

# Special Delivery



SOCIETY FOR MATERNAL-FETAL MEDICINE

Volume 6, Issue 1

January, 2014

## MESSAGE FROM THE PRESIDENT—by [Brian Mercer, MD](#)



Brian Mercer, MD  
SMFM President

Dear Friends,

It's hard to complain when you get what you ask for. We have exciting careers in which we can impact decades of lives of the mothers and babies for whom we care. Not only do we get to impact their health, but also we get to save lives. Many of us have the honor and responsibilities of teaching the next generation of Maternal-Fetal Medicine subspecialists (our fellows), Ob/Gyns (our residents), those who may not yet have decided their final career path (our medical students), and aspiring researchers (undergrads, PhD candidates, post-docs, medical and nursing students). Sometimes those we teach choose to follow in our footsteps; sometimes they go in another direction, but it is all good. Some of us are driven to question and expand our understanding of pregnancy, maternal and fetal conditions, to determine how events in pregnancy impact or predict future maternal and infant health, or to improve clinical practice through research. We are lucky. We can and do change the world in a meaningful and powerful way.

Simplistic, trite, arrogant? No.

We have worked countless hours to have these opportunities, and continue to work many more hours than most of our friends and colleagues. We have survived the gauntlet of mid-terms and finals, interviews, specialty and subspecialty examinations (written and oral), and now the ongoing series of credentialing/certification and re-credentialing/recertification programs, locally and nationally. We are learning about new approaches to healthcare, the economic aspects of medical practice, and how to improve outcomes more efficiently through quality efforts, simulation and team training. Our families have given up much to allow us to do what we do. Many of us have had losses, setbacks, or outright failures along the way that take their toll on us. And yes, sometimes we fail our patients, our students, and in our research despite our best efforts.

So, no - not simplistic, not trite, and not arrogant.

We are lucky.

We got what we asked for.

We can and do change the world in a meaningful and powerful way.

And we must embrace this responsibility.

In just a few weeks the Society for Maternal-Fetal Medicine will hold our 34<sup>th</sup> Annual Meeting: The Pregnancy Meeting™. It will be the 28<sup>th</sup> meeting that I have attended. Like many of you, I grew up here. I have been inspired by the leading research presented from across the world. I have been taught by nationally and internationally recognized experts. At my first meeting, Dr. Ron Gibbs came to my

poster and talked with me about my research and about preterm birth. I remember his simple act of kindness to this day. He didn't need to stop. There were better posters. He took the time to motivate me, and his efforts were successful. Since that first meeting I have developed life-long friendships and met some of my mentors here. One aspect of the Annual Meeting that I treasure most each year is that it gives me the opportunity to reflect on my path and what I want to accomplish, and to seek guidance from friends and mentors. I have a simple goal – to (quietly) change the world for the better. No, not a simplistic, trite or arrogant goal, but driven by those who have come before, those I am honored to work with, by my patients who don't give up despite seemingly insurmountable obstacles, and by people I meet and reconnect with at the Society's Annual Meeting each year. I am a better doctor because of what the Society has given me.

Like many organizations, the Society for Maternal-Fetal Medicine has a cycle, and like many organizations ours centers around the Annual Meeting. However, the Society is active throughout the year. We develop documents that provide education and guidance. We tell the stories of you and your patients to legislators, public health organizations, insurers, national organizations, and hospital systems. We share what Maternal-Fetal Medicine subspecialists bring to clinical care, education, and research in high-risk pregnancy. Increasingly we collaborate with national pregnancy organizations and are sought out to share our knowledge regarding pregnancy issues. These efforts have required the dedicated efforts of literally hundreds of Society members who have donated thousands of hours

on our behalf and on behalf of our patients. I am deeply grateful to all of you who have given of yourselves, through the Society or other efforts, to serve as leaders in pregnancy care locally, regionally, or nationally. From your efforts it is clear that Maternal-Fetal Medicine subspecialists are the leaders of both maternal and fetal care for complex pregnancies, and are the leaders in research and education regarding pregnancy complications and care.

Like many of our individual members, the Society's affiliate organizations – **The Pregnancy Foundation**, the **Association for Maternal-Fetal Medicine Management (AMFMM)**, and the **Perinatal Quality Foundation (PQF)** – provide critical support in the development of future perinatal researchers, practice education and management, and in improving the quality of Maternal-Fetal Medicine services through educational programs and evidence-based valid monitoring systems. In 2013 we witnessed the birth of a new effort to (*cont. page 2*)

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# Special Delivery

## MESSAGE FROM THE PRESIDENT—CONTINUED



Above is a preview of the Society's new logo which will be launched at the 34th Annual Pregnancy Meeting.

AS PART OF THE GREATER EFFORT TO ENSURE THAT THE SMFM REMAINS CURRENT AND BENEFICIAL TO ITS MEMBERS, WE ARE MODIFYING THE WAY IN WHICH WE RELAY ANNOUNCEMENTS AND NEWS TO OUR MEMBERS. RATHER THAN A BIMONTHLY NEWSLETTER RELEASED IN A PDF FORMAT, BE ON THE LOOKOUT FOR WEEKLY EMAILS WITH LINKS TO READ ABOUT EXCITING DEVELOPMENTS AND VALUABLE INFORMATION THE SMFM WOULD LIKE TO SHARE WITH YOU! ALSO ON THE HORIZON WILL BE A MORE SUBSTANTIAL TWITTER AND FACEBOOK PRESENCE FOR THE SMFM. WE HOPE YOU FIND THIS NEW FORMAT INTERESTING AND USEFUL!

SINCERELY,

PRIYA RAJAN  
CHAIR, INTERNAL  
COMMUNICATIONS  
COMMITTEE

encourage Ob/Gyn residents to pursue a career in Maternal-Fetal Medicine through creation of a special Resident's Forum, introduction of the Society for Maternal-Fetal Medicine Award for Excellence in MFM available to be awarded locally at each training program across the country, and through establishment of the Quilligan Scholars program which will jumpstart the training of residents interested in an academic career and introduce these residents to potential future mentors. After a successful Gala in honor of Dr. Quilligan at last year's Annual Meeting, we embarked on selecting the inaugural class of five Quilligan Scholars this fall. I was stunned. The selection committee received 56 applications from across the country, and it was clear they were already enthused and engaged, and many had already pursued opportunities to improve the women's health nationally and across the globe. Once again, I was inspired, this time by articulate young physicians with focus, drive, and vigor who will be leaders of obstetric care in the future. In a three-step process, the candidates were narrowed down to the final 10 who were then individually interviewed. We wish that we could have selected more than five scholars. We can rest assured that there is an upcoming generation of Maternal-Fetal Medicine subspecialists ready to lead us and care for our future patients. The inaugural Quilligan Scholars and many other residents will attend this year's Annual Meeting. Please say hello! Engage and get to know them and introduce them to who we are. Take time to inspire them and be inspired by them!!

As you arrive at this year's Annual Meeting you will notice something different. Our venerable "Iron Lady" has moved on and our colors have changed. We have a new logo that reflects the bonds between mother and fetus, you and your patients, and the Society and you. When you access our website, you will find a redesign with a similar look that is aimed to improve your experience and to improve clarity to others who want to learn more about Maternal-Fetal Medicine subspecialists and the Society. Through our branding campaign we will articulate a clear sense of who Maternal-Fetal Medicine subspecialists are and what we do.

- We are high-risk pregnancy doctors, teachers, and researchers.
- We provide needed care for complex pregnancies to improve outcomes for mothers and babies.
- We collaborate with other obstetric providers, and coordinate care with adult and newborn specialists and subspecialists.
- We share our expertise, our knowledge, and our research to change obstetric practice.
- We are the leaders of complex pregnancy care for both mother and fetus.

For many organizations the last decade has seen a decline in attendance at annual meetings and post-graduate courses. This has not been the case for the Society for Maternal-Fetal Medicine. The vast majority of members attend our Annual Meeting. The number of submitted abstracts grows each year. In addition to oral and late breaking news presentations, traditional and electronic posters, this year's Annual Meeting offers 15 post-graduate courses and workshops, 18 scientific forums, special focus groups, luncheon round table discussions, as well as scientific presentations of the International Society of Perinatal Obstetricians. This year, we are particularly excited to introduce the **Inaugural ABOG-SMFM Distinguished Lectureship**. Our Inaugural speaker, Dr. Mary D'Alton, will speak about **"Maternal Medicine in the 21<sup>st</sup> Century: The M in MFM."** This year's **Honorary Member**, Dr. William Callaghan has dedicated his career to improving maternal health with a focus on maternal mortality. In his lecture he will present **"Addressing Maternal Morbidity and Mortality in the United States: A call to action."**

I look forward to seeing you at the 34<sup>th</sup> Annual Meeting of the Society for Maternal-Fetal Medicine in New Orleans this February. Come to learn about leading research and advances in complex pregnancy care. Share your knowledge and experiences, and be excited by all that our discipline has done and can do to improve pregnancy outcomes for both mothers and babies. Plan to refresh yourself and reflect on what you have accomplished and what you would like to accomplish over the next year. When you return home after the meeting is done, take a plan with you to stimulate and lead improvements in practices and quality efforts in your practices and institutions; maybe even across your region and state. And please, plan to come back next year and share with us what you have learned and accomplished.

Best wishes for a safe and happy New Year!

*Brian*

Dr. Brian Mercer, SMFM President

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## THE PREGNANCY FOUNDATION NEWS—by [Mary D'Alton, MD](#)

It is an enormous privilege to have been chosen by Brian Mercer, President of SMFM, and the Foundation Board to be the new chair of [The Pregnancy Foundation](#). The support of one's peers is one of the most gratifying rewards we could ever hope for and I am deeply honored and committed to serving as best that I can.

First and foremost I owe an enormous debt of gratitude to Dr. Tom Garite who has led the Foundation for the past 7 years. He had the vision to start the Scholars Committee, which I have had the privilege of chairing during the past seven years, and the Development Committee under the able leadership of Drs. Quilligan and Queenan. He also instituted the Literature Alert Series and the Mini Sabbatical Program and greatly expanded the role of the Corporate Council in collaboration with Dr. Dan O'Keeffe, Executive Vice President of SMFM. This past year, a new and innovative scholars program was instituted and given in the name of our revered Dr. Quilligan. Tom's shoes are tough to fill and his legacy to both the Society and the Foundation are truly valued.

The dominant mission of the Society has in the past, and continues to be, the scholars program jointly funded by the AAOGF, the Foundation of AGOS. Collaboratively we have worked with our colleagues at AAOGF to enhance the mentorship for our scholars. A review has demonstrated that the Pregnancy Foundation scholars are as successful in maintaining NIH funding as any of the other major awards programs including RSDP, BIRCWH and WRHR. As future research funding continues to be reduced and our academic mission of research is in peril, we must find a way to increase the corpus of our foundation to meet this objective and augment the number of years of funding for the scholars and also provide bridge funding. The current duration of the award is for three years; most would agree that five years is necessary to become successful. Many other awards offer a five year commitment. The present corpus is \$3.5 million. Our goal is to at least double and hopefully get to a corpus of \$10 million.

To that end I will work with the Foundation members at our first meeting in February to review again our mission and to increase our development efforts. It is likely we will expand our committee structure to include finance and web-site/communications committees. Working groups are evaluating both of these areas now under the able leadership of Drs. Mercer and Sciscione.

In this time of transition I am ably aided by all of the members of our foundation, our assistant Sarah Kyger and Michelle DiVito who has been a force in the scholars program and will increase her efforts with the Foundation as we expand our horizons.

We will look for more involvement and I ask for any ideas the membership of SMFM has to achieve our goal.

I look forward to seeing all of you at The Pregnancy Foundation booth in the exhibit hall at the annual meeting.



Dr. Mary D'Alton, The Pregnancy Foundation Chair

“AS FUTURE RESEARCH FUNDING CONTINUES TO BE REDUCED AND OUR ACADEMIC MISSION OF RESEARCH IS IN PERIL, WE MUST FIND A WAY TO INCREASE THE CORPUS OF OUR FOUNDATION TO MEET THIS OBJECTIVE AND AUGMENT THE NUMBER OF YEARS OF FUNDING FOR THE SCHOLARS AND ALSO PROVIDE BRIDGE FUNDING.”

# Special Delivery

## FELLOWS CORNER—by [Erica Berggren, MD](#)

MANY FELLOWS/  
JUNIOR FACULTY ARE  
STRESSED AND  
OVERWHELMED WITH  
TRYING TO FIGURE  
OUT EXACTLY WHAT  
THEY WANT THEIR  
CAREER TO BE LIKE,  
WHAT THEIR AREA OF  
INTEREST IS, HOW TO  
BECOME  
"SUCCESSFUL," AND  
WHETHER OR NOT  
THEY WANT A MORE  
CLINICAL OR  
RESEARCH CAREER.

It's almost time for The Annual Meeting, and as usual, there are several fellow-specific events. Plan on attending, learning a bit more about how SMFM helps us, and catching up with friends and colleagues.

This year's Fellows' Forum will be held from 5:30-6:00pm on Thursday, February 6, 2014. Many fellows/junior faculty are stressed and overwhelmed with trying to figure out exactly what they want their career to be like, what their area of interest is, how to become "successful," and whether or not they want a more clinical or research career. Therefore, this year's topic for the Fellows' Forum is focused on addressing this exact issue. It is entitled "*How we got from there to here.*" We are excited to have Dr. Jeanne Sheffield and Dr. Brian Iriye as our invited speakers to discuss the paths they took to their academic and private practice careers. Thursday, February 6, events for Fellows include:

- Fellows Forum (5:30-6:00pm): Open to all fellows-in-training, with keynote speakers, Dr. Jeanne Sheffield and Dr. Brian Iriye.
- Associate Member Meeting (6:00-6:30pm): Open to current and upcoming MFM Fellows and Associate Members. Come discuss the current status of MFM fellowships, offer your own ideas and suggestions, and elect a new Associate Member Representative. Email current Representative Lisa Levine at: [li-sa.levine@uphs.upenn.edu](mailto:li-sa.levine@uphs.upenn.edu) for additional information about running for this important position.
- The "Meet the Fellows" reception (6:30-7:30pm): Sponsored by Obstetrix Medical Group this event is by invitation. All SMFM Fellows-in-training will receive an invitation to stop by for drinks and hors d'oeuvres, and spend time with co-fellows and the past and present leadership of the SMFM.

### 1st Year Fellows Retreat

The first year Fellow's Retreat, held at the Palisades IBM center in NY, was another huge success. There were 98 fellows that participated from 69 fellowship programs (out of a total of 78 programs). This was the first year that DOs were invited and there were 4 fellows participating from 5 osteopathic MFM fellowship programs.

Finally, as always, watch for Fellowship Tips of the Week in your email, watch the Wednesday Fellow Lecture Series online, and get ready for New Orleans!



IBM Dolce Conference Center



Team building exercises and 'breaking boards' are part of the fun at 1st year fellows retreat



# Special Delivery

## CODING COMMITTEE NEWS—by [Andy Helfgott, MD](#)



THE NUMOM2B  
CLINICAL RESEARCH  
SITES AND DATA  
COORDINATING AND  
ANALYSIS CENTER  
WILL FOLLOW-UP  
10,000 STUDY  
PARTICIPANTS AT TWO  
YEARS POSTPARTUM  
TO MEASURE THE  
CARDIOVASCULAR  
RISK PROFILE OF  
MOTHERS WITH A  
HISTORY OF  
PREECLAMPSIA AND  
OTHER ADVERSE  
PREGNANCY  
OUTCOMES.



The Society for Maternal Fetal Medicine recently passed a [resolution recommending that Obstetrical Ultrasound done by Maternal Fetal Medicine subspecialists be performed in accredited practices whenever possible](#). The resolution stresses the importance of patient safety and quality of care in performing and interpreting these studies. Accreditation helps achieve these goals. An important part of the accreditation process emphasizes the importance of the equipment used, including the implementation of As Low As Reasonably Achievable (ALARA). As part of the accreditation process, sample images are reviewed by the accrediting organizations, including the completeness of the studies, the reporting details, and certain safety parameters. The accreditation process also reviews the continuing education details for the practitioners reading those studies. The accreditation is time limited to ensure on-going compliance with the accreditation process.

Accreditation is also important from a billing perspective because a component of being accredited requires inclusion of all the required elements needed for the different Obstetrical Ultrasound studies. For example, fetal anatomy survey studies include an evaluation of the maternal pelvic organs to justify the level of work-RVU that would be billed for that study. Other components of the accreditation process require confirmation of correct image labeling and the completion of the report in a prompt fashion with timely communication of results to the referring providers. Compliance with the accreditation process and its requirements will help meet the level of detail and work-RVU's involved with the different ultrasound studies performed by Maternal Fetal Medicine subspecialists. The Coding Committee believes that practice accreditation helps with meeting the standards of correct coding and billing.

At present both the [American Institute of Ultrasound in Medicine \(AIUM\)](#) and the [American College of Radiology \(ACR\)](#) accredit obstetrical ultrasound practices.

## NICHD UPDATE—by [Alison Stuebe, MD](#)

### Exploring pregnancy as a window to future cardiovascular health

Evidence continues to demonstrate that pregnancy complications are associated with long-term maternal cardiovascular risk. SMFM, ACOG and NICHD are co-hosting a workshop at The Pregnancy Meeting on "Pregnancy as a Window to Future Health." The workshop, which is scheduled for February 4 at the New Orleans Hilton, will synthesize existing evidence regarding pregnancy complications and long-term maternal health.

In addition, NICHD is continuing to support research in this area. NICHD and NHLBI have joined forces to explore maternal cardiovascular health in the Nulliparous Pregnancy Outcomes Study: Monitoring Mothers-to-be (NuMoM2b) cohort. The NuMoM2b clinical research sites and Data Coordinating and Analysis Center will follow-up 10,000 study participants at two years postpartum to measure the cardiovascular risk profile of mothers with a history of preeclampsia and other adverse pregnancy outcomes. Study funding began in October 2013, and protocol development is underway.

## NICHD UPDATE—continued

### Genomics, Transcriptomics, and Proteomics of Pregnancy and Infancy workshop held

“Omics” technologies have exploded over the past ten years, and these technologies have the potential to improve screening, diagnosis and treatment of pregnancy complications, thereby improving outcomes for mothers and babies.

To advance transdisciplinary research in this area, NICHD held a workshop in early December on genomics, transcriptomics, proteomics, metabolomics and other “omic” techniques. The goal of the workshop was to foster use of these technologies to delineate molecular mechanisms of disease and enhance diagnostic tools.

The workshop focused on use of “omics” technologies to study adverse pregnancy outcomes such as preterm birth, stillbirth, newborn diseases and sudden infant death syndrome (SIDS). Experts in the field were invited to discuss existing research and identify opportunities for translation into clinical practice.

The scope of the meeting included a review of the basic and clinical research using “omics” technologies as it relates to pregnancy and infant health. Experts in the field also discussed areas of clinical care that might benefit from “omics” based research and how “omics” technologies might best be leveraged to address important clinical gaps.



Other topics included application of “omics” technologies to existing or future studies, identification and pooling of available resources to foster collaboration, and integration of “omics” data from multiple studies for meta-analysis to increase statistical power.



PreeclampsiaScreen™ I T1 is a first-of-its-kind biochemical screening test that enables accurate detection of patient risk for **early onset preeclampsia**.

- Offered by PerkinElmer Labs/NTD – a pioneer in prenatal screening with over 30 years’ experience
- Allows for early identification of asymptomatic, high risk patients
- Can enable earlier intervention and management of the pregnancy
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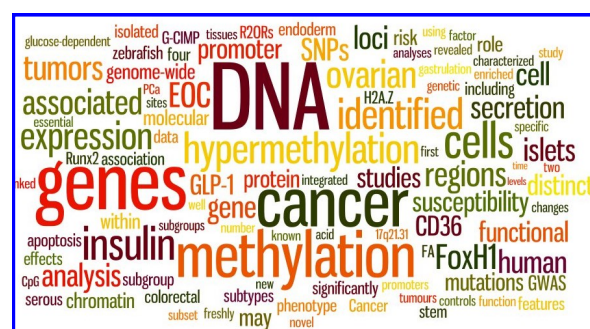
**To learn more about preeclampsia and this screening test, please view the webcast:**

“First Trimester Screening for Early Onset Preeclampsia,” featuring Garrett Lam, MD.

[www.preeclampsiawebcast.com](http://www.preeclampsiawebcast.com)

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## AMFMM UPDATE—by [Brian Iriye, MD](#)

A common exercise at the end of the year is to reflect upon what you have accomplished and to set goals for the future. For 2013, the [Association for Maternal Fetal Medicine Management](#) has provided a lot of value for members and is attempting to expand its services and to act as a resource for members of the SMFM as well. In the last year, our Association has accomplished the following:



- Completed our 5th Annual Practice Management conference in San Antonio covering common practice management issues as well as upcoming changes that will affect MFM practices.
- Initiated our practice benchmarking survey by patients. This has already provided key information on how management of an MFM practice differs from other specialties in key areas and provides information on specific issues to adjust in your practice. The Association provided this survey free to members; a similar service would cost over \$500.
- Created in-depth newsletters for members, which can be found on our member website for review.
- Released monthly business tips for our members, also available on our member website.
- Provided frequent articles highlighting the importance of practice management on our Facebook page
- Finished a white paper on telemedicine that will be released to all SMFM members this month
- With the help of the SMFM, created a forum on SMFM communities so that society members can pose practice management questions. The AMFMM board has multiple experts who will answer questions and provide input into discussions. In addition, while most SMFM communities are usually only open to SMFM members this one will also be open to practice managers of AMFMM member practices.
- Provided input on ongoing SMFM projects that have financial implications for MFM subspecialists.

FOR 2013, THE  
ASSOCIATION FOR  
MATERNAL FETAL  
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MEMBERS OF THE  
SMFM AS WELL.

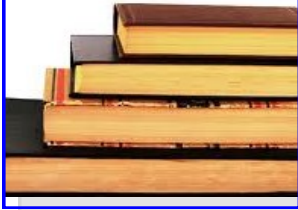
In addition to continuing many of the above projects, in the next year we plan to roll out a sonographer performance survey for member practices. Join the Association for Maternal Fetal Medicine Management at [www.amfmm.com](http://www.amfmm.com) to take advantage of the many resources our association offers. In addition, consider attendance to our annual conference October 9-10, 2014 at the Ritz-Carlton in Phoenix.



# Special Delivery

## SMFM PUBLICATIONS COMMITTEE—by [Priya Rajan, MD](#)

### Publications



The Publication Committee has been working non-stop during 2013. Look at all that they have released in the past year! Visit [www.smfm.org/pubs](http://www.smfm.org/pubs) to access these guidelines. You will need to log in with your SMFM member ID and password.

### SMFM Clinical Guidelines

#5. Twin-twin transfusion syndrome (Simpson, L)	Published: 1/13
#6. Fetal blood sampling (Berry S, Stone J, Norton M, Johnson D, Berghella V)	Published: 9/13

### SMFM Consult Series



#24. The importance of determining chorionicity in twin gestations (Moise, Argoti)	Published: 2/13
#25. Isolated fetal choroid plexus cysts (Fuchs)	Published: 4/13
#26. Coding and billing for transvaginal ultrasound to assess second trimester cervical length (Coding Comm, Helfgott)	Published: 6/13
#27. Isolated echogenic intracardiac focus (Moyer, Goldberg)	Published: 8/13
#28. Assessing nutritional needs in pregnant patients with prior bariatric surgery (Johnson)	Published: 10/13
#29. Prior non-lower segment uterine scar: when to plan cesarean delivery	Published: 12/13

### Joint Documents with ACOG



CO# 560, Medically indicated late-preterm and early-term deliveries	Published: 4/13
CO#561, Nonmedically indicated early-term deliveries	Published: 4/13
CO# 573, Magnesium sulfate use in obstetrics	Published: 9/13
CO#579, Definition of term pregnancy	Published: 11/13
CO#581, "The Use of Chromosomal Microarray Analysis in Prenatal Diagnosis"	Published: 12/13

Look for more SMFM publications in 2014! Log on to the member side of [www.smfm.org/pubs](http://www.smfm.org/pubs)



## SMFM ACADEMY FOR LEADERSHIP AND DEVELOPMENT—*by Barbara Head, MD*

In the daily barrage of emails, something about Registration for the SMFM Academy for Leadership and Development caught my attention. Intrigued by this “unique opportunity to garner leadership training that may make your current position easier and more rewarding, as well as help advance your career”, the Academy’s offerings sounded to be a perfect opportunity at this point in my career. We are all called to be leaders in our daily lives with patients, colleagues, hospital administration and insurance carriers and I, for one, often feel that my leadership ability is inadequate.

The 6 month program of learning and practical applications of the teachings is flanked by two residential sessions. Prior to arriving, each participant was asked to complete a cohort survey designed to identify our work behavioral style. Like many of the exercises to come, this seemingly simple task was remarkably challenging. The initial October residential session marked the beginning of this journey, allowing us to engage as a learning community. The dynamic pioneers of this program, Drs. Michael Foley, Dan O’Keeffe and Idahlynn Karre, provided an enthusiastic introduction during our gathering the first morning. The 25 participants quickly engaged, openly sharing our current leadership challenges in academic, community, and private practice settings. Both in the larger group and one-on-one conversations, positive and negative leaders and experiences were discussed and we began the difficult process of learning who we are as leaders.

My understanding of a leader was adjusted through seminars that presented the concept of the Transformational leader. Rather than the hero leader rushing in to save the day, we are learning to be the Transformational leader, who engages followers with empathy rather than confrontation. Power is shared through collaboration and meeting the followers’ needs of higher levels of autonomy and achievement. Creating a positive culture of shared interest in long term investment and team development allows for the good within an organization to become great. Theory, research, and best practices were presented in a didactic format and then brought home by fun and illustrative activities among participants. Seminars focused on Leadership and Behavioral Style, Meeting the Challenges of Transformational Leadership and Introductions to Crucial Conversations. In seemingly no time at all, the 3-day session was over and we were challenged to head home to begin the hard work of applying what we learned.

Participants now communicate over the ensuing 6 months with electronic readings and conversations. Positive messages of encouragement from Idahlynn, Mike, and Dan are a refreshing addition to my week. We were tasked with considering our values, transcribing them, and then putting voice to them to develop a Personal Mission statement. Future conversations include Managing Conflict, Leading Change, Maximizing Talents and Strengths as a Leader, the Leader’s Role as Manager, and Being a 360-degree Leader. Mentors will be selected and an Executive Coach will communicate with participants throughout the Academy experience. Academy participants then re-group for a final 3-day session.

As members of the SMFM, we are incredibly fortunate that the organization’s leaders, in particular Drs. Foley and O’Keeffe, have given of their time, talent and energy to design The Academy of Leadership and Development. I cannot imagine that anyone within our subspecialty would not benefit greatly from developing their skills as a leader through this challenging endeavor.



“POWER IS SHARED THROUGH COLLABORATION AND MEETING THE FOLLOWERS’ NEEDS OF HIGHER LEVELS OF AUTONOMY AND ACHIEVEMENT. CREATING A POSITIVE CULTURE OF SHARED INTEREST IN LONG TERM INVESTMENT AND TEAM DEVELOPMENT ALLOWS FOR THE GOOD WITHIN AN ORGANIZATION TO BECOME GREAT.”





Society for Maternal-  
Fetal Medicine

SOCIETY FOR MATERNAL-FETAL MEDICINE

## IMPORTANT DATES TO REMEMBER

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## SMFM 34th Annual Meeting—The Pregnancy Meeting™

February 3—8, 2014

New Orleans, LA

[www.SMFM.org](http://www.SMFM.org)

NEW BOOK OF  
INTEREST TO MFM  
SUBSPECIALISTS: ["THE  
RISE OF FETAL AND  
NEONATAL  
PHYSIOLOGY" BASIC  
SCIENCE TO CLINICAL  
CARE](#)  
BY LAWRENCE D.  
LONG

### *What New on SMFM Communities?*

Don't forget to check-in and see what's new on [SMFM Communities](#). There are two new Communities groups: Practice Management/AMFMM moderated by Dr. Brian Iriye and Electronic Medical Records for MFM moderated by Dr. Christian Pettker.



We're on the Web!

[www.SMFM.org](http://www.SMFM.org)

Editors: Christina S. Han, MD and Devereaux (Neil) Saller, MD

Contributors: Drs. Mary D'Alton, Erica Berggren, Barbara Head, Andy Helfgott, Brian Iriye, Priya Rajan, Alison Stuebe and Brian Mercer

SEE YOU IN NEW ORLEANS!