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via email only

Michael Bravoco, M.D.  
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Dear Dr. Bravoco and Dr. Korzeniowski,

As you are no doubt aware, I met with Dr. Rezvina a few weeks ago to discuss my labor and delivery of my son, Cole. It did not go well for her. This doctor seems incapable of comprehending that the women before her have brains and emotions and may want to know more about their options before permitting her put her hands up their vaginas or to cut open their pregnant abdomens. An obstetrician is invited into the most intimate and vulnerable of circumstances. While the practitioner may deliver thousands of babies, for the women who trust them, this is a once in a lifetime event, meeting the person they have been thinking about for at least nine months. A healthy baby is no doubt the most important thing, but is not the only important thing. The mothers matter, too, and I had chosen this practice for the birth of my children specifically because everyone employed by Somers Manor seemed to agree.

I have spent the last two months looking at the red, raised six-inch scar across my belly. It brings me back to the angry, vindictive woman who decided her evening plans were more important than the impact surgery would have on every aspect of my life. It sounds trivial next to the "healthy baby" goal, but c-sections mean the mother cannot carry a laundry basket, or lift a car seat, or pick up a crying toddler, or get comfortable enough to breastfeed. These are real people with lives that are impacted immensely by the doctor's actions, and Dr. Rezvina could not wrap her head around that.

Jane was born after a 24-hour labor and 2 hours of pushing. Dr. Rezvina arrived shortly before Jane was born, caught, put Jane on my chest and left without saying anything to me. Even the nurse holding my leg said that was "weird," but I was too busy cuddling my newborn to care.

During my second pregnancy, each appointment I requested that a midwife deliver my baby this time, and was assured that under normal circumstances that would probably happen. However, I was unlucky enough to go into labor while a newer midwife, whom I had met and like, was on call. Dr. K was on vacation, leaving me again with Dr. Rezvina to supervise the birth. Again, I understand that a c-section may have been necessary eventually, because I could tell that Cole was not descending into my pelvis easily. That was why I had declined an epidural or other drugs; I was able to move around and try a variety of positions to try to get him to engage. My records show that once I received oxygen and fluids, Cole was tolerating labor quite well. For some reason, my initial records request only included one page, the trace of the three contractions that showed late decelerations. I assume this is the page Dr. Bravoco saw when I asked for a second opinion. I requested the rest of the record,

which shows that Cole's "non-reassuring fetal heart rate" was actually a very reassuring 120 bpm at the time I was wheeled into the OR, after those three contractions and after Jamie had ordered fluids and oxygen. Call it Monday morning quarterbacking, but it tells to me that Dr. Rezvina was too rushed, or lazy, or impatient, to actually evaluate the situation.

I was progressing quicker than I had with my first baby, and would have been able to push upright to get him out faster. Although he was bigger than Jane, I refuse to believe Dr. Rezvina had never seen an eight-pound baby delivered vaginally.

In fact, it is precisely because she came up with so many reasons I should consent to a c-section, some before she even examined or spoke to me, that I doubted the c-section was medically necessary. She was just throwing things against the wall to see what stuck. When my husband or I tried understand the status of our baby, she threatened legal action and told us Cole might be dead or brain damaged. No parent would argue against that. If doctors tell patients their babies are dying, then I also suggest they treat the situation with the gravity it deserves. I laid on that operating table thinking my baby was dying, or dead, or brain damaged, while the surgeon discussed her social plans for the evening and tried to engage the anesthesiologist and assisting surgeon in that discussion.

That is why I wanted to meet with her. I wanted to talk to her when I was wearing clothes, when she was not positioned between my legs with her fingers in my body. She seemed unnerved by actually having to talk to a patient, even as she recited talking points that someone else had clearly told her to say. She mostly rambled, but she told me sometimes a mother has to sacrifice her life and that she could have called a "legal person" at the hospital to have a judge order me to have a c-section (which, as the law currently stands, is no more likely than me being ordered to give you my kidney) She told me my "perspective is based on how [I] was raised." Most bafflingly, she said she brought up my daughter because she knows that, "as a mother of two, that raising a child is hard enough without that child being disabled." Jane is a completely healthy little girl, but dealing with her feeding issues has been an intense and stressful process for my family. She used Jane to manipulate me and my husband. I suggest you advise Dr. Rezvina to refrain from counseling patients on subjects of which she is most assuredly uninformed.

You probably just wish I would get over it and go away. Trust me - I wish I could and I wish it were that easy. I wish I had refused to allow her into my hospital room. I wish I had lied about how long I had been in labor, how big my first baby had been, and how long it had taken me to push her out - I remembered to the minute, but I told Dr. Rezvina I did not remember how long, because I knew what her response was going to be. My husband eventually told her. I wish I'd gotten an epidural so at the very least I would have been on my back with my legs in stirrups, as Dr. Rezvina would have preferred. I wish I had followed my gut and gone to a different practice, or even continued my initial exploration of a home birth. I wish I'd paid closer attention to the fetal monitor so I could have seen Cole's heart rate return to normal, rather than trust what the doctor was telling me.

It's an experience I will share with anyone who asks (and I assure you, everyone asks) why I had a c-section this time. Every pregnant woman knows a c-section is a possibility. None expect to be emotionally manipulated into an awful, dehumanizing experience while giving birth, crying, naked and 9 cm dilated on an operating table while an vindictive doctor lectures and berates her in front of her husband and everyone else in the operating room. Pregnant women have enough things to worry about. Whether they can trust their doctors should not be one of them.

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