

BEFORE THE
NORTH CAROLINA MEDICAL BOARD

In re:)
)
Susan L. Alberto, M.D.,) CONSENT ORDER
)
Respondent.)

This matter is before the North Carolina Medical Board ("Board") regarding information provided to the Board concerning Susan L. Alberto, M.D. ("Dr. Alberto"). Dr. Alberto makes the following admissions, and the Board makes the following findings and conclusions:

STATUTORY AUTHORITY

The Board is a body duly organized under the laws of North Carolina and is the proper party to bring this proceeding under the authority granted to it in Article 1 of Chapter 90 of the North Carolina General Statutes and the rules and regulations promulgated thereto.

FINDINGS OF FACT

Dr. Alberto was first issued a license to practice medicine by the Board on or about March 25, 1995, license number 9500440.

At all times relevant hereto, Dr. Alberto practiced Obstetrics and Gynecology in Greensboro, North Carolina.

Patient A, a twenty-eight-year-old female with history of a prior cesarean section, presented to A Woman's Choice ("AWC") Clinic in Greensboro, NC for an elective abortion. The ultrasound performed at AWC confirmed her pregnancy to be 19.5 weeks and an abortion by dilation and extraction was performed. Patient A tolerated the procedure and was discharged in stable condition. Nearly three hours after discharge, Patient A was transported by ambulance to Moses Cone Hospital ("Cone Hospital") due to syncope. She presented anemic, unconscious, with vaginal bleeding. Her hemoglobin was 6.2 grams per deciliter. Patient A was taken to the operating room and underwent a complete abdominal hysterectomy, left salpingo-oophorectomy and right salpingo-oophorectomy. An operative note from the hysterectomy indicated Patient A had an 8-9 cm laceration extending from the cervix to the mid-left lateral side of the uterus into the left broad ligament from the dilation and extraction procedure. The operative note further indicated that 1800 ml of blood was removed from the patient's abdomen.

Patient B, a forty-one-year-old female with history of a prior cesarean section, presented to AWC for an elective termination of pregnancy. The ultrasound performed at AWC confirmed her pregnancy to be 18-19 weeks and an abortion by dilation and extraction was performed. During the procedure, Dr. Alberto noted she was unable to safely complete the procedure and an ambulance was contacted.

Patient B was transferred to Cone Hospital. The attending physician noted a cervical laceration from the dilation and extraction and repaired the same while completing the dilation and extraction at the hospital.

Dr. Alberto's treatment of Patients A and B fell below the standard of care necessary for second trimester abortions. Dr. Alberto reports that Patient B had an asymptomatic laceration that occurred during the patient's procedure, a known possible complication. Dr. Alberto recorded in her note that Patient B was unable to stay motionless which is a requirement for safely performing the procedure, and therefore Patient B was transferred to the hospital in a stable condition. Both patients were at increased risks due to placental location and consideration should have been given to performing these procedures in a hospital setting.

Additionally, in the case of Patient A, a 30-minute post-procedure recovery time may have been inappropriate in light of what occurred after her discharge from the clinic. Patient A was stable throughout her stay, with stable vitals, and Dr. Alberto reports that she observed no evidence of excessive vaginal bleeding. At many clinics, it is standard to observe a patient for at least 60-90 minutes before discharge following a surgical procedure unless a patient decides to leave against medical advice.

Patient C, a 45-year-old female, presented to AWC in June 2020 for elective termination of pregnancy. An ultrasound confirmed an intrauterine pregnancy at 19 weeks gestation.

Dr. Alberto claims that the clinic's staff ignored her protocol and administered misoprostol without her knowledge. On arrival to the clinic, a pelvic exam was performed, and fibroids were immediately noted on the exam. The patient was advised of the issue faced after administration of misoprostol. Options were reviewed, including the option of proceeding in the office with a potential transfer to the hospital if the procedure could not be completed safely. The patient was also given the option of immediate transfer to the hospital or referral to a clinic that specialized in those types of clinical scenarios. The patient reviewed the options and chose to proceed with the termination with Dr. Alberto. Dr. Alberto placed the Dilipan transcervically (dehydrated thin sterile seaweed rolls placed into the cervix to achieve dilation by hydrostatic forces) to facilitate the dilation and extraction procedure. Dr. Alberto was unable to complete the procedure and Patient C was transferred to the hospital in stable condition. The attending physician completed the termination with a prolonged misoprostol medical induction. On the third day in the hospital, the fetus was delivered, and the placenta removed by dilation and extraction.

Patient C was not a suitable candidate for outpatient procedure and should have been referred for a medical induction at a hospital.

Patient D, a 31-year-old female, presented to AWC in June 2022 for an elective termination of pregnancy. An ultrasound determined gestational age to be at 8.5 weeks. Patient D was advised to do a pill procedure, but the patient refused. Dr. Alberto indicated in her procedural note that based on the post-procedure ultrasound, "it looked like enough POC (products of conception) was removed to confirm." Dr. Alberto states that she advised Patient D to follow up at the clinic one week post procedure to verify the procedure was successful, but Patient did not do so. Subsequently, Patient D presented to the hospital with vaginal bleeding where an ultrasound revealed a viable 10-week gestation intrauterine pregnancy.

Dr. Alberto reports that the amount of POC removed was in the expected range. However, Dr. Alberto's care nonetheless fell below the standard because Dr. Alberto failed to confirm the effectiveness of the procedure.

CONCLUSIONS OF LAW

Dr. Alberto's conduct, as described above, constitutes a departure from, or the failure to conform to the standards of acceptable and prevailing medical practice, within the meaning of N.C. Gen. Stat. § 90-14(a)(6) which is grounds under that section

of the North Carolina General Statutes for the Board to annul, suspend, revoke, condition, or limit Dr. Alberto's license to practice medicine or to deny any application she may make in the future.

PROCEDURAL STIPULATIONS

Dr. Alberto acknowledges and agrees that the Board has jurisdiction over her and over the subject matter of this case.

Dr. Alberto knowingly waives her right to any hearing and to any judicial review or appeal in this case.

Dr. Alberto, with the advice of legal counsel, acknowledges that she has read and understands this Consent Order and enters into it voluntarily.

Dr. Alberto desires to resolve this matter without the need for more formal proceedings.

The Board has determined that it is in the public interest to resolve this case as set forth below.

ORDER

NOW, THEREFORE, with Dr. Alberto's consent, it is ORDERED that:

1. Dr. Alberto is hereby REPRIMANDED.
2. Dr. Alberto shall no longer perform surgical abortions.

Dr. Alberto may petition the Board from relief of this condition at any time. If, and when, petitioning the Board for relief of this condition, Dr. Alberto shall submit a monitoring plan with a

system of periodic chart reviews to assure her competency and safety to perform surgical terminations. Initial monitoring shall take place for a minimum of three (3) months after which the Board will determine whether any further period of monitoring is required. The Board retains absolute discretion to allow or deny any petition for relief.

3. Dr. Alberto shall meet with the Board or members of the Board for an investigative interview at such times as requested by the Board.

4. Upon request, Dr. Alberto shall provide the Board with any information the Board deems necessary to verify compliance with the terms and conditions of this Consent Order.

5. If Dr. Alberto fails to comply with any of the terms of this Consent Order, that failure shall constitute unprofessional conduct within the meaning of N.C. Gen. Stat. § 90-14(a)(6) and shall be grounds, after any required notice and hearing, for the Board to annul, suspend or revoke her license to practice medicine and to deny any application she might make in the future or then have pending for a license to practice medicine.

6. This Consent Order shall take effect immediately upon its execution by both Dr. Alberto and the Board, and it shall continue in effect until specifically ordered otherwise by the Board.

7. Dr. Alberto hereby waives any requirement under any law or rule that this Consent Order be served on her.

8. Upon execution by Dr. Alberto and the Board, this Consent Order shall become a public record within the meaning of Chapter 132 of the North Carolina General Statutes and shall be subject to public inspection and dissemination pursuant to the provisions thereof. Additionally, it will be reported to persons, entities, agencies and clearinghouses as required and permitted by law including, but not limited to, the Federation of State Medical Boards and the National Practitioner Data Bank.

By Order of the North Carolina Medical Board this the 30th day of January, 2023.

NORTH CAROLINA MEDICAL BOARD

By:



Michaux R. Kilpatrick, M.D., Ph.D.
President

Consented to this the 27th day of January, 2023.

Susan L. Alberto
Susan L. Alberto, M.D.

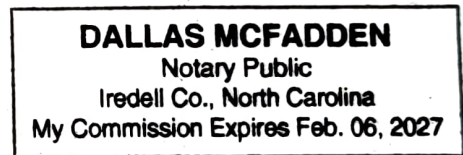
State of North Carolina

County of Iredell

I, Dallas McFadden, do hereby certify that Susan L. Alberto, M.D. personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this the 27th day of January, 2023.

Dallas McF
Notary Public



(Official Seal)

My Commission Expires: Feb 06 2027