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Attorney for Defendant

IN THE DISTRICT COURT OF THE THIRD JUDICIAL DISTRICT OF

THE STATE OF IDAHO, IN AND FOR THE COUNTY OF PAYETTE

STATE OF IDAHO, Plaintiff, vs. ANDREA RENEE SHAW, Defendant.	**Case No. CR38-26-1685** **AFFIDAVIT OF ANGELA WULBRECHT, R.N. IN SUPPORT OF FIRST AMENDED MOTION FOR BOND REDUCTION**

State of IDAHO)
)ss
County of ADA)

I, **Angela Wulbrecht**, being first duly sworn upon oath, depose and state as follows:

1. That I am over the age of eighteen years, competent to testify to the matters set forth herein, and make this Affidavit based upon my own personal knowledge.

2. That I am a Registered Nurse and have practiced nursing for approximately twenty-six (26) years.

3. That for approximately seventeen (17) years I served as a Charge Nurse in the Women, Infants and Children Department at Marin General Hospital, an affiliate of the University of California, San Francisco (UCSF).

4. That throughout my nursing career I have specialized in obstetrical nursing, labor and delivery, maternal-fetal medicine, and the care of high-risk pregnancies. My professional responsibilities have included caring for mothers experiencing high-risk pregnancies, assisting with complicated deliveries, evaluating maternal and fetal conditions, performing obstetrical ultrasounds, and caring for newborn infants.

5. That throughout my nursing career I have consistently received outstanding professional evaluations recognizing my clinical judgment, leadership, professionalism, communication skills, and expertise in obstetrical nursing.

6. That attached hereto and incorporated herein by reference as **Exhibit A** are true and correct copies of representative employment evaluations reflecting my professional qualifications, experience, and performance as an obstetrical nurse and Charge Nurse.

7. That attached hereto and incorporated herein by reference as **Exhibit B** is a true and correct copy of correspondence from Dr. John M. Freedman, Chief of Anesthesiology at Kaiser Permanente Medical Center and Associate Clinical Professor of Anesthesia and Perioperative Care at UCSF, recognizing my professional knowledge, clinical judgment, and expertise in the care of obstetrical patients.

8. That during my nursing career I have cared for thousands of pregnant women and newborn infants. My responsibilities have required me to assess maternal behavior, recognize signs of child neglect or abuse, advocate for vulnerable patients, and exercise sound professional judgment regarding the safety and well-being of both mothers and children.

9. That as a Registered Nurse I am a mandated reporter under the laws governing my profession. I take allegations of child abuse, neglect, and homicide extremely seriously. During

my nursing career I have personally reported parents and caregivers to Child Protective Services when I believed a child's safety required such action.

10. That throughout my nursing career I have cared for mothers under circumstances involving routine deliveries, medical emergencies, fetal loss, stillbirth, premature birth, suspected child abuse, and other highly stressful situations. My work has required me to assess maternal judgment, parental attachment, and behaviors affecting the safety and well-being of infants.

11. That I first became aware of the deaths of D.S. and T.S., the Shaw twins, shortly after they occurred in May of 2025.

12. That at the time I first learned of this tragedy, I had never met Andrea Shaw, had no relationship with her or her family, and had no personal interest in the matter other than determining, to the best of my ability, what had happened to the children.

13. That after learning that both children had reportedly become ill following routine childhood vaccinations, had been evaluated in an emergency department, and had subsequently died, I contacted Andrea Shaw and members of her family to better understand the circumstances surrounding the twins' deaths.

14. That shortly thereafter I offered to assist the family in obtaining an independent private autopsy.

15. That before making that offer, I specifically advised Andrea Shaw and her family that my only interest was determining the truth. I further advised them that if an independent examination uncovered evidence that either child had been intentionally harmed, I would immediately notify law enforcement authorities. I made that statement because I viewed this

matter no differently than any other case involving the unexplained death of a child, and because my professional and legal obligations as a mandated reporter required me to do so.

16. That Andrea Shaw and her family immediately accepted my offer to assist in obtaining an independent examination.

17. That I found their response significant. Based upon my education, training, and professional experience, individuals responsible for intentionally harming a child generally do not voluntarily invite additional independent forensic review. Andrea Shaw and her family did the opposite. They welcomed an independent examination and consistently maintained that the twins became seriously ill following their vaccinations, had been evaluated in an emergency department, and had never been intentionally harmed by anyone.

18. That based upon my conversations with the family, I contacted pathologist, Dr. Ryan Cole, because of his proximity to the Ada County Coroner's Office and inquired whether an independent pathological examination could still be performed.

19. That Dr. Cole subsequently informed me that the condition of the tissue no longer permitted the type of examination that had been requested.

20. That attached hereto and incorporated herein by reference as **Exhibit C** is a true and correct copy of my text message communications with Dr. Ryan Cole regarding the possibility of conducting an independent examination.

21. That following the deaths of D.S. and T.S., I remained in contact with Andrea Shaw. During that time, I came to know her well through numerous telephone conversations, text message exchanges, and discussions concerning her medical care, the loss of her twins, and her subsequent pregnancy.

22. That as our communications continued over the following months, Andrea became more comfortable speaking with me. Although she was initially quiet and somewhat reserved, she eventually opened up about the loss of D.S. and T.S. I personally observed a young mother who remained profoundly grief-stricken and who consistently maintained her innocence. Her sorrow was genuine, deep, and persistent, and it was evident to me that the loss of her twins continued to affect every aspect of her life.

23. That Andrea later became pregnant with her daughter, KHS, who was born on June 25, 2026.

24. That because of the tragic loss of her twins, Andrea was understandably anxious throughout her pregnancy with KHS and was deeply concerned about her unborn daughter's health and development.

25. That early in the pregnancy, Andrea was informed by her obstetrical providers that the baby appeared to be measuring small and that there was concern for possible fetal growth restriction. As a result, Andrea became exceptionally diligent regarding every aspect of her prenatal care.

26. That because of my background in labor and delivery nursing and my experience caring for mothers with high-risk pregnancies, Andrea frequently sought my assistance in understanding the information she was receiving from her physicians.

27. That following many of her prenatal appointments, Andrea contacted me to discuss her ultrasound findings, laboratory testing, fetal growth measurements, recommendations made by her physicians, and available treatment options. She regularly sent me copies of ultrasound reports, genetic testing, medical records, and physician notes so that I could help her better understand the information she had been given.

28. That attached hereto and incorporated herein by reference as **Exhibit D** are true and correct copies of representative text message exchanges between Andrea Shaw and me during her pregnancy with KHS. These communications accurately reflect the types of questions Andrea consistently asked regarding her unborn daughter's health and development.

29. That throughout these communications, Andrea consistently demonstrated an extraordinary desire to understand every aspect of her pregnancy. She educated herself regarding fetal growth restriction, asked thoughtful and appropriate questions concerning her baby's development, sought clarification whenever she did not understand a physician's explanation, and carefully considered each recommendation made by her medical providers.

30. That at no time did Andrea display indifference toward her pregnancy or toward her unborn daughter. To the contrary, every interaction I had with her reflected a mother who was deeply committed to protecting her child and ensuring she received the best possible medical care.

31. That during her pregnancy, Andrea discussed with me the recommendation that she undergo amniocentesis as part of the evaluation of her pregnancy.

32. That Andrea carefully researched the procedure and discussed with me both the potential benefits and the potential risks associated with amniocentesis. We specifically discussed the fact that, while the risk of miscarriage from amniocentesis is generally considered low, it is not nonexistent.

33. That based upon my conversations with Andrea, she sincerely believed that no diagnostic information obtained through amniocentesis would alter her decision to continue the pregnancy. She consistently expressed that, regardless of any genetic diagnosis, she intended to

carry her daughter to term because of her sincerely held religious beliefs and her commitment to her unborn child.

34. That Andrea therefore concluded that exposing her unborn daughter to even a small risk associated with an invasive diagnostic procedure was not in her child's best interest. In my opinion, that decision reflected thoughtful consideration of the available medical information and was entirely consistent with a mother attempting to protect her unborn child.

35. That throughout her pregnancy, Andrea consistently attended her prenatal appointments, complied with recommended follow-up evaluations, underwent repeated ultrasound examinations, asked appropriate questions, sought additional information when necessary, and remained actively engaged in every aspect of her prenatal care.

36. That it was apparent to me that Andrea remained deeply affected by the deaths of D.S. and T.S. Her prior loss made her especially vigilant regarding KHS's health. Rather than becoming disengaged from medical care, she became more involved. She consistently sought to understand every recommendation, every ultrasound finding, and every medical decision affecting her unborn daughter.

37. That based upon my personal observations and communications with Andrea over the course of many months, her conduct consistently reflected that of a loving, attentive, conscientious, and protective mother.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

(A signed copy will be provided by tomorrow's hearing, as Ms. Wulbrecht is out of the country.)

Angela Wulbrecht RN

Angela Wulbrecht, R.N.

(notary acknowledgment on following page)

GERARD MAUREL

Subscribed and sworn before me this 14th day of July, 2026.

Notary Public for VICTORIA, MAHE, SEYCHELLES.

My Commission Expires: 7th JULY, 2027.

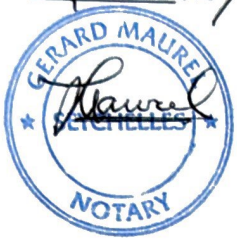


Exhibit A 1/1/03

Evaluator's Comments:

Angela is an accomplished perinatal and antenatal testing nurse. She gives thorough and compassionate care to all her patients. She has exceptional organizational skills is able to juggle multiple priorities and demands on her time. Angela is an exceptional charge nurse and is always calm in the face of chaos. She is able to direct staff without appearing overbearing and manages to get the most out of the staff she is working with. She communicates well with physicians, is able to convey her plan of the day to them, keep them placated when she cannot immediately meet their demands or needs and manages to do it all with grace.

She has recently been a preceptor for an RN student on L&D. Her student had high praise for her patience and her teaching ability.

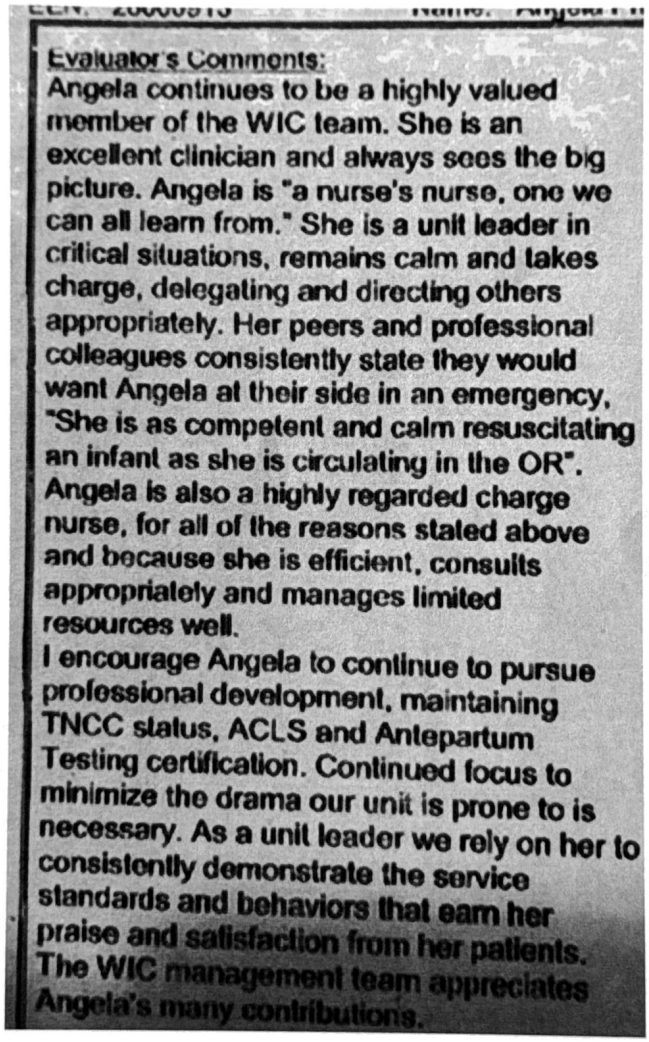
Angela is an extremely valued member of the team.

Goals:

1. Finish
   nee
   portion

Evaluator's Comments:

Angela is a stellar OB nurse and is well received in all areas as charge. She is motivated to provide the best patient care and meet the needs of her coworkers, both as a peer in critical situation as well in the other areas, such as Pedi and NICU when in charge. She is well respected by the medical staff and supervisors. This has been a challenging year for MGH as a whole with the transition, and personally for Angela. She has continued to keep her commitments for work and that is appreciated. I have taken that into consideration with future goal but hope that she will complete the TNCC course this year. She is well suited to be our liason for that patient population. Angela performs well in all sorts of emergencies and the staff is comforted by her presence in those critical situations. Some sort of performance improvement in antenatal testing would be a goal for downtime this year. I appreciate Angela's support and value her input as the unit strives to improve. She is seen a leader in this department and a role model both to students and peers.



Evaluator's Comments:
Angela continues to be a highly valued member of the WIC team. She is an excellent clinician and always sees the big picture. Angela is "a nurse's nurse, one we can all learn from." She is a unit leader in critical situations, remains calm and takes charge, delegating and directing others appropriately. Her peers and professional colleagues consistently state they would want Angela at their side in an emergency, "She is as competent and calm resuscitating an infant as she is circulating in the OR". Angela is also a highly regarded charge nurse, for all of the reasons stated above and because she is efficient, consults appropriately and manages limited resources well.
I encourage Angela to continue to pursue professional development, maintaining TNCC status, ACLS and Antepartum Testing certification. Continued focus to minimize the drama our unit is prone to is necessary. As a unit leader we rely on her to consistently demonstrate the service standards and behaviors that earn her praise and satisfaction from her patients. The WIC management team appreciates Angela's many contributions.

Exhibit B

Please share with Angela and add to her file

Sent from my BlackBerry Wireless Handheld
John Freedman

From: John Freedman
Sent: 05/23/2006 04:01 PM
To: Janet Dyer
Cc: Richard Klekman; Austin Kocba; Gwendolyn Boatman
Subject: Angela Phillips RN - exceptional!

Dear Janet,

I want to specially recognize one of your RNs, who you already know is superb: Angela Phillips. I want to recognize her from a particular point of view, that of the anesthesiologist. I think she is truly exceptional and exceeds even the very high standard we have of outstanding, professional, knowledgeable, caring, and collaborative nurses - which all of our L&D nurses are and it is a pleasure and privilege to work with them.

What makes Angela so exceptional is her fund of OB anesthesia knowledge and her understanding of and insight into some of the important subtle and not-so-subtle aspects of our very esoteric specialty. The way she prepares patients, cares for them, and explains things to them demonstrates her expert level of understanding of the anesthetic processes and safety issues. When I hear her talk to patients about anesthesia, she "says all the right things" - there is not a thing I need to augment or diplomatically correct. During procedures she is extraordinarily helpful because she knows exactly what needs to be done to help us and the patient, especially the finer points which she has an uncanny grasp of. It is really exceptional in my 22 years of practice and worthy of mention.

I also have been wondering how you do your in-servicing on the RN's role in OB anesthesia. I could not think of a more qualified person to be involved in this than Angela.

I know this is just one aspect of Angela's across-the-board excellence, but it is an unusual and notable one with very positive implications for patients.

Best regards.....John

John M. Freedman, MD
Chief, Department of Anesthesiology, Kaiser-Permanente Medical Center
Associate Clinical Professor of Anesthesia & Perioperative Care, UCSF
401 Bicentennial Way
Santa Rosa, CA 95404
(707) 8714303
http://www.kp.org/mydoctor/jfreedman

Exhibit B

Exhibit C

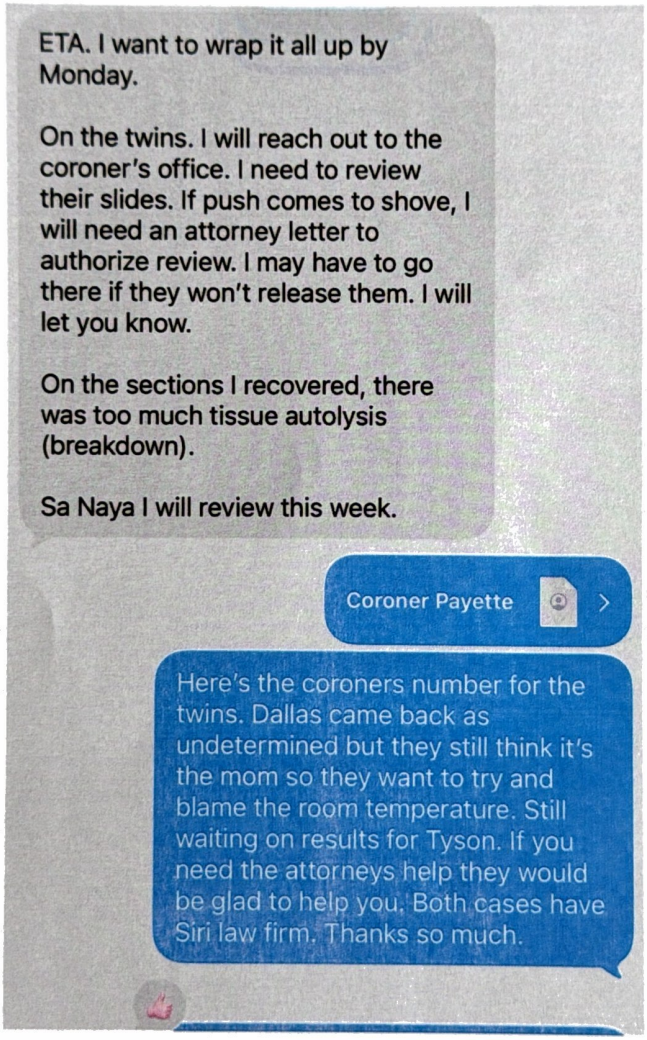
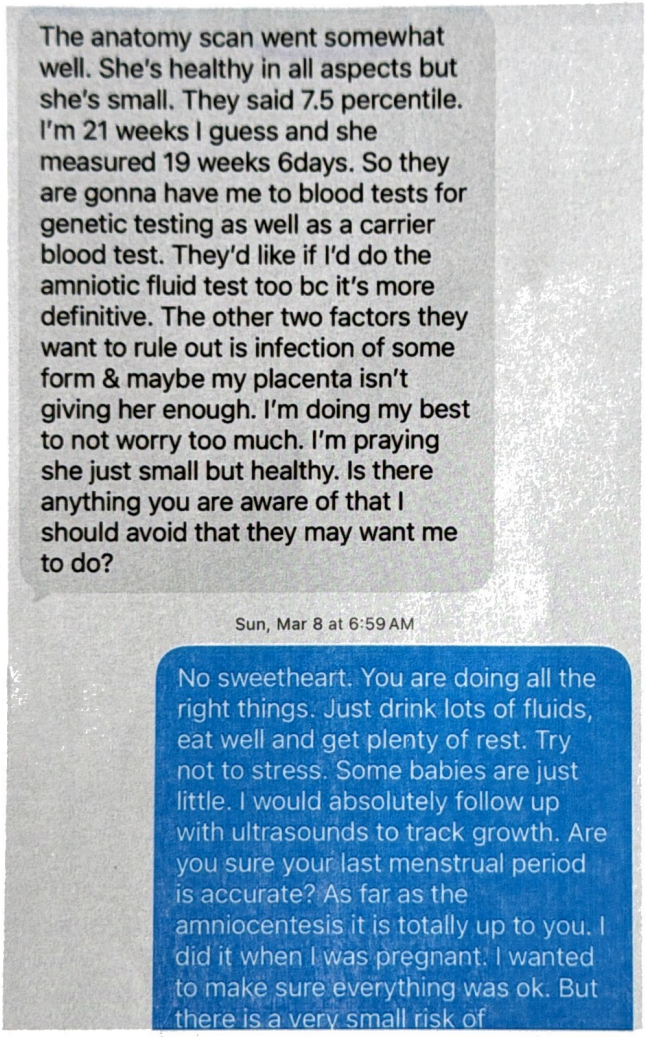


Exhibit C

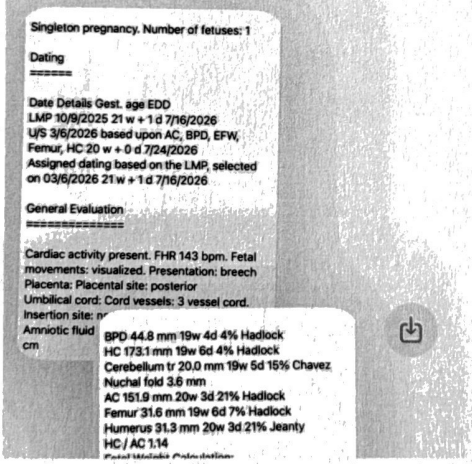

The anatomy scan went somewhat well. She's healthy in all aspects but she's small. They said 7.5 percentile. I'm 21 weeks I guess and she measured 19 weeks 6days. So they are gonna have me to blood tests for genetic testing as well as a carrier blood test. They'd like if I'd do the amniotic fluid test too bc it's more definitive. The other two factors they want to rule out is infection of some form & maybe my placenta isn't giving her enough. I'm doing my best to not worry too much. I'm praying she just small but healthy. Is there anything you are aware of that I should avoid that they may want me to do?
Sun, Mar 8 at 6:59 AM
No sweetheart. You are doing all the right things. Just drink lots of fluids, eat well and get plenty of rest. Try not to stress. Some babies are just little. I would absolutely follow up with ultrasounds to track growth. Are you sure your last menstrual period is accurate? As far as the amniocentesis it is totally up to you. I did it when I was pregnant. I wanted to make sure everything was ok. But there is a very small risk of

I don't think they have my EDD right. Sorry I had small bout with food poisoning Sunday. I'm free to chat today until 3 I have a blood draw for genetic testing and a visit with that same maternal fetal medicine doctor

Wed, Mar 11 at 10:10 PM

I tried to ask to talk to my high risk doctor that claims she's small & the lady did everything possible to put down my theories and shove more tests down my throat. I'm not at all understanding what's going on

Thu, Mar 12 at 4:31 PM


Singleton pregnancy. Number of fetuses: 1

Dating
======

Date Details Gest. age EDD
LMP 10/9/2025 21 w + 1 d 7/16/2026
U/S 3/6/2026 based upon AC, BPD, EFW, Femur, HC 20 w + 0 d 7/24/2026
Assigned dating based on the LMP, selected on 03/6/2026 21 w + 1 d 7/16/2026

General Evaluation
==========

Cardiac activity present. FHR 143 bpm. Fetal movements: visualized. Presentation: breech
Placenta: Placental site: posterior
Umbilical cord: Cord vessels: 3 vessel cord.
Insertion site: n
Amniotic fluid
cm

BPD 44.8 mm 19w 4d 4% Hadlock
HC 173.1 mm 19w 6d 4% Hadlock
Cerebellum tr 20.0 mm 19w 5d 15% Chavez
Nuchal fold 3.6 mm
AC 151.9 mm 20w 3d 21% Hadlock
Femur 31.6 mm 19w 6d 7% Hadlock
Humerus 31.3 mm 20w 3d 21% Jeanty
HC / AC 1.14

Exhibit D

Singleton pregnancy. Number of fetuses: 1

Dating
=======

Date Details Gest. age EDD
LMP 10/8/2025 21 w + 1 d 7/16/2026
U/S 3/6/2026 based upon AC, BPD, EFW, Femur, HC 20 w + 0 d 7/24/2026
Assigned dating based on the LMP, selected on 03/6/2026 21 w + 1 d 7/16/2026

General Evaluation
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Humerus 31.3 mm 20w 3d 21% Jeanty
HC / AC 1.14
Fetal Weight Calculation:
EFW 332 g 20w 0d 7% Hadlock
EFW (lb,oz) 0 lb 12 oz
EFW by Hadlock (BPD-HC-AC-FL)
Head / Face / Neck Biometry:
Vp 6.1 mm
CM 5.1 mm 45% Nicolaides
Nasal 6.6 mm
bone
Extremities / Bony Struc Biometry:
FL / BPD 0.71
FL / HC 0.18
FL / AC 0.21

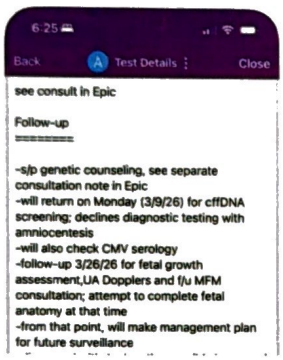


Exhibit D

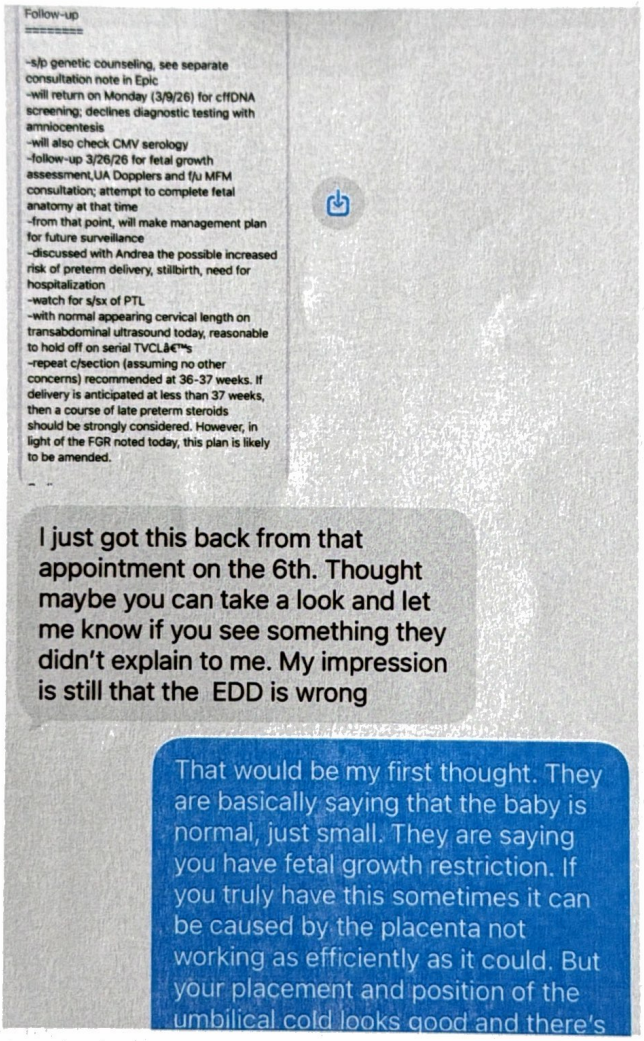
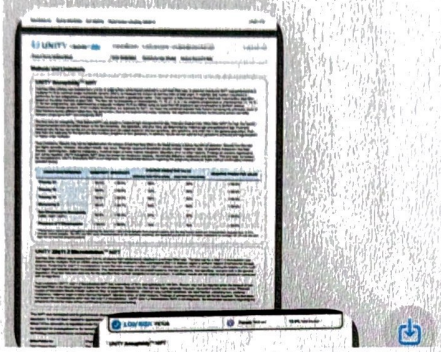

Follow-up
=======
-s/p genetic counseling, see separate consultation note in Epic
-will return on Monday (3/9/26) for cffDNA screening; declines diagnostic testing with amniocentesis
-will also check CMV serology
-follow-up 3/26/26 for fetal growth assessment,UA Dopplers and f/u MFM consultation; attempt to complete fetal anatomy at that time
-from that point, will make management plan for future surveillance
-discussed with Andrea the possible increased risk of preterm delivery, stillbirth, need for hospitalization
-watch for s/sx of PTL
-with normal appearing cervical length on transabdominal ultrasound today, reasonable to hold off on serial TVCLâ€™s
-repeat c/section (assuming no other concerns) recommended at 36-37 weeks. If delivery is anticipated at less than 37 weeks, then a course of late preterm steroids should be strongly considered. However, in light of the FGR noted today, this plan is likely to be amended.
I just got this back from that appointment on the 6th. Thought maybe you can take a look and let me know if you see something they didn't explain to me. My impression is still that the EDD is wrong
That would be my first thought. They are basically saying that the baby is normal, just small. They are saying you have fetal growth restriction. If you truly have this sometimes it can be caused by the placenta not working as efficiently as it could. But your placement and position of the umbilical cold looks good and there's

Exhibit D

That would be my first thought. They are basically saying that the baby is normal, just small. They are saying you have fetal growth restriction. If you truly have this sometimes it can be caused by the placenta not working as efficiently as it could. But your placement and position of the umbilical cold looks good and there's 3 vessels which is normal as well. They are basically saying to be careful and watch for signs of preterm labor. I have a feeling everything is going to be just fine and they have your dates wrong. And it is completely reasonable to refuse the amniocentesis. Most people do because it can put you at risk of preterm labor or miscarriage.

Mon, Mar 16 at 1:43 AM



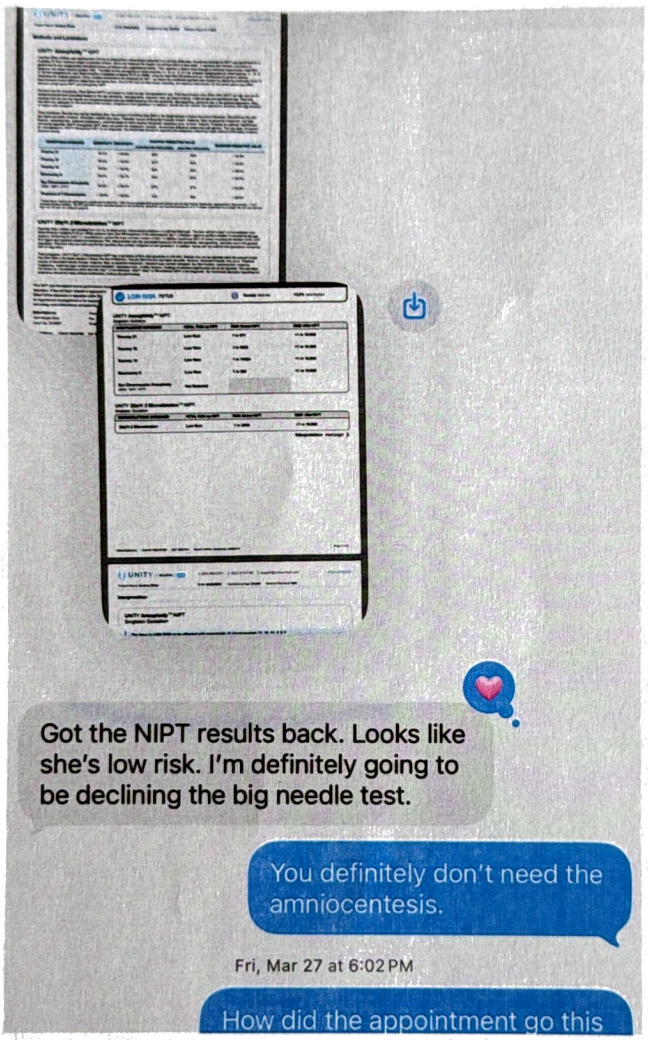

Got the NIPT results back. Looks like she's low risk. I'm definitely going to be declining the big needle test.
You definitely don't need the amniocentesis.
Fri, Mar 27 at 6:02 PM
How did the appointment go this

Exhibit D

The appointment was yesterday morning. I must've told you the wrong date. But it went good. They did another anatomy scan & baby is still healthy and grew. She went from 7.5% to 13.3%. So they told me bc she's above the 10th percentile that they are no longer worried about FGR. I then told and showed the doc my dating ultrasounds from earlier in my pregnancy & he said it changed everything, but then he took them to go talk to the ultrasound tech that I had. Came back and said that they don't trust the measurements of my 6 and 8 week ultrasounds that show I'm due July 23rd. I'll send a pic of what they "don't trust". So they are keeping my due date the same on there end (July 16th) and want to do another anatomy scan at 30 weeks.

Those are all good things. ❤️

Sat, May 2 at 7:30 AM

Sending you all so much love and prayers and strength. I can only imagine how hard today and everyday is. Please know you are

Exhibit D