

Special Delivery



SOCIETY FOR MATERNAL-FETAL MEDICINE

Volume 3, Issue 2

Spring, 2011

FROM DR. JOSH COPEL, SMFM PRESIDENT

The 31st Annual Pregnancy Meeting™ of the Society was held in San Francisco, California on



Dr. Josh Copel, 2010-2011 SMFM President, thanks 2011 Program Chair Dr. Alfred Abuhamad

February 7-12, 2011 and was a great success. There were 1,969 attendees representing 31 countries. The Program Chair, Dr. Alfred Abuhamad, was given a difficult task, as a record number of abstracts (1,343) were submitted for review. In the end, 86 abstracts were selected for the oral sessions and an additional 789 abstracts were accepted for poster presentations. As expected the meeting was filled with excellent research. Those that deserve special recognition include:

March of Dimes Award

Yuguang Wang (Abstract 15)

Dru Carlson Memorial Award

Irene Lindenburg (Abstract 54)

Norman F. Gant Award

George Macones (Abstract 6)

Oral Session Awards

Antonio Frias (Abstract 3)

Yuguang Wang (Abstract 15)

Irina Buhimschi (Abstract 21)

Anita Moon-Grady (Abstract 33)

Nathan Drever, *Fellows Plenary* (Abstract 36)

Karin Fox (Abstract 47)

Daniel Surbek (Abstract 60)

Christopher Ennen (Abstract 68)

Kjersti Aagaard (Abstract 73)

Deborah Wing (Abstract 86)



Dr. Antonio Frias accepts his award for Oral Plenary Session 1 (abstract 3)

Poster Session Awards

Judette Louis, MD (Abstract 218)

Fadi Mirza (Abstract 302)

John Owen (Abstract 495)

Neena Duggal (Abstract 680)

Piyali Chatterjee (Abstract 742)

Certainly one of the highlights of this year's meeting was the opening of a live Twitter™ feed during Oral Plenary Session I, with Dr. Joshua Copel, SMFM President, fielding questions from two SMFM members during the course of the morning. We hope that this innovative means of forwarding questions to the presenters will be used more frequently at future meetings.

See you at the [Hyatt Regency Dallas](#) for the 32nd Annual Pregnancy Meeting on February 6-11, 2012!



Hyatt Regency Dallas at Reunion

THE PROGRAM

CHAIR, DR. ALFRED

ABUHAMAD, WAS

GIVEN A DIFFICULT

TASK, AS A RECORD

NUMBER OF AB-

STRACTS (1,343)

WERE SUBMITTED

Inside this issue:

SOCIAL MEDIA AND SMFM	2
NICHD UPDATE	3
FELLOWS CORNER	4
FELLOWS CORNER AMFMM	5
COMMITTEE SPOTLIGHT	6
WHAT OUR PATIENTS ARE READING	7
MFMM FELLOWS RETREAT 2011	10

Special Delivery

SOCIAL MEDIA AND THE SMFM

By Jim Keller, MD



SMFM MEMBERS WERE ENCOURAGED TO "TWEET" THEIR THOUGHTS ABOUT THE PREGNANCY MEETING™ USING THE #SMFM2011 TAG.

In 2009 the Communications Committee made a commitment to bring the social media outlets of Facebook™ and Twitter™ to the SMFM. Prior to the 2010 Annual Meeting, members were reminded about registration and course offerings via Facebook™ and Twitter™. More importantly these media became outlets for the Local Arrangement Committees to share restaurant, transportation and activity ideas. As of this writing, close to 2000 people "like" the [SMFM Facebook™](#) page,

NICHD UPDATE

By Alison Stuebe, MD

MOMS Trial finds benefits for fetal surgery

In a landmark randomized controlled trial published in the New England Journal of Medicine on Feb 9, the NICHD's Fetal Surgery Network found that in utero fetal surgery for antenatally diagnosed spina bifida improved infant functional status at 30 months of age. The study was stopped early, after enrollment of 183 pregnant women, due to efficacy for both primary outcomes at 12 and 30 months. Prenatal surgery resulted in reduced death or need for a shunt (68% vs. 98%), reduced hindbrain

with close to 200 people visiting the site each week. In addition to announcements, articles of interest vetted by the Communications Committee, are posted.

Twitter™, although off to a slower start, showed up at the 2011 Annual Meeting in a big way. SMFM Members were encouraged to "tweet" their thoughts about the Pregnancy Meeting™ using the **#smfm2011** tag. Questions were tweeted during some plenary sessions. During Friday's poster sessions all tweets marked

with **#smfm2011** or directed [@mysmfm](#) were scrolled in real-time. The presence of Twitter™ at the meeting contributed to the more than 30% increase in the number of followers the Society now has on Twitter™. All postings on the [Facebook™](#) site are automatically tweeted.

We encourage all members to follow SMFM on Twitter™ and to visit and like the [Society's Facebook™](#) page. Any suggestions about how to better utilize this media would be appreciated.



herniation at 12 months (absent in 36% vs. 4%) and increased ability to walk at 30 months (42% vs. 21%).

There were also risks associated with prenatal surgery, including higher rates of delivery prior to 30 weeks (13% vs 0%) and 37 weeks (80% vs. 15%). One third (36%) of antenatally treated mothers had significant thinning or dehiscence of the uterine scar at delivery, compared with none of the mothers in the postnatal arm.

NICHD, SMFM address timing of indicated late

preterm and early term birth

The Institute and the Society held a workshop during the first two days of the SMFM Annual Meeting in San Francisco to synthesize available information about conditions leading to indicated late preterm birth and optimize gestational age at delivery. An executive summary is being prepared for a peer-reviewed publication, and proceedings will be published in an issue of [Seminars in Perinatology](#).

NICHD, NIKKD plan GDM consensus conference In April, NICHD, NIDDK

Volume 3, Issue 2

NICHD UPDATE—continued

and the NIH Office of Medical Applications of Research will hold a planning meeting for an anticipated Consensus Development Conference on Gestational Diabetes, slated for the spring of 2012.

Visioning workshops wrap up

This winter the NICHD hosted nine workshops designed to chart the Institute's course for the next decade. NICHD director Alan Guttmacher described the broad-based visioning process in a recent interview in the Lancet:

<http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2811%2960008-1/fulltext>)

White papers from the workshops will be posted on the NICHD Vision web site:

(<http://www.nichd.nih.gov/vision/>) later this spring for public comment and review, to be followed by a June 2011 workshop to draft a Scientific Vision for the coming 10 years.

VBAC conference addresses barriers to trial of labor

after cesarean section

NICHD's Consensus Development Conference: Vaginal Birth after Cesarean: New Insights was held March 8-10, 2010, to review evidence on VBAC outcomes for mother and infant, address factors affecting VBAC utilization, and develop consensus guidelines for appropriate use of VBAC as a childbirth option. Dr. F. Gary Cunningham chaired the Consensus Panel, which concluded after a thorough review of the evidence that a trial of labor is a reasonable option for many women with a prior caesarean delivery. In addition, the Panel urged professional societies to revisit existing VBAC guidelines and expressed concern that medicolegal considerations exacerbate other barriers to trial of labor.

The cesarean delivery rate in the US has been rising since 1996, driven in part by the declining rate of VBAC, which fell from 28.3% that year to 9.2% in 2004. The panel found that trial of labor after a cesarean is not an option for many women due to limited access, which was attributed to policy guidelines, liability insurer limitations and medicolegal concerns.

For more information on this Consensus Development Conference, see:

<http://consensus.nih.gov/2010/vbac.htm>. Manuscripts based on conference presentations will appear in two upcoming issues of [Seminars in Perinatology](#).



.. THE PANEL URGED

PROFESSIONAL
SOCIETIES TO REVISIT
EXISTING VBAC
GUIDELINES AND
EXPRESSED CONCERN
THAT MEDICOLEGAL
CONSIDERATIONS
EXACERBATE OTHER
BARRIERS TO TRIAL OF
LABOR



For patients with complicated pregnancies, Alere is **always** on call.

Alere is the only national obstetric nursing company for high-risk pregnancies that's on duty 24 hours a day, every day.

To learn more or refer a patient, call 1.800.950.3963.



Look for Alere at:

facebook.com/pregnancywithalere
twitter.com/alerehealth

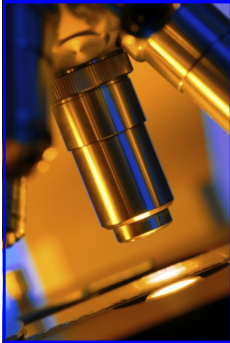
©2011 Alere. All rights reserved. Alere and the Alere logo are trademarks of the Alere group of companies.

Special Delivery

FELLOWS CORNER

TRANSITIONS PART 2: FROM FELLOWSHIP TO CAREER

By Tamula Patterson, MD and Christina Han, MD



"I WISH I DID MORE
WITH MY RESEARCH
TIME DURING
FELLOWSHIP"



"I WISH I TOOK THE
SMFM CODING
COURSE PRIOR TO
FINISHING
FELLOWSHIP. NO
ONE IN THEIR
FELLOWSHIP
KNOWS ANYTHING
ABOUT THIS
[SUBJECT] AND IT IS
CRUCIAL."

"What I wish I knew/learned during fellowship"

For this edition of the Transitions series, the Fellows' Corner asked experienced perinatologists around the country to think back to their own time during fellowship. What do the leaders of our field wish they had learned or done differently during those crucial years?

Making the most of fellowship clinically:

- I wish I learned that I should make as many "independent" decisions as I could, then get input into why others agree/disagree. It would have helped when I became responsible for making the final decision!
- I wish I thought about what skills I would want to have in my "toolbox," and made sure that I learned them as a fellow, whether it was fetal echocardiography, CVS, 3-D ultrasound, etc. While it is very possible to learn new technical skills after fellowship, it can be hard if you do not have an opportunity for a sabbatical.
- I wish I scanned more, operated more, and read more.
- I wish I learned CVS and D&E. Without those skills, you cannot fully utilize first trimester screening.

Making the most of fellowship and re-search:

- I wish I did more with my research time during fellowship.
- I wish I took advantage of every opportunity to select more than one mentor.
- I wish I had explored all the opportunities available to me before making a decision about the final project.
- I wish I spoke frankly to mentors from various walks of MFM life (private practice, academics, and research) early on about the pro's and con's of career choice.
- I wish I did not spend so much time worrying about the politics.

Making the most of fellowship to prepare for future practice management:

- I wish I became more knowledgeable about billing, coding and RVUs, as this is the way we are compensated for our clinical work and demonstrate our clinical productivity. I think MFM physicians undervalue their time.
- I wish I took the SMFM Coding Course prior to finishing fellowship. No one in their fellowship knows anything about this and it is crucial.
- I wish I had obtained a fellow membership in the [Association for Maternal-Fetal Medicine Management](http://www.amfmm.com/) to learn key factors about practice management: <http://www.amfmm.com/>.

In preparation for the upcoming fellowship graduations, our next edition will be "**Real-life MFM Clinical Practice: What I wish I knew.**" Please feel free to email us if you have any suggestions or recommendations.

A Call for SMFM Committee Members

We are announcing an exclusive opportunity for SMFM Fellows-in-Training and Associate Members. If you are currently a MFM Fellow or Associate Member and are eager to be involved in SMFM, there may be a committee just for you. Go to www.smfm.org and click on the My SMFM tab, then the SMFM Committee link. Once you identify a committee that you would like to be considered for as a member, simply email the Committee Chair to express your interest.

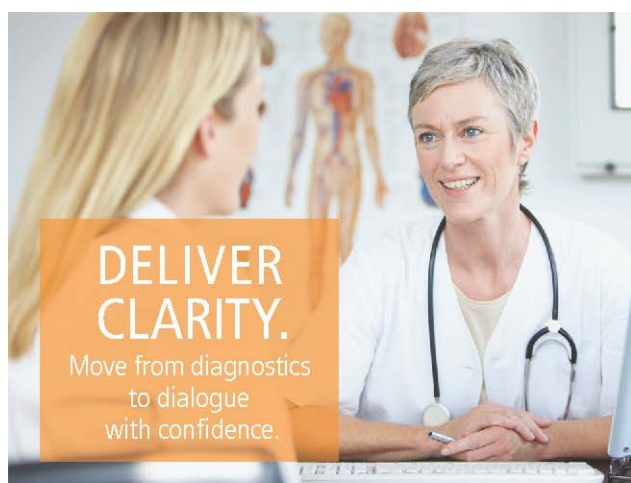
Fellows Resource List

The Fellows Resource List is a tool for SMFM fellows to contact members who have agreed to participate as advisors in the identified areas of research interest. Be sure to visit <https://www.smfm.org/attachedfiles/Fellowsresource5.10.pdf>. Members are available in the areas of Obstetrics, Maternal, Fetal/Prenatal Diagnosis, Research, Epidemiology, as well as many other fields.

AMFMM FOR THE FELLOWS CORNER—By Brian Iriye, MD

An old ultrasound machine, computers running software not seen in years, a front office staff that is unhappy due to poor health benefits or low wages.... the economic structure of a medical practice strongly correlates with the long term viability, clinical excellence, and overall working environment within a practice. The last Fellows Corner in the Winter *Special Delivery* alluded to this in the Fellowship to Career segment. Within that article, questions were: “I wish I knew what to look for in a practice” and “I wish I knew to ask about finances”. There are several common misconceptions among fellows about financial information that is important to their careers.

1. “Someone else will take care of the financial portion for me.”



Introducing the **Signature PrecisionPanel™ Prenatal** a novel approach to testing for common and severe aneuploidies and microdeletion syndromes in one timely, easy-to-interpret package. Results in 24–48 hours after sample receipt.

For more information, please visit:

www.signaturegenomics.com/precisionpanel.html

SIGNATURE GENOMICS

PerkinElmer
For the Better

Possibly, but can you really put complete faith and trust in your future with someone who has more clinical experience but probably the same amount of practice management training as yourself? Most practice management skills are not taught in medical school or post graduate training programs, hence you may have some misguided trust on some occasions.

2. “If a practice is hiring it is financially sound.”

Not necessarily. There are several reasons to expand a practice such as decreasing work load and call. Both of these factors have nothing to do with financial solvency.

3. “If I’m going into a hospital based or academic practice, I don’t have to have knowledge of practice management and financial matters.”

Again, not true. As shown above, the financial structure and reporting metrics employed in a practice have a lot to do with working environment, equipment purchases to improve diagnostic skills, and the long lasting stability of a practice. Academic practices have similar pressures to those in private settings, and having an adequate foundation in practice management knowledge can serve all graduating fellows well, regardless of the professional path they ultimately choose to pursue.

The [Association of Maternal Fetal Medicine Management](http://www.AMFMM.com) (AMFMM) has over 170 members and represents more than 100 MFM practices in the United States. A fellow can supplement the great clinical knowledge gained in an MFM fellowship with an affordable \$25 annual membership fee to AMFMM. All AMFMM memberships provide access to monthly business tips, quarterly newsletters, and online forums with a section specifically geared towards MFM fellows. Membership at the Fellowship level also grants reduced tuition to AMFMM’s yearly practice management conference, to be held this year on October 6-7, 2011 at the [Hard Rock Hotel](http://www.HardRockHotel.com) in the [Gaslamp Quarter](http://www.GaslampQuarter.com) in San Diego. You can join at www.AMFMM.com.

Special Delivery

SPOTLIGHT ON THE COMMUNICATIONS COMMITTEE—By Carol Major, MD



ANYONE INTERESTED IN
JOINING THE SMFM
COMMUNICATIONS
COMMITTEE SHOULD
CONTACT DEBBIE
GARDNER AT
DGARDNER@SMFM.ORG.



Follow [MY SMFM](#) on Twitter™

Almost three years ago, during an interim SMFM Board Meeting, members of the SMFM Board of Directors expressed concern over the fact that there was the perception that the Board was “out of touch” with the members of the Society. It was felt that the Board was remiss in its efforts to inform members of the Society about opportunities for members to get involved SMFM activities and initiatives.

The Communications Committee was developed as a result of these concerns, and the Committee has been charged with developing and implementing new processes to improve and enhance communication within the Society for Maternal-Fetal Medicine and external to the organization. One of our major goals was—and still is—to implement various different modalities to communicate what is going on in the Society and in the world of Maternal-Fetal Medicine. Our first project was the development of an SMFM newsletter, **Special Delivery**, to highlight the different activities and committees within the Society. The newsletter initially served as a means to encourage all members to get involved in the Society.

Special Delivery has been a great success and now features a “Fellows Corner”, clinical practice and coding tips, clinical pearls, as well as notices on various opportunities for involvement within the Society. In addition, our newest piece, **“What Our Patients Are Reading”** highlights the articles in the popular press that pertain to topics relevant to Maternal-Fetal Medicine physicians and their patients.

A little over a year ago, the [Communications Committee](#) launched two social networking sites—an [SMFM page on Facebook](#)™ and [MySMFM](#) on Twitter™. A live Twitter™ feed was launched during the recent Pregnancy Meeting™ and gave our members an opportunity to “tweet” about exciting posters and presentations as they were happening. There is no doubt that these social networking sites enhanced the experience of many of our members during the Annual Meeting.

The [Communications Committee](#) was instrumental in developing the [SMFM Newsroom](#) on the website. The Newsroom has served as an effective way of bridging the gap between the media and the experts within the Society. Our affiliation with Bendure Communications, a media relations firm, has increased the Society’s exposure both nationally and internationally.

The [Communications Committee](#) consists of Alison Stuebe (Chair) and Brian Iriye (Vice Chair), Kim Gregory, James Keller, Priya Rajan, Christina Han, Rizwana Fareeduddin, Stephanie Martin, Judy Chung, Dev Saller, Kate Menard, Chloe Zera, Vicki Bendure and the original chairs, Laura Riley and Carol Major. We are always looking for new members to help “spread the news.” Anyone interested in joining the SMFM Communications Committee should contact **Debbie Gardner** at dgardner@smfm.org.

Volume 3, Issue 2

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.

Preemie Birth Preventive Spikes From \$10 to \$1,500 www.associatedpress.com

3/9/2011 Mike Stobbe

"A drug for high-risk pregnant women has cost about \$10 to \$20 per injection. Next week, the price shoots up to \$1,500 a dose, meaning the total cost during a pregnancy could be as much as \$30,000."

Wire service report picked up by multiple news agencies (i.e. New York Times, Los Angeles Times, USA today, Wall Street Journal) discussing the recently FDA approved formulation of 17-hydroxyprogesterone to prevent recurrent preterm birth. The drug, Makena, will be distributed by Ther-Rx. The cost was dramatically lower through compounding pharmacies that will no longer be able to manufacture the drug. SMFM, ACOG, and AAP issued a joint letter, available on the SMFM web site, to Ther-Rx expressing their concerns regarding the proposed pricing structure.

Fetal surgery can reduce spina bifida complications www.usatoday.com

2/9/2011 Liz Szabo

"By age 2½, children who had fetal surgery were twice as likely to be able to walk without crutches or other devices as those who had surgery after birth, the study says...But operating on a fetus remains risky — for mother and child. Four babies in the study died: two who had prenatal surgery and two who had surgery after birth. Babies who had fetal surgery were born an average of three weeks earlier than the others, at 34 weeks."

Article on the highly anticipated MOMS trial that randomized 183 fetuses diagnosed prenatally with myelomeningocele to in utero or postnatal repair. The primary outcomes were death or shunt placement at 12 months and a motor-mental composite score at 30 months. Prenatal repair was performed prior to 26 weeks gestation.

Ref: Adzick NS et al. A Randomized Trial of Prenatal versus Postnatal Repair of Myelomeningocele. N Engl J Med. 2011 Feb 9. [Epub ahead of print]

FDA flags risks on popular drug used during pregnancy www.usatoday.com

2/18/2011 Alison Young

"The Food and Drug Administration is now requiring stronger safety warnings for a popular treatment to prevent pregnant women from prematurely giving birth. Women should not be given injections of the drug terbutaline for more than three days "because of the potential for serious maternal heart problems and death," the FDA said Thursday."

Anti-epilepsy drug topiramate triples the risk of birth defects such as cleft palate, the FDA warns www.latimes.com

3/4/2011 Thomas Maugh II

"Data from the North American Antiepileptic Drug Registry indicate that oral clefts occurred in 1.4% of pregnancies among women taking topiramate alone during the first trimester of pregnancy, compared with a prevalence of 0.38% to 0.55% among those taking other epilepsy drugs...Because the birth defect is not life-threatening and is manageable, using the drug to treat epilepsy may be appropriate, but it is probably not appropriate for most other purposes unless the woman is using birth control.

Two pieces on recent FDA warnings and labeling changes pertaining to medications used in pregnancy. Terbutaline will now carry a black box warning regarding increased use of death.



TWO PIECES ON
RECENT FDA
WARNINGS AND
LABELING CHANGES
PERTAINING TO
MEDICATIONS USED
IN PREGNANCY.
TERBUTALINE WILL
NOW CARRY A BLACK
BOX WARNING
REGARDING
INCREASED USE OF
DEATH.



Special Delivery

WHAT OUR PATIENTS ARE READING—continued

Ref: FDA Safety Announcement 3/4/2011. <http://www.fda.gov/Drugs/DrugSafety/ucm245085.htm>

FDA Safety Announcement 2/17/2011 <http://www.fda.gov/Drugs/DrugSafety/ucm243539.htm>

A push for more pregnancies to last 39 weeks www.wsj.com

3/1/2011 Laura Landro

"Doctors and mothers [have often] induced deliveries a week or even two weeks ahead of the 39-week mark...The result has been a steady rise in "early term" elective inductions using labor-stimulating drugs. Such deliveries account for about a quarter of births, up from less than 10% in 1990. Now, a growing body of medical evidence indicates that gestation even a few days short of a full 39 weeks can lead to short- and long-term health risks."

Column discussing hurdles faced in trying to limit elective deliveries prior to 39 weeks. Brings up an MFMU network study that found higher incidence of adverse neonatal outcomes in infants electively delivered via cesarean between 37-38 6/7 weeks when compared to delivery at 39 weeks.

Ref: Tita AT et al. N Engl J Med. 2009 Jan 8;360(2):111-20. Timing of elective repeat cesarean delivery at term and neonatal outcomes.

Study: Mom's Blood Test Can Spot Down Syndrome www.healthland.time.com 3/7/2011

Malcom Ritter

"[A] preliminary report published online Sunday in the journal Nature Medicine is the latest of several recent studies that suggest scientists can spot Down syndrome through fetal DNA that has been shed into the mother's bloodstream...Several research teams have published studies suggesting that analyzing the mother's blood can detect Down syndrome in a fetus. There's no commercial test available yet, but at least one company hopes to introduce one in the U.S. within about a year."

The quest for less invasive prenatal diagnostic testing has recently focused primarily on free fetal DNA. This article on noninvasive prenatal diagnostic testing mentions a recently published study evaluating the possibility of a new technique to use differentially methylated regions in the fetal DNA found in maternal plasma to diagnose Trisomy 21.



GESTATION EVEN A
FEW DAYS SHORT
OF A FULL 39 WEEKS
CAN LEAD TO SHORT
- AND LONG-TERM
HEALTH RISKS

A reference laboratory specializing in prenatal and ocular genetic testing.

SensiGene®
Fetal RHD Genotyping

- > Direct genetic testing of fetal RHD status from a maternal blood sample
- > Uses proprietary SEQuireDx® ccf nucleic acid technology

Also offering SensiGene® Cystic Fibrosis Carrier Screening with an expanded panel of 103 mutations for broad ethnic coverage.

877-821-7266
www.scmmlab.com

SEQUENOM® CMM
CENTER FOR MOLECULAR MEDICINE

Sequenom®, Sequenom® CMM®, and SensiGene® are registered trademarks of Sequenom, Inc. ©2011 Sequenom Center for Molecular Medicine. All rights reserved.

Volume 3, Issue 2

WHAT OUR PATIENTS ARE READING—*continued*

Ref: Papageorgiou EA et al. Fetal-specific DNA methylation ratio permits noninvasive prenatal diagnosis of trisomy 21. *Nat Med*. 2011 Mar 6

Having babies close together could raise risk for autism www.suntimes.com

2/11/2011 Monifa Thomas

“Researchers found that children conceived within a year of their sibling’s birth were three times more likely to be diagnosed with autism than those conceived after at least three years. The trend held when researchers controlled for other known risk factors, such as parental age and premature birth.”

Report on a study that evaluated a population of first- and second-born sibling pairs identified through California birth certificate data. The study found an inverse relationship between interpregnancy interval and odds of developing autism, with the highest risk noted in those infants whose mothers became pregnant less than 12 months after their first child. This relationship was independent of birth weight and gestational age.

Ref: Cheslack-Postava K et al. Closely spaced pregnancies are associated with increased odds of autism in California sibling births. *Pediatrics*. 2011 Feb;127(2):246-53. Epub 2011 Jan 10.

Cameras, and Rules Against Them, Stir Passions in Delivery Rooms www.nytimes.com

2/2/2011 Katharine Q. Seelye

“When Laurie Shifler was expecting her eighth child, she was so upset about a local hospital’s new policy restricting photographs of births that she started an online petition...The hospital, Meritus Medical Center, in nearby Hagerstown, bars all pictures and videos during birth — cell-phones must be turned off — and allows picture-taking only after the baby has been delivered safely and the medical team has given permission.”

Piece highlighting the controversy over hospital policies that restrict recording in labor and delivery rooms. There is also an accompanying debate in the opinion section.



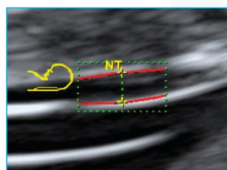
RESEARCHERS FOUND THAT CHILDREN CONCEIVED WITHIN A YEAR OF THEIR SIBLING’S BIRTH WERE THREE TIMES MORE LIKELY TO BE DIAGNOSED WITH AUTISM THAN THOSE CONCEIVED AFTER AT LEAST THREE YEARS

GE Healthcare

Voluson® SonoNT™

Semi-automated NT measurements

To learn more contact your GE representative, visit www.gehealthcare.com/ultrasound or call 888-202-5528.



healthymagination



imagination at work



Society for Maternal-
Fetal Medicine

SOCIETY FOR MATERNAL-FETAL MEDICINE

409 12th Street, SW
Washington, DC 20024

Phone: 202-863-2476
Fax: 202-554-1132
E-mail: smfm@smfm.org



MFM Fellows learn
and have fun at the
MFM 1st Year Fellows
Retreat



SAVE THE DATE—2ND ANNUAL 1ST YEAR MFM FELLOWS RETREAT WILL BE HELD NOVEMBER 13-15 IN NEW YORK

The Society for Maternal-Fetal Medicine, The Pregnancy Foundation (formerly the SMFM Foundation) and the Gottesfeld-Hohler Memorial Foundation have again pledged to financially support the 1st Year MFM Fellows Retreat.

- **Date:** November 13-15, 2011
- **Location:** IBM Executive Conference Center, Palisades, NY www.dolce-ibm-palisades.com
- **Invitees:** All 1st year MFM Fellows-in-Training (i.e., fellows starting in July 2011)

Personal letters of invitation will be going out to the Fellows at a later date!

Not just a revolution, a revelation

There are revolutions in medicine, in technology, in music, in society. Then there are revelations: ideas and insights so far advanced from what was, they alter your perception of what could be.



[Click here to experience
the future of ultrasound](#)

The Philips iU22 xMATRIX is a revolutionary imaging system that will forever change the way you view ultrasound as a clinical tool for women's imaging. Now you can see more clearly, explore more fully, and resolve more thoroughly. Now you can be sure.

XMATRIX

PHILIPS
sense and simplicity

Editors: Drs. James Keller and Alison Stuebe, MD

Contributors: Drs. Jim Keller, Brian Iriye, Judy Chung, Carol Major, Alison Stuebe, Tamula Patterson, Priya Rajan and Christina Han

LOOK FOR THE NEXT ISSUE OF SPECIAL DELIVERY IN SUMMER 2011!

We're on the Web!

www.SMFM.org