BEFORE THE MEDICAL BOARD OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS STATE OF CALIFORNIA

In the Matter of the Accusation Against:

Daniel Mark Villarosa, M.D.

Physician's & Surgeon's Certificate No. C 50281

Respondent.

Case No. 800-2021-083708

DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on January 16, 2025.

IT IS SO ORDERED: December 17, 2024.

MEDICAL BOARD OF CALIFORNIA

Richard E. Thorp, M.D., Chair

Panel B

1	ROB BONTA			
2	Attorney General of California MATTHEW M. DAVIS			
3	Supervising Deputy Attorney General JASON J. AHN			
4	Deputy Attorney General State Bar No. 253172			
5	600 West Broadway, Suite 1800 San Diego, CA 92101			
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7	Telephone: (619) 738-9433 Facsimile: (619) 645-2061	,		
8	E-mail: Jason.Ahn@doj.ca.gov Attorneys for Complainant			
9	12			
10	BEFORE THE			
11	MEDICAL BOARD OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS			
12	STATE OF C.	ALIFORNIA		
13	In the Matter of the Accusation Against:	Case No. 800-2021-083708		
14	DANIEL MARK VILLAROSA, M.D.	OAH No. 2024050142		
15	18064 Wika Rd., Ste 102 Apple Valley, CA 92307-2182	STIPULATED SETTLEMENT AND DISCIPLINARY ORDER		
16	Physician's and Surgeon's			
17	Certificate No. C 50281			
18	Respondent.			
19				
20	IT IS HEREBY STIPULATED AND AGR	EED by and between the parties to the above-		
21	entitled proceedings that the following matters are true:			
22	<u>PARTIES</u>			
23	Reji Varghese (Complainant) is the Executive Director of the Medical Board of			
24	California (Board). He brought this action solely in his official capacity and is represented in this			
25	matter by Rob Bonta, Attorney General of the State of California, by Jason J. Ahn, Deputy			
26	Attorney General.			
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28	111			
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STIPULATED SETTLEMENT AND DISCIPLINARY ORDER (800-2021-083708)

- 2. Respondent Daniel Mark Villarosa, M.D. (Respondent) is represented in this proceeding by attorney Derek O'Reilly-Jones, Esq., whose address is: 355 South Grand Ave., Ste. 1750, Los Angeles, CA 90071-5162.
- 3. On or about July 1, 1999, the Board issued Physician's and Surgeon's Certificate No. C 50281 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2021083708, and will expire on August 31, 2026, unless renewed.

JURISDICTION

- 4. On March 27, 2024, Accusation No. 800-2021-083708 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on or about March 7, 2024. Respondent timely filed his Notice of Defense contesting the Accusation.
- 5. A copy of Accusation No. 800-2021-083708 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

- 6. Respondent has carefully read, fully discussed with counsel, and fully understands the charges and allegations in Accusation No. 800-2021-083708. Respondent has also carefully read, fully discussed with his counsel, and fully understands the effects of this Stipulated Settlement and Disciplinary Order.
- 7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.
- 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

- 9. Respondent does not contest that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations contained in Accusation No. 800-2021-083708, a copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate No. C 50281 to disciplinary action.
- 10. Respondent agrees that if an accusation is ever filed against him before the Medical Board of California, all of the charges and allegations contained in Accusation No. 800-2021-083708 shall be deemed true, correct, and fully admitted by Respondent for purposes of that proceeding or any other licensing proceeding involving Respondent in the State of California.
- 11. Respondent agrees that his Physician's and Surgeon's Certificate No. C 50281 is subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

CONTINGENCY

- 12. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.
- 13. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2021-076836 shall be deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

ADDITIONAL PROVISIONS

- 14. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final, and exclusive embodiment of the agreements of the parties in the above-entitled matter.
- 15. The parties agree that copies of this Stipulated Settlement and Disciplinary Order, including copies of the signatures of the parties, may be used in lieu of original documents and signatures and, further, that such copies shall have the same force and effect as originals.
- 16. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or opportunity to be heard by the Respondent, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

1. PUBLIC REPRIMAND.

IT IS HEREBY ORDERED that Respondent Daniel Mark Villarosa, M.D., holder of Physician's and Surgeon's Certificate No. C 50281, shall be and hereby is Publicly Reprimanded pursuant to Business and Professions Code section 2227. This Public Reprimand, which is issued in connection with the allegation as set forth in Accusation No. 800-2021-083708, is as follows:

In 2017, Respondent was deficient in his care and treatment of Patient A, specifically, in failing to timely request an emergency Cesarian section, as more fully described in Accusation No. 800-2021-083708.

Decision, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its

2. EDUCATION COURSE. Within 60 calendar days of the effective date of this

Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in

designee may administer an examination to test Respondent's knowledge of the course.

satisfaction of this condition.

3. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A medical record keeping course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the Decision, whichever is later.

4. <u>CLINICAL COMPETENCE ASSESSMENT PROGRAM</u>. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment program approved in advance by the Board or its designee. Respondent shall successfully complete the program not later than six (6) months after Respondent's initial enrollment unless the Board or its designee agrees in writing to an extension of that time.

The program shall consist of a comprehensive assessment of Respondent's physical and mental health and the six general domains of clinical competence as defined by the Accreditation Council on Graduate Medical Education and American Board of Medical Specialties pertaining to Respondent's current or intended area of practice. The program shall take into account data obtained from the pre-assessment, self-report forms and interview, and the Decision(s),

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Accusation(s), and any other information that the Board or its designee deems relevant. The program shall require Respondent's on-site participation as determined by the program for the assessment and clinical education and evaluation. Respondent shall pay all expenses associated with the clinical competence assessment program.

At the end of the evaluation, the program will submit a report to the Board or its designee which unequivocally states whether the Respondent has demonstrated the ability to practice safely and independently. Based on Respondent's performance on the clinical competence assessment, the program will advise the Board or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, evaluation or treatment for any medical condition or psychological condition, or anything else affecting Respondent's practice of medicine. Respondent shall comply with the program's recommendations.

Determination as to whether Respondent successfully completed the clinical competence assessment program is solely within the program's jurisdiction.

If Respondent fails to enroll, participate in, or successfully complete the clinical competence assessment program within the designated time period, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. The Respondent shall not resume the practice of medicine until enrollment or participation in the outstanding portions of the clinical competence assessment program have been completed. If the Respondent did not successfully complete the clinical competence assessment program, the Respondent shall not resume the practice of medicine until a final decision has been rendered on the accusation and/or a petition to revoke probation. The cessation of practice shall not apply to the reduction of the probationary time period.

5. <u>INVESTIGATION/ENFORCEMENT COST RECOVERY</u>. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, including, but not limited to, expert review, legal reviews, and investigation, in the amount of \$30,704.13 (thirty-thousand seven hundred four dollars and thirteen cents). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall constitute unprofessional conduct and grounds for further disciplinary action.

Payment must be made in full within 30 calendar days of the effective date of the Order, or by a payment plan approved by the Medical Board of California. Any and all requests for a payment plan shall be submitted in writing by respondent to the Board. Failure to comply with the payment plan shall constitute unprofessional conduct and grounds for further disciplinary action.

The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to repay investigation and enforcement costs, including expert review costs.

- 6. <u>FUTURE ADMISSIONS CLAUSE</u>. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2021-083708 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.
- 7. <u>FAILURE TO COMPLY</u>. Any failure BY Respondent to comply with terms and conditions of the Stipulated Settlement and Disciplinary Order set forth above shall constitute unprofessional conduct and grounds for further disciplinary action.

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ACCEPTANCE

Thave carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Derek O'Reilly-Jones, Esq. I fully understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and fully agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 1/6/27 EL MARK VILLARÖSA, M.D.

Respondent

I have read and fully discussed with Respondent Daniel Mark Villarosa, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 11/06/2024

Attorney for Respondent

ENDORSEMENT The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California. Respectfully submitted, DATED: November 7, 2024 **ROB BONTA** Attorney General of California MATTHEW M. DAVIS Supervising Deputy Attorney General JASON J. AHN Deputy Attorney General Attorneys for Complainant SD2024800973 Stip Settlement and Disc Order - MBC-Osteopathic.docx

Exhibit A

Accusation No. 800-2021-083708

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1	ROB BONTA			
2	Attorney General of California MATTHEW M. DAVIS			
3	Supervising Deputy Attorney General JASON J. AHN			
4	Deputy Attorney General State Bar No. 253172			
5	600 West Broadway, Suite 1800 San Diego, CA 92101 P.O. Box 85266			
6	San Diego, CA 92186-5266 Telephone: (619) 738-9433			
7	Facsimile: (619) 645-2061			
8	Attorneys for Complainant			
9				
10	BEFORE THE MEDICAL BOARD OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS STATE OF CALIFORNIA			
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13	In the Matter of the Accusation Against:	Case No. 800-2021-083708		
14 15	Daniel Mark Villarosa, M.D. 18064 WIKA RD STE 102 APPLE VALLEY CA 92307-2182	ACCUSATION		
16	Physician's and Surgeon's Certificate No. C 50281,			
17	Respondent.			
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19	DAD'I	TIFG		
20	PARTIES 1. D. "Now have (Ground in each being on this Accuration galaky in his official connective as			
21	1. Reji Varghese (Complainant) brings this Accusation solely in his official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs			
22	(Board).			
23		Roard issued Physician's and Surgeon's		
24	2. On or about July 1, 1999, the Medical Board issued Physician's and Surgeon's Certificate No. C 50281 to Daniel Mark Villarosa, M.D. (Respondent). The Physician's and			
25	Surgeon's Certificate was in full force and effect at all times relevant to the charges brought			
26	herein and will expire on August 31, 2024, unless renewed.			
27	nerein and win expire on August 31, 2024, unless followed.			
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(DANIEL MARK VILLAROSA, M.D.) ACCUSATION NO. 800-2021-083708

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JURISDICTION

- This Accusation is brought before the Board, under the authority of the following 3. laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.
 - Section 2227 of the Code states: 4.
 - (a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:
 - (1) Have his or her license revoked upon order of the board.
 - (2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.
 - (3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.
 - (4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.
 - (5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.
 - (b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.
 - Section 2234 of the Code, states:

The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

- (a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.
 - (b) Gross negligence.
- (c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.
 - (1) An initial negligent diagnosis followed by an act or omission medically

(DANIEL MARK VILLAROSA, M.D.) ACCUSATION NO. 800-2021-083708

	limited to, charges imposed by the Attorney General.	
2	(d) The administrative law judge shall make a proposed finding of the of reasonable costs of investigation and prosecution of the case when reque pursuant to subdivision (a). The finding of the administrative law judge wi	ested
3 4	to costs shall not be reviewable by the board to increase the cost award. The may reduce or eliminate the cost award, or remand to the administrative lay the proposed decision fails to make a finding on costs requested pursuant to	ne board w judge if
5	subdivision (a).	
6	(e) If an order for recovery of costs is made and timely payment is no directed in the board's decision, the board may enforce the order for repayr	it made as nent in anv
7	appropriate court. This right of enforcement shall be in addition to any oth the board may have as to any licensee to pay costs.	er rights
8	(f) In any action for recovery of costs, proof of the board's decision s conclusive proof of the validity of the order of payment and the terms for p	hall be ayment.
9	(g)(1) Except as provided in paragraph (2), the board shall not renew reinstate the license of any licensee who has failed to pay all of the costs or under this section.	or dered
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2	(2) Notwithstanding paragraph (1), the board may, in its discretion, conditionally renew or reinstate for a maximum of one year the license of a maximum of one year the license of a maximum of the paragraph.	iny
3	licensee who demonstrates financial hardship and who enters into a formal with the board to reimburse the board within that one-year period for the uncosts.	agreement 1paid
4	(h) All costs recovered under this section shall be considered a relmb	ursement
5	for costs incurred and shall be deposited in the fund of the board recovering to be available upon appropriation by the Legislature.	g the costs
6 7	(i) Nothing in this section shall preclude a board from including the r the costs of investigation and enforcement of a case in any stipulated settle	ecovery of ment.
8	(j) This section does not apply to any board if a specific statutory pro	vision in
9	that board's licensing act provides for recovery of costs in an administrativ disciplinary proceeding.	е
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(DANIEL MARK VILLAROSA, M.D.) ACCUSATION NO. 800-2021-083708

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

- 9. Respondent has subjected his Physician's and Surgeon's Certificate No. C 50281 to disciplinary action under sections 2227 and 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and treatment of Patient A, 1 as more particularly alleged hereinafter:
- 10. On or about September 29, 2016,² Patient A, a thirty (30) year-old female, presented to Respondent for her first prenatal visit. Respondent noted April 24, 2017, as the due date for the pregnancy.
- 11. At approximately 28 weeks, Patient A had an abnormal 1-hour Glucose tolerance test.³ Patient A then underwent a 3-hour Glucose tolerance test,⁴ which was also abnormal. Respondent failed to adequately and/or appropriately manage Patient A's gestational diabetes.
- 12. On or about April 19, 2017, at approximately 7:00 a.m., Patient A was admitted for induction,⁵ due to macrosomia,⁶ at 39 2/7 weeks. The induction was started with Pitocin,⁷ but Patient A was not progressing, and Respondent instructed the nurses to turn the Pitocin off at 7:28 p.m. on the same day [April 19, 2017].

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¹ The patient herein is identified as Patient A in order to maintain patient confidentiality.

² Conduct occurring more than seven (7) years from the filing date of this Accusation is for informational purposes only and is not alleged as a basis for disciplinary action.

³ The glucose challenge test, also called the one-hour glucose tolerance test, measures the body's response to sugar, called glucose.

⁴ The glucose tolerance test, also called a three-hour glucose test, is a test which diagnoses gestational diabetes.

⁵ Induction is the process of bringing on childbirth or abortion by artificial means, typically by the use of drugs.

⁶ Macrosomia refers to growth beyond a specific threshold, regardless of gestational age.

⁷ Pitocin is a synthetic hormone that can help induce labor.

- 13. On or about April 20, 2017, at around 12:40 a.m., Respondent placed Cervidil⁸ in Patient A's vagina. Patient A's exam at that time was 2/50/-3 station.⁹ Patient A continued to labor all day on April 20, 2017. The fetal strip during this time was category 1, ¹⁰ stable, but the contraction pattern was irregular, without reaching adequate contractions. At approximately 10:00 p.m., on the same day [April 20, 2017], Respondent ruptured Patient A's membranes. At that time, Patient A's cervical examination showed 2/50/-3 station. At approximately 11:00 p.m. on April 20, 2017, the fetal baseline¹¹ dropped to 90, but Patient A was receiving an epidural¹² at this time.
- 14. On or about April 21, 2017, at approximately 6:48 a.m., Respondent was called by the nursing team, due to concerns with the fetal monitoring strip. At this time, Patient A had been induced for 48 hours. At 7:07 a.m., on the same day [April 21, 2017], Respondent was at the bedside of Patient A, reviewing the fetal strip. Respondent instructed the nurses to have Patient A start pushing for an attempt at a vaginal delivery.
- 15. On or about April 21, 2017, at approximately 12:25 a.m., the fetal monitoring strip had started deteriorating. From 12:25 a.m. to 12:40 a.m., there were variable decelerations, then a 1 minute bradycardia 13 at 12:49 a.m. Patient A was still in a very irregular contraction pattern. At 1:14 a.m., there was a late deceleration and at 1:36 a.m. a 2 minute bradycardia. At 2:06 a.m.,

⁸ Cervidil is a medication delivered through a vaginal insert that assists with labor by softening the cervix and preparing it for birth.

⁹ 2 cm 50 effaced means the cervix is 50 percent effaced, about 2 cm long, halfway to becoming short and thin enough to allow your baby to pass through the uterus and into the vagina. -3 station is when the head of the fetus is above the pelvis.

¹⁰ Category 1 is defined as a baseline rate of 110 to 160 beats per minute, a moderate baseline fetal heart rate (FHR) variability (amplitude 6 to 25 bpm), accelerations and early decelerations may be either present or absent, and no late or variable decelerations.

Baseline fetal heart rate is the average fetal heart rate (FHR) rounded to increments of 5 beats per minute during a 10-minute segment, excluding periodic or episodic changes, periods of marked variability, or baseline segments that differ by more than 25 beats per minute.

¹² An epidural provides anesthesia that creates a band of numbness from bellybutton to upper legs.

¹³ Bradycardia is slower-than-expected heart rate, generally beating fewer than 60 beats per minute.

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there was another variable deceleration, a late deceleration at 2:23 a.m. and more variable decelerations at 2:30 a.m., and at 2:32 a.m. From 3:21 a.m. to 3:30 a.m., there were repetitive deep variable decelerations. From 3:32 a.m. to 3:40 a.m., the strip is not readable. There were multiple variable decelerations from 3:44 a.m. to 3:56 a.m., and more multiple variable decelerations from 4:18 a.m. to 4:38 a.m. From 4:38 a.m. to 4:47 a.m., there were multiple repetitive variable decelerations that continued to 5:04 a.m. Starting at 5:04 a.m., the fetal strip was hypervariable with a 1 minute bradycardia at 5:10 a.m. At 5:32 a.m., there was a 1½ minute bradycardia with variable decelerations at 5:35 a.m. and 5:36 a.m. The beat to beat variability was slightly better here, but the overall fetal monitoring strip was not reassuring at this point. At 6:11 a.m., the fetal monitoring strip became more concerning. There were multiple late decelerations from 6:11 a.m. to 6:27 a.m., and repetitive deep variable decelerations from 6:27 a.m. to 6:36 a.m. From 6:38 a.m. to 6:44 a.m., there were repetitive deep late decelerations, which continued to 7:18 a.m. At 7:21 a.m., there was a large, deep bradycardia for 5 minutes. At 7:42 a.m., Respondent was at Patient A's bedside, placed a fetal scalp electrode, and was pushing with Patient A [for a vaginal delivery]. From 7:48 a.m. to 7:52 a.m., there was a terminal bradycardia and Respondent called for a cesarean section 14 at 7:52 a.m. At 7:57 a.m., Patient A was taken to the operating room and delivered the baby at 8:16 a.m. The newborn had Apgars of 0/1/4/6/7. The birthweight was 3855 gms and the initial cord blood gas was 6.79. The newborn was resuscitated and eventually transferred to Pomona Valley Medical Center.

Respondent unjustifiably delayed performing a cesarean section on Patient A, despite 16. multiple indications, including, but not limited to: breech presentation, 15 fetal distress, fetal intolerance of labor, failure to progress once in active labor, eclampsia, 16 placenta previa, 17

¹⁴ Cesarean section, C-section, or Cesarean birth is the surgical removal of a baby through a cut made in the mother's abdomen and uterus.

¹⁵ Breech presentation refers to the fetus in the longitudinal lie with the buttocks or lower extremity entering the pelvis first.

¹⁶ Eclampisa refers to seizures that occur during a woman's pregnancy or shortly after giving birth.

¹⁷ Placenta previa refers to when the placenta covers the opening in the mother's cervix.

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PRAYER