RH TYPE			NW
ABO GROUP	B		
RH TYPE	RH(D) POSITIVE		
RPR (DX) W/REFL TITER AND			NW
CONFIRMATORY TESTING	NON-REACTIVE	NON-REACTIVE	
HEPATITIS B SURFACE			NW
ANTIGEN W/REFL CONFIRM			
HEPATITIS B SURFACE			
ANTIGEN	NON-REACTIVE	NON-REACTIVE	
RUBELLA IMMUNE STATUS			NW
RUBELLA ANTIBODY (IGG)	2.03		

Value	Interpretation
< or = 0.90	Negative
0.91-1.09	Equivocal
> or = 1.10	Positive

The presence of rubella IgG antibody suggests immunization or past or current infection with rubella virus.

Labor Flow Sheet: Name Seng Hamilton EDC: 4.26.14

Date 4-9-14 Blood Type: B pos

Labor Began: woke up @ 0630 ± contrx ⊖ BBS

Membranes: SROM @ 1539

2014

Date	Time	CM	Eff	Sta	FHR	BP	P	Temp	Contrax	Input	Output
4.09	1520	arrived at Seng's home							labor		
	1525	8	90%	0	140	120/74	80	98.2	q 4 mins		
	1530	up, sitting on toilet, voiding									
	1537	into warm bath tub									
	1539	SROM - clear fluid in tub									
	1540				146	states baby is moving					
	1555					contrx intense,					
	1605	moved to Bed									
	1609				140						
	1625	complete, pushing some, like every other contrx									
	1635	c/o charlie horse in (R) thigh, very painful,									
		Scott rubbing leg.									
	1645	pushing, some bloody show									
	1655				146	pushing c/o (R) leg pain					
	1705	pushing									
	1710	pushing			140						
	1715	pushing									
	1719	pushing			140						
	1722	head out				1724	called		911		
	1726	Baby out									

LAURA HAMILTON, LICENSED MIDWIFE
808 State Route 508, Chehalis, WA 98532
360-262-9044

Seng Hamilton

IMMEDIATE POSTPARTUM NAME: Seng Hamilton

DATE	TIME	NOTES: Fundus, flow, void, ambulation, feeding, repair, instructions
4-9-14	1726	SVB, difficult shoulder dystocia baby's head delivered, anterior, tried to rotate baby to the left, then to the right, tried to move & deliver posterior shoulder, 3 mins now, called 911, continued to try & move baby, was able to release left shoulder to anterior, and delivered baby, immediately rubbed baby dry & towel, listen to FHR-120, 2 puffs mouth to mouth, animance, 2 more puffs, spont cry, 911 arrived, baby crying spont, color pink, laying on Mothers abdomen alert, 911 personal looked at baby, asked if we needed them to do anything, the parents and I agreed we were fine. She received some information and then left.
	1740	cord clamped & cut, thick, long cord
	1744	placenta delivered complete, large placenta intact, Schultz
	1805	newborn exam done, noted (R) arm to be weak, color pink, baby vigorously crying.
	1810	Fundus firm, flow mod to heavy, few clots, 800mg Ibuprofen 1000mg Tylenol given PO, mom stable BP 120/70 up to warm bath, tol well, Baby in bath & mom LHamilton LM

Laura Hamilton, Licensed Midwife
808 State Route 508, Chehalis, WA 98532
Office: 360-262-9044 Fax: 360-262-3989

Seng Hamilton

IMMEDIATE POSTPARTUM NAME: Seng Hamilton

DATE	TIME	NOTES: Fundus, flow, void, ambulation, feeding, repair, instructions
4-9-14	1815	Called Northwest Pediatrics, spoke to answering service, then RN on call then transfered to Doctor on call, who called me back. Spoke to Dr Romariz, explained delivery to her, tough shoulder dystocia, that we called 911, the baby is doing well, except for weakness in his (R) Arm. Dr Romariz said if they wanted to establish care to them, to bring the baby in, in 3-4 days. Parents informed.
	1875	Baby dressed by Scott
	1835	Baby Nursing well, Seng drinking juice, exhausted, but alert
	1900	Hamilel and friends bonding well
	1920	Fundus firm, flow scant, resting
	1945	Baby alert, ant, WARM, total vigorous cry. HR 148 R 46
	2010	Newborn & post partum instructions given & understanding
	2030	I went home L Hamilton LM

Laura Hamilton, Licensed Midwife
808 State Route 508, Chehalis, WA 98532
Office: 360-262-9044 Fax: 360-262-3989

Seng Hamilton

NAME: Zachary James DATE: 4-9-14

APGAR SCORING CHART

1 MINUTE & 5 MINUTES after Birth

SIGN	Score 0	Score 1	Score 2
Heart Rate	Absent	Slow (below 100)	Over 100
Respiratory Effort	Absent	Slow; irregular; hypo-ventilation	Good; crying lustily
Muscle Tone	Flaccid	Some flexion of extremities	Active motion; well flexed
Reflex Irritability	None	Cry; some motion	Vigorous cry
Color	Blue	Body pink; hands and feet blue	Completely pink

APGAR SCORE 1 MINUTE		APGAR SCORE 5 MINUTES	
Heart rate:	2	Heart rate:	2
Respiratory Effort:	1	Respiratory Effort:	2
Muscle Tone:	1	Muscle Tone:	2
Reflex Irritability:	1	Reflex Irritability:	2
Color:	1	Color:	1
TOTAL	6	TOTAL	9

LH

Laura Hamilton
Licensed Midwife
808 State Hwy 508
Chehalis WA 98532

BIRTH RECORD: MOTHER

Name: Seng Hamilton Age: 38

Where Delivered: Address 197 Big Hanaford Rd, Centralia

Gravid 5 Para 3 EDC 4/26/14 Date of Birth 4-9-14 Time: 1726

LABOR SUMMARY:

1st Stage 10 hrs 2nd Stage active pushing 20 mins one hour 3rd Stage 18 mins

Membranes: SROM @ 1539 clear fluid

Time Cord Cut: 1740 by Scott # of Vessels 3

Placenta: 1744 complete, Schultz, thick, long cord

PERINEUM:

Intact ✓ Laceration 0 Repair 0

EBL ~300cc Treatment 10U pit IM

Delivery Position semi-sitting Baby's Position ROA

Nuccal Cord 0 thick, long cord

TOTAL USED: Chux Pads: 6 Peri Pads: 1 Towels: 0

Medications: 10U pitocin IM R thigh @ 1750

Non-Medications:

Notes: difficult shoulder dystocia, babys R arm weak, called Dr Romanic. pediatrician

BIRTH RECORD: BABY

Name: Zachary James Hamilton (Male) Female

WEIGHT: 10.03 LENGTH 23 CHEST 14 HEAD 14 1/5

Apgar: 1 Minute 6 5 Minutes 9 Suctioning? DeLee Bulb

Resuscitation back stimulation, mouth to mouth, 2 puffs, then 2 puffs

Medications: Ilotycin Ou: 1805 Vit K IM @ 1805

EXAM ✓ if normal or describe:

✓Gen Appearance 37wks 4days ✓Cord 3 vessels

✓Color pink ✓Hips 0 click

✓HEENT alert ✓Genitalia male

✓Heart Rate 120 ✓Anus patent

✓Lungs, resp. rate clear ✓Extremities active

✓Abdomen soft ✓Reflexes alert

Feeding: Breast

Voiding/Meconium: mec after delivery

Attendants at birth: Cheryl, Annette, Amy Scott

Notes: 911 came, all OK, Sc they left

LAURA HAMILTON, LICENSED MIDWIFE

Health

Washington State Birth Filing Form

Child's Information

*1. Child's Name
First: Zachary
Middle: James
LAST: Hamilton
Suffix (Sr., Jr., II, III, etc.):

*2. Date of Birth (MM/DD/YYYY): 04 / 09 / 2014

*3. Time of Birth (24 Hrs.): 1720

4a. Type of Birthplace (Specify Type)
1 ☐ Hospital 2 ☐ Enroute 3 ☐ Freestanding Birth Center
4 ☐ Clinic/Doctor's Office 5 ☒ Home-Planned ☒ Yes ☐ No
6 ☐ Other(Specify)

4b. Planned Birth Place, if different
Specify:

5. Sex ☒ Male ☐ Female

*6. Name of Facility (If not a facility, enter name of place and address): 197 Big Hanaford Road

*7. City, Town, or Location of Birth: Centralia

*8. County of Birth: Lewis

Mother's Information

*9. Mother's Name Before First Marriage
First: Seng
Middle: Joy
LAST: Damneun

*10. Date of Birth (MM/DD/YYYY): 03/07/1976

*11. Birthplace (State, Territory or Foreign Country): Thailand

12. Mother's Social Security Number: 528188923

13. Mother's Current Legal Last Name, if different from above: Hamilton

14. Do you want to get a Social Security Number for your Child? ☒ Yes ☐ No

15. Is Mother Married to the Father? ☒ Yes ☐ No
If NO: Was Mother Married to anyone during this pregnancy? ☐ Yes ☐ No
Has the Paternity Acknowledgment been signed? ☐ Yes ☐ No

16a. Residence: Number and Street (e.g. 624 SE 5th St.): 197 Big Hanaford Road
Apt No.:
16b. City or Town: Centralia
16c. County: Lewis
16d. If you live on Tribal Reservation, give name:
16e. State or Foreign Country: Washington
16f. Zip Code + 4: 98531
16g. Inside City Limits? ☐ Yes ☒ No ☐ Unk
17. Telephone Number: 206 501 1757
18. How Long at Current Residence? Years: 04 Months: 06
19. Mother's Mailing Address, if different: Number & Street
Apt No.
City or Town:
State:
Zip Code:

20. Mother's Education-(Check the box that best describes the highest degree or level of school completed at the time of delivery.)
1 ☐ 8th grade or less (Specify)
2 ☐ 9th – 12th grade; no diploma
3 ☐ High school graduate or GED completed
4 ☐ Some college credit, but no degree
5 ☐ Associate degree(e.g., AA, AS)
6 ☐ Bachelor's degree(e.g., BA, AB, BS)
7 ☒ Master's degree(e.g., MA, MS, MEng, MEd, MSW, MBA)
8 ☐ Doctorate(e.g., PhD, EdD) or Professional degree(e.g., MD, DDS, DVM, LLB, JD)

21. Mother of Hispanic Origin?
(Check the box that best describes whether the mother is Spanish/Hispanic/Latina or check the "No" box if mother is not Spanish/Hispanic/Latina.)
1 ☒ No, not Spanish/Hispanic/Latina
2 ☐ Yes, Mexican, Mexican American, Chicana
3 ☐ Yes, Puerto Rican
4 ☐ Yes, Cuban
5 ☐ Yes, other Spanish/Hispanic/Latina (Specify):

22. Mother's Race (Check one or more races to indicate what the mother considers herself to be.)
☐ White ☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe):
☐ Asian Indian ☐ Chinese
☐ Filipino ☐ Japanese
☐ Korean ☐ Vietnamese
☐ Other Asian(Specify):
☐ Native Hawaiian ☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander(Specify):
☒ Other(Specify): Thailand

23. Occupation (Indicate type of work done during last year.): Attorney
24. Kind of Business/Industry (Do not use Company Name): Legal

Father's Information

*25. Father's Current Legal Name
First: Scott
Middle: Alan
LAST: Hamilton
Suffix: Jr.

*26. Date of Birth (MM/DD/YYYY): 10/22/75

*27. Birthplace (State, Territory, or Foreign Country): Washington

28. Father's Social Security Number: 536768458

29. Father's Education-(Check the box that best describes the highest degree or level of school completed at the time of delivery.)
1 ☐ 8th grade or less (Specify)
2 ☐ 9th – 12th grade; no diploma
3 ☐ High school graduate or GED completed
4 ☐ Some college credit, but no degree
5 ☐ Associate degree(e.g., AA, AS)
6 ☐ Bachelor's degree(e.g., BA, AB, BS)
7 ☒ Master's degree(e.g., MA, MS, MEng, MEd, MSW, MBA)
8 ☐ Doctorate(e.g., PhD, EdD) or Professional degree(e.g., MD, DDS, DVM, LLB, JD)

30. Father of Hispanic Origin?
Check the box that best describes whether the father is Spanish/Hispanic/Latino or check the "No" box if father is not Spanish/Hispanic/Latino.
1 ☒ No, not Spanish/Hispanic/Latino
2 ☐ Yes, Mexican, Mexican American, Chicano
3 ☐ Yes, Puerto Rican
4 ☐ Yes, Cuban
5 ☐ Yes, other Spanish/Hispanic/Latino (Specify):

31. Father's Race (Check one or more races to indicate what the father considers himself to be)
☒ White ☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe):
☐ Asian Indian ☐ Chinese
☐ Filipino ☐ Japanese
☐ Korean ☐ Vietnamese
☐ Other Asian(Specify):
☐ Native Hawaiian ☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander(Specify):
☐ Other(Specify):

32. Occupation (Indicate type of work done during last year.):
33. Kind of Business/Industry (Do not use Company Name):

Optional Signature:

I agree that the above information is accurate: Laura Hamilton LM Date:

* Only these items will be displayed on Legal Certificate. However all items are required by law (RCW 70.58.055).

34. Mother's Medical Record Number

35. Mother's Prepregnancy Weight (Pounds) 140

36. Mother's Weight at Delivery (Pounds) 158

37. Mother's height Feet: 05 Inches 00

38. Did Mother get WIC food for herself during pregnancy? ☐ Yes ☒ No

39. Cigarette Smoking Before and During Pregnancy
- - If none enter "0"
Average number of cigarettes or packs per day: 0

	# of cigarettes	# of packs
Three months before pregnancy	____ OR	____
First three months of pregnancy	____ OR	____
Second three months of pregnancy	____ OR	____
Last three months of pregnancy	____ OR	____

40a. Number of Previous Live Births (Do not include this child)
Number Now Living 3 ☐ None
Number Now Dead ____ ☐ None

41a. Number of Other Pregnancy Outcomes (Spontaneous or induced losses or ectopic pregnancies)
Number of Other Outcomes 1 ☐ None

40b. Date of Last Live Birth (MM/DD/YYYY) (Do not include this child) 04 / 2004

41b. Date of Last Other Pregnancy Outcome (MM/DD/YYYY) 04 / 2013

42a. Date of First Prenatal Care Visit (MM/DD/YYYY) 10 / 09 / 2013 ☐ No Prenatal Care

42b. Date of Last Prenatal Care Visit (MM/DD/YYYY) 03 / 25 / 2014

43. Total Number of Prenatal Visits for this Pregnancy (If none, enter "0") 10

44. Date Last Normal Menses Began (MM/DD/YYYY) 7 / 20 / 2013

45. Was mother transferred to higher level care for maternal medical or fetal indications for delivery? ☐ Yes ☒ No If yes, name of facility mother was transferred from:

46. Principal Source of Payment for this Delivery
☐ Medicaid ☒ Self Pay ☐ Private Insurance
☐ Indian Health ☐ Tricare ☐ Other Gov't
☐ Other

47. Newborn Medical Record Number

48. Birth Weight lbs: 10 ozs: 03 or grams:

49. Infant Head Circumference (cm) 38

50. Obstetric Estimate of Gestation (Completed weeks) 38

51. Apgar score at 5 minutes 9 If score is less than 6, score at 10 minutes ____

52. Plurality – Single, Twin, Triplet, etc. (Specify) Single

53. If not single birth – Born 1st, 2nd, 3rd, etc. (Specify)

54. Was infant transferred within 24 hours of delivery? ☐ Yes ☒ No
If yes, name of facility infant was transferred to:

55. Is infant living at the time of report? ☒ Yes ☐ No ☐ Transferred, status unknown

56. Is infant being breastfed? ☒ Yes ☐ No

Medical and Health Information

57. Risk Factors in this Pregnancy (Check all that apply):
1 ☐ Diabetes
☐ Prepregnancy (Diagnosis prior to this pregnancy)
☐ Gestational (Diagnosis in this pregnancy)
2 ☐ Hypertension
☐ Prepregnancy (Chronic)
☐ Gestational (PIH, preeclampsia)
☐ Eclampsia
3 ☐ Previous preterm births
4 ☐ Other previous poor pregnancy outcome (includes perinatal death, small-for-gestational age/intrauterine growth restricted birth)
5 ☐ Vaginal bleeding during this pregnancy prior to the onset of labor
6 ☐ Pregnancy resulted from infertility treatment – If yes-check all that apply:
☐ Fertility-enhancing drugs, artificial insemination or intrauterine insemination
☐ Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT))
7 ☐ Mother had a previous cesarean delivery? If Yes, how many ____
8 ☐ Group B Streptococcus culture positive
9 ☒ None of the above

58. Method of Delivery
A. Was delivery with forceps attempted but unsuccessful? ☐ Yes ☒ No
B. Was delivery with vacuum extraction attempted but unsuccessful? ☐ Yes ☒ No
C. Fetal presentation at birth ☒ Cephalic ☐ Breech ☐ Other
D. Final route and method of delivery (Check One)
Vaginal: ☒ Spontaneous ☐ Forceps ☐ Vacuum
Or, Cesarean: ☐
If cesarean, was a trial of labor attempted? ☐ Yes ☐ No

59. Infections Present and/or Treated During this Pregnancy (Check all that apply):
1 ☐ Gonorrhea
2 ☐ Syphilis
3 ☐ Herpes Simplex Virus (HSV)
4 ☐ Chlamydia
5 ☐ Hepatitis B
6 ☐ Hepatitis C
7 ☐ HIV Infection
8 ☐ Other Specify: ____
9 ☒ None of the above

60. Obstetric procedures (Check all that apply):
1 ☐ Cervical cerclage
2 ☐ Tocolysis
3 ☐ External cephalic version: ☐ Successful ☐ Failed
4 ☒ None of the above

61. Abnormal Conditions of the Newborn (Occurring within 24 hours of delivery) (Check all that apply):
1 ☐ Assisted ventilation required immediately following delivery
2 ☐ Assisted ventilation required for more than six hours
3 ☐ NICU admission
4 ☐ Newborn given surfactant replacement therapy
5 ☐ Antibiotics received by the newborn for suspected neonatal sepsis
6 ☐ Seizure or serious neurologic dysfunction
7 ☐ Significant birth injury (skeletal fracture(s), peripheral nerve injury, soft tissue or solid organ hemorrhage which requires intervention)
9 ☒ None of the above

62. Characteristics of Labor and Delivery (Check all that apply):
1 ☐ Induction of labor
2 ☐ Augmentation of labor
3 ☐ Non-vertex presentation
4 ☐ Epidural or spinal anesthesia during labor
5 ☐ Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery
6 ☐ Antibiotics received by the mother during labor
7 ☐ Clinical chorioamnionitis diagnosed during labor or maternal temperature ≥38°C (100.4°F)
8 ☐ Moderate/heavy meconium staining of the amniotic fluid
9 ☐ Fetal intolerance of labor such that one or more of the following actions was taken: in-utero resuscitation measures, further fetal assessment, or operative delivery
10 ☒ None of the above

63. Congenital Anomalies of the Newborn (Observed within 24 hours of delivery) (Check all that apply)
1 ☐ Anencephaly
2 ☐ Meningomyelocele / Spina bifida
3 ☐ Cyanotic congenital heart disease
4 ☐ Congenital diaphragmatic hernia
5 ☐ Omphalocele
6 ☐ Gastroschisis
7 ☐ Limb reduction defect (excluding congenital amputation and dwarfing syndrome)
8 ☐ Cleft Lip with or without Cleft Palate
9 ☐ Cleft Palate alone
10 ☐ Down Syndrome ☐ Karyotype confirmed ☐ Karyotype pending
11 ☐ Chromosomal disorder ☐ Karyotype confirmed ☐ Suspected, Karyotype pending
12 ☐ Hypospadias
13 ☒ None of the above

64. Maternal Morbidity (complications associated with labor and delivery) (Check all that apply):
1 ☐ Maternal transfusion
2 ☐ Third or fourth degree perineal laceration
3 ☐ Ruptured uterus
4 ☐ Unplanned hysterectomy
5 ☐ Admission to intensive care unit
6 ☐ Unplanned operating room procedure following delivery
7 ☒ None of the above

65. Onset of Labor (Check all that apply):
1 ☐ Premature rupture of the membranes (prolonged, ≥ 12hr)
2 ☐ Precipitous Labor (< 3hr)
3 ☐ Prolonged Labor (≥ 20hr)
4 ☒ None of the above

66. Certifier – Name and Title Laura Hamilton LM

67. Date Certified (MM/DD/YYYY) / /

68. Attendant – Name and Title (if other than Certifier)

69. NPI of person delivering the baby:

Check List

Name 4.26.14 Song EDC 4-26-14

10-9-13 Orientation packet
Notice of Privacy Policy
Scope of Practice
5 page Midwifery Care Handout
Test Information
Phone numbers-How to reach midwife
Fee Schedule & Insurance billing
Handouts: GBS, MSAFP, Rhogam, Diabetes, Vitamin K, AIDS testing,
Ultrasound use, Newborn Eye Ointment,
Optional handouts: Nausea, Kegel exercises, Vitamins, Iron Handout,

_____ Insurance, DSHS information, authorization
_____ Nutritional/diet discussed; Weight gain; vitamins
_____ Dental/vision care
10-9-13 Habits: smoking, ETOH, drugs, pica, caffeine, chocolate
_____ Hazards: cats, overheating, raw meat, etc
_____ Discomforts/relief measures, chiropractic care
_____ Exercise/Kegals

_____ Labs discussed; cultures; pap smear
_____ Gestational Diabetes discussed
1-7-14 GBS culture, treatment protocol
_____ Rhogam discussed

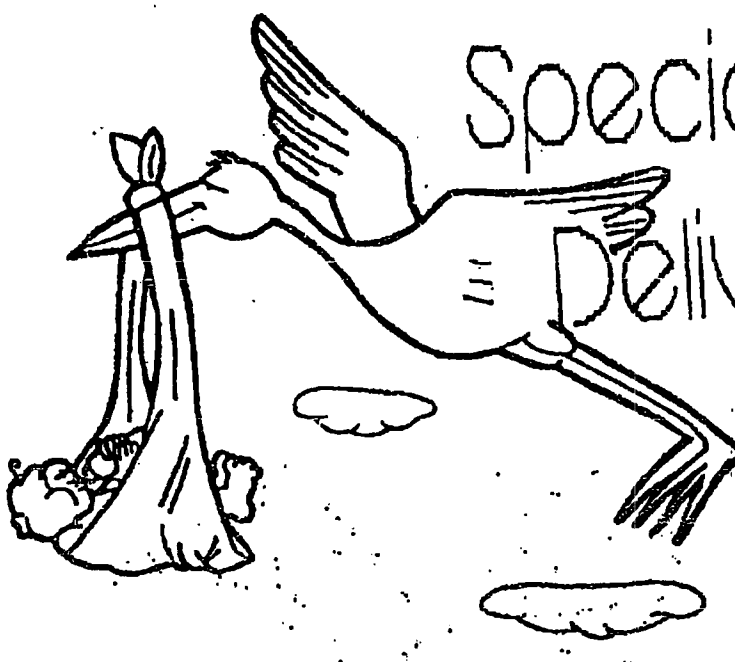
_____ Fetal development/quickening
_____ Warning signs: bleeding, cramps, contractions, preterm labor
_____ Family/Father/siblings
1-4-14 Sexuality; birth control options
_____ Work/job issues

_____ Childbirth classes discussed, Doula, water birth
_____ Labor signs: when to call?
3-25-14 Labor/delivery routine; emergency protocol
_____ Newborn care discussed; circumcision; Vitamin K; eye ointment
_____ Breast feeding or Formula
_____ Post Partum instructions

_____ Where do you plan to deliver Home
_____ Birth Kit, what to have at home
3-25-14 Birth: directions, map to house
_____ Birth plan discussed, who is going to be at the birth Scott

Laura Hamilton, Licensed Midwife 808 State Route 508, Chehalis, WA 98532
360-262-9044 cell: 360-520-4636
Established 1982 last revised 02/2011

Laura Hamilton
LICENSED MIDWIFE
808 State Route 508
Chehalis, Washington 98532
(360) 262-9044



Special Delivery fax

TO: Nikki @ Childrens Hospital 206 987 2776

FROM: _____ FAX #: (360) 262-3989

# of Pages: 9 + Cover Sheet 10

NOTES: _____

FAXED

Laura Hamilton, Licensed Midwife 000 Jade Road ...

DOB: 03-07-76 Age: ___ Baby's Father's Name: Scott Insurance: Private

Chehalis, WA 98532

MEDICAL HISTORY

MENARCHE ___ Yrs | INTERVAL ___ Days | DURATION ___ Days

CHECK IF NEGATIVE - DESCRIBE POSITIVE HISTORY

	PAP HISTORY
	INFERTILITY
	GYN DISORDER
	GYN SURGERY
	OTHER SURGERY
	DES EXPOSURE
	PRIOR CONTRACEPTION
	BCP W/IN 90 DAYS CONCEP
	HERPES - SELF/PARTNER
	STD/OTHER
	HEENT
	CARDIOVASCULAR
	RESPIRATORY/ASTHMA
	HEPATITIS
	OTHER

HABITS

CHECK IF NEGATIVE - DESCRIBE POSITIVE HISTORY

	TOBACCO
	ETOH
	DRUGS

FAMILY HISTORY - STATE RELATIONSHIP

	DIABETES
	HYPERTENSION
	CANCER
	HEART DISEASE
	MULT GESTATION
	CONGEN ANOM
	OTHER FAMILY HX

PATIENT PREFERENCES

BABY'S PHYSICIAN

SUPPORT PERSON/COACH

BREAST ☐ BOTTLE ☐

CIRCUMCISION YES ☐ NO ☐

PRENATAL CLASSES YES ☐ NO ☐

PREVIOUS PREGNANCIES

NO.	DATE	LENGTH (WKS)	LABOR (HRS)	TYPE DEL.	ANES.	SEX	WEIGHT	WEIGHT GAIN	COMPLICATIONS	OUTCOME/ NAME
1		7-		VAG		F	7-12			
2				VAG		F	5-4			
3				VAG		F	5-6			

PRESENT PREGNANCY HISTORY

SYMPTOMS

VEINS

ILLNESSES

	DATE	WEEKS	EDC/RANGE
LMP	12-4-12		9-12-13
LNMP			
OVULCONCEP			
FIRST EXAM			
+HCG URINE			
+HCG SERUM			
FHT DOPPLER			
FHT FETOSCOPE			
FM			
ULTRASOUND			
ULTRASOUND			
ULTRASOUND			

PHYSICAL EXAMINATION

CHECK IF NEGATIVE - DESCRIBE POSITIVE FINDINGS

+	HEENT
	NECK
	LUNGS
	BREASTS
	HEART
	ABDOMEN
	NEURO
	EXTREMITIES/SKIN
	EXTERNAL GENITALIA
	VAGINA/CERVIX
	UTERUS - SIZE
	ADNEXAE
+	BONY PELVIS/ADEQUATE?

glasses

5'0"

Brown

NAME Seng Hamilton

ADDRESS 197 Big Hanaford Rd

Centralia, Wa 98531

LAURA HAMILTON, LICENSED MIDWIFE 808 State Hwy 508, Chehalis, WA 98532 360-262-9044

NAME Seng Hamilton	EDC 9-12-13	ultrasound due date

PAP	MSAFP	UA	TYPE RH	HBsAg	HIV	RUBELLA

ANTIBODY SCREENS	HCT/HGB	CULTURES	GTT FBS	SEROLOGY/VDRL

PREPREGNANT WEIGHT | ALLERGIES

DATE	GEST AGE WEEKS	WT	B.P.	URINE ALB	URINE SUG	F/D FHT	FUNDAL HEIGHT	EDEMA	FETAL MOVEMENT	PROBLEMS/RECOMMENDATIONS	RET
3-5-13		146	118/74	NN						NOB. Handouts given	
4-9	SAB at		Incomplete				General - Dr Baghdadi				
5-15	pos pt		partum				visit, pap done, cervix pink				

PROBLEMS/COMMENTS

STECK
MEDICAL GROUP

1299 Bishop Road
Chehalis, WA 98532
360.748.0211
http://www.steckmedical.com

Patient Report

PATIENT: HAMILTON, SENG
EXAM DATE: Apr-03-2013
REFERRING: HAMILTON, LAURA A
808 STATE HWY 508
CHEHALIS, WA 98532

TELEPHONE:
CLINIC-ALL ORGANIZATIONS

Steck Medical Group - Diagnostic Ultrasound

FIRST TRIMESTER ULTRASOUND AND TRANSVAGINAL STUDY (< 14 weeks)

CLINICAL INFORMATION:
Evaluate for viable pregnancy. Midwife scanned at office today showing fetus with no movement and unable to attain heartbeat.

COMPARISON:
No priors.

PROCEDURE:
Exam: Complete pregnancy first trimester (<14 weeks); complete fetal and maternal echographic evaluation with image documentation.
Exam: Transvaginal ultrasound of the early pregnancy.
Region of Interest: Maternal pelvis.

FINDINGS:
By the LMP of 12/04/2012, EGA = 17 weeks.

Maternal Pelvis: The uterus is anteverted.

Pregnancy: No fetal heart motion noted. An intrauterine fetus.

Mean sac diameter = 46.5 mm, corresponds to 10 weeks 2 days.
Crown rump length = 19 mm, corresponds to 8 weeks 3 days.

Subchorionic hemorrhage is seen around the gestational sac. The cervix is closed.

IMPRESSION:
Intrauterine fetal demise. No fetal heart motion noted by the sonographer Liana who scanned this patient.

Findings were called to the referring physician.

MRN: 62825
EXAM#: 11280832

DOB: 03/07/1976
AGE: 37 Years

DICTATED BY:
LALANI, TASNEEM MD
TRANSCRIBED ON:
Apr-03-2013
RELEASED BY:
LALANI, TASNEEM MD
INTERPRETED AND AUTHENTICATED BY:
LALANI, TASNEEM MD
4/3/13 2:18 pm

This report is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under law. If you have received this report in error, you are hereby notified that we do not consent to any reading, distribution, or copying of this information. If you have received this report in error, please notify the sender immediately and destroy this information.

Copy To: STECK, MEDICAL GROUP

IN PACS

Laura Hamilton
LICENSED MIDWIFE
808 State Route 508
Chehalis, Washington 98532
(360) 262-9044
Fax (360) 262-3989

FAXED

April 8, 2013

Dear Dr. Badgdadi;

I am sending Seng Hamilton in to see you today. She is a G4P3, now 17 weeks by dates with a fetal demise that measures about 12 weeks on ultrasound; I have included the report for you to see.

This is Seng's husband's Scott, first baby. Seng is an attorney in Seattle, but live in Centralia with her husband and daughters. Scott is a cousin of mine. They are very emotional about the loss of this baby, so it was important to me, for them to see you.

Thank you for your personal and professional assistance.

Laura Hamilton
Licensed Midwife

Quest Diagnostics

Report Status: Final

HAMILTON, SENG

Patient Information	Specimen Information	Client Information
HAMILTON, SENG DOB: 03/07/1976 AGE: 37 Gender: F Fasting: U Phone: 206.501.1757 Patient ID: NG	Specimen: NW0902890 Requisition: 0677881 Collected: 05/15/2013 Received: 05/17/2013 / 05:49 PDT Reported: 05/17/2013 / 15:17 PDT	Client #: 98532001 MAILOUT HAMILTON, LAURA A. MIDWIFERY SERVICES 808 STATE ROUTE 508 CHEHALIS, WA 98532-8742

THIN PREP PAP — Lab: QRO

STATEMENT OF ADEQUACY:
Satisfactory for evaluation.
Endocervical/transformation zone component absent.

SOURCE: Vagina, Cervix, Endocervix

CLINICAL INFORMATION:
POST SAB AT 6 WKS
LMP: 12-04-12
prev. Pap: 2011 WNL
prev. Bx: NONE GIVEN

CATEGORY AND INTERPRETATION:
Negative for intraepithelial lesion or malignancy.

CYTOTECHNOLOGIST: CHS, CT(ASCP)

For questions contact Anatomic Pathology Client Services at 503-306-1172 and reference DEPT ID: BC136004638

PERFORMING SITE:
QRO QUEST DIAGNOSTICS-PORTLAND, 6600 SW HAMPTON STREET, PORTLAND, OR 97223-8348 Laboratory Director: JOEL M. SHILLING, MD, CLIA: 38D0672592

GENERAL INFORMATION

By filling out this information form, I consent to have a pregnancy test performed by urine sample and or blood serum as deemed necessary by the representative in this office of Laura Hamilton, LM I certify that the information is this form is correct to the best of my knowledge. I hereby authorize Laura Hamilton, LM be paid directly by my insurance company and to release to them any information they might require in order to pay my claim.

Today's Date 3.5.13

NAME: Joy Seng Hamilton SS# 560-16-6923

Signature:

Date of Birth 3.7.[redacted] 1976 Age 36

Address: 197 Big Hanaford Rd

City/State Centralia, WA Zip Code 98531

Phone CELL 206.501-1257

EMAIL SJLiving@yahoo.com

Employer Self-Employed • Attorney

INSURANCE None - private

Last Normal Menstrual Period 12-04-2012

Previous Pregnancies 3

Was this a planned pregnancy? Yes

If you are under 16 years old, do your parents know you came for a pregnancy test today?

Father of Baby Scott A. Hamilton Jr. SS# 536 76 8458

Date of Birth 10.22-1975 Age 37

Address: 197 Big Hanaford Rd

City/State Centralia, WA Zip Code 98531

Phone 425-445-6981 CELL 425.445-6981

EMAIL (optional) Shamilton440hotmail.com

Employer Wife

INSURANCE

How did you find out about our clinic? Family

Urine: (neg) (pos) Serum: (neg) (pos) EDC: 9.12.13

Laura Hamilton, LM, CPM
Established in 1983 revised 01/2010, 03/2011
General Information intake form

EDC 9-12-13

Wt: 146 50"

BP 118/74

① - 7-12 - Fe - States delivered all three girls at 37-38 wks

② - 5-4 - Fe -

③ - 5-6 - Fe -

EXHIBIT 14

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON

IN AND FOR THE COUNTY OF LEWIS

SCOTT HAMILTON, as guardian ad litem for Z.H.,	)	
Plaintiffs,	)	NO. 20-2-00543-21
vs.	)	
LINDA AMONDSON-MULLER, Personal Representative of the ESTATE of LAURA HAMILTON,	)	
Defendants.	)	

REMOTE VIDEOTAPED DEPOSITION UPON ORAL EXAMINATION OF

ROBERT ALLEN, Ph.D.

April 5, 2022
11:32 a.m.
all parties appearing remotely
New York, New York

TAKEN AT THE INSTANCE OF THE DEFENDANT

REPORTED BY:
AMY J. BROWN, RMR, CRR, WA CCR NO. 2133, ID CCR NO. 700

JOB NUMBER 859959

opinion.

A. I really don't know.

Q. Was it yesterday?

A. No.

Q. Was it over the weekend?

A. No.

Q. Other than she didn't get around to it, can you think of why Ms. Machler would not have told us what you were going to say until yesterday morning?

A. I can't.

Q. This -- the first sentence here says, "The severity of Zachary's injuries required force approximately eight to ten times more than normally applied by clinicians."

First of all, did you express that opinion to Ms. Machler?

A. I think so.

Q. And what is the basis of that opinion?

A. I think we've been going that this whole deposition.

Q. Well, numbers are not my strong point, but I thought you told us earlier 40 pounds of force and that the usual is 0 to 10.

A. Okay.

Q. So eight to ten times sounds like 80 to 100

pounds?

A. No. No. No. No. No. It would be the average; right? So 0 to 10, then say 5 pounds is typical, so eight to ten is 40 to 50.

Q. But your research with Dr. Gonik did not -- did not show average of 5 pounds, did it?

A. No. He was -- he was a little bit -- he was a little higher, but all the other deliveries were -- turned out to be that.

Q. All of what other deliveries?

A. I've done about a hundred so far, and we did 29 in Houston.

Q. So you're saying of the 100 total that you did at Houston, Delaware, Georgetown and Hopkins, the average delivery force in a normal delivery was 5 pounds?

A. Yes.

Q. And where would we find that information recorded?

A. It's not.

Q. So can you give me any scientific evidence that would say that 5 pounds of force is used in a normal delivery?

A. Yeah. If you take all the studies that we measured the force in and average them out, it turns out

to be about 5 pounds.

Q. Now, in the Gonik study, there were -- there was additional force used for difficult deliveries; correct?

A. Yes. Yes.

Q. And there was even more force used for shoulder dystocia deliveries; right?

A. Yes.

Q. So you wouldn't expect that in a case like this, which Ms. Hamilton described as a very difficult shoulder dystocia, that she would only use the average force of normal deliveries; correct?

A. Not correct. I think one of the things our paper showed was that you don't need large forces to deliver shoulder dystocia babies. And the whole point of it was to stop using traction when it doesn't work.

Q. What was the range of force used in these other clinical studies?

A. I don't recall. It was about 5 pounds.

Q. What was the range?

A. The range was 0 to 10.

Q. So if we were to look at the -- at all the studies other than the Gonik studies where it went up to 22 pounds in two cases, we would find that the maximum force used was 10 pounds?

A. For routine deliveries, yes.

Q. How about for difficult deliveries, what would we find?

A. I don't know if anyone else used -- yeah, I think the peak force for Dr. Poggi was 7 pounds. When she had -- when she had dystocia and used McRoberts, it was 8 pounds. That's another provider.

Q. Who was that?

A. Sarah Poggi.

Q. I thought you said another provider.

A. No. This was -- these were all done by Poggi.

Q. Okay. So you're saying -- now saying that she did have -- Dr. Poggi had one in which she used 8 pounds?

A. Yes.

Q. How about the other studies?

A. I can't look at it right now.

Q. Okay. Did your reports of these other clinical studies in the literature give the peak pressures by range as well average?

A. They gave -- it typically gave the average.

Q. The second sentence here says, "The injured shoulder was behind the pubic bone on a more-probable-than-not basis."

Is that your opinion?

EXHIBIT 15

ZACHARY HAMILTON
INDEX & SCHEDULE OF DAMAGES

A. MEDICAL SPECIALS

1. PROVIDENCE CENTRALIA

	SERVICE DESCRIPTION	DATE	AMOUNT
	HC XR CLAVICLE	04/15/2014	$ 371.39
	PT EVAL	04/17/2014	336.31
	THERAPEUTIC EXERCISES	04/24/2014	293.85
	THERAPEUTIC EXERCISES	05/01/2014	293.85
	THERAPEUTIC EXERCISES	05/15/2014	293.85
	THERAPEUTIC EXERCISES	06/09/2014	293.85
	THERAPEUTIC EXERCISES	07/31/2014	293.85
	THERAPEUTIC ACTIVITIES	12/23/2014	109.83
	PT EVAL	12/23/2014	336.31
	THERAPEUTIC ACTIVITIES	01/09/2015	385.23
	THERAPEUTIC ACTIVITIES	01/28/2015	385.23
	THERAPEUTIC ACTIVITIES	03/03/2015	385.23
	PT EVAL	07/14/2015	144.06
	THERAPEUTIC ACTIVITIES	08/31/2015	128.41
	OT EVAL	08/31/2015	423.53
	THERAPEUTIC ACTIVITIES	09/08/2015	385.23
	THERAPEUTIC ACTIVITIES	09/14/2015	385.23
	THERAPEUTIC ACTIVITIES	09/21/2015	385.23
	THERAPEUTIC ACTIVITIES	10/05/2015	385.23
	THERAPEUTIC ACTIVITIES	10/13/2015	385.23
	THERAPEUTIC ACTIVITIES	10/20/2015	385.23
	THERAPEUTIC ACTIVITIES	10/29/2015	385.23
	THERAPEUTIC ACTIVITIES	11/03/2015	385.23
	THERAPEUTIC ACTIVITIES	11/17/2015	385.23
	THERAPEUTIC ACTIVITIES	11/24/2015	385.23
	THERAPEUTIC ACTIVITIES	12/08/2015	385.23
	THERAPEUTIC ACTIVITIES	12/15/2018	385.23
	THERAPEUTIC ACTIVITIES	12/22/2015	385.23
	THERAPEUTIC ACTIVITIES	12/29/2015	385.23
	THERAPEUTIC ACTIVITIES	01/19/2016	393.00
	THERAPEUTIC ACTIVITIES	01/26/2016	393.00
	THERAPEUTIC ACTIVITIES	02/16/2016	393.00
	THERAPEUTIC ACTIVITIES	02/23/2016	393.00
	THERAPEUTIC ACTIVITIES	03/01/2016	131.00
	THERAPEUTIC ACTIVITIES	03/22/2016	393.00

	THERAPEUTIC ACTIVITIES	03/31/2016	393.00
	THERAPEUTIC ACTIVITIES	04/08/2016	393.00
	THERAPEUTIC ACTIVITIES	05/06/2016	393.00
	THERAPEUTIC ACTIVITIES	05/13/2016	393.00
	THERAPEUTIC ACTIVITIES	05/20/2016	393.00
	THERAPEUTIC ACTIVITIES	05/27/2016	393.00
	THERAPEUTIC ACTIVITIES	07/19/2016	393.00
	THERAPEUTIC ACTIVITIES	08/02/2016	262.00
	THERAPEUTIC ACTIVITIES	08/09/2016	393.00
	THERAPEUTIC ACTIVITIES	08/23/2016	393.00
	THERAPEUTIC ACTIVITIES	08/30/2016	393.00
	THERAPEUTIC ACTIVITIES	09/13/2016	262.00
	THERAPEUTIC ACTIVITIES	09/27/2016	393.00
	THERAPEUTIC ACTIVITIES	10/25/2016	393.00
	THERAPEUTIC ACTIVITIES	11/15/2016	393.00
	THERAPEUTIC ACTIVITIES	11/22/2016	393.00
	THERAPEUTIC ACTIVITIES	12/06/2016	393.00
	THERAPEUTIC ACTIVITIES	12/13/2016	393.00
	OT EVAL	07/25/2019	409.00
	THERAPEUTIC ACTIVITIES	08/05/2019	495.00
	THERAPEUTIC ACTIVITIES	08/16/2019	495.00
	THERAPEUTIC ACTIVITIES	08/21/2019	330.00
	SELF-CARE MANAGEMENT TRAINING	08/21/2019	190.00
	THERAPEUTIC ACTIVITIES	08/28/2019	495.00
	SELF-CARE MANAGEMENT TRAINING	11/04/2019	570.00
	THERAPEUTIC ACTIVITIES	11/11/2019	495.00
	SELF-CARE MANAGEMENT TRAINING	11/25/2019	570.00
	NEUROMUSCULAR REEDUCATION	12/02/2019	187.00
	SELF-CARE MANAGEMENT TRAINING	12/02/2019	380.00
	THERAPEUTIC ACTIVITIES	12/09/2019	330.00
	SELF-CARE MANAGEMENT TRAINING	12/09/2019	190.00
	NEUROMUSCULAR REEDUCATION	12/23/2019	187.00
	SELF-CARE MANAGEMENT TRAINING	12/23/2019	380.00
	THERAPEUTIC ACTIVITIES	12/30/2019	495.00
	NEUROMUSCULAR REEDUCATION	01/13/2020	576.00
	NEUROMUSCULAR REEDUCATION	01/20/2020	576.00
	NEUROMUSCULAR REEDUCATION	01/27/2020	576.00
	NEUROMUSCULAR REEDUCATION	02/10/2020	192.00
	SELF-CARE MANAGEMENT TRAINING	02/10/2020	390.00
	NEUROMUSCULAR REEDUCATION	03/02/2020	384.00
	SELF-CARE MANAGEMENT TRAINING	03/02/2020	195.00
	NEUROMUSCULAR REEDUCATION	03/09/2020	384.00
	SELF-CARE MANAGEMENT TRAINING	03/09/2020	195.00
	NEUROMUSCULAR REEDUCATION	06/30/2020	192.00

	SELF-CARE MANAGEMENT TRAINING	06/30/2020	390.00
	NEUROMUSCULAR REEDUCATION	07/07/2020	192.00
	THERAPEUTIC ACTIVITIES	07/07/2020	169.00
	SELF-CARE MANAGEMENT TRAINING	07/07/2020	195.00
	NEUROMUSCULAR REEDUCATION	08/04/2020	384.00
	SELF-CARE MANAGEMENT TRAINING	08/04/2020	195.00
	NEUROMUSCULAR REEDUCATION	08/11/2020	192.00
	THERAPEUTIC ACTIVITIES	08/11/2020	338.00
	NEUROMUSCULAR REEDUCATION	08/25/2020	576.00
	THERAPEUTIC ACTIVITIES	09/01/2020	507.00
	THERAPEUTIC ACTIVITIES	09/08/2020	507.00
	NEUROMUSCULAR REEDUCATION	09/15/2020	576.00
	THERAPEUTIC ACTIVITIES	09/29/2020	507.00
	THERAPEUTIC ACTIVITIES	10/06/2020	507.00
	NEUROMUSCULAR REEDUCATION	10/13/2020	192.00
	THERAPEUTIC ACTIVITIES	10/13/2020	338.00
	NEUROMUSCULAR REEDUCATION	10/20/2020	192.00
	THERAPEUTIC ACTIVITIES	10/20/2020	338.00
	THERAPEUTIC ACTIVITIES	10/27/2020	338.00
	SELF-CARE MANAGEMENT TRAINING	10/27/2020	195.00
	THERAPEUTIC ACTIVITIES	11/03/2020	507.00
	THERAPEUTIC ACTIVITIES	11/17/2020	507.00
	THERAPEUTIC ACTIVITIES	11/24/2020	507.00
	NEUROMUSCULAR REEDUCATION	12/01/2020	192.00
	THERAPEUTIC ACTIVITIES	12/01/2020	169.00
	SELF-CARE MANAGEMENT TRAINING	12/01/2020	195.00
	THERAPEUTIC ACTIVITIES	12/08/2020	507.00
	NEUROMUSCULAR REEDUCATION	12/15/2020	192.00
	THERAPEUTIC ACTIVITIES	12/15/2020	338.00
	NEUROMUSCULAR REEDUCATION	12/29/2020	384.00
	THERAPEUTIC ACTIVITIES	12/29/2020	169.00
	THERAPEUTIC ACTIVITIES	01/05/2021	492.00
	THERAPEUTIC ACTIVITIES	01/12/2021	328.00
	SELF-CARE MANAGEMENT TRAINING	01/12/2021	189.00
	THERAPEUTIC ACTIVITIES	01/26/2021	492.00
	THERAPEUTIC ACTIVITIES	02/02/2021	492.00
	THERAPEUTIC ACTIVITIES	02/09/2021	492.00
	THERAPEUTIC ACTIVITIES	02/23/2021	492.00
	THERAPEUTIC ACTIVITIES	03/02/2021	492.00
	THERAPEUTIC ACTIVITIES	03/09/2021	492.00
	NEUROMUSCULAR REEDUCATION	03/16/2021	558.00
	THERAPEUTIC ACTIVITIES	03/23/2021	492.00
	THERAPEUTIC ACTIVITIES	03/30/2021	492.00
	THERAPEUTIC ACTIVITIES	04/06/2021	492.00

	THERAPEUTIC ACTIVITIES	04/13/2021	492.00
	THERAPEUTIC ACTIVITIES	04/20/2021	492.00
		SUBTOTAL:	***$ 46,108.00***

2. SEATTLE CHILDREN'S

	SERVICE DESCRIPTION	DATE	AMOUNT
	NEW CLINIC, RESTING HAND SPLINT, ORTHOTICS, EVAL, BRACHIAL PLEXUS	07/16/2014	$ 1,362.80
	CONSULT LEVEL 4, RADIOLOGY	07/16/2014	497.00
	MRI (MULTIPLE), ANESTHESIA, OCCUPATIONAL THERAPY, RECOVERY ROOM, ULTRASOUND, RADIOLOGY, CHEST RADIOLOGY	08/15/2014	11,638.25
	CLINIC CHARGE, MED SURG, OCCUPATION THERAPY, PHYSICAL THERAPY, PT LEVEL 3	08/27/2014	1,845.90
	CT SCAN, ANESTHESIA, DIAGNOSTIC X-RAY, PHARMACY, RECOVERY ROOM, INJECTIONS,	09/03/2014	12,845.35
	APPLICATION OF CAST, NERVE GRAFTS, NERVE PEDICLE	09/05/2014	33,384.51
	LAB PRO FEES, ANESTHESIA, IV SOLUTION, MED SURG ROOM, SUPPLIES, OPERATING ROOM, PATHOLOGY, PHARMACY, RECOVERY ROOM	09/05/2014	132,606.05
	POST OP	09/18/2014	100.00
	OCCUPATIONAL THERAPY – ORTHOTICS	10/08/2014	310.00
	LAB PRO FEES, MED/SURG ROOM, SURGICAL SUPPLIES, ANESTHESIA, OPERATING ROOM, PHARMACY, RECOVERY ROOM	10/17/2014	74,323.45
	NERVE PEDICLE TRANSFER, MICROSCOPE FOR SURGERY, ANESTHESIA	10/17/2014	15,361.00
	PHYSICAL THERAPY	12/04/2014	400.00
	CLINIC CHARGE, HAND SPLINT, ORTHOTICS, PT	07/22/2015	1105.70
	MED SUPPLIES, OCCUPATIONAL THERAPY, PHARMACY, CHEMO DENERVATION	08/05/2015	2,073.25
	CLINIC FACILITY CHARGE, OCCUPATIONAL THERAPY, PHYSICAL THERAPY	10/14/2015	826.60
	CLINIC FACILITY CHARGE, PT	01/13/2016	513.00
	CLINIC FACILITY CHARGE, OCCUPATIONAL THERAPY, PT	08/31/2016	1,102.60
	OCCUPATIONAL THERAPY, PT	03/29/2017	898.40
	OCCUPATIONAL THERAPY	05/10/2017	807.55
		SUBTOTAL:	***$ 292,001.41***

GRAND TOTAL: $338,109.41

EXHIBIT 16

Operative Nursing Record

Date of Service:	9/5/2014 19:45 PDT
Authored By:	Lumb-Mielke,Larissa (9/8/2014 08:23 PDT)
Result Status:	Auth (Verified)
Document Type:	Main OR Nursing Record

Main OR Nursing Record

Main OR Nursing Record Summary

Primary Physician:	Tse, Raymond W, MD
Case Number:	MAIN-2014-7750
Finalized Date/Time:	09/08/14 08:23:43
Pt. Name:	HAMILTON, ZACHARY JAMES
D.O.B./Sex:	04/09/2014 Male
Med Rec #:	1352963
Physician:	Tse, Raymond W, MD
Financial #:	95566947
Pt. Type:	I
Room/Bed:	RC.5.806/1 x71283
Admit/Disch:	09/05/14 06:20:00 - 09/06/14 13:47:00
Institution:	

Main OR Case Times

	Entry 1		
Patient			
In Room Time	09/05/14 07:45:00	**Out Room Time**	09/05/14 19:54:00
Surgery			
Start Time	09/05/14 08:51:00	**Stop Time**	09/05/14 19:45:00
Anesthesia			
Start Time	09/05/14 07:45:00	**Ready Time**	09/05/14 08:00:00
Stop Time	09/05/14 19:58:00		
Last Modified By:	Lumb-Mielke, Larissa 09/08/14 08:10:05		

Main OR Case Attendance

	Entry 1	Entry 2	Entry 3
Case Attendee	Tse, Raymond W, MD	Friedrich, Jeffrey B, MD	Collins, Michael J, MD
Role Performed	Surgeon Primary	Surgeon Other	BS Anes Attending
Procedure	Exploration Brachial Plexus, Application Cast Spica	Exploration Brachial Plexus, Application Cast Spica	Exploration Brachial Plexus, Application Cast Spica
Last Modified By:	Lumb-Mielke, Larissa 09/08/14 08:23:14	Lumb-Mielke, Larissa 09/08/14 08:23:14	Lumb-Mielke, Larissa 09/08/14 08:23:14
	Entry 4	**Entry 5**	**Entry 6**
Case Attendee	Moody, Alison Davis, CRNA MD	Jalilian, Laleh , MD	Kasukurthi, Rahul ,
Role Performed	Anes CRNA	Anes Resident	Surgeon Resident
Procedure	Exploration Brachial Plexus, Application Cast Spica	Exploration Brachial Plexus, Application Cast Spica	Exploration Brachial Plexus, Application Cast Spica
Last Modified By:	Lumb-Mielke, Larissa 09/08/14 08:23:14	Lumb-Mielke, Larissa 09/08/14 08:23:14	Lumb-Mielke, Larissa 09/08/14 08:23:14
	Entry 7	**Entry 8**	**Entry 9**
Case Attendee	Sandvall, Brinkley Kwyn, MD	Lian, Samuel Cote, MD	Biswas, Debdut , MD

Operative Nursing Record

Date of Service:	10/17/2014 17:50 PDT
Authored By:	Moore,Kelly E (10/30/2014 13:13 PDT)
Result Status:	Modified
Document Type:	Main OR Nursing Record

Main OR Nursing Record

Main OR Nursing Record Summary

Primary Physician:	Tse, Raymond W, MD
Case Number:	MAIN-2014-10626
Finalized Date/Time:	10/30/14 13:13:23
Pt. Name:	HAMILTON, ZACHARY JAMES
D.O.B./Sex:	04/09/2014 Male
Med Rec #:	1352963
Physician:	Tse, Raymond W, MD
Financial #:	95810061
Pt. Type:	I
Room/Bed:	RC.5.802/2 x71305
Admit/Disch:	10/17/14 07:28:00 - 10/18/14 09:45:00
Institution:	

Main OR Case Times

	Entry 1		
Patient			
In Room Time	10/17/14 10:07:00	Out Room Time	10/17/14 17:50:00
Surgery			
Start Time	10/17/14 11:16:00	Stop Time	10/17/14 17:50:00
Anesthesia			
Start Time	10/17/14 10:07:00	Ready Time	10/17/14 10:17:00
Stop Time	10/17/14 18:06:00		
Last Modified By:	Franklin, M'Tima S 10/20/14 07:32:30		

Main OR Case Attendance

	Entry 1	Entry 2	Entry 3
Case Attendee	Tse, Raymond W, MD	Ocampo, Ma Carmen Bernardo, MD	Lee, Sarah Angeline, MD
Role Performed	Surgeon Primary	Anes Attending	Anes Fellow
Procedure	Transfer Brachial Plexus Rep Nerve Graft	Transfer Brachial Plexus Rep Nerve Graft	Transfer Brachial Plexus Rep Nerve Graft
Last Modified By:	Franklin, M'Tima S 10/20/14 07:34:02	Franklin, M'Tima S 10/20/14 07:34:02	Franklin, M'Tima S 10/20/14 07:34:02

	Entry 4	Entry 5	Entry 6
Case Attendee	Gluck, Cynthia A	Imbert, Ann T.	Ajaib, Julianne , RN
Role Performed	Scrub Primary	Circulator Primary	Circulator Relief
Procedure	Transfer Brachial Plexus Rep Nerve Graft	Transfer Brachial Plexus Rep Nerve Graft	Transfer Brachial Plexus Rep Nerve Graft
Last Modified By: 10/30/14	Franklin, M'Tima S 10/20/14 07:34:02	Franklin, M'Tima S 10/20/14 07:34:02	Moore, Kelly E 13:13:17

	Entry 7	Entry 8	Entry 9
Case Attendee	Hong, James	Black, Leah L, RN	Przydzialski, Paulina M
Role Performed	Scrub Relief	Circulator Relief	Scrub Primary

EXHIBIT 17

SUPERIOR COURT OF WASHINGTON, LEWIS COUNTY

SCOTT HAMILTON, as guardian ad litem for Z.H., Plaintiff, vs. LINDA AMONDSON-MULLER, Personal Representative of the Estate of Laura Hamilton, Defendant.	20-2-00543-21

REMOTE DEPOSITION UPON ORAL EXAMINATION OF

LINDA AMONDSON-MULLER

11:00 a.m.

MAY 2, 2022

SEATTLE, WASHINGTON

(Via Zoom)

REPORTED BY: ELEANOR J. MITCHELL, RPR, CCR 3006

Oh, now we can't hear you, Austin.

MR. NEFF: Well, that doesn't work. Can we try to press on, and if it's a problem, I can get rid of my phone and join the computer audio.

MS. MONIZ: Sure.

Just be sure you hear everything.

THE WITNESS: Okay.

Q. (BY MR. NEFF.) So, Ms. Amondson-Muller, do you know why Laura Hamilton's business was, for the most part, already downsized at the time she passed away?

A. I believe because she was ill. And also, at the time of her death, I don't believe she had a license to practice midwifery.

Q. And so do you still have access to her patient records?

A. I do.

Q. Have you reviewed the records from -- of this case, of Zachary and Seng Hamilton's records?

A. I have not.

Q. Will you be testifying at trial in this case?

A. I don't believe so.

MS. MONIZ: Yes, she will.

THE WITNESS: Oh.

MS. MONIZ: Sorry, Austin. I shouldn't

answer for her. But...

A. Yes. Yes.

MR. NEFF: We want the right answer. That's more important than who's answering the question.

Q. (BY MR. NEFF.) Do you know what you'll be testifying about at trial?

A. I think I will be testifying about my friendship with Laura and who she was as a person, as a midwife.

Q. Have you ever met Seng Hamilton?

A. I have not.

Q. Have you ever met Scott Hamilton?

A. Possibly as a teenager during the high school years. But other than that, I would not know him at this time if I saw him on the street.

Q. If you had met him as a teenager during your high school years, how would that have taken place?

A. Well, Lewis County is a small arena of people, and it would have been during a school event or something similar to that. That would have been -- that would have been the only reason for me to have met him.

I think in high school he was a basketball player, but I could be wrong about that. And I was

involved in some -- some activities -- our schools were back and forth. So that would have been the only way that I would have ever met him.

Q. Were you and Scott Hamilton in high school at the same time?

A. You know, I can't really answer that. But I think we were about the same age. But maybe I -- there are -- I will tell you this: There are three Scott Hamiltons in the Lewis County area. So...

Q. We've heard about another one. Apparently he's a real estate guy.

A. Um-hmm. Um-hmm.

Q. Have you ever met Zachary Hamilton?

A. I have not.

Q. So I want to take a minute now and go through some of the exhibits with you. I'm going to share my screen here.

Can you see my screen, Ms. Amondson-Muller?

A. Yes, I can.

Q. So this has been marked as Exhibit 1 to your deposition. It is the -- it's your responses to the Plaintiff's First Set of Interrogatories and Request For Production.

Does this document look familiar to you?

A. Yes.

Q. Okay. So I'm going to scroll to the bottom here. And we have a line -- oh.

So we have a line for your signature, but your signature is not on this document. Does that look right to you?

A. Are you asking me if that's my name? Yes. I do not see my signature on there, but I do believe I signed it.

Q. Okay. So I'm going to switch now to Exhibit No. 2 to your deposition. This is your signature page.

Does this document look familiar?

A. Yes.

Q. And is this your signature right here?

A. I do believe I signed that. And I do believe I did it on the computer with a finger, blah, blah, blah. So it's a variation of my signature, yes.

Q. When you signed this document, what was your understanding as to what you were signing?

A. Well, could you clarify what you -- would you just clarify that question for me?

Q. When you signed this document, what did you think you were signing?

MS. MONIZ: I'm going to object to the form of the question. It seems to be confusing.

Q. (BY MR. NEFF.) Is there something I can do to

clarify the question, Ms. Amondson-Muller?

A. Well, I guess that I thought I was signing what -- what this case was about.

Q. Let me ask you this: Did you understand that your signature on this page was going to be incorporated into Exhibit 1, the Defendant's Responses to the Plaintiff's First Interrogatories and Request For Production, the document we just looked at before this one?

A. Well, at some point I knew that probably somebody was going to be looking at it to see what I had signed.

Q. Okay. So I'm going to go back to this first exhibit right here. And this is the first document we looked at.

Did you understand that by signing that signature page we just looked at, you were signing this document?

A. Well, yes.

Q. Okay. So I want --

A. Because this --

Q. Go ahead.

A. Because this document is 20-some pages long, correct?

Q. 26 pages long, it looks like?

A. Okay.

Q. So I want to scroll up here. This is Interrogatory No. 11. And the question was [as read]: At the time of the decedent's death and for each of the three calendar years preceding the decedent's death, please list the following: The decedent's net worth; the nature and value of the decedent's assets; and the nature and extent of the decedent's liabilities or debts.

And your answer was [as read]: Objection. This request is not reasonably calculated to lead to discovery of admissible evidence. Plaintiff is proceeding solely under RCW 11.40.060, which expressly states that the amount of recovery cannot exceed the amount of the insurance under decedent's liability policy. Further objection as this request is unduly burdensome.

Did I read that right, Ms. Amondson-Muller?

A. I believe you did.

Q. Now, I want to skip down to Interrogatory No. 14. The question was [as read]: Was decedent covered by any applicable policy of liability insurance that would apply to the incident that forms the basis of this lawsuit? If so, please state, (a) the name and address of the insurer; (b) the dollar limits of any

applicable policy; (c) name of the insured; (d) the type of coverage, in parentheses, primary, excess, umbrella; and (e) whether any reservation of rights have been asserted.

The answer was yes [as read]: (a) the Joint Underwriting Association; (b) 1 million; (c) Laura Hamilton; (d) primary; and (e) no.

Did I read that right?

A. I believe you did.

Q. So is it your understanding that plaintiff's potential recovery in this case is limited to the funds available under the insurance policy held by Laura Hamilton at the time she provided care to Seng and Zachary Hamilton?

A. Yes, I believe that to be true.

Q. And according to your understanding, is any money or property belonging to Laura Hamilton's estate at risk due to this lawsuit?

MS. MONIZ: Objection. Calls for a legal conclusion.

If you are able to, you may answer.

A. I do know she had insurance at the time of this incident. And I do know, in the state of Washington, that there is some recovery possible by the plaintiff.

Q. (BY MR. NEFF.) And is it your understanding that that recovery is limited to that insurance and the plaintiffs can't get Laura Hamilton's estate or any of her money?

A. I --

MS. MONIZ: Objection. Calls for a legal conclusion.

But you may answer, if you know.

A. I do not know the answer to that.

Q. (BY MR. NEFF.) So you're not sure whether -- if plaintiffs win this lawsuit, you're not sure whether or not they'll be able to recover money or property belonging to Laura Hamilton's estate?

A. I -- I'm sorry. I don't know the answer to that.

Q. Okay. I want to introduce Exhibit 3. This is the defendant's answer.

So, Ms. Amondson-Muller, are you aware -- I'm going to scroll down here to the affirmative defenses section. Are you aware that you've asserted an affirmative defense that Zachary's four-level brachial plexus avulsion injury was caused by act of God?

MS. MONIZ: Object to the form.

You may answer whether you're aware or not.

A. Would you ask me the question again.

Q. (BY MR. NEFF.) Are you aware that you've asserted the affirmative defense that Zachary's four-level brachial plexus avulsion injury was caused by an act of God?

MS. MONIZ: Object to the form.

A. Yes.

Q. (BY MR. NEFF.) What's the factual basis for assertion of that affirmative defense?

A. Well, personally, I think that act of God and the natural forces of labor, as I -- as I read this, are one and the same. And so I guess that's the act-of-God part because of the natural forces of labor.

Q. Have you had any communications with God about Zachary's injuries?

MS. MONIZ: Object to the form of the question. It's rude, it's unacceptable, and it violates your obligations, Mr. Neff, as an officer of the court.

You may answer.

MR. NEFF: Well, we disagree on that.

A. I have not personally talked to God about it, no.

Q. (BY MR. NEFF.) Are you a religious person?

A. Do my religious beliefs need to be brought out into this case? I'm not really very comfortable with

that. I can tell you I'm not a very religious person.

Q. Do you belong to a religious denomination?

A. I'm a Christian.

Q. When was the last time you attended church?

A. About three months ago.

Q. And do you have an active relationship with God?

MS. MONIZ: I'm going to object again. This line of questioning is completely inappropriate and is going far beyond the -- the bounds of CR 11. And if you're going to persist, we're going to take a recess and bring a motion.

MR. NEFF: I have one more question.

Q. (BY MR. NEFF.) You can answer the previous question, Ms. Amondson-Muller.

MS. MONIZ: You may answer if you're comfortable. That's up to you.

A. I'm not really comfortable answering that.

MR. NEFF: Okay. So are you instructing her not to answer, Donna?

MS. MONIZ: The witness is making her choice based on a totally inappropriate and completely irrelevant question not reasonably calculated to lead to any admissible evidence in this case and harassment of the witness. She's made her choice.

Are you done asking questions? Or do you have something else appropriate to ask?

MR. NEFF: Well, Donna, we've been over this. We disagree whether or not this is relevant. We believe it's clearly relevant based on your decision to assert this affirmative defense. I have one more question.

MS. MONIZ: Mr. Neff, you persist in omitting the key facts that follow that phrase, "the natural forces of labor," which is what we've been discussing in this whole case, including all your experts as well as ours. And so --

MR. NEFF: And yet --

MS. MONIZ: -- this whole business is completely inappropriate.

MS. NEFF: Donna, the defendants made --

MS. MONIZ: Do you have proper questions for Ms. Amondson-Muller?

MR. NEFF: The defendants made the choice to frame this defense as an act of God in their answer by asserting that affirmative defense. That is a door you have opened, and we believe that this -- any of these questions are now relevant.

We can take it up with the court at a later date, and you're free to bring a motion. But please

let me ask my question. I only have one more --

MS. MONIZ: But you go far beyond what's appropriate.

MR. NEFF: I am aware that, in your mind, that is the case.

Q. (BY MR. NEFF.) Last question, Ms. Amondson-Muller: Do you believe that God would act upon a baby like Zachary and cause him a permanent injury?

MS. MONIZ: Object -- same objection as previously made.

You may answer.

A. Again, I don't feel comfortable with the terms that -- with what you're asking me.

Q. (BY MR. NEFF.) Okay. But -- so you're unable to answer that last question?

A. Correct.

Q. All right. I think that's it. I'd like a moment to confer with co-counsel, but I think that is everything.

MS. MONIZ: I may have some follow-up questions. So let's take a 10-minute break. Why don't you take this document down and we'll resume, or potentially resume, in a few minutes.

MR. NEFF: Okay.

(Recess taken.)

Q. (BY MR. NEFF.) Ms. Amondson-Muller, what do you think an "act of God" is?

MS. MONIZ: Same objections.

Q. (BY MR. NEFF.) You can answer, Ms. Amondson-Muller.

A. Pertaining to this case, the act of God is the natural force of labor.

Q. (BY MR. NEFF.) And it looks like you're looking down. Are you reading something while you're giving that answer?

A. No. Actually, I'm not.

Q. What about aside from this case? What is your understanding of the term "act of God," generally?

A. I have used that term loosely as a nurse when we don't have a definite answer, when it's not something concrete that maybe the medical profession knows about.

And the example would be: Sometimes, people look like they're going to live and they die. Sometimes, people die when they should have lived, and we don't have a clear-cut answer. And many times, as a nurse, I have said and others have said, Well, it's an act of God. It's somewhere in between.

That's why I refer to, in this case, they are

one and the same, the natural forces of labor and act of God.

Q. Okay.

A. It's something natural that happens. So go ahead.

Q. So it sounds like you've used that term as a nurse independent from any legal case you've been involved with?

A. That's correct. I truly haven't been involved in very many legal cases. So...

Q. Do you plan to testify that Laura Hamilton was a good midwife at trial?

A. Yes, I believe so.

Q. And do you plan to testify about that at trial?

MS. MONIZ: She's not going to be asked that question at trial.

Q. (BY MR. NEFF.) You can answer the question, Ms. Amondson-Muller.

MS. MONIZ: You may answer.

A. Would you ask the question again?

Q. (BY MR. NEFF.) Do you plan to testify at trial that Laura Hamilton was a good midwife?

MS. MONIZ: I'm going to object to the form. I said she wasn't going to testify about that.

That's not an issue in the case. The issue is whether she acted within the standard of care in this case.

You may answer.

A. Well, I believe that Laura Hamilton is a good midwife.

Q. (BY MR. NEFF.) And do you plan to make that part of your testimony at trial?

MS. MONIZ: Same objection. It's not up to her what her testimony is about. It's what she's asked and what are the issues in the case.

MR. NEFF: Only Ms. Amondson-Muller can control what she says on the witness stand, Donna.

MS. MONIZ: Yeah. Same objection.

You may answer.

A. We're back to: Now what's the question? I've not done this before, so repeat it one more time.

Q. (BY MR. NEFF.) Sure. Do you plan to testify at trial that Laura Hamilton was a good midwife?

MS. MONIZ: Same objections.

A. I believe Laura Hamilton was a good midwife.

Q. (BY MR. NEFF.) And I know what you believe. But my question is: Do you plan to testify about that at trial?

MS. MONIZ: Same objections.

A. If I were asked that question, I would say

yes, she was a good midwife.

Q. (BY MR. NEFF.) Do you plan to testify that Laura Hamilton provided safe care to patients in the past, before she became involved with Seng Hamilton and Zachary Hamilton?

MS. MONIZ: Same objections.

You may answer, if you're able to.

A. I have never seen anything to the contrary of that.

Q. (BY MR. NEFF.) And do you plan to testify about that at trial?

MS. MONIZ: Same objections.

A. To be truthful with you, I don't know exactly if I will be asked that question or not.

Q. (BY MR. NEFF.) Do you plan to testify that Laura Hamilton successfully delivered babies in the past, before becoming involved with Seng and Zachary Hamilton?

MS. MONIZ: Same objections.

A. I'm going to say yes to that.

Q. (BY MR. NEFF.) Do you plan to testify that Laura Hamilton never had an issue providing care to patients prior to providing care to Seng and Zachary Hamilton?

MS. MONIZ: Object to the form and all the