

Dying to Have a Baby

DYING
TO HAVE A
BABY



A TRUE STORY

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CAMINO BOOKS, INC.

Philadelphia

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The following story is true. It is based on official documents, trial transcripts, and interviews with those who were involved.

CHAPTER 1



Tiebreaker

TONY MATTEO WOULD HAVE to trust someone he had never met before, and a lawyer at that.

He had already been to see two other attorneys, and they had given him two precisely opposite opinions. One said that Tony's case was a "slam dunk," a sure thing. All he had to do was file suit and the defendants would capitulate, paying a hefty settlement soon afterward. The second lawyer, a Philadelphia legal legend, had declared Tony's claim a certain loser, a defense verdict waiting to happen.

So Tony and his father-in-law, Bill Wester, had come to tell their story one more time, to one more lawyer. The lawyer's firm was only a few years old, but it had grown quickly in size and reputation. He had been on the TV news fairly often, usually after winning a big verdict.

Tony knew that the fate of his case would rest in this attorney's hands. He would either find the tragedy that had occurred worthy of bringing before a jury or advise that Tony should just give up and go home. Either way, Tony had made up his mind that this visit would be the tiebreaker, that he would live with whatever answer he got.

As he sat in the waiting room, which featured a fairly austere grouping of four black leather chairs on a beige area rug with a receptionist sitting nearby, Tony tilted his head back and thought about all that had happened, his memory running through the series of bizarre events as though they had just occurred, events that had so drastically, and terribly, altered his life.

CHAPTER 2



A Bad Feeling

December 29, 1995

10 a.m. More than a year after the first in-vitro fertilization they hoped would lead to a pregnancy and a child, Tony and Suzanne climb into Tony's black BMW for the drive to the offices of Dr. Ahmad Nazari for a third egg retrieval procedure. The ride this time is a little different from the others, lacking the buoyancy and optimism of their first two trips, for which they have nothing to show.

"What's up?" Tony asks, peering at his wife, whose pretty, freckled face belies her age, 37.

"What?"

"You're so quiet. You don't feel well?"

"I'm OK."

"Then what?"

"I don't know, I just have a really bad feeling."

"What do you mean?"

"Just a bad feeling in my gut. Just a bad feeling, you know?"

"You want to call it off? If you don't feel right, we'll just bag it, do it another time."

"No," Suzanne says, "We've got to get this done."

The brief conversation would remain etched in Tony's mind. Years later he would recall it with clarity. Years later he would remark that Suzanne had been born on a Friday the 13th, and he'd say, "You go back and think, do people really have a sixth sense? Did she know something bad was going to happen?"

THE IRONY WAS not lost on them. Tony and Suzanne Matteo were both doctors, OB/GYNs who had helped thousands of women deliver babies. Now, having a child of their own was proving elusive. Suzanne had always wanted children, but nature had rebuffed her. Nothing seemed

to be working, and time was a foe. Suzanne had begun to feel desperate, her anxiety growing with every passing, unsuccessful month.

Suzanne was determined, though. She would do whatever it took to get pregnant and carry to term. She would avail herself of the latest that science and technology had to offer. She had started by seeing a former colleague, Dr. Kosrow Nowroozi, who had prescribed fertility drugs. The injections of Pergonal had helped her ovaries to work better, releasing more eggs. Suzanne did get pregnant—twice, in fact. But one pregnancy resulted in a miscarriage, and the second was an ectopic, or tubal, pregnancy. That necessitated having the fetus surgically removed, an unpleasant experience both physically and emotionally.

After more “failures,” Suzanne tried not to take her difficulties personally and told herself it wasn’t her fault. After all, some 6 million Americans experienced infertility. The Matteos decided to try in-vitro fertilization. Nowroozi advised them to hold off, saying that the problem lay not in producing an embryo so much as in getting Suzanne’s uterus to retain one. But Suzanne was through with waiting.

In-vitro fertilization sounded simple: a woman, often one who had blockages in the fallopian tubes that carried sperm to egg, would have her eggs fertilized outside the body, and the fertilized egg, or embryo, would then be transferred back into the woman. Since 1978, when the first in-vitro fertilization, or IVF, baby was born, in England, the procedure had become fairly common, with nearly 11,000 babies born in the United States using IVF by 1994, the year Suzanne first started with the procedure. (By mid-2012 the number of babies born using IVF worldwide would surpass 5 million, with the procedure accounting for roughly one in every 100 births in the United States. And the fertility business would grow to a billion-dollar industry.)

But IVF was anything but simple or easy. Because numerous eggs had to be produced, drugs were generally required, administered with a daily shot or shots. Eggs had to be harvested at just the right time, requiring a regimen of blood work and testing, not to mention frequent trips to the doctor’s office. To remove the eggs, surgery was required. Patients had to check any notions of privacy and vanity at the doctor’s door. (Husbands, in a more minor role, also had to give “samples” to check their sperm counts and motility and, later, provide “donations” for fertilization.) The whole process could be dehumanizing. Certainly, there was no romance to it. And more often than not, IVF ended in failure. Suzanne knew all this, and she still wanted to do it. She was ready and willing.

She enlisted two doctors to whom she had occasionally referred her own patients. They were Ahmad Nazari and Jerome Check, who had their own practice as fertility specialists. Nazari had been a partner for some time, then worked as an employee for Check, who owned the various facets of the extensive baby-making business, from real estate and several offices to ultrasound and laboratory facilities. Check was well known in the fertility field, even famous. He helped women who were “problem cases,” for whom nothing else had worked. Check had seen patients not only from throughout the United States but also from all over the world. He eagerly recommended IVF for Suzanne, and she was excited about the prospect. She finally felt some hope.

She went back on medication to stimulate her ovaries, and in late 1994 it was time for the first in-vitro attempt. Suzanne and Tony, who lived in Ivyland, Pennsylvania, a northern suburb of Philadelphia, traveled about an hour from home to Nazari’s clinic, an office suite in a grouping of squat stone and brick buildings comprising the Greentree Commons office mall in Marlton, in suburban South Jersey. The walls of the waiting room bore laminated covers and clippings from *Philadelphia Magazine*, which had proclaimed Nazari’s employer, Dr. Check, one of the “Top Docs” in the region.

Retrieval involved Nazari’s using a needle to go up through the vagina and remove the eggs, or oocytes. The procedure went fairly well, but not perfectly. Tony sensed that Suzanne, a thin, delicate woman who rarely complained, was in pain. She hadn’t been given much anesthesia for the procedure. A nurse held Suzanne down, her face contorted, while Nazari went about “the harvest,” as he called it. Tony, who had performed various surgeries, felt the procedure was “barbaric.” He stood at the head of the table, stroking his wife’s hair and talking into her ear as Nazari toiled. Tony complained later to Nazari about the pain Suzanne had experienced. He also complained to the top man, Dr. Check.

For the next procedure, if another was necessary, Tony told Check, he would want more anesthesia. Tony didn’t mind complaining to another doctor. He was a doctor himself and felt no compunction about saying what was on his mind. Check responded matter-of-factly that more anesthesia could be administered.

An hour after that initial procedure, which produced seven eggs, Suzanne was sent home. Two IVF transfers—one on December 30, 1994, and the other a month later—were eventually done using the eggs from the first procedure. Neither took. There was no pregnancy. It was theo-

rized that there was probably some problem involving the lining of Suzanne's uterus.

A second egg retrieval was scheduled for the following May. This time, the embryos would all be frozen and implanted later on. This time, the doctors would use medicines to better prepare the lining of the womb. Heparin and aspirin, both blood thinners, were prescribed to increase blood flow to the uterus to give the fetus an adequate supply. Tony had talked to Check about the therapy, and Check had handed him literature about a study in England that had used aspirin with success.

Tony knew that Check liked to be on the "cutting edge." He remembered Check from his days as a resident at Jefferson University Hospital. He had never worked under Check but knew him by reputation as very bright but somewhat unconventional. He remembered that, one night at the hospital with several other residents, he had seen Check on the TV news espousing a theory that Robitussin aided in promoting pregnancy. The over-the-counter cough medication—or more specifically, one of its ingredients, guaifenesin—did help thin mucus and allow sperm to pass more readily through the cervix. In later years many doctors would adopt the therapy.

More eggs were harvested from Suzanne in the second procedure, and more embryo implants were performed. The following November, an implant was performed using the last of the frozen embryos. All these implants failed to produce a baby.

At that point, the Matteos asked to see Dr. Check. He offered to try a few new things, tweak the protocol slightly, to both increase the number of eggs Suzanne produced and to help an implant take hold in her womb. She would continue on the regimen of heparin and aspirin, using a low-dose, 81-milligram baby aspirin (one-fourth the strength of a regular adult aspirin), to help prevent clotting of the blood vessels in the uterus.

Check diagnosed Suzanne as having antiphospholipid antibody syndrome, or APA syndrome, which some doctors believe causes women, especially those who have experienced miscarriages, to develop an antibody to the phospholipid or "glue molecule" that helps an egg adhere to the uterus lining. This is an autoimmune disorder, similar to an allergic response. APA syndrome also causes a clotting formation in the uterus to occur more quickly than normal. Both these effects, doctors reasoned, could induce miscarriage by depriving the embryo of a sufficient blood supply. If the blood vessels were clotted, there would be no lifeline to the embryo. The heparin and aspirin would help prevent the clotting. "We

have nothing to lose by trying it," Check told the Matteos. He smiled and sent them on their way.

Suzanne followed her doctor's instructions to the letter. She gave herself two injections of heparin daily. And she took her baby aspirin, a tiny, pale orange pill that seemed innocent enough.