Special Delivery

SOCIETY FOR MATERNAL-FETAL MEDICINE

Volume 3, Issue 4 Fall, 2011

MESSAGE FROM THE EXECUTIVE VICE PRESIDENT *by Dan O'Keeffe, MD*

Dear Colleagues,

The first half of the year has gone by very quickly. Here at SMFM, we want to bring you up-to-date on some very important activities that have occurred.

SMFM has been given member status in the National Quality Forum (NQF).

The NQF was established in 1999 as a unique public-private collaborative venture whose mission is to improve the quality of health care by standardizing the measurement and reporting of quality-related information and by otherwise promoting quality improvement. NQF will be setting the quality standards for the nation.

The NQF has set up a Steering Committee for Perinatal and Reproductive Health. We are pleased to let you know there are four SMFM members on this committee: Dr. William Grobman, Dr. Kim Gregory, Dr. Laura Riley and Dr. Jennifer Bailit. These doctors are all experts in quality and safety and will serve us well -- we thank them for being part of this endeavor. The committee will perform maintenance review of currently endorsed measures and consider new submissions in the areas of reproductive health, pregnancy, childbirth and postpartum care and newborn care.

In addition, the SMFM Coding and Government Relations Committee has sent a letter to CMS asking them to reject the potential damaging image proposal in the 2012 Medical Physicians Fee Schedule. The multiple procedure payment reduction would reduce payment to 50% for the less expensive of the two same day, same patient image services (e.g. 76805 76817 at 50%). This is happening in the private insurance sector also and the Coding Committee is working on a white paper for our members to use to talk with health plans.

At the interim Board meeting in July, the Board held their second strategic planning session -- this is 3 years after the first one, and a planning session will be held every 3 years. We thank Dr. Mike Foley for facilitating the program. Many new and exciting ideas were defined, and SMFM will inform members of these ideas in upcoming newsletters and other communications.

We all remain dedicated to the Society and improving services to members.

Dan O'Keeffe, MD
SMFM Executive Vice President

"... SMFM WILL INFORM MEMBERS OF THESE IDEAS IN UPCOMING NEWSLETTERS AND OTHER COMMUNICATIONS. WE ALL REMAIN DEDICATED TO THE SOCIETY AND IMPROVING SERVICES TO MEMBERS."

Inside this issue:

FELLOWS' CORNER *by Erica K. Berggren, MD and Christina Han, MD*

TO MAXIMIZE THE EXPERIENCE, DR. COPEL RECOMMENDS THAT FELLOWS "BE BOLD. GO UP TO OTHER FELLOWS AND FACULTY AND INTRODUCE YOURSELF. CHAT, LISTEN, ABSORB AND ENJOY."

IBM Palisades Executive Conference Center

First-year MFM fellows across the country are looking forward to attending the 2011 MFM Fellow Retreat, sponsored by SMFM, the Pregnancy Foundation, and the Gottesfeld-Hohler Memorial Foundation. After many years without a Fellow Retreat, 2010 marked the first in what we hope will remain an annual event. The Fellowship Committee of SMFM organized an informative and entertaining few days that did not disappoint. Dr. Sara Nicholas, a 2010 retreat participant, felt that "it was a great way to introduce the opportunities of fellowship and the MFM community, and to spend time with faculty who, until now, we only knew from their many journal articles we've read."

We've gotten a sneak peek of this year's agenda, and it's a packed 2 ½ day event! We will be at the IBM Palisades Executive Conference Center in Palisades, NY, from November 13 – 15, 2011. The SMFM Fellowship Committee, chaired by Dr. Henry Galan, has assembled a dedicated group of MFM faculty to spend their time with us. We will come home with a better understanding of how to make the transition from residency to MFM fellowship and how to navigate the many resources at our disposal. Small group sessions will address patient communication skills, teach us how to tackle research projects and presentations, and offer advice on future career paths. An "MFM Fellow Cook-Off Challenge" on Monday evening is sure to be memorable.

From my perspective as a first-year fellow, the MFM Fellow Retreat is a unique opportunity for both faculty and fellows. Several faculty have stressed to me that they consider it an honor to be involved in this program. Dr. Joshua Copel, SMFM Immediate Past-President, summarized the purpose well, saying "for the fellows, it is a chance to meet senior clinicians and researchers from a variety of institutions, and perhaps more importantly a chance to bond with their class of fellows. The SMFM, in underwriting the costs of the retreat, hopes to foster a group identity for these young trainees, who will see each other again and again over the years."

We asked Dr. Kate Menard, SMFM President-Elect, who will be attending this year, what new fellows can expect to gain from attending this years' retreat. She emphasized that we "will come to realize that Maternal-Fetal Medicine is a small community of colleagues. Coming together for a retreat is a wonderful way to accelerate your integration into that community." As fellows, we look forward to becoming integral parts of such a community, as we meet our future colleagues, mentors, and collaborators in November.

If you're not a first-year MFM fellow, you can still be part of the retreat. Through Facebook™ and Twitter™, all members can stay apprised of informative – and entertaining – updates and photos we will post while we're there. All current fellows, newly matched soon-to-be fellows, and all SMFM members can receive these and other SMFM updates by becoming a fan of the SMFM Facebook™ page.

Finally, stay tuned for future MFM Fellows' Corners, and please contact us with feedback, questions, and suggestions for future topics.

DISASTER TRAINING WORKSHOP—*by Blair Wylie, MD*

SAVE THE DATE! Disaster Response Workshop February 11 at the Pregnancy Meeting™

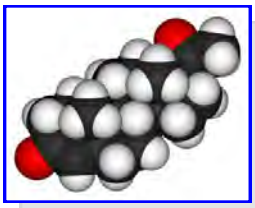
Have you ever wanted to be part of the medical response efforts when natural or man-made disasters strike? Then attend the Disaster Response Workshop on February 11, 2012 from 12—3:30 pm in Dallas at the SMFM Annual Meeting! Dr. Susan Briggs, a trauma surgeon at Massachusetts General Hospital, and the director of the U.S. Government federalized volunteer disaster team, will lead the workshop. Dr. Briggs has been on the front lines leading relief efforts for the earthquakes in Iran and Haiti, Hurricane Katrina, and the September 11th terrorist attacks.

Workshop participants will learn the specifics of how to get involved at various levels, from federal response teams to volunteering with non-governmental organizations. An introduction to both the medical response and public health response to disasters will be reviewed. We will discuss the effects of disaster on women's health with an emphasis on the challenges of caring for pregnant women in these situations. The afternoon will end with an interactive panel of obstetricians/gynecologists experienced in disaster response. Attendees will receive a copy of ***Advanced Disaster Medical Response: A Manual for Providers.***

WORKSHOP PARTICIPANTS WILL LEARN THE SPECIFICS OF HOW TO GET INVOLVED AT VARIOUS LEVELS, FROM FEDERAL RESPONSE TEAMS TO VOLUNTEERING WITH NON-GOVERNMENTAL ORGANIZATIONS

CLINICAL UPDATE: VAGINAL PROGESTERONE TO PREVENT PRETERM BIRTH—

By Rizwana Fareeduddin, MD and Christina Han, MD



The past several years have seen resurgence in the use of progesterone for prevention of preterm birth. The use of 17-alpha-hydroxyprogesterone caproate injections in women with a previous preterm birth stemmed primarily from Meis et. al (*NEJM, 2003*), while the use of vaginal progesterone in a similar population was supported by da Fonseca et. al (*AJOG, 2003)* and Owens, et al (*UOG, 2007*). Indications for use of vaginal progesterone were further expanded to include women with a shortened cervix based on studies by da Fonseca et. al (*NEJM, 2007*) and deFranco et. al (*UOG, 2007*).

Recently, Hassan et. al. from the PREGNANT Trial reported the results from a multicenter, randomized, double-blind, placebo-controlled trial conducted by the Perinatal Research Branch of NICHD (*UOG, 2011*). This trial enrolled asymptomatic women with a singleton pregnancy and a sonographic short cervix (10–20 mm) at 19 0/7 - 23 6/7 weeks of gestation. Women were allocated randomly to receive vaginal progesterone gel (Crinone® 8% gel containing 90mg of progesterone in each applicator) or placebo daily starting from 20 – 23 6/7 weeks until 36 6/7 weeks, rupture of membranes or delivery, whichever occurred first. The group showed that administration of vaginal progesterone gel to women with sonographic evidence of cervical shortening in the mid-trimester is associated with a 45% reduction in the rate of preterm birth before 33 weeks of gestation and with improved neonatal outcome.

The results in studies involving twin gestations have been less encouraging. Results from a study by Klein, et al from the PREDICT group (*UOG, 2011*) and their secondary analysis (*UOG, 2011*) confirm that to date, vaginal progesterone does not appear to prevent preterm birth in twin gestations.

As a result of accumulating evidence, SMFM is collaborating on final guidelines for making cervical-length screening and vaginal progesterone therapy a standard part of obstetric care.

AS A RESULT OF ACCUMULATING EVIDENCE, SMFM IS COLLABORATING ON FINAL GUIDELINES FOR MAKING CERVICAL-LENGTH SCREENING AND VAGINAL PROGESTERONE THERAPY A STANDARD PART OF OBSTETRIC CARE

NICHD UPDATE—*By Alison Stuebe, MD*

Pre-conference Workshop to Discuss Preventing the First Cesarean Section

Prior to The Pregnancy Meeting™, NICHD, ACOG and SMFM are jointly hosting a pre-conference workshop on prevention of the first cesarean. The workshop will begin Tuesday afternoon and continue through Wednesday morning, February 7-8.

The goals of the workshop are:

- To synthesize available information regarding indications for first cesarean
- To review implications of the first cesarean for future reproductive health
- To provide recommendations for practice management regarding the first cesarean
- To develop materials to inform patients and the community about the implications of the first cesarean
- To provide recommendations to inform future research regarding these issues.

The pre-conference workshop follows the highly successful NICHD/SMFM "***Timing of Indicated Late Preterm and Early Term Births***" workshop at last year's Pregnancy Meeting™. A Current Commentary based on last year's workshop was published in the August (*Obstet Gynecol 2011;118:323–33*). The document is available to SMFM members at www.smfm.org, under Education and Research/Publications.

NICHD Director Alan Guttmacher presents Scientific Vision to Council

At the September meeting of the National Advisory Child Health and Human Development Council, NICHD Director Dr. Alan Guttmacher presented a report on the NICHD's Scientific Vision.

In his comments, Dr. Guttmacher emphasized that the Vision process was designed to identify scientific opportunities. "The only mechanisms we cared about were biological mechanisms, not funding mechanisms," he said. "The most important product is the creative, ambitious thinking and discussions that this is helping to catalyze."

During the past nine months, more than 700 people attended at least one Vision meeting, representing 39 US states and 6 foreign countries. In addition, NICHD received more than 200 comments in response to Vision documents from individuals and organizations.

"I think what made this really special is that we had a broad constituency from behavioral scientists, clinical researchers, basic researchers, translational researchers, some bioethicists—who all had the same goal to work together to promote a vision for the future of reproduction research in this country," said Linda Giudice, in an interview in a video with highlights from the Scientific Vision Meetings, available on the NICHD web site at:

http://www.nichd.nih.gov/vision.

The Advisory Council provided input on Scientific Vision during its September meeting. Publication in a major journal is planned for December of 2011.

CHANGES IN THE SMFM'S CHARITY ORGANIZATION—*by Brian Iriye, MD*

The SMFM Foundation has changed its name to "The Pregnancy Foundation". The change stems from part of an approach to stimulate public funding for the research our society deems worthy. This new name will come with a website being put into place that will eventually be placed on pregnancyfoundation.com. The Foundation has a new logo to move forward with its new public identity.

Additionally, the Pregnancy Foundation™ has enlisted public members of the board to assist with our quest. These public members have critical connections to help the Foundation branch out and move us forward in the next decade. An introduction to our public board members:

THE PREGNANCY FOUNDATION™ HAS ENLISTED PUBLIC MEMBERS OF THE BOARD TO ASSIST WITH OUR QUEST. THESE PUBLIC MEMBERS HAVE CRITICAL CONNECTIONS TO HELP THE FOUNDATION

Tom and Vanessa Breitling

Tom Breitling is President of Breitling Ventures, a private investment company. In 1993, Breitling moved to Las Vegas with $100 in his pocket and helped form Las Vegas Reservation Systems, Inc. (LVRS), the precursor of Travelscape.com. Serving as its vice president, he built the business to a sales level $100 million in 1999. He later sold Travelscape to Expedia.

In 2004, Breitling acquired The Golden Nugget hotel-casino properties in Las Vegas and Laughlin, Nevada to become one of the youngest casino owners in the state. In September 2005, he sold The Golden Nugget to Landry's Restaurants Inc. for approximately $340 million.

His wife Vanessa is passionate about the goals of the Pregnancy Foundation™ after having two high-risk pregnancies. Vanessa is a driving force behind a campaign to raise awareness of the Foundation within the Las Vegas area.

Tom and Vanessa Brietling

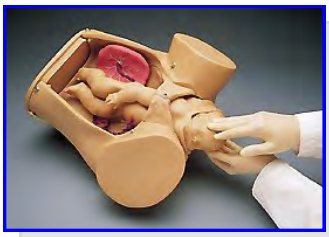
Marie Pinizzotto, MD, MBA

Marie is an Ob/Gyn from the Delaware area. She currently is the President and CEO of the Carol A. Ammon Foundation which focuses on projects having to do with health; including hospitals, education, and helping children with physical or mental disabilities. Marie has served as a senior director of global safety for Wyeth and her experience in this area brings key knowledge in the formation of a Foundation that desires to move forward in the area of public funding.

In the future, we will hold public fundraising events in different areas of the country. Efforts in raising public funding will spur further efforts to push forward with more critical perinatal research and education in these times of decreasing NIH funding. The first public event will be held in the Las Vegas area in spring of 2012. We hope to replicate these events in different regions throughout the country with a goal of holding simultaneous events around the country yearly on the Friday or Saturday before Mothers day. If you would like to participate in your area, please contact Foundation staff member Ariste Sallas-Brookwell at (202) 863-1640 for ideas and guidelines. If you know a public figure who would like to get involved and help spread the news of the work the Pregnancy Foundation™ is attempting to accomplish, please contact us. We need your help with the above efforts to move the Foundation from a modest foundation supported solely by member funding to a larger foundation with a broader public appeal.

SIMULATION TRAINING AND THE SMFM—*by Andy Satin, MD*

Interest in simulation as a learning tool continues to grow within the SMFM. For the past 3 years a scientific forum has been held at the Annual Meeting introducing members to the potential and promise of simulation as a teaching, learning, and evaluation tool. In 2010 a postgraduate course featuring simulation made its debut at the SMFM Annual Meeting. The course introduced models for learning and improving performance in needle-based procedures as well as management of obstetric emergencies.



At the upcoming 2012 SMFM Annual Meeting, the role of simulation as part of a comprehensive patient safety program will be incorporated into the postgraduate course on **Patient Safety**. The evolution of incorporation of simulation into our postgraduate offerings will achieve a new level with the premier of a **freestanding simulation postgraduate course this spring**. The course will benefit from its location at the National Capital Area Simulation Center in Bethesda, Maryland. The Center is a state-of-the-art, world leader in the development and application of medical simulation programs. The SMFM faculty will include Drs. Shad Deering, Brain Brost, Peter Bernstein and Andy Satin. This will be a hands-on course offering participants the opportunity to learn or perfect skills in invasive procedures and the management of obstetric and critical care emergencies. The course objectives will not only include instruction and evaluation of participants, but provide the necessary framework for those involved to initiate simulation programs at their own training programs and hospitals. Look for course details in upcoming mailings and online.

AT THE UPCOMING 2012 SMFM ANNUAL MEETING, THE ROLE OF SIMULATION AS PART OF A COMPREHENSIVE PATIENT SAFETY PROGRAM WILL BE INCORPORATED INTO THE POSTGRADUATE COURSE ON PATIENT SAFETY

WASHINGTON UPDATE—*by Katie Schubert and Nick Cavarocchi*

*Cavarocchi*Ruscio*Dennis Associates, LLC*

Over the past year, all eyes have been on Washington, D.C. as our government negotiates federal spending bills, debt reduction plans and jobs bills. The work in D.C. goes beyond these issues, and SMFM has been involved at many levels including providing public comment on policies released by the Centers for Medicare and Medicaid Services (CMS).

One of the goals of SMFM is to educate elected officials on the vital role maternal fetal medicine physicians play in the delivery of health care and the national policies that SMFM members consider important. SMFM has established a presence in Washington to help communicate the concerns of its members, and as such has recently established a "Key Contact" program that engages members in grassroots advocacy. We now have 29 Key Contacts whom we will occasionally call on to write letters and call their elected officials. If you are interested in joining, please email Katie Schubert at CRD Associates at kschubert@dc-crd.com.

Another area of engagement is federal regulatory policy. Each July CMS, publishes the physician fee schedule for the following year. This year SMFM made public comments to CMS on how their proposal would affect maternal-fetal medicine, especially with respect to ultrasound reimbursement. SMFM and its Government Relations Committee will continue to weigh in on policies made at the federal level that affect maternal-fetal medicine physicians.

Finally, recently introduced legislation called the PREEMIE Reauthorization Act would authorize research, education and intervention activities aimed at improving pregnancy outcomes. SMFM supports this legislation, S. 1440/H.R. 2679, and will be engaging the Key Contacts and Members of Congress to increase support for it over the coming months.

NEWS FROM THE CODING COMMITTEE—*by Brian Iriye, MD*

The work of the Coding Committee has resulted in the approval of additional diagnosis codes being approved for the Comprehensive Sonography code of 76811. Both 649.13 (obesity complicating pregnancy, childbirth, or the puerperium, antepartum condition or complication) and v23.85 (pregnancy resulting from assisted reproductive technology) have been approved as codes for the utilization of the 76811 CPT code. Both of these clinical scenarios have shown an increased association with congenital anomaly and hence the approval of these two ICD-9 codes with the 76811 CPT utilization.

The SMFM Coding Committee would like to remind you that CPT 76811 is not intended to be the routine scan performed for all pregnancies. Rather, it is intended for a known or suspected fetal anatomic or genetic abnormality (i.e., previous anomalous fetus, abnormal scan this pregnancy, etc.). Thus, the performance of CPT 76811 is expected to be rare outside of referral practices with special expertise in the identification of, and counseling about, fetal anomalies. As always, it is to be continued that only one medically indicated CPT 76811 per pregnancy, per practice is appropriate for a gestation.

THE SMFM CODING COMMITTEE WOULD LIKE TO REMIND YOU THAT CPT 76811 IS NOT INTENDED TO BE THE ROUTINE SCAN PERFORMED FOR ALL PREGNANCIES. RATHER, IT IS INTENDED FOR A KNOWN OR SUSPECTED FETAL ANATOMIC OR GENETIC ABNORMALITY

Another change the Coding Committee has accomplished is the change in ultrasound supervision for the Nuchal Translucency codes 76813 and 76814. The SMFM Coding Committee has been working diligently with representatives from the Centers for Medicare and Medicaid Services (CMS) since September 2010, to get the correct level of service assigned. The committee has been able to have CMS change the coding supervision to general supervision. This means the procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure. Under general supervision, the training of the non-physician personnel who actually performs the diagnostic procedure and the maintenance of the necessary equipment and supplies are the continuing responsibility of the physician.

THE 2012 PREGNANCY MEETING™—*by Kim Gregory, MD*

The Society for Maternal-Fetal Medicine's 32nd Annual Pregnancy Meeting™ will take place in Dallas, Texas on February 6-12th, 2012. As always, it promises to be an excellent program. Pre-meeting postgraduate course topics on Monday, February 6, include critical care, fetal echocardiography and clinical trial design. Tuesday, February 7, features labor and delivery debates, genetics, developmental origins of health & disease, genomic and social policy implications, stress and adverse pregnancy outcomes and a special joint NICHD/SMFM Workshop on Preventing First Cesarean Delivery. In addition, on Wednesday, February 8 there will be courses on ultrasound controversies, infectious disease in obstetrics, quality and safety in MFM, and Nuchal Translucency Credentialing. There will be two post-conference courses on Saturday, February 11, featuring the Global OB Network (GONet) and Disaster Preparedness Workshop (see website www.SMFM.org for detailed course lists and descriptions). Don't forget to check out the Scientific Forums and Special Interest Group meetings throughout the meeting!.

Tweeting about the Pregnancy Meeting? Our hash tag is #smfm12

For the second year in a row, the Opening Reception (Wednesday, February 8th) will feature the Pregnancy Foundation's Silent Auction. Please consider making a contribution to the auction. No item is too small and the benefits go to the Pregnancy Foundation™ to continue supporting research and advocacy activities. To make a contribution for the auction, please contact the Pregnancy Foundation's staff liaison, Ari Sallas-Brookwell at: 202-863-1640 or asallasbrookwell@smfm.org.

Not your turn and can't go this year?
Save the date for 2013: February 11-16, 2013 in San Francisco, CA

WHAT OUR PATIENTS ARE READING—*by Priya Rajan, MD*

In this section of Special Delivery we will highlight some articles in the popular press that pertain to topics relevant to maternal-fetal medicine physicians and their patients. When available, we have included the studies these articles reference.

Hospitals' formula freebies undermine breast-feeding Lindsay Tanner www.usatoday.com 9/26/11

"[A CDC report card on breast-feeding] showed that less than 5 percent of U.S. infants are born in "baby-friendly" hospitals that fully support breast-feeding, and that 1 in 4 infants receive formula within hours of birth. Routinely offering new moms free formula is among practices the CDC would like to end."

A recently released CDC Breastfeeding Report Card found that only 15% new mothers achieve the recommended 6 months of exclusive breastfeeding, and only 44% are breastfeeding at all by that time. The report speculates that part of the reason for this is that the large majority of US hospitals provide infant formula samples for patients.

Ref: http://www.cdc.gov/breastfeeding/data/reportcard.htm

Can fatty acids in breast milk or formula make kids smarter? Maureen Salamon www.usatoday.com 9/22/2011

"Whether they're fed by bottle or breast, babies seem to turn out smarter when nourished with healthy fatty acids found in breast milk and some formulas, two new studies indicate....

Breast milk contains these substances naturally, and many infant formulas have been fortified with healthy fatty acids since research in the last two decades began to suggest they enhanced babies' brain development."

One study found a linear relationship between intensity of breastfeeding and scores on mental development tests at 14 months of age. The increase was most notable in those infants who received breast milk containing higher levels of fatty acids. A second study found that the benefits of fatty-acid supplementation via formula were less clear.

Ref: Guxens M et al. Breastfeeding, Long-Chain Polyunsaturated Fatty Acids in Colostrum, and Infant Mental Pediatrics 2011; 128:4.

Isaacs E et al. 10-year Cognition in Preterms After Random Assignment to Fatty Acid Supplementation in Infancy. Pediatrics 2011; 128:4.

ONE STUDY FOUND A LINEAR RELATIONSHIP BETWEEN INTENSITY OF BREASTFEEDING AND SCORES ON MENTAL DEVELOPMENT TESTS AT 14 MONTHS OF AGE. THE INCREASE WAS MOST NOTABLE IN THOSE INFANTS WHO RECEIVED BREAST MILK CONTAINING HIGHER LEVELS OF FATTY ACIDS

Need a C-section? Protection from blood clot urged. Lauran Neergaard www.associatedpress.com 8/ 29/2011

"New advice for pregnant women: If you're getting a C-section, special inflating boots strapped on your legs may lower the risk of a blood clot. Hospitals already use these compression devices for other major operations, such as hip replacements, and a growing number have begun offering them for at least some of their cesarean deliveries, too. Now guidelines for the nation's obstetricians say it's time to make the step routine for most C-sections, which account for nearly a third of U.S. births."

ACOG recently issued an updated practice bulletin regarding candidates for anticoagulation and suggested management regimens for prophylaxis or treatment of thromboembolism. As part of this they recommend placement of pneumatic compression devices before cesarean delivery; the recommendation is classified Level C (based primarily on consensus and expert opinion.

Ref: ACOG Practice bulletin no. 123: thromboembolism in pregnancy. *Obstet Gynecol*. 2011 Sep;118(3).

Unintended pregnancy rate rises among poor women, study says. Shari Roan for the Booster Shots blog www.latimes.com 8/24/2011

"Unintended pregnancies make up almost half of all pregnancies in the U.S. But a new study shows that rates are rising among poor women and declining among women with

WHAT OUR PATIENTS ARE READING—*continued*

adequate economic resources…Researchers found that poor women have higher unintended pregnancy rates regardless of their education, race, ethnicity, marital status or age."

The Guttmacher Institute, which researches issues pertaining to sexual and reproductive health, released a report that found the overall unintended pregnancy rate increased slightly from 2001 to 2006 (from 48 to 49%), with a disproportionate increase in the already high rate among poor or low-income women. The rate did decline among teens aged 15-17. The report also noted a reduction in the proportion of unintended pregnancies that ended in abortion.

Ref: Finer L et al. Unintended pregnancy in the United States: incidence and disparities, 2006. *Contraception* epub 25 Aug 2011.

THE GUTTMACHER INSTITUTE, WHICH RESEARCHES ISSUES PERTAINING TO SEXUAL AND REPRODUCTIVE HEALTH, RELEASED A REPORT THAT FOUND THE OVERALL UNINTENDED PREGNANCY RATE INCREASED SLIGHTLY FROM 2001 TO 2006

Study: Blood Tests Can Detect Fetal Gender Early On By Katherine Hobson www.wsj.com **8/9/2011**

"Researchers funded by the National Human Genome Research Institute set out to assess a method that's used routinely in some countries, though it isn't licensed for clinical use in the U.S.: testing the mom's blood for bits of DNA from the fetus. If a test turns up DNA sequences from a Y chromosome, that indicates the fetus is male."

A meta-analysis of methods to use cell-free fetal DNA for fetal gender determination found relatively high sensitivity and specificity in detection of Y-chromosome sequences in maternal blood. The accuracy improved as gestational age increased, and results at less than 7 weeks gestation were unreliable. Testing methodology also affected quality of results, with real time quantitative PCR performing the best.

Ref: Devaney S et al. Noninvasive Fetal Sex Determination Using Cell-Free Fetal DNA: A Systematic Review and Meta-analysis. JAMA. 2011;306(6).

Insurance Coverage for Contraception Is Required. Robert Pear. www.nytimes.com **8/2/2011**

"The Obama administration issued new standards on Monday that require health insurance plans to cover all government-approved contraceptives for women, without co-payments or other charges…The new standards require coverage of the full range of contraceptive methods approved by the Food and Drug Administration, as well as sterilization procedures. Among the drugs and devices that must be covered are emergency contraceptives including pills known as ella and Plan B."

The administration's requirements for coverage are based largely on a report it commissioned by the Institute of Medicine. While it is the academy's recommendation to

WHAT OUR PATIENTS ARE READING—*continued*

provide contraceptive services that garnered the most attention, the report also proposed a variety of other preventative services such as prenatal care, counseling regarding sexually transmitted diseases, lactation support, and domestic violence screening.

Ref: http://www.iom.edu/Reports/2011/Clinical-Preventive-Services-for-Women-Closing-the-Gaps.aspx

CDC: Strokes rise among pregnant women, new moms. Associated Press www.wsj.com 7/28/2011.

"Strokes have spiked in the U.S. among pregnant women and new mothers, probably because more of them are obese and suffering from high blood pressure and heart disease, researchers report."

A recent analysis reported on trends in the diagnosis of stroke during pregnancy. The study found an increase in hospitalizations that carried a diagnosis for stroke during the antepartum and postpartum period. A large percentage of these hospitalizations also carried diagnoses of heart disease or hypertension, suggesting that the increase in stroke incidence may be related to rising cardiovascular morbidity among pregnant women.

Ref: Kuklina E et al. Trends in Pregnancy Hospitalizations That Included a Stroke in the United States from 1994-2007. *Stroke*, published online July 2011: 42.

For regular updates on pregnancy and maternal-fetal medicine in the news, follow SMFM on Facebook™ and Twitter™

A LARGE PERCENTAGE OF THESE HOSPITALIZATIONS ALSO CARRIED DIAGNOSES OF HEART DISEASE OR HYPERTENSION, SUGGESTING THAT THE INCREASE IN STROKE INCIDENCE MAY BE RELATED TO RISING CARDIOVASCULAR MORBIDITY AMONG PREGNANT WOMEN.

Society for Maternal-Fetal Medicine

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IMPORTANT DATES TO REMEMBER-*by Tamula Patterson, MD*

2nd Annual MFM First-Year Fellows Retreat: November 13 – 15, 2011

Written MFM Examination*

Exam Dates	Application begins	Late fee after	Application ends
June 22, 2012	September 1, 2011	November 14, 2011	December 31, 2011
June 21, 2013	September 1, 2012	November 14, 2012	December 31, 2012

Oral MFM Examination*

Exam Dates	Application begins	Late fee after	Application ends
April 16-18, 2012	May 1, 2011	May 31, 2011	June 30, 2011
April 8-10, 2013	May 1, 2012	May 31, 2012	June 30, 2012

*See www.ABOG.org for fees and deadlines

32nd Annual Meeting—The Pregnancy Meeting™
February 6-11, 2012
Hyall Dallas Regency at Reunion
Dallas, TX
www.SMFM.org

Match Day for 2012 MFM Fellowship Programs: October 12, 2011

We're on the Web!
www.SMFM.org

Editors: Drs. Christina Han and Rizwana Fareeduddin
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LOOK FOR THE NEXT ISSUE OF *SPECIAL DELIVERY* IN WINTER 2012!