COMMONWEALTH OF KENTUCKY
PULASKI CIRCUIT COURT
DIVISION II
CIVIL ACTION NO. 15-CI-00774
JUDGE JEFFREY T. BURDETTE

CHEVANNA WALKER, *et al.* PLAINTIFFS

vs. **PLAINTIFFS' CR 26.02(4) DISCLOSURE OF MARK B. LANDON, M.D.**

LAKE CUMBERLAND REGIONAL HOSPITAL, LLC *et al.* DEFENDANTS

ELECTRONICALLY FILED

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Plaintiffs, Chevanna Walker, Brian Stephens, and Andrew Walker, as Administrator of the Estate of Aubrey Walker, by counsel, provide the following information pursuant to Interrogatories served herein, this Court's Agreed Amended Scheduling Order and/or CR 26.02(4), as the case may be. Plaintiffs will elicit testimony from the following witness:

Mark B. Landon, M.D.
395 West 12th Ave., 5th Floor
Columbus, OH 43210

Dr. Landon will testify on the subjects of standards of care required to be provided to Aubrey Walker by Defendants, Dr. Dale Rutledge and his practice and Lake Cumberland Regional Hospital, LLC ("LCRH"), causation, and such other matters as are within Dr. Landon's fields of expertise.

Dr. Landon's opinions are based upon his review of the medical record, a review of the deposition testimony and his experience and training. He is board certified in maternal fetal medicine. Dr. Landon's *curriculum vitae* is attached. All of Dr. Landon's opinions are stated within a reasonable degree of medical probability.

FACT SUMMARY PROVIDED BY PLAINTIFFS' COUNSEL

Aubrey Walker died on day two of life following her forceps-assisted breech delivery at Lake Cumberland Regional Hospital, LLC ("LCRH"). Aubrey's birth injuries included two fractures of her right femur, a fracture of her left humerus, a fracture of her right clavicle, rupture of her umbilical cord, a high cervical cord disruption, bruising and swelling all over her body and right eye protrusion. Aubrey's pre-natal course and pre-natal ultrasounds had been unremarkable except for the repeated instances of breech or transverse positioning.

Dr. Dale R. Rutledge and his practice provided Chevanna Walker prenatal care during her pregnancy with Aubrey. Chevanna has testified that Dr. Rutledge informed her at her prenatal visits that if she went into labor, she needed a C-section. Chevanna Walker Depo. at 29. Chevanna further testified that Aubrey's position changed many times during her pregnancy – "She was head down and then she was sideways. And then one point her back was against my stomach[.]" *Id.* at 38. The record shows that in the month preceding Aubrey's delivery, Aubrey was in breech position at least once and transverse position at least twice. *See* Chevanna_Color_LCRH_27.

On June 20, 2014, Chevanna had a routine growth ultrasound and Aubrey was diagnosed with intrauterine growth restriction at 31 weeks. Chevanna underwent twice weekly NSTs (all reactive) and ultrasounds to monitor this condition. On July 31, 2017, Chevanna was diagnosed as borderline polyhydramnios. However, by the time of Aubrey's birth, Aubrey displayed normal growth parameters with normal amniotic fluid amount.

On August 4, 2014, at 38 weeks, Dr. Rutledge scheduled Chevanna for induction at LCRH on August 6, 2014. Chevanna and her mother will testify that they thought Chevanna was scheduled for a C-section per their conversation with Dr. Rutledge during the August 4 appointment. Upon arrival at LCRH, Chevanna advised her labor and delivery nurse, Malory Burton, that she was scheduled for a C-section and why. The nurse dismissed Chevanna's concerns and proceeded with induction, citing Dr. Rutledge's order. The nurse never discussed this information with Dr. Rutledge.

No cervical examination was performed on Chevanna by anyone other than Dr. Rutledge. Dr. Rutledge testified that he examined Chevanna three times before delivery, once at around 9:00 a.m., once when she received her epidural around 1:30 p.m. and finally at 4:45 p.m. when he made the decision to deliver Aubrey vaginally. Dr. Rutledge made no note of Aubrey's position during his 1:30 p.m. cervical examination. The ***only*** entry anywhere in the record (history and physical, delivery note, etc.) of Aubrey's position is the entry "VTX" at 9:00 a.m., an entry that Dr. Rutledge did not make according to his testimony. Rutledge Depo. at 110. Neither

Dr. Rutledge nor any other providers caring for Chevanna ever documented Aubrey's degree of pelvic engagement or progress through the birth canal. At 4:34 p.m., the nurse noticed decelerations and called Dr. Rutledge to do a cervical exam. Burton 5/26/16 Depo. at 118. Dr. Rutledge arrived at 4:45 p.m., examined Chevanna, determined she was fully dilated and that Aubrey was in breech position. Chevanna will testify that Dr. Rutledge said he had previously thought Aubrey may be breech when he examined Chevanna, but now it was too late to proceed with a C-section. She will further testify that she was not informed of the risks and benefits of a vaginal versus a breech delivery.

Despite that an operating room at LRCH could be prepped for an emergency C-section within 12 minutes (*See* LCRH 30.02 Depo. through Rachel Manning at 13-14) and despite that operating rooms were then available (*id.*), Dr. Rutledge and the LCRH staff chose to proceed with an operative vaginal delivery of a breech infant. Dr. Rutledge had enough time to prepare and to leave the room to retrieve the Piper forceps. Nurse Burton had enough time to leave the room to get a nurse to assist her. LCRH nurses never advocated for a C-section or even questioned Dr. Rutledge's decisions, despite LCRH's own policies and procedures indicating that a vaginal delivery is contraindicated when an infant is presenting in a breech position. *See* MX 25.

Neither LCRH nor Dr. Rutledge arranged for backup to be present at or after delivery, so no specialists were on hand for Aubrey's delivery.

After Chevanna's initial push, and following delivery of the legs, trunk and abdomen, Aubrey's head was stuck in the birth canal, where it would remain stuck for three to four minutes. The umbilical cord had either ruptured or was occluded at this point. No one was directly next to Dr. Rutledge to assist with supporting the fetal body during delivery, a necessity when delivering a breech baby with Piper forceps. Dr. Rutledge proceeded to use Piper forceps, on his own, to complete delivery of Aubrey.

Aubrey was delivered at 5:08 p.m. Aubrey suffered a traumatic delivery, with numerous fractures, rupture of her umbilical cord, and a high cervical spinal cord disruption. Aubrey suffered bruising all over her body, including her genitalia, and swelling of her face with a right eye protrusion. Aubrey was severely depressed and hypoxic. She showed little in the way of spontaneous movements following birth.

Aubrey's APGAR scores at birth were 0, 1 and 1 at 1, 5 and 10 minutes respectively. No respirations were noted. Aubrey's heart rate dropped to 0 at 5:20 p.m. and returned to 30 at 5:24 p.m. and 70 at 5:25 p.m. There is no record of how much blood was lost as a result of the ruptured umbilical cord. Aubrey was given a blood transfusion.

According to the code sheet, CPR was initiated at 5:08 p.m. but a Code Blue was not called throughout the hospital until 5:19 p.m. Aubrey was not intubated until fifteen minutes after her birth. Other than the persons present at birth, Dr. Mohammad A. Yusuf, an emergency department physician, was the first responder to the overhead page, and the first additional doctor to report to the delivery room.

Dr. Yusuf intubated Aubrey at 5:23 p.m. with a 2.0 Endotracheal Tube ("ETT") – a tube too small for Aubrey – but it was apparently all that LCRH had available. *See* Yusuf Depo. at 78. Dr. Ruby, a primary care physician, Dr. Schuldeisz, an adult pulmonologist, and Dr. Farooqui, an anesthesiologist, also responded to the code, but they did not lay hands on Aubrey. Dr. Ricker, a pediatrician, arrived 20 minutes after Aubrey's delivery. By counsel's estimation, no specialist arrived to the room until at least twelve (12) minutes after Aubrey's birth.[1]

LCRH has an eight bed Level II NICU; it advertises that its nurses are certified in "neonatal resuscitation" and its website states that "Neonatology" is an offered service. No neonatologist was present at Aubrey's birth.

Aubrey was noted to have poor neurologic function with fixed and constricted pupils. Dr. Ricker's exam in the nursery noted a fractured right femur, right clavicle with marked swelling of the right femoral region and club foot on the left.

At 7:08 p.m., the UK transport team arrived and Aubrey was life-flighted to the UK HealthCare with a working diagnosis of hypoxic ischemic encephalopathy.

Resuscitative efforts were discontinued at 3:13 a.m. on August 7, 2014 and Aubrey was pronounced dead at 4:15 a.m., just 10 hours after birth. A full autopsy was performed at UK HealthCare which revealed no brain hemorrhaging, but extensive hemorrhaging of the lungs. The cause of death was determined to be

[1] Dr. Yusuf's time of arrival to the room is not documented. The Code Blue was called at 5:19 p.m. Dr. Yusuf testified he heard the code overhead and responded to the room within one or two minutes. Yusuf Depo. at 29.

hypoxia secondary to complications of forceps-assisted vaginal delivery for breech presentation.

EXPERT OPINIONS

Dr. Landon will testify that Defendant Dr. Rutledge and Defendant LCRH, through its staff, through its supervision of its staff, and through its enforcement of procedures, breached the standard of care to which Chevanna and Aubrey were entitled. Those actions were a substantial factor in causing injury to Aubrey and ultimately led to her untimely death.

Dr. Landon will testify that all physicians have a responsibility to provide care in a prudent and safe manner. This means that Dr. Rutledge, an obstetrician, must take reasonable steps to meet the standards of care expected of reasonably competent obstetricians. This includes informing himself and others of important clinical information and avoiding risk to the mother and the unborn baby whenever possible. Dr. Rutledge had this duty to the mothers who came to him for medical care, and to their unborn babies. He violated this responsibility in several particulars, including the following:

1. No record confirms Aubrey's vertex positioning since 9:00 a.m. The high station at that time with lack of pelvic engagement means that any presentation at 9:00 am could have changed.

2. It is an obstetrician's responsibility to confirm that baby's position whenever possible, and before labor progresses to the point that options for C-section delivery are no longer available. While the labor nurse and staff should have kept Dr. Rutledge informed of the progress of labor and the baby's presentation, this is also Dr. Rutledge's independent duty and his failure to do so is a clear breach of care.

3. If Dr. Rutledge suspected a breech at approximately 1:30 p.m., as Chevanna has testified he said he had, he should have ordered a bedside ultrasound. Not doing so is a breach of the standard of care.

4. At 4:45 p.m., Aubrey was NOT crowning and there was still time to schedule a C-section in a reasonably equipped hospital. LCRH has confirmed it had the ability to get the OR ready in well under 30 minutes. Dr. Rutledge could and should have had the OR prepared for a C-section delivery of Aubrey. The risks of an adverse outcome from a C-section are minimal compared to the risks of an adverse outcome from a vaginal delivery of a breech presenting baby. Roughly 90% of breech deliveries are performed by C-section due to the risks of a vaginal birth. Breech babies are at an increased risk of injury and a prolapsed umbilical cord, which cuts off the baby's blood supply. Dr. Rutledge breached the standard of care by unnecessarily proceeding with a vaginal delivery of a breech baby.

5. Dr. Rutledge should have discussed the risks and benefits of C-section versus vaginal delivery with the parents and given them the option of C-section. Obstetricians and hospitals providing obstetrical care have an obligation to provide mothers all information available to make an informed decision about their own care. Dr. Rutledge needed to discuss with Chevanna the risks and benefits of both a C-section and forceps-assisted vaginal delivery. The failure to do so is a breach of the standard of care.

6. Dr. Rutledge's experience in vaginal breech deliveries has yet to be documented. The high cervical injury and multiple fractures attest to a lack of either experience or skill in delivering a breech presentation. It is a clear breach of the standard of care to deliver a baby vaginally without adequate experience or enough skill to do so.

7. A vaginal breech delivery requires, at a minimum, another competent physician or senior nurse to directly assist with the delivery. Preferably, an obstetrician, anesthesiologist, and a pediatrician should be present for a vaginal breech delivery. Dr. Rutledge failed to call a single physician to assist him with the delivery of Aubrey in this emergent situation. Dr. Rutledge failed to call a single physician to assist Aubrey if her delivery presented complications, as it did. This failure to both get assistance and to prepare for potential life-saving measures needed after delivery is a clear breach of the standard of care.

Despite Dr. Rutledge's assertion that this was an easy delivery, the rupture of the umbilical cord at skin level indicates otherwise. Pressure was put on the

umbilical cord which decreased the flow of blood and oxygen through the cord to Aubrey. Then, to make matters worse, the ruptured cord did not get clamped quickly and Aubrey exsanguinated – losing blood to a degree sufficient in and of itself to cause death. The absence of physicians immediately present to care for Aubrey, while Dr. Rutledge's responsibility, is also and primarily LCRH's responsibility. Dr. Landon will testify that hospitals like LCRH which hold themselves out to the community as providing care to mothers and children have a responsibility to provide that care and in a prudent and safe manner. LCRH must take reasonable steps to meet the standards of care expected of hospitals providing obstetrical services. LCRH had this duty to the mothers who came to it for medical care, and to their unborn babies. LCRH violated this responsibility in several particulars, including the following:

1. LCRH staff ignored information from the patient, according to her testimony, that would have alerted them to the specific importance in this case of monitoring Aubrey's position.

2. LCRH staff always has the responsibility of monitoring, observing, assessing and documenting the patient's progress through labor, including the baby's position. If the entry "VTX" was contemporaneous with a 9:00 a.m. observation and assessment by Dr. Rutledge, somewhere between then and Dr. Rutledge's arrival at bedside at 4:45 p.m., Aubrey's position became breech, yet this is never observed, assessed or communicated. This is a clear breach of the standard of care.

3. LCRH staff failed to alert Dr. Rutledge to come see Chevanna until she was almost crowning. This deprives the obstetrician of the opportunity to carefully assess and plan steps needed for safety of mother and child. This is a clear breach of the standard of care.

4. LCRH staff had a duty to protect both Chevanna and Aubrey, and its failure to advocate that Dr. Rutledge refrain from a breech vaginal delivery (*see* contradiction established by policy on Operative Vaginal

Delivery, MX 25) and their failure to invoke the chain of command is a clear breach of those duties.

5. LCRH's failure to have any method to enforce the policies and procedures outlined in its policy regarding Operative Vaginal Delivery, specifically the contraindication of use of forceps with a breech presentation, (*see* MX 25) is a clear breach of its duty.

6. LCRH should have had a fully equipped and prepared neonatology team present in the room at Aubrey's delivery. LCRH held itself out as a Level IIB NICU nursery and as the primary provider of obstetric and gynecological services in the region. *See* MX 31. It is a clear breach of the standard of care for LCRH not to have and enforce a process by which its staff ensures that these life-saving measures, known before Aubrey's delivery to potentially be required, are available.

Dr. Landon will testify that Aubrey was an otherwise healthy baby who suffered a traumatic delivery due to choices made by her care-providers, and all of which could have been avoided with reasonable care. Aubrey was within normal weight perimeters upon birth. Her amniotic fluid was normal.

It is Dr. Landon's opinion that Defendants, Dr. Rutledge, his practice group, and LCRH, failed to provide Chevanna and Aubrey Walker with the standard of care to which each was entitled, that they failed to take reasonable steps expected from competent obstetricians, medical practices, and hospitals, under facts and circumstances similar to those presented in this case, and that certain of those actions were clear breaches of reasonable care. It is Dr. Landon's opinion that such failures were individually and aggregately substantial factors in causing injury, resulting in death, to Aubrey Walker. It is further Dr. Landon's opinion that the clear violations of care are egregious, and amount to gross negligence in terms of the degree of deviation from expected and required behavior of reasonably competent obstetricians and hospitals.

Plaintiffs reserve the right to modify or supplement the foregoing disclosure consistent with the development of the evidence in this case and/or as necessary to respond to expert testimony to be offered by Defendants.

Respectfully submitted,

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CERTIFICATE OF SERVICE

The above signature certifies that, on June 27, 2019, the foregoing was electronically filed with the Clerk of Court using the KCOJ e-filing system and was served via email in accordance with any notice of electronic service or, in the absence of an electronic notification address, via email or mail as indicated below, to:

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Clayton L. Robinson, Esq.

CURRICULUM VITAE

Mark Bruce Landon, M.D.

Home Address:	500 S. Parkview Avenue, #408 Columbus, Ohio 43209
Office Address:	Ohio State University College of Medicine Department of Obstetrics and Gynecology 395 W 12th Avenue, 5th Floor Columbus, Ohio 43210
Date of Birth:	February 3, 1955
Place of Birth:	New York City, New York
Marital Status:	Married, Jane Ann Landon Children, Hillary and Rebecca

Education:

1972-75	A.B. University of Pennsylvania Philadelphia, PA Magna Cum Laude
1976-80	M.D. Cornell University Medical College New York, NY

Postgraduate Training and Fellowship Appointments:

1980-81	Intern in Obstetrics and Gynecology, Hospital of the University of Pennsylvania, Philadelphia, PA
1981-83	Resident in Obstetrics and Gynecology, Hospital of the University of Pennsylvania, Philadelphia, PA
1983-84	Chief Resident in Obstetrics and Gynecology, Hospital of the University of Pennsylvania, Philadelphia, PA
1984-86	Fellow in Maternal-Fetal Medicine, Department of Obstetrics and Gynecology, Hospital of the University Of Pennsylvania, Philadelphia, PA

Military Service: None

Faculty Appointments:

1981-1984	Assistant Instructor, Department of Obstetrics and Gynecology, University of Pennsylvania School of Medicine, Philadelphia, PA

1984-1986	Postdoctoral Fellow in Maternal-Fetal Medicine, Department of Obstetrics and Gynecology, University of Pennsylvania School of Medicine, Philadelphia, PA
1986-1987	Assistant Professor of Obstetrics and Gynecology, University of Pennsylvania School of Medicine, Philadelphia, PA
1987-1993	Assistant Professor of Obstetrics and Gynecology, Director, Diabetes in Pregnancy Program, Ohio State University College of Medicine, Columbus, Ohio
1993- 2000	Associate Professor of Obstetrics and Gynecology, Director, Diabetes in Pregnancy Program, Ohio State University College of Medicine, Columbus, Ohio
1997-2009	Vice Chair, Department of Obstetrics and Gynecology, The Ohio State University, College of Medicine and Public Health, Columbus, Ohio
2000-present	Professor of Obstetrics and Gynecology, Director, Diabetes in Pregnancy Program, The Ohio State University College of Medicine and Public Health, Columbus, Ohio
2002-Sept 1, 2011	Director, Division of Maternal-Fetal Medicine Clinical Chief of Obstetrics, The Ohio State University, College of Medicine and Public Health, Columbus, Ohio
July 1, 2009-2010	Interim Chair, Department of Obstetrics and Gynecology, The Ohio State University College of Medicine, Columbus, Ohio
July 14, 2010-present	Richard L. Meiling Professor and Chair, Department of Obstetrics and Gynecology, The Ohio State University College of Medicine, Columbus, Ohio

Specialty Certification:
Board Certified, American Board of Obstetrics and Gynecology (Since 1987)
Board Certified, Maternal-Fetal Medicine (Since 1988 – recertifies annually)

Licensure:
Ohio M.D. 35055363 (Since1987)

Academic Awards and Honors:
1972 Premedical Honor Society, University of Pennsylvania
1978 David Barr Summer Research Fellowship
1979 Alpha Omega Alpha, President, Cornell University Medical College
2000-2009 Best Obstetricians in Columbus, Ohio (Columbus Monthly Magazine)
2002-2016 Best Doctors in America (www.bestdoctors.com)

2006-2018 Best Obstetricians in Columbus, Ohio (Columbus Monthly Magazine)

Memberships in Professional and Scientific Societies:
American College of Obstetrics and Gynecology, Fellow
Society for Maternal Fetal Medicine
Board of Directors, Society for Maternal Fetal Medicine, 2006
The American Board of Obstetrics and Gynecology (Examiner)
The American Board of Obstetrics and Gynecology, Maternal-Fetal Medicine Division (Examiner)
Society of Perinatal Obstetricians
Society for Gynecologic Investigation
Professional Section, American Diabetes Association
Council on Diabetes in Pregnancy, American Diabetes Association
Columbus Obstetrical Society
American Institute of Ultrasound in Medicine
American Gynecological and Obstetrical Society, April 2010 (AGOS)
The Council of University Chairs of Obstetrics and Gynecology (CUCOG)

Editorial Positions
Associate Editor, Obstetrics and Gynecology Report (1988-1990)

Guest Editor, Clinics in Perinatology, issue devoted to Diabetes in Pregnancy, W. B. Saunders Co, September 1993.

Associate Editor, 5th Edition (Gabbe SG, Niebyl JR, Simpson JL edts), Obstetrics: Normal and Problem Pregnancies, Churchill Livingston /Elsevier, 2007.

Editor, 6th Edition (Gabbe SG, Niebyl JR, Simpson JL edts), Obstetrics: Normal and Problem Pregnancies, Churchill Livingston /Elsevier, 2012.

Editor, Clinical Obstetrics and Gynecology. December 2013, Vol 56, Number 4.

Editor, 7th Edition (Gabbe SG, Niebyl JR, Simpson JL edts), Obstetrics: Normal and Problem Pregnancies, Churchill Livingston /Elsevier, 2016.

Research Grants
Bremer Award, **Obesity and Glucose Tolerance During Normal Pregnancy**, Principal Investigator: Mark B. Landon, M.D., 1988, $7,500.

Diabetes Treatment Centers of America, **Doppler Umbilical and Uterine Artery Studies in Diabetic Pregnancy**, Co-Investigator: Mark B. Landon, M.D., 1987-88, $15,000.

Department of Health, State of Ohio, **Diabetes and Pregnancy Education Project Grant**, Principal Investigator: Mark B. Landon, M.D., $10,000.

Diabetes Research and Education Foundation, **Epidermal Growth Factor and Insulin receptor Expression in Placentae from Pregnancies Complicated by Maternal Diabetes Mellitus**, Principal Investigator: Douglas Kniss, Ph.D., Co-Principal Investigator: Mark B. Landon, M.D., 1990, $20,000.

March of Dimes, **Epidermal Growth Factor and Insulin Receptor Expression in Placentae from Pregnancies Complicated by Maternal Diabetes Mellitus**, Principal Investigator: Douglas Kniss, Ph.D., Co-Principal Investigator: Mark B. Landon, M.D., 1990, $5000.

American Diabetes Association, Ohio Affiliate, Inc., **Placental Insulin-Like Growth Factor Receptors in Pregnancies Complicated by Maternal Diabetes Mellitus,** Principal Investigator: Douglas Kniss, Ph.D., Co-Investigator: Mark B. Landon, M.D., 1990, $10,000.

Davis Endowment Fund, **Insulin and Insulin-Like Growth Factors in Diabetic Pregnancy,** Principal Investigator: Mark B. Landon, M.D., 1991, $18,000.

National Institutes of Child Health and Human Development, **Multicenter Network of Maternal-Fetal Medicine Units**, Co-Principal Investigator: Mark B. Landon, M.D., 1992-1996, $2,254,421.

Bristol-Myers Squibb, **Diabetes and Pregnancy Education** Grant, Principal Investigator: Mark B. Landon, M.D., 1994, $10,000.

National Institutes of Child Health and Human Development, **Multicenter Network of Maternal-Fetal Medicine Units**, Co-Principal Investigator: Mark B. Landon, M.D., 1996-2001, $2,511,200.

The March of Dimes-Central Ohio Chapter, **Improving Prenatal Compliance and Outcomes for the Pregnant Diabetic Mother and her Baby.** Principal Investigator: Mark B. Landon, M.D. and Leandro Cordero, M.D., 2000-2001, $10,000.

The March of Dimes-Central Ohio Chapter, **Improving Prenatal Compliance and Outcomes for the Pregnant Diabetic Mother and her Baby.** Principal Investigator: Mark B. Landon, M.D. and Leandro Cordero, M.D., 2001-2002, $10,000.

Coalition Against Family Violence, **Project SAFE**. Principal Investigator: Mark B. Landon, M.D. 2000-current, $30,000/annually.

National Institutes of Child Health and Human Development, **Multicenter Network of Maternal-Fetal Medicine Units**. Co-principal Investigator: Mark B. Landon, M.D. 2001-2011 (#HD27915). $1,611.430.

AHRQ, PI: Cynthia Shellhaas. **Developing a plan to address maternal mortality and disparities in Ohio**. Co-PI: Mark B. Landon MD & Courtney Lynch. (Project #60025539/GRT00019463). $187,437.

<u>Ongoing Research Support</u>

R01HD086139 (PI: Boggess) 09/23/2016-06/30/2021

Univ. of North Carolina (Prime: NIH)
Medical optimization & management of pregnancies with overt Type 2 diabetes (MOMPOD)

The objective of this project is to study the efficacy and safety of adjuvant metformin for treatment of T2DM among pregnant women receiving insulin therapy. Our central hypothesis is that compared to insulin alone, insulin plus metformin will result in improved neonatal outcomes.
Role: Co-Investigator

ODM201802 (PI: Chichka)
07/05/2017 - 06/30/2019
Ohio Dept of Medicaid
Ohio Gestational Diabetes postpartum care learning collaborative
The objective is to reduce Type 2 Diabetes among Medicaid women diagnosed with Gestational Diabetes Mellitus during pregnancy by improving screening and subsequent treatment postpartum.
Role: Co-Investigator

TCFSHPROJECTSAFE (PI: Landon) 01/01/2010-12/31/2019

Center for Family Safety and Healing
Project SAFE
The objective is to identify issues and opportunities for family violence prevention and intervention in Central Ohio ob-gyn settings.
Role: PI

Committees
Introduction to Clinical Medicine Committee, The Ohio State University College of Medicine 1988 - 1995.

Department of Psychiatry Search Committee, Professor of Human Sexuality, The Ohio State University College of Medicine, 1988 -1989.

Department of Obstetrics and Gynecology, Clinical Quality/Patient Safety Committee, Representative for Ob/Gyn, The Ohio State University Hospitals, 1989-2014.

Department of Obstetrics and Gynecology, Chairman, CQMC, 1994-2014.

Rhesus Isoimmunization Committee, The Ohio State University Hospitals, 1987 - 2010.

Prenatal Diagnosis Committee, The Ohio State University Hospitals, 1987 – 2010.

Pharmacy and Therapeutic Formulary Subcommittee, The Ohio State University Hospitals, 1990 - 1995.

Ancillary Blood Bedside Glucose Testing Task Force (ABGT), The Ohio State University Hospitals, 1992 to 2001.

Faculty Council, The Ohio State College of Medicine, 1995-2001.

Executive Curriculum Committee, College of Medicine, 1998-2002.

Space and Facilities Committee, Chair, College of Medicine January 2000-2003.

Appointment, Promotion and Tenure Advisory Committee (3 year commitment), College of Medicine and Public Health July 2001-2004.

OSUP Finance Committee, 2003-2004.

Managed Health Care Systems Advisory Board, The Ohio State University Health Systems, 2004-2010.

Dept of Ob/Gyn Appointment, Promotions and Tenure Committee, 2006-2010.

Search Committee, Chair of Pediatrics, The Ohio State University College of Medicine, 2006.

Member, Women's Health Care Steering Committee, The Ohio State University, College of Medicine, January 2007-2010.

Member, MHCS Medical Advisory Board, The Ohio State University, January 2006-2010.

Corporate Credentials Committee and James Medical Staff Administration Committee. April 2007-March 2009.

OSUP/FGP Board Meeting, 7/2010-present.

College of Medicine Council, 7/2010-present.

Medical Staff Administration Committee, 7/2010-present.

<u>Scientific Reviewer for Journals:</u>
Obstetrics and Gynecology
2008-Identified in the top 10% of reviewers
American Journal of Obstetrics and Gynecology
American Journal of Perinatology
Diabetes Care
Lancet
New England Journal of Medicine
Journal of the American Medical Association

<u>Administrative Posts</u>
Member, State of Ohio Diabetes Task Force, 1991 to present

Chairperson, State of Ohio Diabetes Task Force, Pregnancy Subcommittee, 1991 to present

Member, Board of Directors, American Diabetes Association, Ohio Affiliate, 1992 to 1995

President, American Diabetes Association, Ohio Affiliate, 1994-1995.

Chair, Education Committee, American Diabetes Association, Ohio Affiliate, 1992 to 1993.

Columbus Obstetrical and Gynecologic Society, Program Chairman, 1994-95

Columbus Obstetrical and Gynecologic Society, Treasurer 1995-1996.

Columbus Obstetrical and Gynecologic Society, Vice President 1996-1997.

Columbus Obstetrical and Gynecologic Society, President 1997-1998.

Society for Maternal Fetal Medicine Board of Directors, February 2006-2008

Bibliography: Attached

Bibliography

1. Kourides IA, Landon MB, Hoffman BJ, Weintraub, BD: Excess free alpha relative to beta subunits of the glycoprotein hormones in normal and abnormal pituitary glands. Clin. Endocrin. 1980;12:407.

2. Kourides IA, Landon MB, Hoffman JB: Difference in glycosylation between secreted and free pituitary alpha subunit of the glycoprotein hormones. J Clin. Endocrin Metab. 1980;51:1372.

3. Landon, MB, Gabbe SG: Antepartum surveillance in gestational diabetes. Diabetes 1085;34:50.

4. Landon MB, Cembrowski GC, Gabbe SG. Capillary blood glucose screening for gestational diabetes: A preliminary investigation. Am J Obstet Gynecol 1986;155:617.

5. Ludmir J, Main DM, Landon MB, Gabbe SG. Maternal acetaminophen overdose at 15 weeks gestation. Obstet Gynecol 1986;67:750.

6. Landon MB, Gabbe SG, Piana R, Mennuti MT, Main EK. Neonatal morbidity in pregnancy complicated by diabetes mellitus: Predictive value of maternal glycemia profiles. Am J Obstet Gynecol 1987;156:1089.

7. Landon MB, Soloway RD, Freedman LJ, Gabbe SG. Primary sclerosing cholangitis and pregnancy. Obstet Gynecol 1987;69:457.

8. Samuels P, Driscoll D, Landon MB, Ludmir J, Gabbe SG, Mennuti MT. Cerebrospinal fluid shunts in pregnancy: Report of two cases and review of the literature. Am J Perinatal 1988;5:22.

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