

Special Delivery



SOCIETY FOR MATERNAL-FETAL MEDICINE

Volume 5, Issue 2

April, 2013

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



Brian Mercer, MD
SMFM President

Dear Society Members,
Welcome to the Spring Issue of *Special Delivery*. We've had a lot going on the past few months. It kicked off with the annual scientific meeting attended by over 2,000 in San Francisco, where we heard the best in obstetric research from across the world, caught up with friends and colleagues, and learned about the most recent advanced in maternal and fetal medicine from leaders in our field. As the snow melts across the country, Bill Grobman and his team have already begun work on next year's program, which promises to be informative and innovative.

We've continued to be busy since the Annual

meeting. In March, the 3rd Annual 1st year Fellow's retreat was held in Palisades New York. Rained-out and delayed by Hurricane Sandy last October, the retreat was attended by 90 fellows who learned about the Society and our Foundation, opportunities for funding through the NIH, communication skills, appreciating the spectrum of maternal and fetal care, and scientific writing and presentations. In addition, they were able to spend time meeting their classmates and giants in our field such as Drs. Mary D'Alton, Tom Garite, and John Queenan.

In April we will hold a congressional briefing on Capitol Hill during which we will discuss *Pregnancy as a Window for Future Health: Maximizing care for pregnant women*. In this session we will raise awareness of events in pregnancy that can unveil opportunities to treat and prevent maternal obesity, diabetes, hypertension, heart disease, and their complications, and to improve long-term children's health. Working with representatives from ABOG, ACOG, HRSA, and others, we continue work initiated

last year to reinforce the leadership of MFM sub-specialists in maternal care and critical care obstetrics, establish national obstetric guidelines and levels of maternity care, and enhanced fellow training.

With an increasing emphasis on efficient and quality focused healthcare and with anticipated changes coming related to the [Affordable Healthcare Act](#), healthcare providers and institutions will need to be proactive and adaptable. Maternal-fetal medicine sub-specialists can play a key role in the evolution of obstetric healthcare, and the Society will continue to work to assure you are informed, prepared, and ready to take the lead in your communities and nationally.

Best wishes,

Brian Mercer, MD

"MATERNAL-FETAL
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Special Delivery

OVERVIEW OF THE 33RD SMFM ANNUAL MEETING—THE PREGNANCY MEETING—by [Stephanie Martin, DO](#)



Dr. Kate Menard presents Honorary Member, Dr. Michael Lu, with his plaque

MULTIPLE
POSTGRADUATE
COURSES WERE
OFFERED
INCLUDING
NUMEROUS
TOPICS IN
ULTRASOUND
AND MATERNAL
CLINICAL
MEDICINE,
ETHICS, GENETICS
AND
SIMULATION.

The 33rd Annual meeting of the Society for Maternal Fetal Medicine was held in San Francisco, California, February 11-16, 2013. The meeting boasted its highest attendance to date with 2113 attendees, 337 Fellow-in Training (members 225 & Non Members 112) and Guests 563/Nurses 80/ Non-Member Residents 158/Non-member Fellows 112 = 913.

Multiple Postgraduate Courses were offered including numerous topics in ultrasound and maternal clinical medicine, ethics, genetics and simulation. Attendees were also able to participate in nuchal translucency credentialing and a Reviewer Course for the Gray and Green Journals.

A 2-day combined NICHD/SMFM/ACOG/AAP Workshop took place regarding periviable birth. Collaborative all day workshops took place at the Annual Meeting; the first entitled Putting the “M” Back in MFM. With representatives from SMFM and including ACOG/ABOG/CDC and NICHD, the group met for the second time to review the issue of perceived declining expertise in maternal care in MFM subspecialists and to make recommendations to address the issue. Additionally, the group will be working to develop guidelines for care of certain maternal conditions including sepsis in pregnancy and prevention of venous thromboembolism. The second was a collaborative SMFM NICHD regarding the merits of funded and unfunded research. Young investigators heard about career strategies, tips and pitfalls of starting a lab, collaborative research, and academic productivity with and without federal funding.

The 17 Wednesday afternoon Scientific Forums were very well attended and received rave reviews. Several new events took place this year including the MFM Fellowship Program Director’s Retreat, the Resident’s Forum and a combined MFM/Genetics Fellows Retreat. On Thursday, the research presentations began and were once again very well attended. The quality and quantity of outstanding basic and clinical research were a meeting highlight.

Michael Lu, MD, MS, MPH served as the 2013 Honorary SMFM Member and Guest Moderator for the Thursday morning Oral Plenary Session. Dr. Lu, is an OB/GYN and is the Associate Administrator of the Maternal Child Health Bureau (MCHB), Health Resources Services Administration, United States Department of Health & Human Services. *The mission of MCHB is to provide leadership, in partnership with key stakeholders, to improve the physical and mental health, safety and well-being of mothers, children and families.* Dr. Lu joined HRSA from the University of California, Los Angeles Schools of Medicine and Public Health, where he was associate professor of obstetrics, gynecology and public health. Dr. Lu brings years of experience in MCH research, practice, and policy to his post at HRSA. Prior to his appointment, Dr. Lu chaired the Secretary’s Advisory Committee on Infant Mortality. He has served on two Institute of Medicine (IOM) committees (Committee on Understanding Premature Birth and Assuring Healthy Outcomes, and Committee to Reexamine IOM Pregnancy Weight Guidelines), and the Centers for Disease Control and Prevention Select Panel on Preconception Care. He was a lead investigator for the National Children’s Study and led a project to monitor and improve the quality and safety of maternity care in California. He was best known for his research on racial-ethnic disparities in birth outcomes, and his leadership on conceptualization of the life course model of health determinants. As an honorary SMFM member we look forward to improvements in MCH and collaborative opportunities under his direction. Additional honorees included Michael Foley, MD who was presented with the SMFM Lifetime Achievement Award, Elliott Main, MD was honored with the State and Local Leadership Award and Brian Iriye, MD received the Steven Gabbe Award in recognition of his work on behalf of the Pregnancy Foundation.

On Thursday evening, a fundraiser and dinner was held in honor of Edward Quilligan, MD. Many of his friends and colleagues were able to attend and raised funds for the Quilligan Scholars Program through the Pregnancy Foundation.

In all, the 33rd SMFM Annual Meeting was a resounding success!

PRESENTATIONS SELECTED FOR SPECIAL AWARDS

March of Dimes Award for Best Research in Prematurity

Prevention of preterm delivery by 17 alpha-hydroxyprogesterone caproate in asymptomatic twin pregnancies with a short cervix: a randomized controlled trial

Marie Victoire Senat¹, Philippe Derulle², Norbert Winer³, Patrick Rozenberg⁴

¹Hôpital Bicêtre, Hôpital Antoine Bécère, AHP, Paris Sud, Faculté de médecine Paris XI, Department of Obstetrics and Gynecology, Clamart, France, ²Hôpital Jeanne de Flandre, CHU Lille, F-59000, EA2694, UDSL, Université Lille Nord de France, Department of Obstetrics and Gynecology, Lille, France, ³Hôpital Mère-Enfant, Department of Obstetrics and Gynecology, Nantes, France, ⁴Hôpital Poissy saint-Germain, Department of Obstetrics and Gynecology, Poissy, France

The Dru Carlson Memorial Award for Best Research in Ultrasound and Genetics

Decreased apoptosis in fetuses of obese women: implications for neurodevelopment

Andrea Edlow¹, Neeta Vora¹, Lisa Hui², Heather Wick³, Janet Cowan⁴, Diana Bianchi²

¹Tufts Medical Center, Mother Infant Research Institute, and Division of Maternal-Fetal Medicine, Boston, MA, ²Tufts Medical Center, Mother infant Research Institute, Boston, MA, ³Tufts University, Department of Computer Science, Medford, MA, ⁴Tufts Medical Center, Department of Pathology, Boston, MA

The Norman F. Gant Award for Best Research in Maternal Medicine

Comprehensive maternal hemorrhage protocols reduce utilization of blood products and improve patient safety

Larry Shields¹, Benda Chagolla¹, Janet Fulton¹, Barbara Pelletreau¹

¹Dignity Health, Patient Safety and Quality, San Francisco, CA

THE SOCIETY'S AWARD OF RESEARCH EXCELLENCE WAS PRESENTED TO THE FOLLOWING PRESENTATIONS

Oral Sessions

The Twin Birth Study: a multicenter RCT of planned cesarean section(CS) and planned vaginal birth (VB) for twin pregnancies 320 to 386/7 weeks

Jon Barrett¹, Elizabeth Aztatlos¹, Andy Willan², Ks Joseph⁵, B. Anthony Armson³, Eileen Hutton⁴, Alexander Allen⁸, Arne Ohlsson⁶, Sue Ross⁷, Scott Farrell³, Amiram Gafni⁹, Nan Okun¹⁰, Mary Hannah¹

¹Sunnybrook Health Science Centre, University of Toronto, Women and Babies Program, Toronto, ON, Canada, ²University of Toronto, Child Health Evaluative Sciences, Sickkids Research Institute, Toronto, ON, Canada, ³Dalhousie University, Obstetrics & Gynecology, Halifax, ON, Canada, ⁴McMaster University, Faculty of Health Sciences, Hamilton, ON, Canada, ⁵University of British Columbia, Obstetrics & Gynecology, Vancouver, BC, Canada, ⁶Mt. Sinai Hospital, University of Toronto, Paediatrics, Toronto, ON, Canada, ⁷University of Alberta, Obstetrics & Gynecology, Edmonton, AB, Canada, ⁸Dalhousie University, Paediatrics, Halifax, NS, Canada, ⁹McMaster University, Clinical Epidemiology & Biostatistics, Hamilton, ON, Canada, ¹⁰Mt. Sinai Hospital, University of Toronto, Obstetrics & Gynecology, Toronto, ON, Canada

Vaginal PROgesterone as Maintenance treatment after an epIisode of prEterm labor (PROMISE Study): a randomized, double blinded, placebo-controlled trial

Montse Palacio¹, Teresa Cobo¹, Eugenia Antolín², María Ramirez³, Francisco Cabrera⁴, Fernando Mozo de Rosales⁵, José Luis Bartha⁶, Miquel Juan⁷, Anna Martí⁸, Daniel Orós⁹, Àgueda Rodríguez¹⁰, Elena Scazzocchio¹¹, José María Olivares¹², Sara Varea¹, On behalf of the PROMISE



Dr. Elliot Main receives the State and Local Leadership Award from Dr. Kate Menard



Dr. Philippe Deruelle receives the March of Dimes award for Best Research in Prematurity from Dr. Edward McCabe



Dr. Montse Palacio accepts her award from Dr. Donna Johnson

Special Delivery

ANNUAL MEETING OVERVIEW—continued

Collaborative Group¹

¹Hospital Clínic Barcelona, Maternal Fetal Medicine, Barcelona, Spain, ²Hospital Gregorio Marañón, Obs&Gyn, Madrid, Spain, ³Hospital Virgen de la Macarena, Obs&Gyn, Sevilla, Spain, ⁴Complejo Hospitalario Universitario Insular, Obs&Gyn, Las Palmas de Gran Canaria, Spain, ⁵Hospital de Basurto, Obs&Gyn, Bilbao, Spain, ⁶Hospital Puerta del Mar, Obs&Gyn, Cádiz, Spain, ⁷Hospital de Son Llàtzer, Obs&Gyn, Mallorca, Spain, ⁸Hospital Sant Joan de Déu, Obs&Gyn, Manresa, Spain, ⁹Hospital Clínico Universitario "Lozano Blesa", Obs&Gyn, Zaragoza, Spain, ¹⁰Corporació Sanitaria Parc Taulí, Obs&Gyn, Sabadell, Spain, ¹¹USP Institut Universitari Dexeus, Obs&Gyn, Barcelona, Spain, ¹²Hospital de Terrassa, CST, Obs&Gyn, Terrassa, Spain

Maternal magnesium supplementation reduces incidence of intrauterine growth restriction in a rat model and modulates cytokine expression

Amanda Roman¹, Neeraj Desai¹, Madhu Gupta², Malvika Solanki², Xiangying Xue², Prodyot Chatterjee², Burton Rochelson¹, Christine Metz²

¹Division of Maternal-Fetal Medicine, Hofstra North Shore-LIJ School of Medicine, Manhasset, NY, ²Center for Immunology and Inflammation, Feinstein Institute for Medical Research, Manhasset, NY

A Randomized Controlled Trial of Immediate versus delayed Cord Clamping in the Preterm Neonate

Andrew Elimian¹, Jean Goodman², Marilyn Escobedo³, Lydia Nightingale², Eric Knudtson², Marvin Williams²

¹New York Medical College-Westchester medical Center, Obstetrics and Gynecology, Valhalla, NY, ²University of Oklahoma Health Sciences Center, Obstetrics and Gynecology, Oklahoma City, OK, ³University of Oklahoma Health Sciences Center, Pediatrics, Oklahoma City, OK

The effect of maternal pravastatin therapy on adverse neurologic outcomes of the offspring in a murine model of preeclampsia

Alissa Carver¹, Esther Tamayo¹, J Regino Perez-Polo², George Saade¹, Maged Costantine¹

¹University of Texas Medical Branch, Obstetrics & Gynecology, Galveston, TX, ²University of Texas Medical Branch, Biochemistry & Molecular Biology, Galveston, TX

The effect of prenatal pravastatin treatment on altered fetal programming of cardiovascular function in a preeclampsia-like murine model

Mollie McDonnold¹, Esther Tamayo¹, Talar Kechichian¹, Rheanna Urrabaz-Garza¹, Monica Longo¹, George Saade¹, Maged Costantine¹

¹University of Texas Medical Branch, Obstetrics and Gynecology, Galveston, TX

The Influence of a low Glycaemic Index Dietary Intervention on Maternal Glycaemic Index, Dietary Intake and Gestational Weight Gain

Jennifer Walsh¹, Ciara McGowan¹, Jacinta Byrne¹, Michael Foley¹, Rhona Mahony¹, Fionnuala McAuliffe¹

National Maternity Hospital¹, University College Dublin, Dublin, Ireland

High Risk Human Papillomavirus at Entry to Prenatal Care and Risk of Preeclampsia

Mollie McDonnold¹, Holly Dunn¹, Ashley Hester¹, Luis Pacheco¹, Gary Hankins¹, George Saade¹, Maged Costantine¹

¹University of Texas Medical Branch, Department of Obstetrics and Gynecology, Galveston, TX

Intramniotic inflammation may be more important than the presence of microbes as a determinant of perinatal outcome in preterm labor

C Andrew Combs¹, Michael Gravett², Thomas Garite¹, Durlin Hickok³, Richard Porreco⁴, Jodi Lapidus⁵, Thomas Grove⁶, Julie Rael¹, Hugh Miller⁷, William Clewell⁸, David Luthy⁹, Leonardo Pereira¹⁰,



Dr. Amanda Roman accepts her award from Dr. Donna Johnson



Dr. Molly McDonnold accepts her award from Dr. Johnson



Dr. Jennifer Walsh accepts her award from Dr. Johnson

ANNUAL MEETING OVERVIEW—continued

Michael Nageotte¹¹, Drew Robilio², Steven Fortunato¹², Hyagriv Simhan¹³, Jason Baxter¹⁴, Erol Amon¹⁵, Albert Franco¹⁶, Kenneth Trofatter¹⁷, Kent Heyborne¹⁸

¹Obstetrix Medical Group, Center for Research, Education, & Quality, Sunrise, FL, ²University of Washington, Obstetrics & Gynecology, Seattle, WA, ³Proteogenix, Inc., Maternal-Fetal Medicine, Costa Mesa, CA, ⁴Presbyterian St. Luke's Medical Center, Obstetrix Medical Group, Denver, CO, ⁵Oregon Health Sciences University, Biostatistics, Portland, OR, ⁶Grove Diagnostics, Laboratory, Manhattan Beach, CA, ⁷Obstetrix Medical Group, Watching Over Mothers & Babies, Tucson, AZ, ⁸Obstetrix Medical Group, Phoenix Perinatal Associates, Phoenix, AZ, ⁹Swedish Medical Center, Obstetrix Medical Group, Seattle, WA, ¹⁰Oregon Health Sciences University, Obstetrics & Gynecology, Portland, OR, ¹¹Long Beach Memorial Medical Center, Obstetrix Medical Group, Long Beach, CA, ¹²Centennial Women's Hospital, Perinatal Research Group, Nashville, TN, ¹³Magee Women's Hospital, University of Pittsburgh, Obstetrics & Gynecology, Pittsburgh, PA, ¹⁴Thomas Jefferson University, Maternal-Fetal Medicine, Obstetrics & Gynecology, Philadelphia, PA, ¹⁵St Louis University School of Medicine, Obstetrics & Gynecology, St Louis, MO, ¹⁶Carolinas Medical Center, Obstetrics & Gynecology, Charlotte, NC, ¹⁷Greenville Hospital System University Medical Center, Maternal-Fetal Medicine, Greenville, SC, ¹⁸Swedish Medical Center, Obstetrix Medical Group, Denver, CO

Labor and delivery coverage: around-the-clock or as-needed?

Yvonne Cheng¹, Arianna Cassidy¹, Blair Darney², Erika Catrell², Jonathan Snowden², Aaron Caughey²

University of California, San Francisco, Obstetrics, Gynecology and Reproductive Sciences¹, San Francisco, CA, ²Oregon Health and Science University, Obstetrics and Gynecology, Portland, OR

Poster Sessions

Higher Neonatal Serum Magnesium Levels Correlate with Improved Neurodevelopmental Outcomes in Early Preterm Infants

Joshua Bonkowski², Elizabeth Doll², Jacob Wilkes², Roger Faix², Erin A. S. Clark¹

¹University of Utah School of Medicine, Department of Obstetrics and Gynecology, Salt Lake City, UT, ²University of Utah School of Medicine, Department of Pediatrics, Salt Lake City, UT

A Randomized Control Trial of Inner Thigh Taping versus Traction for Cervical Ripening with a Foley Catheter

Kelly Gibson¹, Brian Mercer¹, Judette Louis²

¹MetroHealth Medical Center-Case Western Reserve

University, Division of Maternal Fetal Medicine, Department of Obstetrics and Gynecology, Cleveland, OH, ²University of South Florida, Division of Maternal Fetal Medicine Department of Obstetrics & Gynecology, Morsani College of Medicine, Tampa, FL

An optimized measure of maternal stress is associated with biologic markers of stress and pregnancy outcome

Ann Borders¹, Jin-Shei Lai², Kwang-Youn Kim³, Zeeshan Butt⁴, John Thorp⁵, Nancy Dole⁶, Jane Holl⁷, William Grobman⁸

¹Evanston NorthShore University HealthCare System, University of Chicago Pritzker School of Medicine, Obstetrics and Gynecology, Division of Maternal-Fetal Medicine, Evanston, IL, ²Northwestern University Feinberg School of Medicine, Department of Medical Social Sciences, Chicago, IL, ³Northwestern University Feinberg School of Medicine, Department of Preventative Medicine, Chicago, IL, ⁴Northwestern University Feinberg School of Medicine, Department of Medical Social Sciences, Center for HealthCare Studies, Chicago, IL, ⁵University of North Carolina, Obstetrics and Gynecology, Division of Maternal-Fetal Medicine, Chapel Hill, NC, ⁶University of North Carolina, Carolina Population Center, Chapel Hill, NC, ⁷Northwestern University Feinberg School of Medicine, Center for HealthCare Studies, Department of Pediatrics, Chicago, IL, ⁸Northwestern University Feinberg School of Medicine, Obstetrics and Gynecology, Division of Maternal-Fetal Medicine, Center for HealthCare Studies, Department of Preventative Medicine, Chicago, IL

Development of an Artificial Organ System to Prevent Maternal PKU Syndrome

Donna Santillan¹, Anita Xavier², Mark Santillan¹, Stephen Hunter¹

¹University of Iowa Hospitals & Clinics, Obstetrics & Gynecology, Iowa City, IA, ²University of Iowa, Biomedical Engineering, Iowa City, IA

Immediate skin-to-skin contact after caesarean delivery to improve neonatal pain tolerance

Jean-Charles Pasquier¹, Simon Blouin¹, Kathya Daigle², Stéphanie Corriveau³, Daniel Thibodeau¹, Philippe Goffaux²

¹Université de Sherbrooke, Obstetrics and gynecology, Sherbrooke, QC, Canada, ²Université de Sherbrooke, Surgery, Sherbrooke, QC, Canada, ³Université de Sherbrooke, Physiology and biophysics, Sherbrooke, QC, Canada

Special Delivery



Guests enjoyed performers at the Second Annual **Hope is Born** event

“THE SECOND ANNUAL HOPE IS BORN EVENT ORGANIZED BY THE LAS VEGAS CHAPTER OF THE PREGNANCY FOUNDATION TOOK PLACE AT THE ACT NIGHTCLUB IN LAS VEGAS ON MARCH 15TH. THE NIGHT INCLUDED FABULOUS AVANT-GARDE PERFORMANCES FROM ACROBATS, ACTORS, AND DANCERS WHO INTERACTED WITH THE ATTENDEES THROUGHOUT THE NIGHT.”

FROM THE PREGNANCY FOUNDATION—by [Tom Garite, MD](#)

[The Pregnancy Foundation](#) is dedicated to the mission of fostering education and research in Maternal Fetal Medicine. Towards that end we are extremely proud that both the fund raising efforts necessary to pursue this mission and the programs the Foundation helps sponsor have been very active and successful in recent months

The Quilligan Scholars Program, launched at the Annual SMFM Meeting, has so far raised over \$250,000 from the generous contributions of our members, our Corporate Sponsors; Abbott, Sequenom, and Verinata, and even ACOG and ABOG. A special ‘thank you’ goes out to all of those who helped plan and were able to attend the SMFM 40th Anniversary Quilligan Scholars Dinner. A committee chaired by Drs. Queenan and Platt has been established and recently met to begin planning the details of this program. Up to five third and fourth year residents who are felt to have promise to be future leaders in our field will be selected each year. The scholars will be offered sponsorship to attend the annual SMFM meeting, recognition, mentoring, and elective educational opportunities to foster their careers.

The Second Annual Hope is Born event organized by the Las Vegas Chapter of the Pregnancy Foundation took place at The Act Nightclub in Las Vegas on March 15th. The night included fabulous avant-garde performances from acrobats, actors, and dancers who interacted with the attendees throughout the night. While guests enjoyed the performances, cocktails, and Pregnancy Foundation presentation, the silent and live auctions took place. Fifty percent of the donations will go towards supporting the national Pregnancy Foundation, its programs, and research grants. The remaining fifty percent will go to the Las Vegas Chapter for local educational programs and funding of medical endeavors for people in need with reduced income for assistance with medication or for medical equipment.

The 3rd Annual First-Year MFM Fellows Retreat jointly sponsored by our Foundation, the Society and the Gottesfeld-Hohler Memorial Foundation was held the third week of March in NY. This event had been postponed from October of last year due to hurricane Sandy. The event, lasting three days, was well attended with participation from almost every fellowship program in the country as well as about 20 highly regarded leaders in our specialty. Attendees participated in lectures, small group sessions, team building exercises, and leisure activities focused on career skills, work-life balance, and research. The retreat was a very exciting and educational experience where First-Year Fellows were able to interact and learn from faculty as well as other fellows from various programs across the country.

The Pregnancy Foundation would like to say thank you again to everyone who helped with the planning and execution of the events mentioned. We would also like to thank those who continue to support our Foundation through donating, attending, and spreading the word about our programs and events. We have many exciting plans for The Pregnancy Foundation and we are looking forward to the rest of the year.

Tom Garite, M.D.

Chairman, The Pregnancy Foundation

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QUILLIGAN SCHOLARS DINNER: GENERATIONS—by [Larry Platt, MD](#)

The Quilligan Scholars program was announced at this year's annual Pregnancy Meeting. A special evening was held honoring Edward Quilligan, the giant in our field who during his more than 50 years practicing maternal-fetal medicine has contributed to our specialty, our society and the healthcare of women. Dr. Quilligan has trained more physician members than any single individual in our field. He is a true scholar and gentleman, and currently provides service as the co-chair of the Development Committee of the Pregnancy Foundation, along with Dr. John T. Queenan. John and I had the privilege of chairing this event to bring together leaders in our field to honor the career of Dr. Quilligan. From the outstanding tribute by Dr. Queenan to the singing chorus led by Dr. Manny Porto and Dr. Robert Resnick to the guest comedian, the whole evening buzzed. The event was a resounding success and raised over \$250,000 for the Quilligan Scholars Program.

What is the Quilligan Scholars Program? No better way to honor a man than to continue in his legacy by building young leaders for the future. The Quilligan Scholars program will be awarded annually to approximately five second or third year residents who have shown a special interest in maternal-fetal medicine and who will be mentored in our specialty by not only their residency program directors and maternal-fetal medicine specialists, but also members of the Society of Maternal-Fetal Medicine leadership. The scholars will attend the annual Pregnancy Meeting, in addition to other educational programs throughout the year including courses in ethics and research. They will have the opportunity to meet and speak with luminaries in the field to help them along their journey, as well as attend the annual Fellows Retreat. Applications for the program will be accepted in the summer through nomination by their program director. Further information when available will be provided both through *Special Delivery* as well as the [Society of Maternal-Fetal Medicine](#) and [Pregnancy Foundation](#) websites.

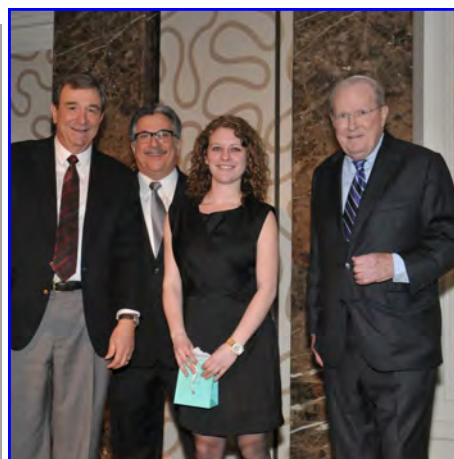
A SPECIAL EVENING
WAS HELD HONORING
EDWARD QUILLIGAN,
THE GIANT IN OUR
FIELD WHO DURING
HIS MORE THAN 50
YEARS PRACTICING
MATERNAL-FETAL
MEDICINE HAS
CONTRIBUTED TO OUR
SPECIALTY, OUR
SOCIETY AND THE
HEALTHCARE OF
WOMEN.



Dr. Quilligan receives a standing ovation



Dr. Edward Quilligan



Dr. Tom Garite, Dr. Larry Platt, Sarah Kyger and Dr. John Queenan

Special Delivery

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



3rd Annual Fellows Retreat

“THE RETREAT WAS A GREAT OPPORTUNITY TO LEARN ABOUT MFM CAREER PATHS, RESEARCH, AND MENTORING -- AND IT WAS FUN TO MEET THE FACULTY AND OTHER FIRST YEAR FELLOWS!” LYNN YEE, 1ST YEAR FELLOW, NORTHWESTERN UNIVERSITY

First Year Fellow Retreat

MFM fellows from around the country and over twenty faculty members recently attended the 3rd annual First Year Fellows Retreat. After being postponed last fall during Hurricane Sandy, organizers worked quickly to reschedule this event, a unique opportunity to introduce MFM fellows to each other, to the leaders in our field, and to the world of MFM. Sponsored by SMFM, The Pregnancy Foundation and the Gottesfeld-Hohler Memorial Foundation, this year's retreat was held at the IBM Palisades Executive Conference Center in Palisades, NY, from March 16–18, 2013. Through lectures and small-group sessions, faculty and fellows discussed strategies for developing research projects, establishing strong relationships with mentors and colleagues, and planning ahead for future careers. The conversations continued over food, drink, and a friendly cook-off competition. We offer our sincere thanks to Dr. Mercer, SMFM President, and all who made this retreat possible.

Associate Member Representative

Congratulations to Jerry Ballas, 3rd year MFM Fellow at UCSD, who was elected as our new Associate Member Representative position. Our current representatives for this two-person, two-year position are Nicholas Behrendt and Lisa Levine, and they serve as non-voting members of the SMFM Board of Directors. Jerry will join Lisa Levine on the SMFM Board in 2014 to represent current fellows and recently graduated Maternal-Fetal Medicine physicians.

Additional News & Resource Reminders:

Check out the website at www.smfm.org under the [Education & Research](#) and [The Pregnancy Foundation](#) tabs.

[The Fellow Lecture Series](#), sponsored by The Society for Maternal-Fetal Medicine on the first and third Wednesdays of each month. These live lectures followed by live Q&A sessions are a unique opportunity to learn about Core Topics in MFM, Ultrasound, and Research from the leaders in our field.

The [Pregnancy Foundation/AAOGF Scholarship Award](#) supports a single scholarship in MFM each year to support up to three years of research training and work. Second and third year MFM fellows are eligible. See the website for application details.

CONSENSUS PANEL ON OBSTETRIC ULTRASOUND CONVENES—by [Uma Reddy, MD](#)

The **Fetal Imaging Workshop** co-sponsored by the [National Institute of Child Health and Human Development](#) (NICHD), [Society for Maternal-Fetal Medicine](#) (SMFM), [American Institute of Ultrasound in Medicine](#) (AIUM), [American Congress of Obstetricians and Gynecologists](#) (ACOG), [American College of Radiology](#) (ACR), [Society of Radiologists in Ultrasound](#) (SRU) and [Society for Pediatric Radiology](#) (SPR) occurred December 13-14, 2012 at NICHD.

The goals of the workshop were to:

1. Synthesize the available information regarding indications for ultrasound in pregnancy and when/how often should those ultrasounds be performed.
2. Synthesize the available information on indications for MRI in pregnancy and the timing of such studies (who should have an MRI, what are the indications for MRI, and when/how often should an MRI be performed).
3. Provide recommendations on need for additional imaging of obstetric complications and in specific patient populations.
4. Inform future research regarding these issues.

An executive summary is in preparation as well as a journal issue with articles based on the workshop presentations.



AMFMM UPDATE—by [Brian Iriye, MD](#)

IMPORTANT NEW PRACTICE AND PHYSICIAN BENCHMARKING SURVEY

The [Association of Maternal Fetal Medicine Management](#) (AMFMM) aims to obtain benchmarking and disseminating data regarding perinatology practices. The SMFM published our survey from 2011 in their book “**40 Years of Leading Maternal and Fetal Care**”, which was distributed at the annual meeting. The information in the survey presented key information on scheduling, salary, directorship payments, billing services, and ancillary services. It is this kind of critical information that will allow leaders to make appropriate decisions for practice management.

Our next benchmarking endeavor is a patient survey evaluating your front office, waiting times, billing departments, facility, practice communication, and physicians. The results of this survey will provide insight into how your office is performing and how your physicians are meeting patient needs. The survey is being performed by Sullivan-Luallin, the premier healthcare survey corporation in the United States. Surveys done by this corporation usually cost from \$500 to \$1000 per physician in a group. AMFMM is providing this to member practices at no-cost to the first 400 physicians. An AMFMM membership can be obtained at <https://www.amfmm.com/Membership.aspx>. Membership will provide your group access as well for reduced cost for our annual practice management conference, business tips, quarterly newsletters, and access to our member forums.

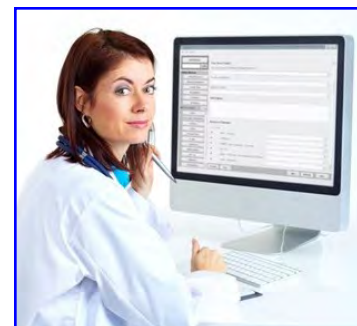
AMFMM membership is based upon physician numbers per group and is:

- Regular Membership: 1 - 3 Perinatologists
\$ 300.00 per year
- Regular Membership: 4 - 6 Perinatologists
\$ 450.00 per year
- Regular Membership: 7+ Perinatologists
\$ 600.00 per year

There are currently over 125 physicians signed up for this survey that will be emailed to patients. Data will be compiled by Sullivan-Luallin and be grouped and standardized for all practices as well as practice types (hospital based, private practice, or academic center). An example of the survey information is presented on page 10. Non-member groups may sign up for the survey at a cost of \$250 per physician. You may sign up by calling 702-382-3332 and asking for Dan Peterson or Nubia Sandhu, or emailing your intent for your group to join the survey by emailing Dan Peterson at dpeterson@hrpregnancy.com or Nubia Sandhu at nsandhu@hrpregnancy.com. The survey will go live by the end of April 2013, so sign up now!



OUR NEXT
BENCHMARKING
ENDEAVOR IS A
PATIENT SURVEY
EVALUATING YOUR
FRONT OFFICE,
WAITING TIMES,
BILLING
DEPARTMENTS,
FACILITY, PRACTICE
COMMUNICATION,
AND PHYSICIANS.



Special Delivery

AMFMM UPDATE—continued

Sample Report

PATIENT SURVEY February 2012						Sample Size: n=164	
	Excellent %	Very Good %	Good %	Fair %	Poor %		
A. YOUR APPOINTMENT:							
1. Ease of making appointments by phone.....	51.6	32.3	14.9	1.2	0.0		
2. Appointment available within a reasonable amount of time....	52.5	33.3	11.7	2.5	0.0		
3. Getting care for illness/injury as soon as you wanted it.....	55.3	28.9	13.2	2.6	0.0		
4. Getting after-hours care when you needed it.....	42.4	32.2	15.3	8.5	1.7		
5. The efficiency of the check-in process.....	60.2	33.5	6.2	0.0	0.0		
6. Waiting time in the reception area.....	32.1	40.9	24.5	2.5	0.0		
7. Waiting time in the exam room.....	23.2	47.0	26.5	2.6	0.7		
8. Keeping you informed if appointment time was delayed.....	42.9	23.5	21.4	8.2	4.1		
9. Ease of getting a referral when you needed one.....	62.9	26.7	9.5	1.0	0.0		
B. OUR STAFF:							
1. The courtesy of the person who took your call.....	61.6	31.1	6.1	1.2	0.0		
2. The friendliness and courtesy of the receptionist.....	68.1	23.3	8.0	0.6	0.0		
3. The caring concern of our nurses/medical assistants.....	61.5	28.0	9.3	1.2	0.0		
4. The helpfulness of people who assisted with billing/ins.....	57.6	25.4	15.3	0.8	0.8		
5. The professionalism of our lab or x-ray staff.....	59.5	28.9	9.9	1.7	0.0		
C. OUR COMMUNICATION WITH YOU:							
1. Your phone calls answered promptly.....	40.4	37.9	17.4	4.3	0.0		
2. Getting advice or help when needed during office hours.....	42.1	34.3	17.9	5.0	0.7		
3. Explanation of your procedure (if applicable).....	56.1	31.8	9.3	2.8	0.0		
4. Your test results reported in reasonable amount of time.....	37.5	33.8	21.3	5.9	1.5		
5. Effectiveness of our health information materials.....	45.7	38.0	14.7	1.6	0.0		
6. Our ability to return your calls in a timely manner.....	35.7	37.1	21.4	5.0	0.7		
7. Your ability to contact us after hours.....	42.9	24.3	17.1	15.7	0.0		
8. Your ability to obtain prescription refills by phone.....	51.4	26.6	12.8	7.3	1.8		
D. YOUR VISIT WITH THE PROVIDER:							
1. Willingness to listen carefully to you.....	73.9	18.6	6.2	0.6	0.6		
2. Taking time to answer your questions.....	78.1	16.3	3.8	1.3	0.6		
3. Amount of time spent with you.....	67.9	18.2	11.9	1.3	0.6		
4. Explaining things in a way you could understand.....	72.5	23.1	3.8	0.0	0.6		
5. Instructions regarding medication/follow-up care.....	67.9	25.0	6.4	0.0	0.6		
6. The thoroughness of the examination.....	67.3	26.4	5.7	0.0	0.6		
7. Advice given to you on ways to stay healthy.....	66.7	23.5	7.8	1.3	0.7		
E. OUR FACILITY:							
1. Hours of operation convenient for you.....	55.9	31.1	11.8	1.2	0.0		
2. Overall comfort.....	56.5	32.3	9.9	1.2	0.0		
3. Adequate parking.....	60.1	26.6	10.8	2.5	0.0		
4. Signage and directions easy to follow.....	57.7	28.8	11.5	1.3	0.6		
F. YOUR OVERALL SATISFACTION WITH:							
1. Our practice.....	63.4	29.2	6.8	0.0	0.6		
2. The quality of your medical care.....	70.4	23.3	5.7	0.6	0.0		
3. Overall rating of care from your provider or nurse.....	74.1	22.2	3.2	0.0	0.6		
	Definitely Yes %	Probably Yes %	Don't Know %	Probably No %	Definitely No %		
4. Would you recommend the provider to others?.....	78.6	21.4	0.0	0.0	0.0		
	Under 18	18-30	31-40	41-50	51-64	65+	
AGE	1.3%	18.1%	14.2%	19.4%	25.2%	21.9%	
	Male	Female	New Patient		Returning		
GENDER	28.2%	71.8%	ARE YOU A:		3.9%	96.1%	

SullivanLuallin PATIENT SURVEY NETWORK

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CONSENSUS PANEL SUPPORTS MAINTAINING CURRENT GDM GUIDELINES—by [Alison Stuebe, MD](#)

Last month, an independent panel convened by the [National Institutes of Health](#) concluded that despite potential advantages of adopting a new diagnostic approach for gestational diabetes mellitus (GDM), more evidence is needed to ensure that the benefits outweigh the harms.

The panel, which included maternal-fetal medicine physicians, pediatricians, dietitians, and public health researchers, considered the potential costs and benefits of implementing universal one-step testing for GDM with fasting and 2 hour glucose assessment vs. continuing non-fasting screening followed by a 3-hour oral glucose tolerance test to diagnose GDM.

“The panel believes that cost-benefit, cost-effectiveness, and cost-utility research is needed to more fully understand the implications of changing diagnostic protocols for GDM,” said Dr. Peter VanDorsten, conference panel chairperson and Lawrence L. Hester, Jr. Professor, Medical University of South Carolina, Charleston.

Implementing universal one-step testing would increase the prevalence of GDM two to threefold, to 15-20 percent.

“The panel believes that there is not presently sufficient evidence to adopt a one-step approach. We are particularly concerned that the adoption of new criteria would increase the prevalence and the corresponding costs of GDM, without clear demonstration of improvements in key short- and long-term outcomes,” said Dr. VanDorsten. “However, given the potential benefits of a one-step approach, resolution of these concerns would change our conclusion.”

The panel recommended several areas for future research, including health services research to test whether less expensive but equally or more effective approaches can be found for the management of GDM, prospective cohort studies of the real-world impact of GDM treatment on care utilization, and additional research to understand patient preferences and the psychological consequences of a diagnosis, given that different approaches represent different burdens for patients.

Further information on the panels’ recommendations is available at: <http://prevention.nih.gov/cdp/conferences/2013/gdm/default.aspx>

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

The SMFM [Coding Committee](#) frequently receives questions on the appropriate way to report and receive reimbursement when ultrasound services are provided to hospitalized patients. There have been many questions on the SMFM coding site in regards to difficulty getting paid for ultrasound services provided to in-patients. This seems to be an increasingly common problem for MFMs who provide these services for in-patients.

In many hospitals inpatient diagnostic imaging services, both technical and professional may be included in a "bundled" daily rate based on the Diagnostic Related Group (DRG) codes reimbursed by the (IPPS) Inpatient Prospective Payment System to the hospital. The hospital receives a daily fee for diagnostic services (radiology, lab and ultrasound) per patient, regardless of the number of services performed. This can pose a problem for specialty providers such as Maternal-Fetal Medicine physicians when they are asked to provide diagnostic services to inpatients. For example, if an MFM physician performs an ultrasound, he/she bills the insurer and receives a denial stating that diagnostic services are included in hospital payment. When this occurs it is because the services rendered are included in a daily hospital fee. The MFM practice must then negotiate with the hospital (not the insurer) for the technical and/or professional component reimbursements. If the hospital inpatient diagnostic imaging service does NOT include the professional component in the "bundled" daily rate based on Diagnostic Related Group (DRG) codes reimbursed by the (IPPS) Inpatient Prospective Payment System to the hospital, then the physician should bill for the service using the 26 Modifier.

Unfortunately CMS and most payers who follow CMS guidelines will only pay the physician for the professional component when services are performed in a hospital setting, either inpatient or outpatient, regardless of whether the space used is being rented. Rarely your contract may specifically state a “No Site of Service Differential” stipulation and you will be reimbursed for the global ultrasound service.

For complete information regarding the proper coding and billing for inpatient ultrasound please see the recent Coding Committee White Paper “Reporting Inpatient Ultrasound Services provided by a Private Office located in proximity of the Hospital” which can be found on the SMFM website in the coding section

<https://www.smfm.org/attachedfiles/WhitePaperReportingInpatientUltrasound-Feb2013.pdf>

Andy Helfgott, MD

Coding Committee Chair



Society for Maternal-
Fetal Medicine

SOCIETY FOR MATERNAL-FETAL MEDICINE

IMPORTANT DATES TO REMEMBER

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ACOG 61st Annual Clinical Meeting

May 4—8, 2013

New Orleans, LA

http://www.acog.org/About_ACOG/ACOG_Departments/Annual_Clinical_Meeting

Coding for Maternal-Fetal Medicine

May 16—17, 2013

Ritz-Carlton

Phoenix, AZ

www.SMFM.org

XI World Congress of Perinatal Medicine

June 19—22, 2013

Moscow, Russia

<http://www.mcaevents.org/t/01/wcpm2013-1/index.aspx>

53rd Annual Meeting of the Teratology Society

June 22—26, 2013

Tucson, AZ

http://www.teratology.org/meetings/2013/general_information.asp

Diabetes in Pregnancy Study Group (DPSG) of North America Annual Meeting and Postgraduate Course

October 31—November 2, 2013

Washington, DC

<http://CME.MedStarWashington.org/DPSG>

We're on the Web!

www.SMFM.org

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LOOK FOR THE NEXT ISSUE OF SPECIAL DELIVERY IN JUNE 2013!