

RETURN DATE: DECEMBER 7, 2021 : SUPERIOR COURT

CHRISTIN LAFO AND THE ESTATE OF : J.D. OF LITCHFIELD
KYLE SHAWN BRADY PPA CHRISTIN
LAFO AND SHAWN BRADY

V. : AT TORRINGTON

GANNON WARD, CNM AND PLANNED : NOVEMBER 5, 2021
PARENTHOOD OF SOUTHERN NEW
ENGLAND, INC

COMPLAINT

FIRST COUNT: Christin Lafo vs. Gannon Ward, CNM

1. At all times relevant herein, the defendant, Gannon Ward, was a Certified Nurse Midwife (“CNM”), who was certified to practice Obstetrics and Gynecology in the State of Connecticut.

2. At all times relevant herein, the defendant, Gannon Ward, was an employee, agent, apparent agent, servant and/or assign of the defendant, Planned Parenthood of Southern New England, Inc.

3. At all times relevant herein, the defendant, Planned Parenthood of Southern New England, Inc. (“Planned Parenthood”), operated various Planned Parenthood locations throughout the State of Connecticut, including a facility located at 44 Main Street, Danbury, CT.

4. At all times relevant herein, the defendant, Planned Parenthood, provided the public with reproductive and sexual health care services with the mission of providing high quality health care, education, and advocacy to advance equity and protect the fundamental right to sexual health and reproductive freedom for all.

5. On February 10, 2020, the plaintiff, Christin Lafo, presented to the

Danbury Planned Parenthood for an evaluation after she received a positive home pregnancy test.

6. During her visit on February 10, 2020, the defendant, Gannon Ward, performed a transvaginal ultrasound which she read to show there was no fetus and just an empty sac at 6 weeks and 3 days gestation.

7. As a result of her reading of the ultrasound the defendant, Gannon Ward, recommended a medical abortion for what she determined to be a non-viable pregnancy prescribing Mifeprex and Misoprostol which the plaintiff took as instructed.

8. On or about February 12, 2020, at approximately 3:00 AM, after experiencing severe cramping and discomfort, the plaintiff delivered a deceased but intact male fetus with a weight of 474.5 grams consistent with a 22 week gestation age into a toilet at her home.

9. The defendant, Gannon Ward, CNM, did not exercise the degree of care and skill which, in light of all relevant surrounding circumstances is recognized as acceptable and appropriate by reasonably prudent similar health care provider, in one or more of the following ways:

- a. IN THAT she failed to properly perform the transvaginal ultrasound;
- b. IN THAT she failed to properly read the transvaginal ultrasound;
- c. IN THAT she failed to identify the age of the pregnancy;
- d. IN THAT she failed to identify the location of the pregnancy;
- e. IN THAT she failed to perform a physical/abdominal examination of the plaintiff;
- f. IN THAT she relied on inaccurate LMP for dating the pregnancy;

- g. IN THAT she failed to identify essential pelvic structures mistaking a sac-like structure for a gestational sac without adequate images to confirm it was intrauterine;
- h. IN THAT she failed to perform an abdominal ultrasound when she could not identify significant structures such as the uterus with pelvic ultrasound;
- i. IN THAT she failed to postpone administration of abortifacient medication until more information was obtained and/or reviewed;
- j. IN THAT she failed to comply with the minimum standard of care for limited obstetrical ultrasound examination as outlined by the American Institute of Ultrasound in Medicine;
- k. IN THAT she failed to consult with a supervising physician for clarification and plan of care when she was unsure of the pregnancy viability and location;
- l. IN THAT she questioned a possible ectopic pregnancy, which could be life threatening, yet failed to identify or diagnose if it was or was not present and treat in a medically appropriate manner;
- m. IN THAT she breached standards and guidelines for safe ethical care by medically inducing an abortion of a 22-week intrauterine pregnancy with mifepristone and then misoprostol
- n. IN THAT she failed to give Christin Lafo and father Shawn Brady the ability to make an informed decision regarding their pregnancy that was completed gestation with no identified anomalies per the coroner's report;
- o. IN THAT she failed to convey the greatly increased risks of a medicinally induced second trimester abortion which was compound by a large intrauterine fibroid.

10. As a direct and proximate result of the aforementioned medical negligence and deviations from the applicable standards of care, the plaintiff suffered premature delivery of her baby, death of her baby, significant blood loss requiring transfusion.

11. As a direct and proximate result of the aforementioned medical negligence and deviations from the applicable standards of care, the plaintiff has endured much pain, suffering, and mental anguish.

12. As a further result of aforementioned medical negligence and deviations from the applicable standards of care, the plaintiff's ability to pursue and enjoy life's activities has been reduced.

13. As a direct and proximate result of the aforementioned medical negligence and deviations from the applicable standards of care, the plaintiff has incurred hospital, medical and surgical bills.

SECOND COUNT: Christin Lafo vs. Gannon Ward, CNM as to Emotional Distress

1-13. Paragraphs one through thirteen of First Court are hereby incorporated and made paragraphs one through thirteen of this Second Count as if fully set forth herein.

14. The defendant, Gannon Ward, knew or should have known her conduct involved an unreasonable risk of causing emotional distress on the plaintiff and that the distress might result in illness or bodily harm.

15. The fear and severe psychological, physiological and emotional distress suffered by the plaintiff was reasonable in light of the conduct of the defendant.

16. The defendant knew or should have known her misconduct was likely to cause the plaintiff emotional distress.

17. The conditions described above are painful, serious and permanent in their nature and in their effects and have impaired the plaintiff to carry on and enjoy life's activities.

THIRD COUNT: Christin Lafo vs. Gannon Ward, CNM as to Loss of Filial Consortium

1-13. Paragraphs one through thirteen of First Court are hereby incorporated and made paragraphs one through thirteen of this Third Count as if fully set forth herein.

14. As a result of the death of her baby, Shawn Kyle Brady, the plaintiff has suffered loss of his association, society and fellowship.

FOURTH COUNT: Christin Lafo vs. Planned Parenthood of Southern New England, Inc.

1. At all times relevant herein, the defendant, Gannon Ward, was a Certified Nurse Midwife ("CNM"), who was certified to practice Obstetrics and Gynecology in the State of Connecticut.

2. At all times relevant herein, the defendant, Gannon Ward, was an employee, agent, apparent agent, servant and/or assign of the defendant, Planned Parenthood of Southern New England, Inc.

3. At all times relevant herein, the defendant, Planned Parenthood of Southern New England, Inc. ("Planned Parenthood"), operated various Planned Parenthood locations throughout the State of Connecticut, including a facility located at 44 Main Street, Danbury, CT.

4. At all times relevant herein, the defendant, Planned Parenthood, provided the public with reproductive and sexual health care services with the mission of providing high quality health care, education, and advocacy to advance equity and protect the fundamental right to sexual health and reproductive freedom for all.

5. On February 10, 2020, the plaintiff, Christin Lafo, presented to the Danbury Planned Parenthood for an evaluation after she received a positive home pregnancy test.

6. During her visit on February 10, 2020, the defendant, Gannon Ward, performed a transvaginal ultrasound which she read to show there was no fetus and just an empty sac at 6 weeks and 3 days gestation.

7. As a result of her reading of the ultrasound the defendant, Gannon Ward, recommended a medical abortion for what she determined to be a non-viable pregnancy prescribing Mifeprex and Misoprostol which the plaintiff took as instructed.

8. On or about February 12, 2020, at approximately 3:00 AM, after experiencing severe cramping and discomfort, the plaintiff delivered a deceased but intact male fetus with a weight of 474.5 grams consistent with a 22 week gestation age into a toilet at her home.

9. The defendant, Planned Parenthood, did not exercise the degree of care and skill which, in light of all relevant surrounding circumstances is recognized as acceptable and appropriate by reasonably prudent similar health care provider in one or more of the following ways:

- a. IN THAT it failed to properly perform the transvaginal ultrasound;
- b. IN THAT it failed to properly read the transvaginal ultrasound;
- c. IN THAT it failed to identify the age of the pregnancy;
- d. IN THAT it failed to identify the location of the pregnancy;
- e. IN THAT it failed to perform a physical/abdominal examination of the plaintiff;
- f. IN THAT it relied on inaccurate LMP for dating the pregnancy;
- g. IN THAT it failed to identify essential pelvic structures mistaking a sac-like structure for a gestational sac without adequate images to confirm it was intrauterine;

- h. IN THAT it failed to perform an abdominal ultrasound when she could not identify significant structures such as the uterus with pelvic ultrasound;
- i. IN THAT it failed to postpone administration of abortifacient medication until more information was obtained and/or reviewed;
- j. IN THAT it failed to comply with the minimum standard of care for limited obstetrical ultrasound examination as outlined by the American Institute of Ultrasound in Medicine;
- k. IN THAT it failed to consult with a supervising physician for clarification and plan of care when she was unsure of the pregnancy viability and location;
- l. IN THAT prior to hiring Gannon Ward, it failed to ensure she was qualified and/or capable of performing her work as a certified nurse midwife;
- m. IN THAT after hiring Gannon Ward, it failed to properly educate, teach and train her concerning maintaining the minimal standard steps and images required to date a pregnancy via ultrasound;
- n. IN THAT after hiring Gannon Ward, it failed to supervise and oversee her work;
- o. IN THAT it failed to hold professional standards associated with accurately dating a pregnancy including a physical assessment, bimanual exam or palpating a woman's abdomen in an attempt to locate the uterus or fundus;
- p. IN THAT it questioned a possible ectopic pregnancy, which could be life threatening, yet failed to identify or diagnose if it was or was not present and treat in a medically appropriate manner;
- q. IN THAT it breached its own standards and guidelines for safe ethical care by medically inducing an abortion of a 22-week intrauterine pregnancy with mifepristone and then misoprostol;
- r. IN THAT it failed to give Christen Lafo and father Shawn Brady the ability to make an informed decision regarding their pregnancy that was completed gestation with no identified anomalies per the coroner's report;

s. IN THAT it failed to convey the greatly increased risks of a medicinally induced second trimester abortion which was compound by a large intrauterine fibroid.

10. As a direct and proximate result of the aforementioned medical negligence and deviations from the applicable standards of care, the plaintiff suffered premature delivery of her baby, death of her baby, significant blood loss requiring transfusion.

11. As a direct and proximate result of the aforementioned medical negligence and deviations from the applicable standards of care, the plaintiff has endured much pain, suffering, and mental anguish.

12. As a further result of aforementioned medical negligence and deviations from the applicable standards of care, the plaintiff's ability to pursue and enjoy life's activities has been reduced.

13. As a direct and proximate result of the aforementioned medical negligence and deviations from the applicable standards of care, the plaintiff has incurred hospital, medical and surgical bills.

FIFTH COUNT: Christin Lafo vs. Planned Parenthood of Southern New England, Inc. as to Emotional Distress

1-13. Paragraphs one through thirteen of Fourth Court are hereby incorporated and made paragraphs one through thirteen of this Fifth Count as if fully set forth herein.

14. The defendant, Planned Parenthood, knew or should have its conduct involved an unreasonable risk of causing emotional distress on the plaintiff and that the distress might result in illness or bodily harm.

15. The fear and severe psychological, physiological and emotional distress suffered by the plaintiff was reasonable in light of the conduct of the defendant.

16. The defendant knew or should have known their misconduct was likely to cause the plaintiff emotional distress.

17. The conditions described above are painful, serious and permanent in their nature and in their effects and have impaired the plaintiff to carry on and enjoy life's activities.

SIXTH COUNT: Christin Lafo vs. Planned Parenthood of Southern New England, Inc. as to as to Loss of Filial Consortium

1-13. Paragraphs one through thirteen of the Fourth Count are hereby incorporated and made paragraphs one through thirteen of this Sixth Count as if fully set forth herein.

14. As a direct and proximate result of the aforementioned medical negligence and deviations from the applicable standards of care, the plaintiff has suffered loss of her son and his society, care, companionship and services.

SEVENTH COUNT: Christin Lafo as Administratrix for the Estate of Kyle Shawn Brady vs. Gannon Ward, CNM

1. Christin Lafo is the duly appointed Administratrix for the Estate of Kyle Shawn Brady, and brings this action pursuant to C.G.S. §52-555 to recover all damages to which the Estate of Kyle Shawn Brady is legally entitled under said statute including, but not limited to, both economic and non-economic damages. See Probate Decree, attached hereto as Exhibit A.

2. At all times relevant herein, the defendant, Gannon Ward, was a Certified Nurse Midwife ("CNM"), who was certified to practice Obstetrics and Gynecology in the State of Connecticut.

3. At all times relevant herein, the defendant, Gannon Ward, was an

employee, agent, apparent agent, servant and/or assign of the defendant, Planned Parenthood of Southern New England, Inc.

4. At all times relevant herein, the defendant, Planned Parenthood of Southern New England, Inc. ("Planned Parenthood"), operated various Planned Parenthood locations throughout the State of Connecticut, including a facility located at 44 Main Street, Danbury, CT.

5. At all times relevant herein, the defendant, Planned Parenthood, provided the public with reproductive and sexual health care services with the mission of providing high quality health care, education, and advocacy to advance equity and protect the fundamental right to sexual health and reproductive freedom for all.

6. On February 10, 2020, the plaintiff, Christin Lafo, presented to the Danbury Planned Parenthood for an evaluation after she received a positive home pregnancy test.

7. During her visit on February 10, 2020, the defendant, Gannon Ward, performed a transvaginal ultrasound which she read to show there was no fetus and just an empty sac at 6 weeks and 3 days gestation.

8. As a result of her reading of the ultrasound the defendant, Gannon Ward, recommended a medical abortion for what she determined to be a non-viable pregnancy prescribing Mifeprex and Misoprostol which the plaintiff took as instructed.

9. On or about February 12, 2020, at approximately 3:00 AM, after experiencing severe cramping and discomfort, the plaintiff delivered a deceased but intact male fetus with a weight of 474.5 grams consistent with a 22 week gestation age into a toilet at her home.

10. The defendant, Gannon Ward, did not exercise the degree of care and skill which, in light of all relevant surrounding circumstances is recognized as acceptable and appropriate by reasonably prudent similar health care provider in one or more of the following ways:

- a. IN THAT she failed to properly perform the transvaginal ultrasound;
- b. IN THAT she failed to properly read the transvaginal ultrasound;
- c. IN THAT she failed to identify the age of the pregnancy;
- d. IN THAT she failed to identify the location of the pregnancy;
- e. IN THAT she failed to perform a physical/abdominal examination of the plaintiff;
- f. IN THAT she relied on inaccurate LMP for dating the pregnancy;
- g. IN THAT she failed to identify essential pelvic structures mistaking a sac-like structure for a gestational sac without adequate images to confirm it was intrauterine;
- h. IN THAT she failed to perform an abdominal ultrasound when she could not identify significant structures such as the uterus with pelvic ultrasound;
- i. IN THAT she failed to postpone administration of abortifacient medication until more information was obtained and/or reviewed;
- j. IN THAT she failed to comply with the minimum standard of care for limited obstetrical ultrasound examination as outlined by the American Institute of Ultrasound in Medicine;
- k. IN THAT she failed to consult with a supervising physician for clarification and plan of care when she was unsure of the pregnancy viability and location;
- l. IN THAT she questioned a possible ectopic pregnancy, which could be life threatening, yet failed to identify or diagnose if it was or was not present and treat in a medically appropriate manner;
- m. IN THAT she breached standards and guidelines for safe ethical care by medically inducing an abortion of a 22-week intrauterine pregnancy with mifepristone and then misoprostol

- n. IN THAT she failed to give Christin Lafo and father Shawn Brady the ability to make an informed decision regarding their pregnancy that was completed gestation with no identified anomalies per the coroner's report;
- o. IN THAT she failed to convey the greatly increased risks of a medically induced second trimester abortion which was compound by a large intrauterine fibroid.

11. At all relevant times, Baby Brady was a viable male fetus, capable of living outside the womb and capable of independent life apart from his mother so as to permit continued existence.

12. As a direct and proximate cause of the aforementioned medical negligence of the defendant, Kyle Shawn Brady, was killed in utero.

13. But for the medical negligence of the defendant, Kyle Shawn Brady would have been born alive.

14. As a direct and proximate cause of the aforementioned medical negligence, Kyle Shawn Brady lost his life together with its social elements, all of which caused him loss and damage.

15. As a direct and proximate cause of the aforementioned medical negligence, Kyle Shawn Brady sustained economic loss associated with his ability and capacity to earn income, all of which has caused him loss and damage.

16. As a direct and proximate cause of the aforementioned medical negligence, Kyle Shawn Brady is entitled to damages for his pain and suffering, as well as for the full value of his future life.

EIGHTH COUNT: Christin Lafo as Administratrix for the Estate of Kyle Shawn Brady vs. Planned Parenthood of Southern New England, Inc.

1. Christin Lafo is the duly appointed Administratrix for the Estate of Kyle Shawn Brady, and brings this action pursuant to C.G.S. §52-555 to recover all damages to which the Estate of Kyle Shawn Brady is legally entitled under said statute including, but not limited to, both economic and non-economic damages. See Probate Decree, attached hereto as Exhibit A.

2. At all times relevant herein, the defendant, Gannon Ward, was a Certified Nurse Midwife (“CNM”), who was certified to practice Obstetrics and Gynecology in the State of Connecticut.

3. At all times relevant herein, the defendant, Gannon Ward, was an employee, agent, apparent agent, servant and/or assign of the defendant, Planned Parenthood of Southern New England, Inc.

4. At all times relevant herein, the defendant, Planned Parenthood of Southern New England, Inc. (“Planned Parenthood”), operated various Planned Parenthood locations throughout the State of Connecticut, including a facility located at 44 Main Street, Danbury, CT.

5. At all times relevant herein, the defendant, Planned Parenthood, provided the public with reproductive and sexual health care services with the mission of providing high quality health care, education, and advocacy to advance equity and protect the fundamental right to sexual health and reproductive freedom for all.

6. On February 10, 2020, the plaintiff, Christin Lafo, presented to the Danbury Planned Parenthood for an evaluation after she received a positive home pregnancy test.

7. During her visit on February 10, 2020, the defendant, Gannon Ward,

performed a transvaginal ultrasound which she read to show there was no fetus and just an empty sac at 6 weeks and 3 days gestation.

8. As a result of her reading of the ultrasound the defendant, Gannon Ward, recommended a medical abortion for what she determined to be a non-viable pregnancy prescribing Mifeprex and Misoprostol which the plaintiff took as instructed.

9. On or about February 12, 2020, at approximately 3:00 AM, after experiencing severe cramping and discomfort, the plaintiff delivered a deceased but intact male fetus with a weight of 474.5 grams consistent with a 22 week gestation age into a toilet at her home.

10. The defendant, Planned Parenthood, did not exercise the degree of care and skill which, in light of all relevant surrounding circumstances is recognized as acceptable and appropriate by reasonably prudent similar health care provider in one or more of the following ways:

- a. IN THAT it failed to properly perform the transvaginal ultrasound;
- b. IN THAT it failed to properly read the transvaginal ultrasound;
- c. IN THAT it failed to identify the age of the pregnancy;
- d. IN THAT it failed to identify the location of the pregnancy;
- e. IN THAT it failed to perform a physical/abdominal examination of the plaintiff;
- f. IN THAT it relied on inaccurate LMP for dating the pregnancy;
- g. IN THAT it failed to identify essential pelvic structures mistaking a sac-like structure for a gestational sac without adequate images to confirm it was intrauterine;
- h. IN THAT it failed to perform an abdominal ultrasound when she could not identify significant structures such as the uterus with pelvic ultrasound;

- i. IN THAT it failed to postpone administration of abortifacient medication until more information was obtained and/or reviewed;
- j. IN THAT it failed to comply with the minimum standard of care for limited obstetrical ultrasound examination as outlined by the American Institute of Ultrasound in Medicine;
- k. IN THAT it failed to consult with a supervising physician for clarification and plan of care when she was unsure of the pregnancy viability and location;
- l. IN THAT prior to hiring Gannon Ward, it failed to ensure she was qualified and/or capable of performing her work as a certified nurse midwife;
- m. IN THAT after hiring Gannon Ward, it failed to properly educate, teach and train her concerning maintaining the minimal standard steps and images required to date a pregnancy via ultrasound;
- n. IN THAT after hiring Gannon Ward, it failed to supervise and oversee her work;
- o. IN THAT it failed to hold professional standards associated with accurately dating a pregnancy including a physical assessment, bimanual exam or palpating a woman's abdomen in an attempt to locate the uterus or fundus;
- p. IN THAT it questioned a possible ectopic pregnancy, which could be life threatening, yet failed to identify or diagnose if it was or was not present and treat in a medically appropriate manner;
- q. IN THAT it breached its own standards and guidelines for safe ethical care by medically inducing an abortion of a 22-week intrauterine pregnancy with mifepristone and then misoprostol
- r. IN THAT it failed to give Christen Lafo and father Shawn Brady the ability to make an informed decision regarding their pregnancy that was completed gestation with no identified anomalies per the coroner's report;
- s. IN THAT it failed to convey the greatly increased risks of a medicinally induced second trimester abortion which was compound by a large intrauterine fibroid.

10. At all relevant times, Kyle Shawn Brady was a viable male fetus, capable of

living outside the womb and capable of independent life apart from his mother so as to permit continued existence.

11. As a direct and proximate cause of the aforementioned medical negligence of the defendant, Kyle Shawn Brady was killed in utero.

12. But for the medical negligence of the defendant, Kyle Shawn Brady would have been born alive.

13. As a direct and proximate cause of the aforementioned medical negligence, Kyle Shawn Brady lost his life together with its social elements, all of which caused him loss and damage.

14. As a direct and proximate cause of the aforementioned medical negligence, Kyle Shawn Brady sustained economic loss associated with his ability and capacity to earn income, all of which has caused him loss and damage.

15. As a direct and proximate cause of the aforementioned medical negligence, Kyle Shawn Brady is entitled to damages for his pain and suffering, as well as for the full value of his future life.

NINTH COUNT: Shawn Brady vs. Gannon Ward, CNM as to Bystander Emotional Distress

1-13. Paragraphs one through thirteen of the First Count are hereby incorporated and made paragraphs one through thirteen of this Ninth Count, as fully set forth herein.

14. The plaintiff, Shawn Brady, is Christin Lafo's significant other.

15. The plaintiff, Shawn Brady, is the father of Kyle Shawn Brady.

16. On February 10, 2020, the plaintiff, Shawn Brady, was present and in the room with Christin Lafo throughout her entire visit with the defendant, Gannon Ward.

17. On February 10, 2020, the defendant was aware and/or should have been aware that Shawn Brady was the significant other of Christin Lafo and expecting father of the baby, Kyle Shawn Brady.

18. On February 10, 2020, the defendant owed the plaintiff a duty of care as the significant other of Christin Lafo and father of Kyle Shawn Brady.

19. The defendant, Gannon Ward, knew or should have known that Christin Lafo and Shawn Brady would rely on the information she provided to them during the February 10, 2020 appointment.

20. As a result of her malpractice, the plaintiff has suffered severe psychological, physiological and emotional distress.

21. As a result of her malpractice, that plaintiff's conditions are painful, serious and permanent in their nature and in their effects and have impaired the plaintiff to carry on and enjoy life's activities.

22. The defendant knew or should have known her conduct was foreseeable and likely to cause the plaintiff emotional distress.

TENTH COUNT: Shawn Brady vs. Gannon Ward, CNM as to Loss of Filial Consortium

1-15. Paragraphs one through fifteen of the Ninth Count are hereby incorporated and made paragraphs one through fifteen of this Tenth Count, as if fully set forth herein.

16. As a direct and proximate result of the aforementioned medical negligence and deviations from the applicable standards of care, the plaintiff has suffered loss of his son and his society, care, companionship and services.

ELEVENTH COUNT: Shawn Brady vs. Planned Parenthood of Southern New England, Inc. as to Bystander Emotional Distress

1-13. Paragraphs one through thirteen of the First Count are hereby incorporated and made paragraphs one through thirteen of this Eleventh Count, as fully set forth herein.

14. The plaintiff, Shawn Brady, is Christin Lafo's significant other.

15. The plaintiff, Shawn Brady, is the father of Kyle Shawn Brady.

16. On February 10, 2020, the plaintiff, Shawn Brady, was present and in the room with Christin Lafo throughout her entire visit with the defendant, Gannon Ward.

17. On February 10, 2020, the defendant was aware and/or should have been aware that Shawn Brady was the significant other of Christin Lafo and expecting father of the baby, Kyle Shawn Brady.

18. On February 10, 2020, the defendant owed the plaintiff a duty of care as the significant other of Christin Lafo and father of Kyle Shawn Brady.

19. The defendant, Gannon Ward, knew or should have known that Christin Lafo and Shawn Brady would rely on the information she provided to them during the February 10, 2020 appointment.

20. As a result of her malpractice, the plaintiff has suffered severe psychological, physiological and emotional distress.

21. As a result of her malpractice, that plaintiff's conditions are painful, serious and permanent in their nature and in their effects and have impaired the plaintiff to carry on and enjoy life's activities.

22. The defendant knew or should have known her conduct was foreseeable and likely to cause the plaintiff emotional distress.

TWELFTH COUNT: Shawn Brady vs. Planned Parenthood of Southern New England, Inc. as to Loss of Filial Consortium

1-15. Paragraphs one through fifteen of the Eleventh Count are hereby incorporated and made paragraphs one through fifteen of this Twelfth Count, as if fully set forth herein.

16. As a direct and proximate result of the aforementioned medical negligence and deviations from the applicable standards of care, the plaintiff has suffered loss of his son and his society, care, companionship and services.

WHEREFORE THE PLAINTIFFS CLAIM:

- A. Money damages;
- B. Such other and further relief as the court may deem just and proper.

Dated in Hartford, Connecticut, this 5th day November, 2021.

THE PLAINTIFFS

By: 

Christopher Cramer
Trantolo & Trantolo, LLC
21 Oak Street, Suite 605
Hartford, CT 06106
Juris Number: 064310

RETURN DATE: DECEMBER 7, 2021 : SUPERIOR COURT

CHRISTIN LAFO AND THE ESTATE OF : J.D. OF LITCHFIELD
KYLE SHAWN BRADY PPA CHRISTIN
LAFO AND SHAWN BRADY

V. : AT TORRINGTON

GANNON WARD, CNM AND PLANNED : NOVEMBER 5, 2021
PARENTHOOD OF SOUTHERN NEW
ENGLAND, INC

STATEMENT OF AMOUNT IN DEMAND

The amount in demand is more than \$15,000.00, exclusive of interest and costs.

THE PLAINTIFF,

By:


Christopher Cramer
Trantolo & Trantolo, LLC
21 Oak Street, Suite 605
Hartford, CT 06106
Juris Number: 064310

RETURN DATE: DECEMBER 7, 2021 : SUPERIOR COURT
CHRISTIN LAFO AND THE ESTATE OF : J.D. OF LITCHFIELD
KYLE SHAWN BRADY PPA CHRISTIN
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CERTIFICATE OF REASONABLE INQUIRY

I, Christopher Cramer, hereby certify that I have made a reasonable inquiry, as permitted by the circumstances, to determine whether there are grounds for a good faith belief that there has been negligence in the care and treatment of the plaintiff, Christin Lafo. Copies of letters of similar health care providers as required by Connecticut General Statutes §52-190a are attached hereto as Exhibit B, Exhibit C and Exhibit D. These inquiries have given rise to a good faith belief on my part that grounds exist for an action against the named defendants.

THE PLAINTIFF,


By: 
Christopher Cramer
Trantolo & Trantolo, LLC
21 Oak Street, Suite 605
Hartford, CT 06106
Juris Number: 064310

EXHIBIT A

NOTICE OF DECREE
GRANTING ADMINISTRATION
OF ESTATE
PC-230A REV. 01/20

STATE OF CONNECTICUT
COURT OF PROBATE

COURT OF PROBATE, Housatonic Probate Court

DISTRICT NO. PD44

ESTATE OF

Kyle Shawn Brady (21-00328)

DATE OF DECREE

August 24, 2021

LATE OF New Milford, DECEASED

NAME OF EACH HEIR OF THE DECEASED

Shawn Brady
Christin Lafo

NAME AND ADDRESS OF FIDUCIARY AND FIDUCIARY'S ATTORNEY

Christin Lafo, 249 Willow Springs, New Milford, CT 06776
Attorney for Christin Lafo: CHRISTOPHER CRAIG CRAMER, TRANTOLO & TRANTOLO, LLC, 21 OAK ST, STE
605, HARTFORD, CT 06106, (860)768-1770

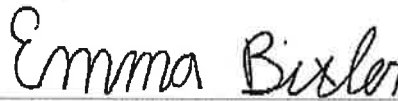
Probate bond was not required of the fiduciary.

An heir has the right to request a change in the amount of the probate bond.

You are hereby notified that the Probate Court granted administration of the estate of the above-named deceased by decree dated 8/24/2021, a copy of which is enclosed. Probate Court Rules of Procedure, Rule 30.5(b)

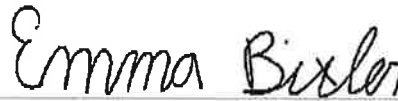
Court records indicate that you may have an interest in this estate as an heir of the deceased. If you have questions or would like additional information, you are advised to communicate with the fiduciary or his or her attorney.

Dated at: New Milford, Connecticut, on 24th day of August, 2021.



Emma Bixler, Assistant Clerk

FOR COURT USE ONLY: Probate Court Rules of Procedure, section 30.5(b). Copies sent to all parties.



Emma Bixler, Assistant Clerk

EXHIBIT B

December 10, 2020

Re: Christin Lafo

I have reviewed the medical records from Planned Parenthood located at 325 Whitney Avenue, New Haven, CT on 2/10/20 including 4 submitted ultrasound images.

I have also reviewed the medical records from Danbury Hospital on 2/12/-2/13/20 and from Candlewood Center on 2/25/2020.

Summary of Medical History:

The patient is a 42 year old female who presented to Planned Parenthood on 2/10/20 for a pregnancy evaluation. Patient states her last menstrual period (LMP) was 12/20/19 and she reports unprotected intercourse since LMP. Based on her maternal dating, the gestation age was 7.3 weeks (weeks.days).

Her pregnancy test taken on 2/10/20 at Planned Parenthood was positive.

During the visit, patient underwent a limited ultrasound of the pelvis. The final interpretation as per the records was probable intrauterine pregnancy.

As per the assessment and plan at Planned Parenthood, the patient agreed to a medical abortion. She was administered Mifepristone 200 mg in in the health center, and discharged with a prescription for misoprostol 200mcg and promethazine 25 mg with instructions.

Pt took the medication as prescribed and reported that the next day at approximately 10 PM she experienced cramping and discomfort, felt a "gush" and saw a baby in the toilet. Her significant other came into the bathroom, placed the fetus in a towel, cut the cord and went to the emergency room for evaluation.

I reviewed 4 transvaginal ultrasound images from Planned Parenthood. The images demonstrated the presence of a simple cyst which is measured in 2 dimensions and labeled on the bottom.

The first image measures the cyst from side to side. The second image measures the cyst from top to bottom. There are two measurements on each of the first two images that are the same. One underneath the annotations for GS states 1.43 cm 6w1d. The bottom left of the image directly under the picture states GS 1.3 cm 6w0d.

The third image again labels the cyst from top to bottom. The bottom left underneath the GS states 1.55 cm 6w3d. The bottom left under the image states 1.31cm 6w0d.

The fourth image measures the cyst from side to side. There is only one annotation on the bottom left of the image which states GS 1.55cm 6w3d.

The study is markedly limited as there are no images of the entire uterus or the adnexa (ovaries) and the location of the cyst that was measured cannot be determined. There are no labels on the image other than the measurements of the cyst. There are no other ultrasound features to suggest that this cyst was located within the uterus. To be diagnostic for an intrauterine pregnancy (IUP), the uterus must be scanned in its entirety in two planes and the sac must be confirmed to be located within the uterus. The images all show the same cyst measured in different planes, without any images of the entire uterus to determine the location. On the 4 images, the cyst was measured with corresponding dating of 1.3 cm corresponding to 6.1 weeks gestational age.

A gestational sac can first be confirmed by transvaginal ultrasound at 4.5 to 5 weeks as an intrauterine rounded fluid collection. The timing of visualization of early pregnancy landmarks – gestational sac at approximately 5 weeks gestation, yolk sac at 5.5 weeks and embryo at 6 weeks is accurate and consistent. Before visualization of normal anatomic landmarks of a yolk sac and fetal pole, it must be confirmed that the fluid collection is a true gestational sac. Before visualization of a yolk sac or an embryo, there are two signs that may be used. The intradecidual sign is defined as an eccentrically located gestational sac within the echogenic decidua and is highly suggestive of an intrauterine pregnancy (IUP). The second sign is called the double sac sign, which consists of two concentric echogenic (bright) rings surrounding the fluid collection, is a sign of a definitive IUP. The intradecidual sign is visible before the double sac sign. At the maternal age of 7.3 weeks, none of the signs were visualized nor were any fetal anatomic landmarks (yolk sac and fetal pole) identified.

It is my expert opinion that the study was nondiagnostic for the detection of an IUP and did not meet the standard of care for required criteria. Not only was the location of the cyst indeterminate, but the cyst could not be characterized as a gestational sac as there was no evidence of either the intradecidual sign, the double sac sign or anatomic landmarks. All the images show is a simple cyst, location unknown. The patient underwent a medical abortion before the required criteria of an IUP on ultrasound were met.

All of these opinions expressed herein are to a reasonable degree of medical certainty.

EXHIBIT C

Materials Reviewed:

- Medical Records from Planned Parenthood (located at 325 Whitney Ave. New Haven, CT)
Date of service 02/10/20 including 4 ultrasound images, labs and chart information
- Medical Records from Danbury Hospital 2/12/20 to 2/13/20
- Autopsy Report of Kyle Shawn Brady
- AIUM practice parameter for the performance of Limited Obstetric Ultrasound examinations by advanced clinical providers. (2018). *Journal of Ultrasound in Medicine*, 37(7), 1587–1596. <https://doi.org/10.1002/jum.14677>
- Ostrem, K. (2017). Q&A on Ultrasound Certification. *Quickening, Winter*, 26–27.

Summary of Medical History:

Christin Lafo presented to Danbury Planned Parenthood on 02/10/20 for a pregnancy evaluation. Her urine HCG was positive and stated LMP (Last menstrual period) was 12/20/2019. Based only on her stated LMP gestational age would be 7weeks 3 days. At this gestational age one could expect to visualize a gestational sac, fetal pole and fetal heart rate.

During the evaluation a limited pelvic ultrasound was performed and the only images produced were of a cystic appearing area which the Nurse-Midwife believed was a gestational sac. Ms. Lafo was informed that she likely had a non-viable pregnancy and was offered and accepted a medical termination. She was also given warnings for ectopic pregnancy.

Believing the pregnancy was not viable, Ms. Lafo was administered Mifeprex 200 mg by mouth at 4:58 pm on 02/10/20 while still in the clinic. She then followed instructions to take 800 mcg of Misoprostol buccally (in the cheek pouch) 24 hours later, on 2/11/20 at 10:00 PM. At

approximately 3:00 am on 2/12/20 she delivered a baby whose estimated gestational age was 22 weeks into the toilet at home. The baby was apparently stillborn. The autopsy report states that the male fetus weighed 474.5 grams consistent with a gestational age of 22 weeks gestation. Minimal fetal maceration was noted meaning the death of this fetus was very recent. There were no findings in the autopsy or placental pathology that indicated a fetal death prior to the administration of the abortifacient medications.

Ms. Lafo went to New Milford Hospital where she required significant medical interventions including: a blood transfusion, general anesthesia, D&C for retained placenta and placement of a Cook catheter for management of postpartum hemorrhage.

Specific areas of Defendants' failure to comply with the standard of care, failure to exercise reasonable care and failure to exercise best judgment include the following:

Gannon Ward, the nurse-midwife at Planned Parenthood demonstrated negligence when she failed to follow accepted guidelines and methods to accurately date Christin Lafo's pregnancy. Her breaches in this standard of care include:

- (1) Relying on an inaccurate LMP for dating this pregnancy
- (2) Inadequately performing and negligently interpreting the results of a pelvic ultrasound. She both failed to identify essential pelvic structures and mistook a "sac-like structure" for a gestational sac without adequate images to confirm it was intrauterine.
- (3) Failure to also perform an abdominal ultrasound when she could not identify significant structures such as the uterus with pelvic ultrasound.

- (4) Failure to perform a physical examination/abdominal exam,
- (5) Failure to postpone administration of abortifacient medication until more information such as the results of a quantitative HCG value could be reviewed.
- (5) Failure to comply with the minimum standard of care for limited obstetrical ultrasound examination as outlined by the American Institute of Ultrasound in Medicine (AIUM)
- (6) Failure to consult with a supervising physician for clarification and plan of care when she was unsure of the pregnancy viability or location.

Discussion:

Gannon Ward, CNM relied on an inaccurate LMP when she used only a pelvic ultrasound to date the pregnancy. As a Certified Nurse-Midwife she should have understood that LMP can be quite inaccurate. In fact, 10-15% of pregnancy dating based on last menstrual cycle alone is inaccurate. Per the Danbury Hospital Medical Record, Ms. Lafo's last menstrual period was only one day of bleeding and one day of spotting, which would be an atypical female cycle and should never have been relied upon as a Last Normal Menstrual Period. Gannon Ward knew or should have known that other steps were necessary for accurate dating of a pregnancy.

Gannon Ward, CNM drew a quantitative HCG on Ms. Lafo, but did not wait for results. While HCG levels should not be used exclusively to date a pregnancy, they give a clinical provider an estimate of gestational age. The level of quantitative HCG (13,734 mIU/mL) was inconsistent (much higher than expected) with a very early or non-viable pregnancy.

Gannon Ward, CNM failed to perform even the most rudimentary physical examination. Simple abdominal palpation and bimanual exam which are the standard of care were not performed. A non-invasive hands-on exam of the abdomen would have revealed the uterus was obviously enlarged above the level of the umbilicus (belly button); consistent with a pregnancy >20 weeks. In addition, Ms. Lafo had a large fibroid, so it is likely that on abdominal exam she had a 27 or 28 week size uterus. Had Gannon Ward, CNM simply exercised this minimum standard of care, she could not have missed the fact that Ms. Lafo was much too far along in the pregnancy to consider termination in a clinic setting. The baby, named Kyle Shawn Brady by his parents, was large enough at the time of this encounter that fetal heart tones could easily be heard abdominally with a doppler device/fetoscope. Gannon Ward's failure to perform a standard physical exam including abdominal palpation and to listen for fetal heart tones was negligent and below the standard of care.

Gannon Ward also mentions a differential diagnosis of possible ectopic pregnancy. In doing so she tacitly implies that she is not certain of the location of the pregnancy or that what she identified on ultrasound is actually a gestational sac. It is mandatory to rule out ectopic before proceeding with abortifacient medication administration. If indeed, Ms. Lafo had an ectopic pregnancy, she would require a completely different treatment. Gannon Ward should not have proceeded with medical abortion and referred Ms. Lafo for expert consultation if she had any suspicion of ectopic pregnancy.

Gannon Ward, CNM performed a grossly negligent ultrasound resulting in inaccurate dating of Christin Lafo's pregnancy. The basic standard, set forth by the American Institute of Ultrasound in Medicine, outlines reasonable steps to accurately perform a dating ultrasound in pregnancy. Required steps were carelessly omitted as listed below:

- a) "Intrauterine sac like structure" was noted which Ms. Ward presumed incorrectly was a gestational sac. The anatomic location of the "sac like structure" was not noted. There are often multiple "sac-like structures" identified on a pelvic or abdominal ultrasound which could include other findings such as simple ovarian cysts, ectopic pregnancy or uterine pseudocysts. She should not have assumed this structure was a gestational sac in the uterus. There is no evidence she knew where this sac-like structure was located at all.
- b) No image of uterus – which, per the autopsy report, would have contained 22-week viable intrauterine pregnancy at the time of the ultrasound.
- c) No images or anatomic measurements of the viable fetus.
- d) No images or measurement of cervix.
- e) No image of adnexa.
- f) No image of cul-de-sac.
- g) No image or documentation of the 13.5x11.8cm intramural fibroid that was causing pronounced distortion to the endometrium.

Opinions Concerning Defendant Planned Parenthood:

- a) Planned Parenthood failed to properly educate midwives and maintain competency on the minimal standard steps and images required to date a pregnancy via ultrasound. Ultrasound is not a core competency of Nurse-Midwifery, meaning simply holding a Nurse-Midwifery license is not sufficient training to perform ultrasound. It is clear from the actions of Gannon Ward, CNM that she was never educated on and had never

demonstrated competency of minimum standards for a first trimester pregnancy ultrasound.

- b) Planned Parenthood failed to mandate accepted standards for accurately dating a pregnancy including a physical assessment, bimanual exam or, in this case, abdominal palpation for fundal height.
- c) Planned Parenthood failed to enforce clinical guidelines for safety so that any woman with a possible ectopic pregnancy, which could be life threatening, must be referred and that performing an abortion be delayed until ectopic is ruled out with certainty.
- d) Planned Parenthood breeched their own standards and guidelines for safe ethical care by medically inducing an abortion of a 22-week intrauterine pregnancy with mifepristone and then misoprostol. Per their own publications, these are not to be used to terminate any pregnancy greater than 11 weeks. In fact, an abortion on any pregnancy greater than 19 weeks and 6 days is prohibited at the Danbury Planned Parenthood Location. Planned Parenthood's own clinical guidelines stipulate that patients greater than 19weeks 6 days who desire abortion are referred to the Yale Medical Center.
- e) Planned Parenthood failed to give Christen Lafo and her Husband the ability to make an informed decision regarding their pregnancy that was peri-viable with no identified anomalies per the coroner's report. Had she been properly informed of gestational age and fetal viability, Ms. Lafo indicated she would never have terminated. Planned Parenthood failed to convey the greatly increased risks of a medically induced second trimester abortion which was compound by a large intrauterine fibroid.

Perhaps the greatest negligence in this case lies in the fact that Christen Lafo and her husband were denied the opportunity for parenthood due to the complete gross negligence of Gannon Ward, CNM. The bedrock of informed consent is correct information. Ms. Lafo was carrying a healthy male fetus of approximately 22 weeks gestational age. Sadly, Gannon Ward, CNM informed Ms. Lafo that her pregnancy was early and non-viable. Because Ms. Lafo was given overwhelmingly inaccurate information about her pregnancy, she could not possibly give informed consent for termination. She was not informed of the increased risks of complications, hemorrhage, possible sterilization, possible hysterectomy, and possible death associated with the use of mifepristone and then misoprostol to terminate a 22-week pregnancy with a 13.5x11.8cm intramural fibroid.

It is my opinion that the care provided to Christin Lafo by Gannon Ward, CNM was overwhelmingly negligent, below the standard of care, poor judgement and unreasonable. This opinion in Nurse-Midwifery is based upon the reviewed documents listed above and on my years of clinical experience. I reserve the right to amend or add to my opinions as more information becomes available.

EXHIBIT D

Medical Expert Report
March 12, 2021

Credentials:

I am board certified in Obstetrics and Gynecology. I have practiced Obstetrics and Gynecology for over 35 years. I am licensed in Connecticut, Massachusetts, and New York. I have been a medical expert in Obstetrics and Gynecology, both for the plaintiff and for the defense, since 1994. I am well educated and experienced to be a medical expert for this case.

Materials reviewed:

1. Danbury Planned Parenthood
2. Danbury Hospital
3. Autopsy Report

Introduction:

Christin Lafo went to Danbury Planned Parenthood for an evaluation. She was told that she had a 6-week early pregnancy that was not viable. She was given medication for an abortion. She delivered a 22 week, otherwise healthy baby at home.

History:

Christin Lafo is a 42-year-old female. Her last menstrual period was 12/20/19, seven weeks and three days ago. Her period was uncertain. A home pregnancy test was positive. She went to Danbury Planned Parenthood for an evaluation on 2/10/20. A transvaginal ultrasound was performed which showed no fetus and just an empty sac at 6 weeks and 3 days gestation. A medical abortion was planned for this non-viable pregnancy. Christin Lafo was given Mifeprex 200 mg PO at 4:58 PM. A little more than 24 hours later, at 10:00 PM on 2/11/20, she took 4, 200 mg tablets of Misoprostol as instructed. Cramping started afterwards. Walking around home was very uncomfortable. At approximately 3:00 AM on 2/12/20, the patient felt a big gush and she delivered a baby into the toilet. She went to New Milford Hospital ED. She was transfused one unit of PRBC. Because she had a retained placenta, she was transferred to Danbury Hospital. She was transfused an additional unit of PRBC and was taken to the operating room where an examination under general anesthesia, manual removal of placenta, D&C, and Cook catheter placement was performed. The patient was discharged home on 2/13/30.

The pathology report showed an intact male fetus with weight 474.5 g consistent with approximately 22 weeks gestation age. Minimal fetal maceration. Negative for gross external fetal malformations. Internal organs without gross or microscopic abnormalities. Complete fetal autopsy and placental examination did not reveal a macroscopic or histopathologic cause of fetal demise. Of note, the lack of significant fetal maceration and absence of placental villous intravascular karyorrhexis are consistent with fetal demise less than 24 hours prior to delivery.

Discussion:

A transvaginal ultrasound was performed. The reason to perform a transvaginal ultrasound was to identify the age and location of the pregnancy. The reading of the transvaginal ultrasound was a gross breach of the standard of care. The standard of care would be to accurately determine the age and location of the pregnancy. The age was not six weeks and three days but 22 weeks. This was a gross misreading. In addition, the reading of the ultrasound did not identify the location of the fetus at all. It missed finding a 22 week pregnancy that was located in the abdominal area, rather than the pelvic area, and in reality, the fetus was never identified at all. These were gross breaches in the standard of care.

A physical examination for gestational age should have been performed prior to the abortion. An appropriate physical examination would have identified that the patient was 22 weeks pregnant, and not 6 weeks pregnant. An appropriate discussion for a 22-week pregnancy abortion would have followed.

There was no evidence indicating that prior to the abortion, that this baby was not a normal, viable, 22-week-old fetus. In my opinion, more likely than not, had Christin Lafo not been given the abortion medication, this pregnancy would have progressed to a delivery with a viable baby.

The patient was consulted for, and treated for, a non-viable six-week pregnancy. She was not consulted for a 22-week viable baby.

Mifepristone is an antiprogestin that competitively blocks both progesterone and glucocorticoid receptors. By opposing the activity of progesterone, mifepristone elicits a variety of effects that make the uterus more susceptible to abortion. These effects include cervical dilation, decidual necrosis, increased endogenous prostaglandin production, and increasing uterine sensitivity to exogenously administered prostaglandin. Mifepristone administration gradually elicits a fivefold increase in sensitivity to prostaglandin 24 to 48 hours after its administration. The synergy between mifepristone and prostaglandin permits greater efficacy of prostaglandin at lower doses, potentially minimizing side effects.

Misoprostol, a (prostaglandin) PGE1 analog, is the most common medications used for induction abortion. Misoprostol induces labor at a variety of gestational ages. The dose decreases as pregnancy advances because the uterus becomes more sensitive to prostaglandin with decreasing dose requirements as pregnancy advances. Misoprostol is typically the preferred agent due to lower rates of certain adverse effects and complications and based on practical considerations. For the second trimester, the dose of misoprostol ranges from 200 to 800 mcg.

Mifepristone and Misoprostol have been consistently found to be safe and effective in second-trimester induction abortion. Mifepristone used in combination with misoprostol is the most effective method of

inducing delivery in the second trimester. Many different regimens utilizing mifepristone and misoprostol, alone or in combination, result in fetal expulsion within 24 hours during more than 90 percent of inductions.

Summary:

Christin Lafo went to Danbury Planned Parenthood for an evaluation. On ultrasound they determined the pregnancy to be a non-viable six weeks and three days gestation, instead of identifying a viable 22-week male baby. No physical examination for gestational age was performed. Christin Lafo was given Mifeprex and Misoprostol for the medical abortion. These are the same medications that are used to induce an abortion at 22 weeks gestation. These errors resulted in the unexpected delivery of a 22-week healthy baby, in her toilet, which died. In addition, she was transfused two units of blood and was taken to the operating room where an examination under anesthesia, manual removal of placenta, D&C, and Cook catheter placement had to be performed under general anesthesia.

The reading of the ultrasound, missing a viable 22-week gestation, was clearly below the standard of care. This error led to the discussion to have an abortion of a six-week non-viable pregnancy instead of a discussion of having an abortion of a 22-week viable male baby. The subsequent treatment with Mifeprex and Misoprostol resulted in the premature delivery, and subsequent death, of her viable baby.

This medical opinion in Obstetrics and Gynecology is based upon the reviewed documents listed above. My opinion may change as more information becomes available.