

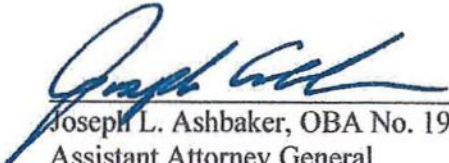
4. The medical records for both the mother (Patient S.M.) and infant were requested from Hillcrest on July 7, 2020. A review of the records in the case reveal numerous failures on the part of Defendant.
5. Many negligent and grossly negligent actions were committed by Defendant in the obstetrical care rendered to patient S.M. leading to the severe neurologic injury sustained by her female infant at birth. These included, but were not limited to:
 - a. Lack of understanding of the severity that the diagnosis of oligohydramnios can entail as witnessed by not performing the appropriate evaluation of fetal status prior to induction, not consulting a Maternal Fetal Medicine sub specialist to evaluate the condition and make a recommendation for a delivery plan;
 - b. Failure to conduct an efficient induction to delivery time by failing to rupture membranes when it was clearly possible and save, perhaps, 10 hours of labor time and stress on the baby;
 - c. Failed to utilize a fetal scalp electrode to best measure FHR variability and periodicity of FHR changes in relation to contraction pattern;
 - d. Reckless use of High Dose Pitocin administration when not warranted and not knowing the fetal condition accurately when ordering it;
 - e. Poor communication with obstetrical team and lack of diligence in response to situations that arose during labor on day number three;
 - f. Kept insufficient records that do not give the impression of full transparency or clear communication to the obstetrical team.
6. Patient S.M. was discharged to home on postpartum day number three, June 6, 2016. Subsequently, Patient S.M. presented to Defendant's office complaining of fever and chills and was told that she had breast engorgement and was instructed to pump her breasts without a thorough evaluation for infection. She continued to experience fever and chills through the next day with a recorded fever as high as 108 degrees Fahrenheit. She called Defendant's office and was told to go to the emergency room for evaluation. Upon presentation to the emergency room at Hillcrest Hospital on June 9, 2016, she was diagnosed with severe sepsis due to postpartum endometritis with pyelonephritis. She was admitted to the ICU for antibiotic therapy and proper resuscitation for sepsis. The attending admitting physician had to consult Dr. Whitham, one of Defendant's partners, about her history given that Defendant had left town.
7. Infant female was in the Hillcrest Hospital NICU from day of delivery, June 3, 2016, until being transferred to the St. John's Hospital NICU for gastric tube placement and feedings on July 10, 2016. She was diagnosed with basal ganglia and thalamic ischemia, oromotor dysfunction, hypotonia, and seizures secondary to Hypoxic Ischemic Encephalopathy at birth. Her NICU stay was turbulent during cooling therapy,

experiencing apnea and intubation, disseminated intravascular coagulopathy and antibiotic therapy since her mother was treated for sepsis.

8. Board staff sent the medical records for both mother and baby for expert review. Robert Kern, M.D. reviewed the records and concluded that Defendant's medical care in this case fell below the minimum standard of care and constituted gross negligence.
9. Based on the foregoing, the Defendant is guilty of unprofessional conduct as follows:
 - a. The inability to practice medicine with reasonable skill and safety to patients by reason of age, illness, drunkenness, excessive use of drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition. In enforcing this section the State Board of Medical Licensure and Supervision may, upon probable cause, request a physician to submit to a mental or physical examination by physicians designated by it. If the physician refuses to submit to the examination, the Board shall issue an order requiring the physician to show cause why the physician will not submit to the examination and shall schedule a hearing on the order within thirty (30) days after notice is served on the physician, exclusive of the day of service. The physician shall be notified by either personal service or by certified mail with return receipt requested. At the hearing, the physician and the physician's attorney are entitled to present any testimony and other evidence to show why the physician should not be required to submit to the examination. After a complete hearing, the Board shall issue an order either requiring the physician to submit to the examination or withdrawing the request for examination. The medical license of a physician ordered to submit for examination may be suspended until the results of the examination are received and reviewed by the Board in violation of 59 O.S. § 509(15); and
 - b. Gross or repeated negligence in the practice of medicine and surgery in violation of OAC 435:10-7-4(15); and
 - c. Practice or other behavior that demonstrates an incapacity or incompetence to practice medicine and surgery in violation of OAC 435:10-7-4(18); and
 - d. Any adverse judgment, award, or settlement, or award arising from a medical liability claim related to acts or conduct similar to acts or conduct that would constitute grounds for action as defined in this section in violation of OAC 435:10-7-4(34).

CONCLUSION


Given the foregoing, the undersigned requests the Board conduct a hearing, and, upon proof of the allegations contained herein, impose such disciplinary action as authorized by law, up to and including suspension or revocation and any other appropriate action with respect to the Defendant's professional license, including an assessment of costs and attorney's fees incurred in this action as provided by law.


Joseph L. Ashbaker, OBA No. 19395
Assistant Attorney General
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION
313 N.E. 21st Street
Oklahoma City, Oklahoma 73105
405/962.1400
405/962.1499 – Facsimile

VERIFICATION

I, Robbin Roberts, under penalty of perjury, under the laws of the State of Oklahoma, state as follows:

1. I have read the above Complaint regarding the Defendant, Monique Modest-Mckoy, M.D.; and
2. The factual statements contained therein are true and correct to the best of my knowledge and belief.



Robbin Roberts, Investigator
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION

Date: 1-13-22
Oklahoma