

# Special Delivery



SOCIETY FOR MATERNAL-FETAL MEDICINE

Volume 2, Issue 1

March/April, 2010

## A GREAT SOCIETY, A GREAT CITY AND A GREAT MEETING *by James Keller, MD*

The 30<sup>th</sup> Annual Meeting of the Society met February 1-6, 2010 in Chicago, Illinois. Neither the science, nor the weather disappointed.



Sarah Little, MD accepts her award from SMFM President Sarah Kilpatrick, MD, PhD and Program Chair George Macones, MD

Program Chair George Macones directed the program with the assistance of the SMFM staff, Pat Stahr, Terri Mobley and Julie Miller. Dr. Macones and Scientific Program Committee members Bill Grobman, Mary Norton, and Alfred Abuhamad put together a robust program of scientific forums, postgraduate courses and, of course, oral presentations and poster sessions. Over 1,200 abstracts were submitted and reviewed to fill ten sessions of oral presentations and 750 posters during five poster sessions. Although all participants are to be applauded for their effort, several investigators received special recognition.

### Special Recognition

Duane Alexander, MD

**March of Dimes Award** Roberto Romero, MD

**Dru Carlson Memorial Award**

Sarah Little, MD

**Norman F Gant Award**

Dennie Rogers, MD

**SMFM/AAOGF Scholarship**

Jacob Larkin, MD

**Honorary Member**

Hal Lawrence III, MD

### ORAL SESSION AWARDS

Ozhan Turan, MD

Samuel Parry, MD

Karen Flood, MD

Jay Iams, MD

Shani Delaney, MD

Sarah Hemauer, MD

Maddalena Incerti, MD

Kimberly Fortner, MD

Brenna Anderson, MD

Tracy Manuck, MD

### POSTER SESSION AWARDS

Joseph Biggio, MD

William Grobman, MD

Margaret Harper, MD

Maged Costatine, MD

Erin Clark, MD



Annual Meeting Poster Sessions drew big crowds

When over 1,800 attendees and 70 exhibitors from around the world arrived, they found poster sessions and exhibits which drew raves for ease of navigation and comfort.



Attendees asked exhibitors questions and saw the latest products and services for MFM

Prior to the meeting, Society members received information on Facebook™ and Twitter™ about both scientific content and tips on navigating and enjoying Chicago.

Local Arrangements Co-Chairs, Isabelle Wilkins, MD and Dennie Rogers, MD took their roles to a new level, sharing their passion and enthusiasm for the city.

It was a great week for our Society.

THE SCIENTIFIC PROGRAM COMMITTEE MEMBERS—GEORGE MACONES, CHAIR, BILL GROBMAN, MARY NORTON, AND ALFRED ABUHAMAD PUT TOGETHER A ROBUST PROGRAM OF SCIENTIFIC FORUMS, POSTGRADUATE COURSES AND, OF COURSE, ORAL PRESENTATIONS AND POSTER SESSIONS.

### Inside this issue:

THROMBOPHILIA RESEARCH COMMENTARY	2
WEB 2.0 FOR YOUR PRACTICE	3
AMFMM NEWS	4
FOUNDATION UPDATE	4
NEWS FROM NICHD	5
COMING SOON!	6

# Special Delivery

## COMMENTARY ON RECENT THROMBOPHILIA RESEARCH

By Christina S. Han, M.D. and Charles J. Lockwood, M.D.

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



IN THE JANUARY  
2010 EDITION OF  
*OBSTETRICS &  
GYNECOLOGY*, TWO  
SUCH PROSPECTIVE  
COHORTS  
ATTEMPTED TO  
FURTHER ELUCIDATE  
THE ASSOCIATION  
BETWEEN AN  
INHERITABLE  
THROMBOPHILIA,  
PGM, AND APO.



A Medline search for keywords thrombophilia and pregnancy produces a daunting 2,600 results in the published literature. High and moderate-risk inheritable thrombophilias such as antithrombin deficiency, factor V Leiden (FVL) homozygosity, prothrombin G20210A gene mutation (PGM) homozygosity, and FVL/PGM compound heterozygosity have well-described associations with maternal venous thromboembolic events (VTE) in pregnancy<sup>1</sup>. However, despite the excess of literature, the association between inheritable thrombophilia and adverse pregnancy outcomes (APO) remains highly controversial because of the paucity of well-designed large prospective cohort studies.

In the January 2010 edition of *Obstetrics & Gynecology*, two such prospective cohorts attempted to further elucidate the association between an inheritable thrombophilia, PGM, and APO.

Silver et. al. representing the NICHD MFM Unit network, performed a secondary analysis of the multicenter, prospective, observational cohort of 4,167 low-risk patients in the FVL study who were also tested for the PGM polymorphism.<sup>2</sup>

The original study found 134 FVL mutation carriers among 4,885 gravidas (2.7%) and found no link between FVL and either maternal VTE or APO. The PGM is a point mutation that results in elevated circulating prothrombin levels, and is present in approximately 3% of the European population. In women with VTE in pregnancy, 17% have been found to carry this polymorphism.<sup>3</sup>

As was the case with FVL, Silver et. al. found no association between PGM and any individual APO (including pregnancy loss, preeclampsia, abruption, and SGA neonates) in low-risk women without a history of VTE. Moreover, none of the PGM carriers experienced VTE. This study was limited by the availability of DNA samples from only 80.3% of the initially enrolled cohort, limited power to detect small differences in the risk of some obstetric complications, and exclusion of women who were candidates for anticoagulant therapy. The authors conclude that the practice of screening women without a history of thrombosis or APO for PGM polymorphism should be questioned.

In a second study from the same edition of *Obstetrics and Gynecology*, Said et. al. from Australia reviewed five inherited thrombophilia polymorphisms (FVL, PGM, MTHFR C677T, MTHFR A1298C, and thrombomodulin polymor-

phisms) and pregnancy outcomes in a cohort of 2,034 nulliparous women without prior history of APO or thromboembolism. With both providers and patients blinded to the results of thrombophilia testing, the only polymorphism found to confer a possible moderate increased risk for the composite primary outcome was the PGM with an odds ratio of 3.58 (95% CI 1.20-10.61,  $p=0.02$ ).<sup>4</sup> Homozygosity for the methylenetetrahydrofolate reductase enzyme (MTHFR) C677T gene was not associated with APO and homozygosity for the MTHFR A1298C mutation was possibly protective against APO. A limitation, as the authors noted, was the use of a composite endpoint in a large cohort, which increases the likelihood of achieving a statistically significant result, but places doubt on the clinical significance of the finding.

These two recent studies add further uncertainty as to the putative role of inherited thrombophilias in the genesis of APO and suggest that they should not be part of a routine work-up for APO without a history of maternal VTE.

**After this commentary was submitted, an RCT on a related topic appeared in the March 25, 2010 issue of *The New England Journal of Medicine*. Click on the following links to go to the: [Study Results](#) and [Editorial](#) on this subject.**

<sup>1</sup>Gabbe SG, Niebyl JR, Simpson JL, et al. Thromboembolic disorders. In: *Obstetrics: Normal and Problem Pregnancies*, 5th edition. Philadelphia, Churchill Livingstone Elsevier, 2007. 1064-76

<sup>2</sup>Silver RM, Zhao Y, Spong CY, Sibai B, Wendel G, Wenstrom K, et al. Prothrombin gene G20210A mutation and obstetric complications. *Obstet Gynecol* 2009;115:14-20.

<sup>3</sup>Gerhardt A, Scharf RE, Beckmann MW, Struve S, Bender HG, Pillny M, et al. Prothrombin and factor V mutations in women with a history of thrombosis during pregnancy and the puerperium. *N Engl J Med* 2000; 342:374-80.

<sup>4</sup>Said JM, Higgins JR, Moses EK, Walker SP, Borg AJ, Monagle PT, et al. Inherited thrombophilia polymorphisms and pregnancy outcomes in nulliparous women. *Obstet Gynecol* 2009;115:5-13.

## WEB 2.0 FOR YOUR PRACTICE *by Alison Stuebe, MD*

At SMFM 2010, the SMFM Computers special interest group shared strategies for promoting your practice using Facebook™ and Twitter™, two rapidly-growing social networking services.

### Facebook™

Founded in a college dorm room in 2004, Facebook™ has grown to include more than 350 million users. Each user has a profile, and has the opportunity to connect with “friends.” Users read updates on their friends’ activities and interests through a continuously updated News Feed. In addition, users can become “Fans” of organizations and businesses, such as physician practices. SMFM’s fan page, launched in September 2009, has more than 900 fans.

It takes only a few minutes to set up a Fan Page for your practice. As patients and referring physicians become fans, they will receive any information you post about your practice, health pointers, or recent news related to maternal-fetal medicine. In addition, Facebook™ allows you to target advertising to specific criteria. For example, your practice could advertise First Trimester Screening

services to women over age 35 living within 10 miles of your office.

### Twitter™

Twitter™ is a “microblogging” service with more than 70 million users. Users “tweet” brief updates of 140 characters or less, and follow comments from other users with similar interests. Facebook™ allows individuals and organizations to broadcast Facebook™ updates to Twitter automatically. MFM-related organizations that “tweet” include ACOG, SMFM, the March of Dimes, and the American Public Health Association.

To keep up with Society events, new studies and MFM-related reporting in the media, become a fan of the [Society for Maternal-Fetal Medicine](#) on Facebook™, and follow [MySMFM](#) on Twitter™.



Follow [MY SMFM](#) on Twitter™

**MFM-RELATED ORGANIZATIONS THAT “TWEET” INCLUDE ACOG, SMFM, THE MARCH OF DIMES, AND THE AMERICAN PUBLIC HEALTH ASSOCIATION.**



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Go to [www.AMFMM.com](http://www.AMFMM.com) for information on the Association for Maternal-Fetal Medicine Management

AMFMM'S MISSION IS TO CREATE AN ENVIRONMENT THAT FACILITATES INDIVIDUAL AND ORGANIZATIONAL LEARNING BETWEEN MANAGERS AND PHYSICIANS THAT ENRICHES THE MFM PATIENT EXPERIENCE WHILE ENHANCING A MATERNAL-FETAL MEDICINE PRACTICE'S BUSINESS VALUE.



Coming soon . . . The SMFM Foundation "Literature Alert Bulletin"

## Special Delivery

### ASSOCIATION FOR MATERNAL-FETAL MEDICINE MANAGEMENT (AMFMM) by Brian Iriye, MD

The Association for Maternal-Fetal Medicine Management (AMFMM), a Professional Group of the Society Maternal-Fetal Medicine (SMFM), is dedicated to improving the art and science of MFM practice management in an efficient and effective manner.

AMFMM's mission is to create an environment that facilitates individual and organizational learning between managers and physicians that enriches the MFM patient experience while enhancing a maternal-fetal medicine practice's business value.

- Developing a website and forums page where physicians and managers can exchange ideas
- Providing business tips on practice management topics on a monthly basis.
- Procuring vendor alliances to produce dramatic savings to practices—currently alliances exist with ultrasound companies (GE and Philips), ultrasound reporting systems (MIET Healthcare), group purchasing organizations (Amerinet), practice marketing firms (Practice Builders), OSHA services (Compliance Alliance), and web development services (Coloured Studios).
- Having a yearly practice management conference – 2<sup>nd</sup> annual event to be held in Denver on September 23-24, 2010.

Future goals include the procurement of benchmarking data for perinatal practices, developing a quarterly newsletter with physician and manager tips, and the development of a standardized employee handbook. Questionnaires for benchmarking data will go out the next month to AMFMM member practices. **AMFMM members who provide comprehensive data will receive the benchmarking information at no cost.** We invite you to join AMFMM to share your experiences, take advantage of savings for your practice, and become part of the solution to improvement of maternal fetal medicine practice management. Further information on the organization and membership is present on [www.AMFMM.com](http://www.AMFMM.com).

### SMFM FOUNDATION UPDATE

Dear SMFM Member,

The Society for Maternal-Fetal Medicine Foundation is pleased to announce the newest members of the Board: Lynn Simpson, MD, Brian Iriye, MD, Anthony Sciscione, DO, and Lawrence Platt, MD. We would like to recognize the contributions of our outgoing board members: Jennifer Niebyl, MD, and Michael Belfort, MD. Their service and dedication will be greatly missed. We would like to remind all members about the creation of the **Literature Alert Series**. Once a month, SMFM Members who choose to donate a minimum of \$250 annually to the Foundation will receive an email with the most exciting and relevant articles that will impact the practice of maternal-fetal medicine. Each member will receive the inaugural email in early Spring and we will begin sending the newsletter once a month to annual donors as well as Founders and Leaders Club members. The Mini-Sabbatical Grant Application has been released on the SMFM website. Once again, we are thrilled to offer two grants: one for regular members and one for fellows-in-training, allowing them advanced training with a mentor of their choice. Please consider participating as a mentor or applying to the program! The application deadline is May 31. At the Annual Meeting the "[Maternal-Fetal Medicine: High Risk Pregnancy Care, Research, and Education for Over 35 Years](#)" monograph was distributed. The monograph was a joint project of the SMFM Foundation and the Steering Committee of the SMFM Publications Committee. If you are interested in receiving additional copies or for more details about the projects mentioned above, please contact Ariste Sallas-Brookwell at [asallas-brookwell@smfm.org](mailto:asallas-brookwell@smfm.org) or (202) 863-1640. The Foundation is anticipating a productive and exciting 2010!

Sincerely,

Thomas J. Garite  
SMFM Foundation Chair

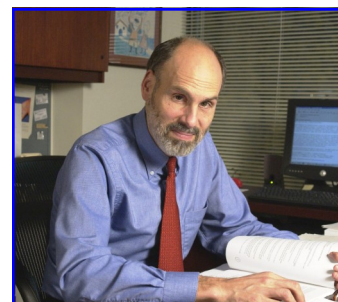


# Volume 2, Issue 1

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

### **Stillbirth Collaborative Research Network presents first findings**

The Stillbirth Collaborative Research Network includes five clinical centers (Coustan – Women and Infants, Saade – UTMB Galveston, Dudley – UT San Antonio, Stoll – Emory, Silver – Utah) and a data center (RTI, North Carolina) in total: 59 hospitals. This study will obtain a geographic population-based determination of the incidence of stillbirth defined as fetal death at 20 weeks gestation or greater; determine the causes of stillbirth using a standard stillbirth postmortem protocol, to include review of clinical history, protocols for autopsies and pathologic examinations of the fetus and placenta, other postmortem tests to illuminate genetic, maternal, and other environmental influences and elucidate risk factors for stillbirth. Enrollment of 668 stillbirths and 1768 live births was completed August 31, 2008. The analysis is ongoing, with preliminary results presented during the plenary session at SMFM February 2010



Alan E. Guttmacher, MD  
Acting Director, NICHD

### **Changes in Leadership at NICHD**

Effective December 1, 2009, Alan E. Guttmacher, MD assumed the role of acting director of NICHD. A highly regarded pediatrician and medical geneticist, Dr. Guttmacher served in a number of roles at the NHGRI. In 2002, he became the NHGRI deputy director and, in August 2008, the acting director. In those roles, he oversaw the institute's efforts to advance genome research, integrate that research into medical practice, and explore the ethical, legal, and social implications of human genomics.

At the NHGRI, Dr. Guttmacher also oversaw the NIH's involvement in the U.S. Surgeon General's Family History Initiative, an effort to encourage all Americans to learn about and use their families' health histories to promote personal health and prevent disease. He is a member of the Institute of Medicine, and a fellow of the American Academy of Pediatrics and of the American College of Medical Genetics.

### **What is the future of VBAC?**

Experts will address this question at the "Consensus Development Conference: Vaginal Birth after Cesarean: New Insights," to be held March 8-10, 2010. Despite the Healthy People 2010 national goal of decreasing cesarean births, the cesarean delivery rate in the U.S. has been steadily rising since 1996, reaching an all-time high (over 30%) in 2005. A major driving force behind the increase in cesarean births is the declining rate of vaginal birth after cesarean (VBAC). In 1996, delivery by VBAC peaked at 28.3%; by 2004, VBAC rates had dropped 67%, to 9.2%. The coupling of this trend with a concomitant increase in the primary cesarean rate portends a continued escalation in the overall national cesarean delivery rate. The consensus conference will raise awareness of this complicated issue, allow for a rigorous evaluation of existing evidence, and develop a statement that advances understanding of the issue that will be useful to health professionals and the public. Such a consensus statement will be of immediate use to practitioners and pregnant patients as they discuss risks and benefits associated with planned mode of delivery. Dr. F. Gary Cunningham will chair the Consensus Panel. The conference is open to the public and will also be web-cast for remote attendance. The agenda and registration information are available at <http://consensus.nih.gov/2010/vbac.htm>

EFFECTIVE DECEMBER  
1, 2009, ALAN E.  
GUTTMACHER, MD  
ASSUMED THE ROLE  
OF ACTING DIRECTOR  
OF NICHD. A HIGHLY  
REGARDED  
PEDIATRICIAN AND  
MEDICAL GENETICIST,  
DR. GUTTMACHER  
SERVED IN A NUMBER  
OF ROLES AT THE  
NHGRI.

### **MFMU seeking applications**

The Maternal-Fetal Medicine Units Network is accepting applications for the upcoming funding cycle. This year, applications will be submitted using the new NIH 12-page format, rather than the traditional 25-page format. Letters of intent for network sites are due May 1, and applications are due June 1, 2010. The RFA can be found at:

<http://grants.nih.gov/grants/guide/rfa-files/RFA-HD-10-008.html>





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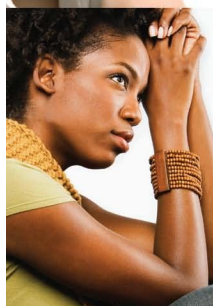
## REGISTER NOW FOR THE SMFM SPRING CODING COURSE MAY 27-28 AT THE RITZ-CARLTON, PHOENIX, AZ

In the complex world of MFM it is imperative that each individual involved in the practice have a keen understanding of proper coding and reimbursement. This course is a great opportunity for MFMs and their office personnel to acquire a better understanding of MFM coding. Correct coding may result in quicker reimbursements, better rates for procedures, and increased income for your practice.

- Diagnosis Code Linking and Sequencing
- Coding Deliveries, Surgical Procedures, Terminations, etc.
- Importance of Modifier Usage
- Overview of Antepartum/Ultrasound Testing
- Overview of Evaluation and Management Services
- MFM Consultation Guidelines, Co-Management, etc.
- Billing for Certified Diabetic educators and Genetic Counselors
- And much more.....
- 

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[Click here to learn more](#)



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*Editors: James Keller, MD, Carol Major, MD and Priya Rajan, MD*

*Contributors: Brian Iriye, Christina Han, MD, Charles Lockwood, MD and Alison Stuebe, MD*

**LOOK FOR THE NEXT ISSUE OF SPECIAL DELIVERY IN JUNE/JULY 2010**

**We're on the Web!**

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