

Special Delivery



SOCIETY FOR MATERNAL-FETAL MEDICINE

Volume 2, Issue 2

June/July, 2010

MATERNAL HEALTHCARE IN HAITI *by Rizwana Fareeduddin, MD*

The 7.0 magnitude earthquake that devastated Haiti in January only worsened an already dire situation for maternal health care.



Prior to the earthquake access to prenatal care was limited and now it is even more pronounced, worsened by lack of infrastructure. This is frightening prospect given that the maternal mortality rate in Haiti is 600-1,000/100,000 live births. Major morbidities include preeclampsia, hemorrhage and infection with an overwhelming amount of hypertensive disorders.

80% of deliveries occur outside the hospital and untrained birth attendants follow the majority of births. If a complication arises, the commute from remote areas to hospitals is very long. After the earthquake many hospitals closed down further compounding the situation and forcing the remaining hospitals to undertake the burden of the injured. Furthermore, relief efforts are not focused on obstetrics and maternal health care specifically, presumably due to the number of severe, acute injuries and lack of trained personnel. Even though the acuity of trauma is similar to that of an obstetric emergency, the person-

nel are not proficient with OB emergencies.

Dr. Maria Small, MD, PhD at Duke University described her time at the Albert Schweitzer Hospital in Deschapelles, a town one and a half hours outside of Port Au Prince. "The hospital has electricity, is functional and has absorbed a great deal of trauma." To illustrate the burden of the facility she states, "this is a 100 bed hospital with a daily census of about 300-400 patients."

As money and supplies continue to pour in, the hope is that by improving medical and surgical facilities, this will indirectly help the pregnant population. There is a serious unmet need for women regarding surgery and improvements to operating rooms and surgical equipment may improve the situation.

Dr. Michael Cackovic, CDR, MC, an MFM at the Naval Medical Center in San Diego, was on the navy ship USS Bataan based at Grand Goave, when it was called to respond to the disaster. The Bataan is a fully equipped and fully staffed medical facility with a 14 bed ICU, 4-5 operating rooms and can take up to 400 casualties. The ship is equipped with hovercrafts which allowed efficient transport of injured patients. Its large flight deck



Lt. Mark Heitzmann, a medical officer assigned to the amphibious dock landing ship USS Carter Hall, delivers a Haitian newborn at New Mission in Bonel.

served as the center for all Medivac flight operations in Haiti. Although the ship provided care for mostly acute trauma and orthopedic injuries, they did serve a good number of pregnant women.

Due to the shortage of trained obstetric providers, others have pitched in. For example, one trauma surgeon who had never done a delivery was doing 4-5 deliveries a day.



Working along with Partners in Health, the International Society of Ultrasound in Obstetrics and Gynecology outreach committee provided education and training to obstetric providers to reduce maternal and child morbidity and mortality. One member, Dr. Alfred Abuhamad was teaching 14 local physicians and midwives about ultrasound at the moment the earthquake struck. This was their third trip to Haiti and another trip is being planned this fall. Donations of ultrasound machines by GE and of Bakri balloons by Cook Pharmaceuticals showcase the generosity of the medical industry. Collaboration with the SMFM Global Health Committee is also being discussed.

Through the continued dedication of physicians in our specialty, we can improve the state of maternal health care in Haiti and throughout the world.

[IN HAITI] THERE IS A SERIOUS UNMET NEED FOR WOMEN REGARDING SURGERY AND IMPROVEMENTS TO OPERATING ROOMS AND SURGICAL EQUIPMENT MAY IMPROVE THE SITUATION.

Inside this issue:

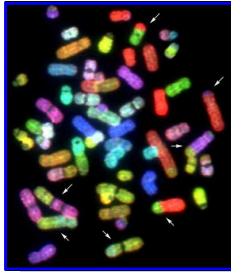
CGH IN PRENATAL DIAGNOSIS	2
SMFM AND SOCIAL NETWORKING	3
GLOBAL HEALTH CORNER	4
FELLOWS CORNER	5
CLINICAL PRACTICE TIP	6
FOUNDATION UPDATE	6
NICHD UPDATE	7
SCHOLARSHIP UPDATE	7
AMFMM NEWS	8

Special Delivery

Use of Array Comparative Genomic Hybridization (CGH) in Prenatal Diagnosis

By Devereux N. Saller, Jr., MS, MD

All opinions expressed here are the views of the commentator and do not necessarily express official views of the SMFM



...THERE ARE INCREASING REPORTS OF ARRAY CGH UTILIZATION IN THE PRENATAL DIAGNOSIS OF SONOGRAPHICALLY IDENTIFIED FETAL ANOMALIES, FOLLOWING A NORMAL KARYOTYPE AND GENETIC COUNSELING.



Comparative Genomic Hybridization (CGH) is a powerful molecular diagnostic laboratory technique which allows analysis of copy number changes (deletions or duplications) in segments of the DNA. The microarray chosen can examine the whole genome equally or may examine targeted regions with higher definition. It is possible to detect copy number changes smaller than 1 megabase (Mb). Thus this technology allows the detection of much smaller aneuploidies than had previously been possible with routine cytogenetic studies.

Array CGH has found increasing utility in Pediatric Genetics and Oncology. In addition, there are increasing reports of array CGH utilization in the prenatal diagnosis of sonographically identified fetal anomalies, following a normal karyotype and genetic counseling. There is no doubt that as experience increases, the potential utilization and indications for array CGH will expand.

At present, however there are some limitations to array CGH. First, array CGH will not detect balanced structural rearrangements (inversions or transloca-

tions). In addition, current estimates are that in as many as 12-15% of samples, copy number changes of uncertain clinical significance will be detected. This may be particularly concerning in prenatal diagnosis where there may be time constraints, significant anxiety and therapeutic options may be limited.

Despite these concerns, array CGH is currently available to providers and patients as a primary laboratory technique for the analysis of samples obtained from amniocentesis or CVS. ACOG Committee Opinion Number 446 (November 2009) suggests:

- Conventional karyotyping remains the principal cytogenetic tool in prenatal diagnosis.
- Targeted array CGH, in concert with genetic counseling, can be offered as an adjunct tool in prenatal cases with abnormal anatomic findings and a normal conventional karyotype, as well as in cases of fetal demise with congenital anomalies and the inability to obtain a conventional karyotype.
- Couples choosing targeted array CGH should receive both pretest and posttest genetic counseling. Follow-up genetic counseling is required for interpretation of array CGH results. Couples should understand

that array CGH will not detect all genetic pathologies and that array CGH results may be difficult to interpret.

- Targeted array CGH may be useful as a screening tool; however, further studies are necessary to fully determine its utility and its limitations.

References:

1. Manning M & Hudgins L
ACMG Practice Guidelines: Use of array-based technology in the practice of medical genetics. Genetics in Medicine, Vol 9 Number 9 (September 2007)
2. ACOG Committee Opinion Number 446 (November 2009)
Array Comparative Genomic Hybridization in Prenatal Diagnosis.

SMFM AND SOCIAL NETWORKING

by James Keller, MD

Less than one year ago the Communication Committee launched two new social networking sites. An SMFM page on Facebook™ and MySMFM on Twitter™.

As of mid June the SMFM page on Facebook™ has flourished. Over 1,400 people have joined, and some 300 visits to the page occur each week. Over 20 countries are represented amongst visitors. Of the 1,400 people, the demographics include 64% female and almost 70% are between 25 and 44 years of age, 40% under age 35. Announcements from the SMFM Society and items of interest are posted generating continued interest and visits to the site.

One of the concerns with Facebook™ is protection of privacy. Members are encouraged to review how much of their information becomes public by first going to their own home page, and visiting accounts privacy settings controlling how you share.

Twitter™, consistent with its position as a newer social networking site, has generated less interest amongst

Society members with 79 “followers.” Members are encouraged to follow MySMFM, the Twitter™ site of the Society.

Questions remaining concerning how to optimize the use of these sites include:

1. Increasing posts of relevant materials
2. Broadening the use of the sites around the annual meeting
3. Increasing member utilization of the sites.

While these questions remain, there is no doubt that these social networking sites had enhanced the experience of our members. If any member wants to become more involved, or has recommendations, please contact Carol Major, Co-Chair of the SMFM Communications Committee at: camajor@uci.edu



Follow [MY SMFM](#) on Twitter™

ONE OF THE CONCERNS WITH FACEBOOK™ IS PROTECTION OF PRIVACY. MEMBERS ARE ENCOURAGED TO REVIEW HOW MUCH OF THEIR INFORMATION BECOMES PUBLIC BY FIRST GOING TO THEIR OWN HOME PAGE, AND VISITING ACCOUNTS PRIVACY SETTINGS CONTROLLING HOW YOU SHARE.



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

Alere: Has helped manage 1.1 million pregnancies to date
• Offers patient assistance 24/7 • Assists with insurance authorization, for easy approval • Now offers prenatal genetic testing and counseling. **Questions: 1.800.950.3963**



Alere

Women's & Children's Health

formerly **MATRIA**
HEALTHCARE



Special Delivery

COMMITTEE IN THE SPOTLIGHT—GLOBAL HEALTH COMMITTEE

by Lynn Simpson, MD



THE SMFM'S
"GLOBAL HEALTH
COMMITTEE" IS
COMMITTED TO
IMPROVING THE
HEALTH OF WOMEN
AND CHILDREN IN
UNDERSERVED
INTERNATIONAL
COMMUNITIES.

The SMFM's "Global Health Committee" is committed to improving the health of women and children in underserved international communities. One of its major goals is to identify effective strategies to increase our Society's contributions to international healthcare efforts and to engage SMFM members to participate in key programs dedicated to maternal and infant health.

Our committee consists of Lynn Simpson, Chair, Alessandro Ghidini, Vice-Chair, and members Nancy Chescheir, Joshua Copel, Howard Minkoff, John O'Brien, Maria Small, and Blair Wylie. One of our first initiatives was to establish a SMFM chapter in iCons in Medicine, a web-based program for volunteers to provide consultations to underserved communities abroad. The chapter is led by Dotun Ogunyemi, Chair, Asha Rijhsinghani, Medical Director, and Nahla Khalek, Secretary. Any interested SMFM members should contact Dotun Ogunyemi for information on how to become a volunteer in this program.

We have also established a "Global Health Corner" on the SMFM website under the "My SMFM" tab. Members can find information on volunteer opportunities, upcoming conferences, donation options, and networking with other SMFM members active in global health.

We hope to see the work of this committee grow in the years ahead with increased networking of our SMFM members, development of an educational program on global health, increased research, and participation in new global health initiatives. The SMFM's "Global Health Committee" is committed to improving the health of women and

children in underserved international communities. One of our major goals is to identify effective strategies to increase our Society's contributions to international healthcare efforts and to engage SMFM members to participate in key programs dedicated to maternal and infant health.



Go to www.SMFM.org and access the [Global Health Corner](#) under the [My SMFM](#) tab



GE Healthcare

Voluson E-Series console enhancements

Extraordinary vision

New innovations in image quality,
automation technologies and more!

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

healthymagination



imagination at work



Volume 2, Issue 2

MFM FELLOWS CORNER

Welcome to the first edition of the *Fellows' Corner*. Through this quarterly column, we hope to highlight relevant news and resources available to MFM Fellows and Associate Members.

News & Updates:

Congratulations to the 2010 MFM graduates on successful completion of your Fellowship training. We look forward to seeing your careers evolve as you embark on your chosen paths.

Please remember that SMFM Abstract deadline is Friday, August 6, 2010.

Members can 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>.

The International Society of Ultrasound in Obstetrics and Gynecology (ISUOG) is pleased to offer all trainee members of SMFM free online membership of ISUOG, including access to the official journal, *Ultrasound in Obstetrics and Gynecology* (UOG), and online educational material. To activate your trainee membership, register online at <http://www.isuog.org/Membership/BecomeAMember/> by entering "SMFM12941" under Trainee Discount Number.

1st Year Fellows Retreat—October 23-25 at the IBM Retreat Center, Palisades, NY

We are pleased to announce that both the Society for Maternal-Fetal Medicine Board and the Society for Maternal-Fetal Medicine Foundation Board have agreed to support a 1st Year Fellows Retreat in the fall. Thanks to the generous financial support from the SMFM, the SMFM Foundation, and the Gottesfeld-Hohler Memorial Foundation, costs for fellows to attend will be limited to transportation. Rooms and all meals at the Retreat Center will be provided.

Personal letters of invitation will be going out to 1st year Fellows (Fellows starting their fellowship in 2010) from SMFM's President and the Chair of the SMFM Foundation very soon and we suggest you save the dates on your calendar!

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 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 Lecture Series occur on the 1st Wednesday of each month at 12 noon EST. The Genetics Lecture Series occur on the 3rd Wednesday of each month at 12 noon EST. Information regarding upcoming and archived lectures can be found here:

<https://www.smfm.org/Fellow%20Lecture%20Series%20Page.cfm>

SMFM MENTORS: A list of mentors and experts are available at the SMFM website at <https://www.smfm.org/attachedfiles/Fellowsresource5.10.pdf>. Mentors are available in the areas of Obstetrics, Maternal, Fetal/Prenatal Diagnosis, Research, Epidemiology, and many other fields.

CAREER OPPORTUNITIES: For upcoming graduates, the SMFM Career Center lists available positions in MFM, organized by state and date of posting.

<https://www.smfm.org/Career%20Center%20Page.cfm?ht=my>

WEBSITE LINKS: Many useful links can be found under the "Education and Research" tab at the SMFM website (<https://www.smfm.org>). Categories include societal publications, research funding opportunities, SMFM awards, and clinical trials and registries.

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

Tamula M. Patterson, MD, MPH
drpatterson03@yahoo.com
SMFM Associate Member Representative

Christina S. Han, MD
Christina.Han@yale.edu
SMFM Communications Committee Member



ISUOG is offering a special online membership to SMFM trainees

WE ARE PLEASED TO
ANNOUNCE THAT
BOTH THE SOCIETY
FOR MATERNAL-FETAL
MEDICINE BOARD AND
THE SOCIETY FOR
MATERNAL-FETAL
MEDICINE
FOUNDATION BOARD
HAVE AGREED TO
SUPPORT A FELLOWS
RETREAT IN THE FALL.



Special Delivery

CLINICAL PRACTICE TIP *by Brian Iriye, MD*



As consulting physicians, we often run into circumstances where clinical situations oblige us to provide additional immediate services for patients. The problem is these consultations and diagnostic services require authorizations and requests by the referring physician. Instead of making a patient return for the service or risking non-payment, a practice should be more proactive in solutions to this common problem.

Avoiding this common problem scenario just requires a system in advance. On your practice referral forms, you can make it easy for referring providers to provide appropriate documentation of referral. A problematic practice referral form contains a large amount of choices for a patient visit. This only confuses the matter and although done to provide completeness probably only confuses the front office personnel at the referring provider. Instead, think of giving fewer choices. In my conversations with Pamela Kostanteaco of the SMFM Coding Committee, she has recommended placing two boxes on a referral form:

1. Consultation with indicated diagnostic testing or;
2. Diagnostic testing with indicated consultation

This should cover almost all the bases in patient care that the average perinatologist encounters. It will allow immediate consultation of ultrasound to be provided to the patient who needs assistance, and serves as a request for the services performed for the purposes of appropriate billing.

SMFM FOUNDATION UPDATE

Dear SMFM Member,

The SMFM Foundation and AJOG have partnered to make all previous AJOG/SMFM supplemental issues available electronically to members, free of charge. The archived issues, which include abstracts from the Annual Meeting, are now available online at the AJOG website (www.AJOG.org) under the tab "SMFM Supplements". Take a moment to visit the site and explore abstracts from previous meetings, and look forward to browsing all future issues electronically as well!

The Mini-Sabbatical Grant Program application deadline passed on May 31, 2010. This year the selection committee is pleased to announce the following physicians who have been selected to receive the grant: Mary Vadnais, MD, who will receive training to perform CVS, Hai-Lang Duong, MD, who will receive training in fetal echocardiography, and J. Newton, MD, who will be studying advanced research techniques. Each Mini-Sabbatical Grant recipient will receive funding that will allow them to expand their knowledge of maternal-fetal medicine. We encourage all members of SMFM to apply.

In this issue of *Special Delivery* the SMFM Foundation is honoring the successes of a former SMFM Scholarship Award recipient, Dr. Kim Boggess. Since receiving the scholarship award in 1997 she has been an exemplary and distinguished alumnus of the program. We are delighted to highlight her work and in each subsequent issue of this newsletter we will be showcasing one of our distinguished past scholars.

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. Please consider making a donation of jewelry, wine, sporting memorabilia, or other luxury item. Each item contributes to the success of the auction and we couldn't do it without the generosity of the SMFM members!

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

Sincerely,

Thomas J. Garite
SMFM Foundation Chair

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. PLEASE CONSIDER MAKING A DONATION OF JEWELRY, WINE, SPORTING MEMORABILIA, OR OTHER LUXURY ITEM!



Thomas J. Garite
SMFM Foundation Chair

Volume 2, Issue 2

UPDATE FROM NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT *by Alison Stuebe, MD*

Patients with Prenatal Diagnosis of Spina Bifida Wanted

The NICHD Fetal Surgery Network continues to seek participants for a study of in utero fetal surgery to treat antenatally diagnosed spina bifida. 27 more patients are needed to complete enrollment. For information, visit: www.spinabifidamoms.com.

Consensus Panel Urges Reevaluation of VBAC Guidelines

SMFM Founders Club member Gary Cunningham chaired the Consensus Panel for the NIH VBAC Consensus Development Conference. The panel concluded after a thorough evidence review 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 full Panel Statement, evidence report, and archived videocast of the conference are available at:

<http://consensus.nih.gov/2010/vbac.htm>.

Nulliparous Network to Begin Recruitment

Eight clinical sites will begin recruiting for the NICHD's new study, Preterm Birth in Nulliparous Women: An Understudied Population at Great Risk. Clinical sites at Case Western Reserve University, Columbia University, Indiana University, Magee-Women's Hospital, Northwestern University, University of California Irvine, University of Pennsylvania, and University of Utah will enroll women in a prospective study of 10,000 nulliparous women with singleton pregnancies in an effort to identify women at risk for adverse pregnancy outcomes, including preterm birth, preeclampsia, fetal growth restriction, and stillbirth.

MFMU Trials in Progress

Three trials are under way or about to begin recruitment in the 14-center MFMU network. The network is continuing to recruit women for the SCAN study (Short Cervix and Nulliparity). In this RCT, nulliparous women with a short cervix are randomized to 17-OHP or placebo for prevention of preterm birth. Recruitment began in early June for the STAN study, an RCT of ST segment monitoring to prevent perinatal hypoxic-ischemic morbidity and mortality. In addition, the ALPS (Antenatal Late Preterm corticosteroids) study is slated to begin recruitment soon. This study will be a double masked placebo-controlled trial of antenatal corticosteroids vs. placebo at 34-37 weeks. The primary outcome will be need for respiratory support, stillbirth or death at <72 hours of life.

The MFMU continues to follow-up neurologic outcomes in the TSH trial. As of May 2010, 374 children had completed the 24-month visit. IQ at age 5 is the primary outcome of this randomized trial of Thyroxine Therapy for Subclinical Hypothyroidism or Hypothyroxinemia Diagnosed During Pregnancy. In addition, 78,344 pregnancies have been abstracted for the APEX study, a project to develop a validated set of quality measures for obstetric care.

SMFM FOUNDATION SCHOLARSHIP AWARD UPDATE: KIM BOGGESS, MD

by Anthony Sciscione, DO

The intent of the SMFM scholarship award was to identify and enable young Maternal-Fetal Medicine specialist who would continue their scientific investigative curiosity and create continuing physician scientists. These candidates must have demonstrated a commitment to the improvement in women's health through scientific study. This is a competitive process that encourages the best of the best to apply. However, potential is not always realized but in the case of Dr. Kim Boggess the investment was well spent. Dr. Boggess received the scholarship in 1997. After the completion of her residency and fellowship in Infectious disease at the University of Washington, she completed her fellowship at Duke University Medical Center in Maternal-Fetal Medicine. Her accomplishments and potential were clear and she received the scholarship at the completion of her fellowship. After the completion of her scholarship she left Duke to take a position at UNC at Chapel Hill in the Division of Maternal-Fetal Medicine. Her role as a physician scientist and contributor to women's health has been a steep trajectory. Since her graduation Dr. Boggess has not only excelled at the educational mission of her appointment but has won 2 research awards from the American Academy of Periodontology, has had 14 first authored presentations, and has received 8 grants to perform research including a K12, K08, R21 and R01 NIH sponsored grants. Her contributions in oral health as it relates to obstetrical outcomes have made significant headway into the understanding of this relationship. Dr. Boggess continues to add to her list of accomplishments and the SMFM Foundation is proud to call her a graduate. We look forward to her continued contributions towards the improvement in outcomes for pregnant women.



Visit www.spinabifidamoms.com for information on the MOMS trial

THE PANEL CONCLUDED
AFTER A THOROUGH
EVIDENCE REVIEW 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.



Dr. Kim Boggess was the recipient of the 1997 SMFM Scholarship Award



AMFMM NEWS *by Brian Iriye, MD*

409 12th Street, SW
Washington, DC 20024

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



More AMFMM information
can be obtained through the
website at www.amfmm.com



The Association for Maternal-Fetal Medicine (AMFMM) was formed in 2009 with the objective of enhancing business value and patient experience through exceptional practice management. To date AMFMM has enrolled 106 practices across the United States. Members have received the opportunity for benefits through an alliance with a group purchasing organization, practice marketing firm, OSHA preparation firm, and internet site development business. Additionally, large vendor discounts on ultrasound equipment and services with GE and Philips, as well as ultrasound reporting systems with MIET were negotiated. These benefits alone can save the average practice tens of thousands of dollars per year. An active message board where members can ask questions that are answered by the AMFMM board and other members has created an excellent centralized community resource site. Business tips have been released monthly and are kept on the members' only portion of the website.

Our annual meeting on practice management will be held in Denver on September 23-24, 2010. Topics to be discussed include:

- Benchmarking and Quality Measures
- Budgeting
- Billing and Collection
- Staff Motivation and Retention
- Common Financial Mistakes
- EMR
- Telemedicine
- Health Law Updates
- Protecting Patient Data

Registration is available currently at
<http://amfmm.com/amfmm-events-registration.html>

Editor: Carol Major, MD

Contributors: Rizwania Fareeduddin, MD, Brian Iriye, MD, Christina Han, MD, Tamula Patterson, MD, Devereaux Saller, Jr., MS, MD, James Keller, MD, Anthony Sciscione, DO, Thomas Garite, MD and Alison Stuebe, MD

LOOK FOR THE NEXT ISSUE OF SPECIAL DELIVERY IN SEPTEMBER/OCTOBER 2010

For fellows we are excited to offer access to the members' only message boards and business tips for a minimal cost covering administrative expenses. This fellow membership will allow enhancement of fellow education of practice management principles. Lastly and most importantly, a detailed practice management survey has been sent out to AMFMM members. Our hope is that the information from the survey will compile the most comprehensive practice management to date on the issues of salary, work data on perinatologists, sonographers, genetic counselors, nurses, and diabetic educators within a maternal-fetal medicine setting. Only AMFMM members who fill out this survey will have access to this information. The survey collection of data ends on July 31, 2010. A practice can join AMFMM at:

<http://www.amfmm.com/membership.html>

Click here to learn more



Everyday healthcare for every woman

At Philips Healthcare, we feel the same way about women as you do. That's why we focus on designing the specialized tools you need to deliver the care every woman deserves. During pregnancy and at every stage of life. Our cutting-edge ultrasound systems give you the power to conduct a broad range of routine obstetrical and gynecological exams – from fertility and pregnancy monitoring to breast examinations. **Philips ultrasound: everyday healthcare for every woman.**



PHILIPS
sense and simplicity

We're on the Web!

www.SMFM.org