



Special Delivery

SOCIETY FOR MATERNAL-FETAL MEDICINE

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October 2010

2011 Annual Pregnancy Meeting™

The Pregnancy Meeting™
February 7–12, 2011
Hilton San Francisco
San Francisco, CA



Registration will soon be opening for the Annual Meeting, which will be held in San Francisco in February, 2011.

This was a record year for abstract submission: 1,304 abstracts were the most ever received! According to Alfred Abuhamad, MD, who is the meeting Program Chair – “The quality [of the abstracts] has been great, and it has been hard for us to decide who to accept due to space limitations.” While e-posters will be available, the traditional format with paper posters will continue, to allow for interaction with study authors.

The postgraduate courses cover an array of provocative subjects. Highlights include a fetal echocardiography course that offers the opportunity for hands-on scanning, a new global health course created in concert with the Global Health committee, and an overview of the increasing role of obesity in maternal-fetal practice. Additionally, the extremely popular “Controversies and Debates” course returns. Once again

From the President

Twenty-five years ago, in 1985, I attended my first SMFM meeting in Las Vegas. Not that it had a big impact on my life, but I still have the abstract book. Back then, SMFM was a small society with a great meeting. There wasn't much more the rest of the year back then.

No more. In the past 25 years SMFM has grown in more directions than you can count. We sprouted a Foundation that funds young investigators. Later, we grew another Foundation focused on NT, but now growing in new directions. We have an active Coding committee that has had a profound impact on ways every one of us gets reimbursed every day. Informatics, Education, Publications, the list of active committees goes on and on.

As you look through this issue of *Special Delivery* you will see SMFM's myriad activities.

This past summer the SMFM Board of Directors held its usual interim meeting, followed by a “best practices” management retreat. One of the clear messages from the retreat facilitator was that the progress a society makes is not because of some grand vision from its President. Societies grow and advance because of the activities of the members.

In 25 years, we have gone from a small society with a great meeting once a year to a year-round society with increasing ways for members to get involved. So, look through this issue, appreciate everything we do, and see how you too can become involved. There is no shortage of talent in the SMFM, and we want to find ways to use it all.



SMFM President,
Joshua Copel, MD

Joshua Copel, MD
SMFM President

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(continues on page 2)

Guttmacher Appointed NICHD Director

After an extensive national search, Allan Guttmacher, MD was named Director of the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), effective August 1, 2010.

A graduate of Harvard University, Dr. Guttmacher initially worked as a middle school teacher. An interest in the causes and treatments of learning disorders led to a career in medicine.

He joined the NIH from the University of Vermont, where he directed the Department of Pediatrics' Vermont Regional Genetics Center and Pregnancy Risk Information Service.

"The NICHD's research encompasses the life span," Dr. Guttmacher said. "Its mission includes ensuring that every person is born healthy and wanted, that all children have the chance to achieve their full potential for healthy and productive lives, that couples are able to achieve the family size they desire, that childbearing is safe for all women, and that optimal rehabilitation is available to all who need it, due to injury or disease."

For the full announcement, visit:

<http://www.nichd.nih.gov/news/releases/072210-guttmacher-director-NICHD.cfm>



Dr. Allan Guttmacher

NICHD Seeks Input to Develop Vision for Coming Decade

The NICHD is bringing together stakeholders from multiple disciplines to develop an agenda for the next ten years. From October 2010 to March 2011, the Institute will sponsor a series of workshops

around the vision themes of development, plasticity, cognition, behavior, reproduction, pregnancy and pregnancy outcomes, development origins of health and disease, environment, and diagnostics and therapeutics.

SMFM members Patrick Catalano, George Saade, Kjersti Aagaard-Tillery and Ira Bernstein are serving as workshop organizers. These workshops will culminate in a multidisciplinary conference in June 2011 at which participants will provide feedback on the draft vision statement.

Additional information is available at

<http://www.nichd.nih.gov/vision/index.cfm>



2011 Annual Pregnancy Meeting *(continued from page 1)*

the course materials will be provided on CD ROM, with a welcome improvement: the PDF files will allow course attendees to type notes.

Our Local Arrangements Chair, Jim Goldberg MD, is eager to share all that this dynamic city has to offer. Be sure to check out the SMFM Facebook page for his suggestions on accommodations, restaurants, and local attractions.

The meeting will begin with an opening ceremony Wednesday evening in the exhibit space with an auction to raise money for the SMFM Foundation. This year, the Exhibitor Passport Program will debut. Attendees will receive stamps in their "passport" at the exhibits allowing them the opportunity to win prizes.



Dear SMFM Member,

The SMFM Foundation, SMFM, and the Gottesfeld-Hohler Foundation have partnered to fund the 1st Year MFM Fellows Retreat in Palisades, New York, October 23-25. The weekend covered such topics as career skills, work-life balance, and research. Leaders in the field of maternal-fetal medicine offered their insight and knowledge to those of you who are at the beginning of your fellowship. We hope you enjoyed the opportunity to meet and mingle with each other, as well as learn helpful tools for success from physicians who have gone before you. We would like to thank the faculty members who took the time to join us for the weekend, the planning committee, and the SMFM staff—all of whom have dedicated their time to making the retreat a success.

A record number of SMFM members have subscribed to the Literature Alert Series. The outpouring of support and enthusiasm for the project has demonstrated the need for a Literature Alert geared specifically towards maternal-fetal medicine physician needs. We hope you find the articles selected to be important, interesting, and pertinent to your practice. Our volunteers, who review over 30 medical journals each month, work hard to find the most fascinating and relevant articles for each SMFM member.

As a reminder, the SMFM Foundation and AJOG have partnered to make all previous AJOG/SMFM supplemental issues available electronically to members, free of charge. You can view the issues at the newly redesigned AJOG website (www.AJOG.org) under the "Society Information" tab.

At the 2011 Annual Meeting in San Francisco, we will once again be hosting a silent auction to benefit the research and clinical grants of the Foundation. We would be thrilled if you would consider making a donation of jewelry, wine, sporting memorabilia, or other luxury item. Together we are working towards the optimization of pregnancy outcomes through advanced education and research, and we are continually building and improving on our programs thanks to the generous support of the SMFM membership!

For questions about any of the above initiatives, please contact Ariste Sallas-Brookwell at asallasbrookwell@smfm.org or (202) 863-1640.

Sincerely,


Thomas J. Garite
SMFM Foundation Chair



Charles Lockwood, MD, John Queenan, MD, and Joshua Copel, MD enjoy their 2010 silent auction prize: a day of sailing on the Long Island Sound!

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Society for Maternal-Fetal Medicine Publications Committee

The Publications Committee is charged with developing and publishing SMFM branded evidence-based papers in a variety of publications, including *Contemporary Ob/Gyn* ("MFM Consult series"), the *American Journal of Obstetrics and Gynecology* ("SMFM Clinical Opinions"), and *Obstetrics and Gynecology*. The Publications Committee also collaborates with other societies and organizations (e.g. ACOG) in the development of joint statements and bulletins. The committee identifies topics, selects authors, and reviews each completed paper before it is submitted for publication. **We have published more than 30 articles already!**

In November 2010, the first of the new series, "SMFM Clinical Opinions", will appear in *The American Journal of Obstetrics and Gynecology*. This series will provide current evidence-based guidelines for MFMs regarding issues relevant to Maternal-Fetal Medicine specialists. The topic is "Placenta Accreta", created in collaboration with Dr. Michael Belfort. Upcoming topics for this series are: Severe Preeclampsia Before 34 Weeks, Fetal Doppler, and Twin-Twin Transfusion Syndrome.

In April 2009 *Contemporary Ob/GYN* began publishing the **MFM Consult Series**, and will continue the series every 2 months. In these articles, SMFM members are invited to respond to clinically relevant questions regarding general and high-risk obstetrics.

Other SMFM branded publications include: the State of High-Risk Pregnancy Monograph (developed with the assistance of nearly 80 Society members); *Obstetrics and Gynecology* papers regarding:

- Periodontal disease and adverse pregnancy outcomes—Kim Boggess
- Pregnancy in transplant recipients—Joan Mastrobattista, Veronica Gomez Lobo
- Nutrition for multiple gestations—Roger Newman, William Goodnight
- Adverse pregnancy outcomes in euploid fetuses with abnormal serum markers—Lorraine Dugoff
- Magnesium sulfate for preterm birth—Brian Mercer, Amy Merlino
- Progesterone for preterm birth prevention
- Antibiotics for preterm labor, magnesium sulfate for neuroprotection

Other publications topics include:

- Guidelines for fetal echocardiography (with ACOG, AIUM, ACR)
- Uterine artery Doppler in pregnancy—Anthony Sciscione

The Publications Committee continues to seek out members interested in participating in the publications process, including manuscript preparation and review.

For a list of SMFM Publications, and to access the articles, go to www.smfm.org and click on the Publications link under the Education and Research tab at the top of the page. Or use the Publications "Quick Link" on the left hand side of the page.



SMFM Consult Series Topics in Contemporary Ob/Gyn

1. Euploid fetus with increased NT
2. Progesterone for PTB
3. fFN and PTB
4. EFM guidelines
5. Short Cervix
6. 3rd trimester IUFD
7. Oral hypoglycemics in pregnancy
8. Cerclage
9. VBAC induction
10. Single umbilical artery

Upcoming topics:

11. Low-lying placenta and previa
12. Early severe IUGR
13. Cholestasis
14. VTE prophylaxis for cesarean delivery

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December 2010
February 2011
April 2011
June 2011

Welcome to the second edition of the **Fellows' Corner**. We will continue to highlight relevant news and resources pertinent to SMFM Fellows and Associate Members.

News & Updates:

- The 2010 *First Year Fellows Retreat* took place October 23-25, 2010 at the IBM Retreat Center in Palisades, NY.
- The *First Year Fellows Retreat* was supported by the SMFM, the SMFM Foundation and Gottesfeld-Hohler Memorial Foundation.
- The 2011 Written MFM Exam Application for the June 24, 2011 exam is available online at www.abog.org. The application and fee are due November 14, 2010.
- Members can continue to connect with SMFM via Facebook at: <http://www.facebook.com/pages/Society-for-Maternal-Fetal-Medicine/132460289388> and via Twitter at <https://twitter.com/MySMFM>.
- Be sure to visit the SMFM Fellows-In-Training Resource List. Members are available in the areas of Obstetrics, Maternal, Fetal/Prenatal Diagnosis, Research, Epidemiology, and many other fields.

SMFM Foundation Awards:

The SMFM/AAOGF Scholarship Award supports a single scholarship in MFM each year. These scholarships are for \$100,000 per year.

Resources available to Fellows:

- **LECTURE SERIES:** The monthly SMFM Fellow and Genetics Lecture Series have been approved as didactics in the fellowship curricula, but not in lieu of regularly scheduled weekly lectures at each institution. The SMFM Fellow Lectures occur on the 1st Wednesday of each month at 12 noon EST. The Genetics Lectures are on the 3rd Wednesday of each month at 12 noon EST. Information regarding upcoming and archived lectures can be found on the Fellow Lecture Series page.
- **CAREER OPPORTUNITIES:** For upcoming graduates, the SMFM Career Center lists available positions in MFM, organized by state and date of posting.
- **WEBSITE LINKS:** Many useful links can be found under the "Education and Research" tab on the SMFM website (<https://www.smfm.org>). Categories include Society publications, research funding opportunities, SMFM awards, and clinical trials and registries.

We are happy to announce that future *Special Delivery* issues will be showcase the series "*Transitions: From Fellowship to Career*". The series will address:

- Finding the Right Career Opportunity
- Interviewing for a Job
- Contract Negotiations
- Words of Wisdom from Leaders in the Field of MFM
- and much more!



Dolce IBM Palisades Resort and Convention Center

We look forward to hearing your suggestions, inquiries, and comments regarding this exciting quarterly column.

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SMFM Communications Committee

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Not just a revolution, a revelation

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What Our Patients Read

This section of *Special Delivery* highlights 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.

“Weight Problems May Begin in the Womb.” www.nytimes.com 9/7/2010 Jane Brody

“Increasing evidence indicates that the trouble often starts in the womb, when women gain more weight than is needed to produce a healthy, full-size baby. Excessive weight gain in pregnancy, recent findings show, can result in bigger-than-average babies who are prenatally programmed to become overweight children – who, in turn, are more likely to develop diabetes, heart disease and cancer later in life.”

One of a series of articles on obesity, draws attention to two studies examining the relationship between increasing maternal weight and weight gain and subsequent birth weight and health problems in offspring.

Ref: Ludwig D, Currie J. The association between pregnancy weight gain and birthweight: a within-family comparison. *Lancet*. 2010 Aug 4.

Fraser A et al. Association of maternal weight gain in pregnancy with offspring obesity and metabolic and vascular traits in childhood. *Circulation*. 2010 Jun 15.

“Majority of Caesareans are done before labor.” www.nytimes.com 8/30/2010 Denise Grady

“A new study suggests several reasons for the nation’s rising Caesarean section rate, including the increased use of drugs to induce labor, the tendency to give up on labor too soon and deliver babies surgically instead of waiting for nature to take its course, and the failure to allow women with previous Caesareans to try to give birth vaginally.”

References a recent study examining factors associated with cesarean delivery that found over one-half of cesarean deliveries occurred prior to the onset of labor and one-third of nulliparas were being delivered via cesarean.

Ref: Zhang J et al. Contemporary cesarean delivery practice in the United States. *AJOG*. 2010 Aug 11.

“Don’t Feel Guilty About the Epidural—Researchers Say It Can Protect Your Health.”

www.glamour.com

Vitamin G blog 9/1/10 Sara Jio

“The researchers found that epidurals might protect certain muscles from childbirth-related trauma, cutting the risk of incontinence later in life.”

Highlights one of the conclusions of a study done to evaluate predictors of ultrasound-diagnosed levator trauma, which was that epidural use was associated with lower rates of levator micro-trauma.

Ref: Shek K, Dietz HP. Intrapartum risk factors for levator trauma. *BJOG*. 2010 Aug 25.

“One More Way to Avoid Diabetes: Breastfeed” www.time.com 8/27/10 Alice Park

“New moms know that breastfeeding can be good for babies, providing them with much-needed nutrition as well as a shot of antibodies and other cells that help build immune systems. Now, evidence suggests that the practice may keep the mothers themselves healthier too.”

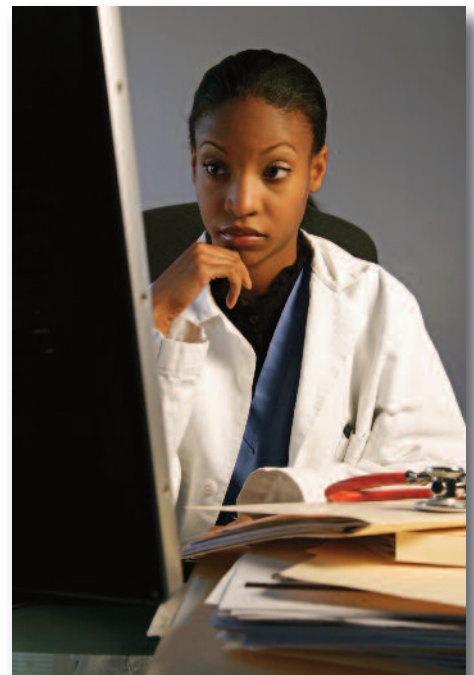
Discusses recent studies that have demonstrated protective benefits of breastfeeding with respect to metabolic disorders and how they may improve the relatively low rates of breastfeeding in the US.

Ref: Schwarz EB et al. Am J Med. Lactation and maternal risk of type 2 diabetes: a population-based study. 2010 Sep;123(9):863.e1-6.

“Do Belly Blankets Protect Baby from Radiation?” www.time.com 9/3/10 Catherine Sharick

“... I’ve been testing out new products called Belly Armor, which promise to protect my baby from 99% of nonionizing radiation from mobile products, such as my iPhone and iPad...The products seem to work but they’re a bit uncomfortable to wear, especially in extreme hot weather, so you have to wonder, Are they necessary?”

Considers devices that claim to offer fetal protection against radiation from electronic gadgets.



“American Women: Birthing Babies at Home” www.time.com 9/4/10 Catherine Elton

“Each year, some 25,000 American women...opt to deliver their babies at home...Why? Largely because women wish to avoid what they deem overmedicalized childbirth. Compared with hospital deliveries, 32% of which end in cesarean section, those taking place at home involve far fewer medical interventions and complications.”

Investigates the apparently increasing trend in home births, as well as arguments in favor of and against the practice, in the context of a recent meta-analysis that demonstrated an increase in neonatal mortality with home births.

Ref: Wax J et al. Maternal and newborn outcomes in planned home birth vs planned hospital births: a metaanalysis. *Am J Obstet Gynecol*. Epub 2010 Jul 2.

New Codes for Multiple Gestation Placenta Status ICD-9-CM Codes

Codes for multiple gestations have not given enough detail about types of placenta, and placenta can affect management. The Society for Maternal-Fetal Medicine (SMFM), with the endorsement by the American College of Obstetricians and Gynecologists (ACOG), presented a proposal to change this in September 2009. The resulting codes became available October 1, 2010.



These codes are in a new area, unlike the prior codes in 651 *Multiple gestations*.

How to use the new codes correctly:

The primary code reflects the type of gestation (i.e., twins, triplets) (651 series) and sequence with the new subcategories (i.e., V91.x series). USE BOTH CODES.

The new ICD-9-CM subcategories and codes are below:

- V91.0** Twin gestation placenta status
- V91.00** Twin gestation, unspecified number of placenta, unspecified number of amniotic sacs
- V91.01** Twin gestation, monochorionic/monoamniotic (one placenta, one amniotic sac)
- V91.02** Twin gestation, monochorionic/diamniotic (one placenta, two amniotic sacs)
- V91.03** Twin gestation, dichorionic/diamniotic (two placentae, two amniotic sacs)
- V91.09** Twin gestation, unable to determine number of placenta and number of amniotic sacs

Example: Antepartum visit for, monochorionic/monoamniotic twins is reported with 651.03 & V91.01

- V91.1** Triplet gestation placenta status
- V91.10** Triplet gestation, unspecified number of placenta and unspecified number of amniotic sacs
- V91.11** Triplet gestation, with two or more monochorionic fetuses
- V91.12** Triplet gestation, with two or more monoamniotic fetuses
- V91.19** Triplet gestation, unable to determine number of placenta and number of amniotic sacs
- V91.2** Quadruplet gestation placenta status
- V91.20** Quadruplet gestation, unspecified number of placenta and unspecified number of amniotic sacs
- V91.21** Quadruplet gestation, with two or more monochorionic fetuses
- V91.22** Quadruplet gestation, with two or more monoamniotic fetuses
- V91.29** Quadruplet gestation, unable to determine number of placenta and unspecified number of amniotic sacs

- V91.9** Other specified multiple gestation placenta status; placenta status for multiple gestations greater than quadruplets
 - V91.90** Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs
 - V91.92** Other specified multiple gestation, with two or more monoamniotic fetuses
 - V91.99** Other specified multiple gestation, unable to determine number of placenta and unspecified number of amniotic sacs
- Note:** Codes effective effective on Oct. 1, 2010.

Other Diagnosis Codes to remember for Multiple Gestations

On Oct. 1, 2008 two codes were released for specific twin conditions:

- Fetal conjoined twins are reported as code 678.1x.
- When TTTS has been diagnosed, report two codes: 651.0x *Twin pregnancy* (be sure to report twin gestation as primary) with 678.0x *Fetal hematologic conditions*.

Twin-to-twin transfusion syndrome should not be confused with the condition twin oligohydramnios-polyhydramnios syndrome (TOPS). For this you would report three codes: 651.0x, 658.0x *Oligohydramnios*, and 657.0x *Polyhydramnios*.

Code Fetus(es) Loss in Multiple Gestation

- For a diagnosed twin pregnancy with a loss of one fetus and retention of one fetus, report 651.3x *Twin pregnancy with fetal loss and retention of one fetus*.
- For a diagnosed triplet pregnancy with a fetal loss and retention of one or more fetus(es), report 651.4x *Triplet pregnancy with fetal loss and retention of one or more fetus(es)*.
- For a diagnosed quadruplet pregnancy with a fetal loss and retention of one or more fetus(es), report 651.5x *Quadruplet pregnancy with fetal loss and retention of one or more fetus(es)*.
- If the pregnancy is greater than quadruplets, with a fetal loss and retention of one or more fetus(es), report 651.6x *Other multiple pregnancy with fetal loss and retention of one or more fetus(es)*.

Important: Sometimes in a multiple gestation, the patient may decide to have an elective fetal reduction performed. If this occurs, the procedure code is reported as CPT® 59866 *Multifetal pregnancy reduction(s) (MPR)* and the correct diagnosis code to report would be 651.7x *Multiple gestation following (elective) fetal reduction*.

Note: x= additional fifth digit is required to define the episode of care

Are you cocooning your newborns?

There has been a dramatic increase in adult and adolescent pertussis cases in the past decade¹. There has also been an increase in the number of deaths among 0-4 month old and > 4 month old infants due to pertussis in this same time frame. In a study of 95 laboratory-confirmed cases of infant pertussis, 76-83% of transmission originated from household members (parents, siblings, other relatives and caretakers)² ACIP has recommended for several years “cocooning”, which means immunization of family members and close contacts of newborn infants who can not be vaccinated until after 6 months of age. Immunity to pertussis wanes after childhood immunization. Therefore, susceptible adults are reservoirs of B.pertussis. These new parents should receive a Tdap booster postpartum prior to discharge from the hospital. Standing orders for this vaccination may increase your success in promoting cocooning for newborns. Finally, all healthcare providers should also receive the Tdap booster to protect infants while they are hospitalized.

1. www.cdc.gov

2. Wendelboe AM, et al. *Pediatr Infect Dis J*. 2007;26:293-299.



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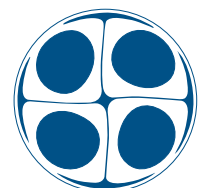


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*Schmidt D., et al, J Heart Valve Dis. 2008. 17(4):446-55 Prenatally Fabricated Autologous Human Living Heart Valves Based on Amniotic Fluid Derived Progenitor Cells as Single Cell Source. Although there is no guarantee that the FDA will approve any potential future medical applications and banking of amniotic fluid does not guarantee that these cells will be applicable to a particular medical condition, many clinical trials are on-going worldwide that may result in human therapies. Preserving amniotic fluid stem cells offers great hope for the future.