

**LINDSAY S. SWITZER**

[REDACTED]  
Somers Point, NJ 08244

[REDACTED] [REDACTED]  
November 19, 2013

Dear Sir or Madam,

Please allow this letter to serve as a follow up to my complaint regarding Dr. Natalia Rezvina of Somers Manor Obstetrics and Gynecology in Somers Point, New Jersey. Also, attached please find the operative report and fetal heart trace allegedly relied upon to diagnose the late decelerations. On page 16, you can see that there are three late decelerations before Cole's heart rate returned to 120 bpm. However, by that point, Dr. Rezvina had decided that bullying me into submission was more important than my or my son's health.

I have also reviewed the patient's bill of rights listed on the Board of Medical Examiners website. Dr. Rezvina violated them as enumerated below:

- 1) To considerate and respectful care consistent with sound nursing and medical practices;

My entire story demonstrates a total lack of consideration and respect. From the forceful examination of my cervix to being informed I was too opinionated while being cut open, Dr. Rezvina's behavior was openly disrespectful and completely devoid of empathy one would expect from a doctor, particularly one in a field as emotional as obstetrics. Even though I had not requested pain medication and preferred to be able to move around the room, Dr. Rezvina randomly told me I should have a pedundal block. I said, "no, thank you." However, when I asked her to stop talking for a moment so I could have a contraction, she said she did not like being talked to that way and

left the room. It was that moment, I believe, that she decided I would be having a c-section regardless of medical necessity.

Every other person, from the admissions lady to the nurses, had no problem talking to me between contractions, but Dr. Rezvina took it as a personal affront. She returned with a form that she said I needed to sign, recognizing it was my fault if my baby were born dead or brain-damaged. She would not let my husband see the form, and no one at Somers Manor or Shore Memorial has been able to explain what this supposed form entailed. This occurred *prior* to my son's late decelerations. Dr. Brovaco, another Somers Manor obstetrician who came to my hospital room, said he had never heard of such a form and "you can't be sued for doing a c-section."

- 2) To be informed of the name of the physician responsible for coordinating his care;

Upon my arrival at the hospital, my labor was managed by Jamie Sosa, a midwife at Somers Manor. My husband and I reasonably believed the Ms. Sosa was coordinating my care, and we were never informed that she would have to be observed by a doctor. Dr. Rezvina did not arrive until I was 8cm dilated and Ms. Sosa had already set up her delivery instruments and told me I could deliver "on all fours" rather than in lithotomy position, if I preferred. Ms. Sosa informed me of my pain relief options when I asked, and monitored my son's heart rate every half hour. It was not until I was contracting every two minutes and preparing to push my son out that Dr. Rezvina appeared. In fact, I did not learn why Dr. Rezvina was there in the first place until the next day, when Ms. Sosa visited my room and told me she still needed to be supervised by a physician. If I had been told earlier in my labor that Dr. Rezvina was the on-call physician, and she would be present at the delivery, I would not have consented to her treating me and would have asked for a different doctor.

- 3) To obtain from the physician complete, current information concerning his diagnosis, treatment, and prognosis in terms he can reasonably be expected to understand;

Dr. Rezvina told me I could not have an epidural when I asked for one, even though, seconds before that, Ms. Sosa told me I could. Even prior to the late decelerations, Dr. Rezvina told me that my six hours of active labor was taking too long and I needed a c-section, rather than offering Pitocin or simply waiting. She told me the baby was too big and I needed a c-section, instead of letting me at least try to push. I told her I wanted to at least try to push, but she ignored me (Cole was 8lbs, 3 oz.- big, but not remarkably so). His heart rate decelerated and Ms. Sosa ordered oxygen and IV fluids. After I received oxygen and fluids, my son's heart rate had returned to normal, but no one told me or my husband. Though Cole's heart rate was fine and he was tolerating labor, Dr. Rezvina told me she would call "legal people" to force me to consent to surgery. These threats were made *after* Cole's heart rate had returned to 120 bpm, but I was not informed of this. Terrified and defeated, I signed the consent believing my baby was in danger, when he was, in fact, perfectly fine.

While still in the hospital, I requested my chart. I was provided with the operative report and single page of the heart trace showing the late decelerations. I did not receive the trace for the hours preceding the late decelerations, nor the pages showing his heart rate had returned to normal. Furthermore, when I requested my complete records after I was discharged, I received only the page with the late decelerations. It was not until I pointed out that there should be five or six hours' worth of heart trace that I received the complete chart. I suspect these pages were intentionally withheld from me.

- 4) To receive from the physician information necessary to give informed consent prior to the start of any procedure or treatment;

If I had been told that my son's heart rate was back to 120 bpm, I would not have consented to the surgery. This information was withheld from me and from my husband.

- 5) To refuse treatment to the extent permitted by law and to be informed of the medical consequences of such action;

Dr. Rezvina told me that "legal people" would force me to sign the consent. This is patently false and there is absolutely no legal precedent for overriding a person's will and forcing her to consent to surgery. Weeks later, when I finally had the opportunity to meet with Dr. Rezvina, she told me the "baby had a right to be born without issues" and she had a "hot line to a judge" who would order c-sections. This is not only improper - it is a lie.

- 6) To privacy to the extent consistent with providing adequate medical care to the patient;

This involves my three-year old daughter, Jane. Jane is a bright, healthy little girl who is a very picky eater, possibly as a result of reflux as an infant. Jane has been small since birth (5lbs, 15 oz, full term, normal pregnancy), but her low weight gain led to the use of an nasogastric tube from ages 12 months to 2 and a half years. My husband and I have worked hard with feeding teams at the Children's Hospital of Philadelphia and Hershey Medical Center to help Jane overcome her feeding issues, and, to a large extent, she has. She is no longer tube dependent.

Additionally, a week before Cole's birth, Jane got an ear infection and was prescribed an antibiotic. The antibiotic upset her stomach and gave her diarrhea. Because of her feeding issues, we could not keep up with her hydration needs and, as worried parents, took her back to her pediatrician. Her pediatrician told us to take her right to the emergency room at Shore Memorial, where she was admitted overnight on June 17, two days before Cole was born. Fortunately, she received IV fluid and was released on June 18. My

due date was June 19 and I was 3 cm dilated. Jane completely recovered, but it was still a scary time for me and her dad.

Dr. Rezvina is familiar with my daughter, who sometimes attended appointments with me during my pregnancy. She said my husband and I (“these people,” to be precise) could not be trusted to make medical decisions for our children, because of Jane’s feeding issues and her recent hospital stay, even though these were totally unrelated to my labor. I do not know how she knew Jane was in the hospital earlier in the week. Discussing Jane’s medical care with unrelated parties, for no reason, violated Jane’s right to privacy.

- 7) To privacy and confidentiality of all records pertaining to the patient's treatment, except as otherwise provided by law or third party payment contract, and to access to those records;

See numbers 3 and 6, above.

- 8) To be informed by the hospital of the necessity of transfer to another facility prior to the transfer and of any alternatives to it which may exist;

Not applicable.

- 9) To be informed by the patient's physician of any continuing health care requirements which may follow discharge and to receive assistance from the physician and appropriate hospital staff in arranging for required follow-up care after discharge;

At my request, my two- and six-week follow up appointments were with another doctor. However, Dr. Rezvina, as my physician, did not provide follow-up care while in recovery or in my room at the hospital. Once I was sewn back up, I never saw her again until I requested a meeting with her in August.

10)To be informed by the hospital of the necessity of transfer to another facility prior to the transfer and of any alternatives to it which may exist;

Not applicable.

11)To be informed, upon request, of other health care and educational institutions that the hospital has authorized to participate in the patient's treatment;

Not applicable.

12)To be advised if the hospital proposes to engage in or perform human research or experimentation and to refuse to participate in these projects;

Not applicable.

13)To examine and receive an explanation of the patient's bill, regardless of the source of payment, and to receive information or be advised on the availability of sources of financial assistance to help pay for the patient's care, as necessary;

Not applicable.

14)To expect reasonable continuity of care;

See #9.

15)To be advised of the hospital rules and regulations that apply to his conduct as a patient; and,

Not applicable.

16) To treatment without discrimination as to race, age, religion, sex, national origin, or source of payment.

After I asked for more information about my unborn son's condition, Dr. Rezvina informed me that "Americans always want their way." While this may not be discriminatory, it was unnecessary and, frankly, bizarre.

I was naked from the waist down, numbed and cut open by a woman who harbored such clear animosity towards me. It was traumatic and humiliating, and has overshadowed what should be the most joyous day of my life. I hope you will find these facts helpful in your investigation. If you require any verification regarding my allegations, please feel free to contact me at (██████████), my husband at ██████████ or Jodi ██████████, my doula, at ██████████. Additionally, Dr. Rezvina's transgressions were witnessed by Ms. Sosa, Nurse Giovanna Lo Presti, Dr. Asuncion V. Ciceron (assisting surgeon), and Dr. Louis Berges (anesthesiologist).

Very truly yours,

Lindsay Switzer