

# Special Delivery



SOCIETY FOR MATERNAL-FETAL MEDICINE

Volume 4, Issue 4

September, 2012

## MESSAGE FROM THE PRESIDENT

The summer of 2012 brought new opportunities for connection and



collaboration for SMFM, as we worked with old friends and new partners to improve pregnancy outcomes for the patients we serve.

Many of our members busied themselves preparing scientific abstracts for the annual clinical meeting scheduled for February 11 through 16, 2013 in always attractive San Francisco, CA. The program committee, led by Dr. Donna Johnson, is promising an exceptionally worthwhile meeting. Abstracts are undergoing final review. To complement the scientific sessions, Dr. Andy Helfgott is organizing a robust line up of postgraduate courses, and for the third consecutive year, the So-

ciety will host a consensus workshop just prior to the scientific meeting. The topic for February 2013 is "Periviable Birth," cosponsored by AAP, NICHD and ACOG with SMFM. Save the dates!

In keeping with our Society's efforts to "connect and collaborate", on July 12, Dr. O'Keeffe and I joined the principal investigators of the MFMU and the Friends of NICHD coalition to celebrate 50 years of research at the Eunice Kennedy Shriver National Institute of Child Health and Human Development. During the reception, we had the privilege of honoring Congresswoman Rosa Delaura (CT) for her unwavering support of women's and children's health. We also met with the FDA's reproductive health leadership team to discuss how SMFM could support FDA efforts to improve medication safety in pregnancy. In Washington, we also met with leadership from both the American Hospital Association and the National Quality Forum to support projects to limit non-medically indicated deliveries < 39 weeks gestation.

This work builds on the SMFM/ACOG/NICHD consensus statement on late preterm delivery. The National Quality Forum Maternity Action Team is also launching an initiative to reduce the primary cesarean delivery rate in singleton, term, vertex pregnancies to <16 percent. We are hopeful that proceedings from the February 2012 workshop, "Preventing the First Cesarean," cosponsored by SMFM, NICHD and ACOG, will further support the NQF's work on this issue.

SMFM representatives joined public health leaders from across the country for the Health Resources and Services Administration (HRSA)-sponsored Infant Mortality Collaborative Improvement and Innovation Network (COIN) meeting on July 23-24, 2012. Under the leadership of Dr. Michael Lu, Associate Administrator for Maternal and Child Health (MCH), this network will facilitate collaborative learning and adoption of proven qual-

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# Special Delivery

## MESSAGE FROM THE PRESIDENT—*continued*



THE FIRST NATIONAL OBSTETRIC DATA DEFINITIONS CONFERENCE WAS HELD IN EARLY AUGUST, AND MORE THAN 100 PARTICIPANTS GRAPPLED WITH DEFINING A SHARED VOCABULARY FOR BIRTH CERTIFICATES, HOSPITAL DISCHARGE DATA AND ELECTRONIC MEDICAL RECORD CODING

ity improvement principles and practices across 13 southern states to reduce infant mortality and improve birth outcomes. The most effective interventions will scale up to the national level within two years. Teams met around five priority strategies: 1) Reduce elective delivery at <39 weeks, 2) Expand access to interconception care through Medicaid, 3) Increase smoking cessation for pregnant women, 4) Prevent Sudden Infant Death Syndrome (SIDS), and 5) Expand perinatal regionalization. Dr. Wanda Barfield, Director of Reproductive Health at the CDC, Dr. Paul Halverson, Director and State Health Officer of the Arkansas Department of Health, and I co-direct the perinatal regionalization team. In an important step, the group committed to focus on both neonatal and maternal levels of care, recognizing the importance of risk-appropriate care for both mothers and newborns. Dr. Lu's theme of keeping the "M" in MCH and applying the life course perspective harmonizes with the mission and goals of SMFM.

In August, we joined a diverse group of maternity care providers and advocates for ACOG's "Revitalize" campaign, which will develop consen-

sus definitions for obstetric terms to support population research, health policy and quality and safety monitoring. The first National Obstetric Data Definitions Conference was held in early August, and more than 100 participants grappled with defining a shared vocabulary for birth certificates, hospital discharge data and electronic medical record coding. For example, if a mother presents at term with ruptured membranes and receives Pitocin, should that be coded as an induction, or augmentation? With the leadership of Hal Lawrence, Jerry Joseph, Sean Currigan and others at ACOG, a capable and diverse group contemplated such questions during a meeting chaired by Dr. Elliott Main and me. The purpose of the initiative is to 1) standardize OB data definitions for performance measurement, registries, research, EMRs, and birth certificates, 2) educate and advocate for national implementation of standardized elements in EMRs, vital records and registries, 3) increase and improve performance measurement and encourage aggregation. We have only begun, and it has been a pleasure to work with ACOG on this initiative.

The SMFM Board of Directors held our interim meeting July 26-29. We reviewed progress on our strategic plan and continued to develop our committee structure. The Board is grateful for the volunteer work of so many members and for the leadership of our committee chairs. The following committee chairs joined the Board for the interim meeting: Helen Feltoovich (Education), Tom Benedetti (Quality and Safety), Blair Wylie (Global Health), Alison Stuebe (External Communications), Bill Goodnight (Informatics). The Nominating Committee presented a slate of eight members for election to four openings on the Board effective July 2012. If you are a voting member, watch for a ballot via email during the month of September. As summer draws to a close and an academic year unfolds, enjoy the beauty in the rising and setting sun. I welcome your enthusiasm and ideas as we work together to improve pregnancy outcomes for the women we serve.

*M. Kathryn Menard, MD  
SMFM President*

## Volume 4, Issue 4

### NICHD UPDATE: NICHD YOUNG INVESTIGATOR CONFERENCE —by [Alison Stuebe, MD](#)

Fellows in Maternal-Fetal Medicine, Reproductive Endocrinology and Neonatology gathered at the Eaglewood Resort & Spa in August for the 24th Annual NICHD Young Investigator Conference.

The program offered fellows-in-training an inside look at funding mechanisms, the design of clinical trials, the mechanics of study sections, strategies for successful grant applications, and the “Keys to Success in Academics: Juggling Research, Clinical Work and Family.”

Several SMFM members participated in the conference, including Robert Silver, Bill Grobman, Alan Tita, Elizabeth Thom, Uma Reddy, and Cathy Spong.

MFM and neonatology fellows teamed up to contemplate design issues for a trial of antenatal corticosteroids in the late preterm period, and attendees participated in a mock study section, gaining first-hand experience in the process for reviewing grant proposals.

Alan Guttmacher kicked off the conference by welcoming participants with “An Insider’s Overview of the National Institutes of Health,” and on Saturday morning, he shared NICHD successes in a talk entitled, “50th Anniversary of NICHD: How NICHD Research has Changed Practice.”

### CATHERINE SPONG NAMED AS NICHD ASSOCIATE DIRECTOR FOR EXTRAMURAL RESEARCH

The Society for Maternal-Fetal Medicine is pleased to report the appointment of SMFM member, Catherine Spong, MD, as NICHD Associate Director of Extramural Research. *Text excerpted from the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) extramural announcement 9.7.12*

After a rigorous, national search, Dr. Spong was selected from among numerous candidates for the newly created position. She will also become Director of the Division of Extramural Research, NICHD upon final formal approval of the Institute’s reorganization proposal, which we anticipate to be later this month.

Dr. Spong has served for over a decade as Chief of the Pregnancy and Perinatology Branch, NICHD, and has had a consistent history of exemplary leadership, accomplishments, and recognition throughout her career. Dr. Spong’s career spans over 20 years of outstanding medical and clinical research accomplishments and contributions, and she is a recognized national and international expert in the field of maternal and fetal medicine and obstetrics and gynecology. She is a prolific author of important scientific publications and textbooks, serves as an editor of leading scientific journals in the field, and has represented the NICHD in a number of public and professional forums.

Dr. Spong has received numerous awards and recognition for outstanding performance in her career, both from the NIH and from outside sources. She has a deep understanding of the mission and operations of the NIH and of its role in supporting high quality research in the academic community through grant, contract, and training mechanisms. Dr. Spong brings to the new positions of NICHD Associate Director for Extramural Research and Director of the Division of Extramural Research her keen intellect, an impressive professional background, demonstrated leadership skills, and an ability to think broadly and deeply about science and medicine, all of which will make her a superb leader for NICHD’s extramural research programs.



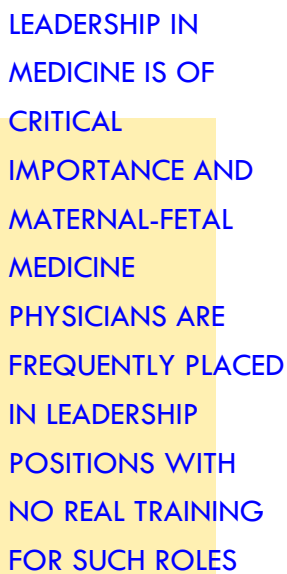
GAEA MOORE, 2ND YEAR  
MFM FELLOW, UNIVERSITY  
OF COLORADO, SAID "I FEEL  
GRATEFUL I HAD THE  
OPPORTUNITY TO ATTEND  
THE NICHD YOUNG  
INVESTIGATOR  
CONFERENCE. IT WAS AN  
INSPIRING FEW DAYS, AND  
I FEEL BETTER PREPARED TO  
TAILOR MY TIME IN  
FELLOWSHIP TO DEVELOP  
AN ACADEMIC CAREER  
WITH WORK-LIFE  
BALANCE."



Catherine Spong, MD

***Congratulations Dr. Catherine Spong!***

ACADEMY FOR LEADERSHIP AND DEVELOPMENT—by [Dan O’Keefe, MD](#)



The course is structured to have three in-person class days, followed by five months of interactive online learning, and then three more in-person days. Enrollment is limited to 30 participants to allow for hands-on learning and small group activities. The inaugural run of this course has been completely filled, and part 1 will take place October 19-21, 2012, and part 2 April 12-14, 2013. Idalynn Karre, PhD, an internationally known writer and instructor in the area of leadership, will be teaching the course. This course is a "don't miss" for MFM physicians who are already in, or hoping to enter, leadership roles. The course will transform participants' leadership skills and, consequently, their careers. It will be offered again next year for those interested.

Sean Esplin received the [Pregnancy Foundation](#) (formerly the SMFM Foundation) scholarship to study genes relevant to normal and abnormal labor in 1999. Since that time, Dr. Esplin has had an exemplary career in academic maternal-fetal medicine. A Utah native, Dr. Esplin completed medical school, residency and fellowship at the University of Utah School of Medicine. He initiated the scholarship during his last year of fellowship and has remained as a faculty member in MFM at Intermountain Health Care and the University of Utah ever since. Dr. Esplin has continued to focus on spontaneous preterm birth with an emphasis on genomics and proteomics. He holds five active grants and has completed five others including several funded by the NICHD. He is currently a co-principal investigator for the Genomic and Proteomic Network for Preterm Birth Research and Nulliparous Mothers-to-be Network and is participating in several projects with the Maternal-Fetal Medicine Units Network. His work has resulted in over 40 peer review publications including a sentinel publication on proteomic serum markers for the prediction of preterm birth published in the *Gray journal* in 2010. He is currently refining his work on the use of proteomic and genomic makers in order to identify women at risk for adverse pregnancy outcomes. In addition to his research accomplishments, Dr. Esplin is a beloved and busy clinician who is dedicated to underserved minority populations in Utah. He also has done medical work in underserved communities in Peru and Mexico. Dr. Esplin receives uniformly excellent feedback for his teaching skills, having received 5 major teaching awards in the last few years. He is truly excelling in all aspects of academic medicine. He is an asset to our community and an example of the type of career that can be fostered by the Pregnancy Foundation.





### BENCHMARKING SURVEYS FOR THE ASSOCIATION OF MATERNAL-FETAL MEDICINE MANAGEMENT (AMFMM) PRACTICES—JOIN TO PARTICIPATE—*By Brian Iriye, MD*

In 2011, the [Association for Maternal Fetal Medicine Management](#) (AMFMM) put together a survey of approximately 50 MFM practices in the United States that gave valuable metrics on physician salary, scheduling practices, sonographer workloads, medical directorship benefits, and other important information. To the practices receiving the data, the information was extremely valuable. AMFMM works for your practice and we consider this benchmarking to be one of the most important aspects of our organization and hope to build on this concept in the next 18 months. We are planning two surveys which will be critical to your practice and set longstanding benchmarks you can measure against multiple studies in the future:

1) a patient satisfaction survey of physicians and 2) a patient satisfaction poll of your sonographer staff.

When performing patient surveys of physicians in our Las Vegas practice approximately 3 years ago, we were very surprised by the results. Certain personnel we thought would score the highest, in reality did not. In fact, we found that the physicians that scored the highest had 2 key characteristics; 1) the perceived time they spent with the patient and 2) the lowest waiting time for the patient to be seen. These were critical findings that we shared with our staff and it spurred several changes in behavior.

There are no known benchmarks for MFM sonographers and their performance. Do you allow your sonographers to discuss concerns with patients? Do your physicians also scan patients? Does that affect patient satisfaction with services? Does perceived time spent by the sonographer and wait time also affect their survey scores? Do AIUM-certified practices score higher than non-certified practices? As you can see, there are many questions that can be answered by AMFMM's surveys. These surveys will only be sent to AMFMM member practices. We hope you will be able to use these surveys to assess where you can improve your practice as well as utilize them for adequate promotion, both academic and private. Please take the time to participate in our upcoming benchmarking survey by joining the close to 100 member practices of AMFMM at [www.amfmm.com](http://www.amfmm.com).



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# Special Delivery

## COMMITTEE UPDATE: PATIENT SAFETY & QUALITY—by [Tom Benedetti, MD](#) and [Kim Gregory, MD](#)



HOW CAN SMFM SUPPORT THE ROLE OF MFM IN DEVELOPING SIMULATION? SMFM WILL CONTINUE LAST YEAR'S SUCCESSFUL SIMULATION POST-GRAD COURSE.

The [Patient Safety & Quality Committee](#) met at this year's Annual Pregnancy Meeting to discuss how SMFM can become more vocal about our contributions to improve obstetric patient safety and quality. Specific questions addressed included:

- Quality indicators: How can SMFM help define hospital and practitioner-level indicators for MFM?
- New credentialing requirements: How can SMFM guide standards as Focused Professional Practice Evaluation (FPPE) and Ongoing Professional Practice Evaluation (OPPE) become part of provider credentialing?
- Obstetrical levels of care: As preexisting maternal morbidity (e.g. age, BMI) increases, how do we emphasize adequate training for clinicians? Should we advocate for Ob levels of care comparable to NICU levels of care?
- Simulation: Soon all surgical residency programs will be mandated to have a simulation center; ACOG is now advocating for a simulation consortium. Many programs are already doing drills with MFMs actively engaged as clinical leaders. How can SMFM support the role of MFM in developing simulation? SMFM will continue last year's successful simulation post-grad course.
- Clinical protocols: Where should SMFM take the lead as multidisciplinary clinical protocols are developed? Examples include expectant management of severe preterm pre-eclampsia, triage of suspected accretas, diagnosis of twin chorionicity and management of monchorionic twins.

## SMFM PARTNERS WITH TEXT4BABY

This month, SMFM celebrates a new partnership with the [text4baby](#) program. Through text4baby, pregnant women and mothers of infants under age one can get health information delivered free to their mobile phones. An educational program of the [National Healthy Mothers, Healthy Babies Coalition](#) (HMHB), text4baby provides women with information during pregnancy and through baby1's first year to help mothers care for their health and give their babies the best possible start in life. Women who sign up for the service by texting BABY (or BEBE in Spanish) to 511411 receive free text messages each week, timed to their due date or baby's date of birth. There is no cost to your patients to sign up.



SMFM is partnering with text4baby because we view this as great tool to reinforce the guidance you provide as a physician. We invite you to join us in spreading the word to your patients. For tips and access to free pre-printed promotional materials, visit [www.text4baby.org](http://www.text4baby.org). To review the text4baby messages, contact [info@text4baby.org](mailto:info@text4baby.org) and request a copy of the content.



## Volume 4, Issue 4

### SOCIAL MEDIA UPDATE—by [Jim Keller, MD](#)

We are catching up with Ashton Kutcher! Although close to 11 million people follow him on twitter, 570 very enlightened people follow [@MySMFM](#). Are you one of them? Last year we saw an explosion of Twitter activity at the Annual Meeting. It is never too early to share your thoughts (having trouble getting that abstract done??). Tweet it to [@MySMFM](#) or be one of the first to mark your tweet for next year's meeting, #SMFM13.

But don't stop with Twitter -- "Like" our [Facebook page](#) as well. You will join over 3000 other people from twenty countries.

Don't forget the new kid on the block, [SMFM Communities](#). Now with close to 400 members and 19 groups, the clinical exchange is robust. Log-on today and join in the discussions!



### UPDATE FROM THE PUBLICATIONS COMMITTEE—CHAIR [Vincenzo Berghella, MD](#)

#### New Releases

Screening for thyroid disease during pregnancy, Aug 2012

Gyamfi-Bannerman, C. Contemp OB/GYN; 57(8):45-7.

[http://digital.healthcaregroup.advanstar.com/nxtbooks/advanstar/obgyn\\_201208/#/44](http://digital.healthcaregroup.advanstar.com/nxtbooks/advanstar/obgyn_201208/#/44)

The Publications Committee's article "[Evaluation and management of severe pre-eclampsia before 34 weeks' gestation](#)" was the most downloaded article in the American Journal of Obstetrics and Gynecology for Jan-Mar 2012!

At the [Publications Committee](#) interim face-to-face meeting, among the topics discussed were collaborations with other societies and ways to make this already prolific committee even more effective.

#### AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY DATES AND DEADLINES

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

#### MFM Written Examination:

Applications available on-line September 1, 2012

Late fees apply after November 14, 2012

Last date applications accepted December 31, 2012

Test given at national centers June 21, 2013

#### Maintenance of Certification Deadline

Deadline for Application Nov 15, 2012

Deadline for Answer Submission Dec 15, 2012

AT THE PUBLICATIONS  
COMMITTEE INTERIM  
FACE-TO-FACE  
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Fetal Medicine

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## UPCOMING EVENTS

### [Coding for Maternal-Fetal Medicine Fall 2012—A SMFM Postgraduate Course](#)

October 11, 2012 - October 12, 2012  
Dallas, TX

### [SMFM Academy for Leadership and Development](#)

October 19, 2012—April 14, 2013  
Denver, CO

### [Maternal-Fetal Medicine First Year Fellows' Retreat](#)

October 28—30, 2012  
IBM Executive Conference Center, Palisades, NY



### [NIH Consensus Development Conference: Diagnosing Gestational Diabetes Mellitus](#)

October 29–31, 2012  
National Institutes of Health  
Bethesda, Maryland



### [SMFM 33rd Annual Meeting: The Pregnancy Meeting](#)

Feb 11–16, 2013  
San Francisco, CA  
Registration opens October 2012

***Look for late-breaking abstract submission details in September!***

### [Society for Gynecologic Investigation 60th Annual Meeting](#)

"Plasticity: Molecules to Motherhood and Beyond"  
March 20–23, 2013  
Orlando, Florida  
*Abstract submission deadline October 12, 2012*



**We're on the Web!**

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

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**LOOK FOR THE NEXT ISSUE OF SPECIAL DELIVERY IN NOVEMBER 2012!**