

Special Delivery



SOCIETY FOR MATERNAL-FETAL MEDICINE

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H1N1 SUMMARY *by Mark Phillippe, MD, MHCM*

A novel H1N1 influenza A virus containing genetic elements from human, avian and swine viruses was first identified in pigs in late



1990s, with rare cases of human infection. However, beginning in March of this year (2009), a further reassortment of this novel H1N1 virus began to be identified in patients in central Mexico; and by the beginning of May, public health authorities in Mexico had identified over 1100 suspected cases and 42 confirmed deaths. The initial cases in the United States occurring in late March in two children in California were confirmed by the Centers for Disease Control and Prevention (CDC) by mid April. By the end of April, 91 cases (including 1 death) associated with the novel H1N1 infection had been reported in ten states. The epidemic in the U.S. continued to rapidly spread so that by May

15th the CDC reported 4,714 confirmed cases in 46 states along with 4 influenza related deaths. By this same time the World Health Organization (WHO) was reporting over 5,000 cases of H1N1 infection in 30 countries throughout the Americas, Europe, Asia and the Middle East, leading the WHO to declare on June 11th that the outbreak had progressed to a global influenza pandemic. At the end of June, the CDC web site reported 27,717 cases in all 50 states in the U.S., including 127 influenza related deaths; and by July 24th, 43,771 cases and 302 deaths were reported in the U.S. In the most recent update, between August 30th and September 26th the CDC has reported 16,174 hospitalizations and 1,379 deaths associated with influenza virus infection or based on syndromic surveillance for influenza and pneumonia.

Given the historic observations of increased morbidity and mortality among pregnant women during both seasonal and pandemic influenza outbreaks, it is not surprising that the second death reported in

the U.S. occurred in a pregnant woman. This 33 year old pregnant woman at 35 weeks of gestation presented on April 15th with signs and symptoms consistent with an influenza-like illness. Four days later she presented to her local emergency department with worsening symptoms including severe respiratory distress. Despite rapid intubation, mechanical ventilation and an emergency cesarean section on the day of admission, she went on to develop ARDS and expired on May 4th. As of May 10th, the CDC reported 5 probable and 15 confirmed cases of H1N1 swine influenza in pregnant women, with at least three requiring hospitalization and the one death as previously described. In a report published in the Lancet in August, Dr. Denise Jamieson and her colleagues at the CDC described 34 pregnant women with influenza infections between April 15th and May 18th. Among these patients, 32% required hospitalization (i.e. 4 times that of the general population) with three of these women needing ICU care. This report also describes a

[See H1N1, Page 2](#)

OBSTETRICIANS AND
OTHER CLINICIANS
CARING FOR PREG-
NANT WOMEN NEED
TO FREQUENTLY
MONITOR THE ON-
LINE UPDATES PRO-
VIDED BY THE CDC
AND OTHER PUBLIC
HEALTH AUTHORITIES
[HTTP://WWW.CDC.G
OV/H1N1FLU/](http://www.cdc.gov/H1N1flu/)

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A WORD FROM OUR PRESIDENT, SARAH KILPATRICK, MD, PHD



Sarah Kilpatrick, MD, PhD
SMFM President 2009—2010

ONGOING
OBSERVATIONS
HAVE CONFIRMED
THE INCREASED
NUMBER OF
PREGNANT WOMEN
AMONG THE DEATHS
ASSOCIATED WITH
THE H1N1
PANDEMIC.



What does the SMFM Board do anyway? Besides finalizing the 2010 annual meeting (we have some very exciting presentations), we have been managing our many committees, watching the finances, working with our government relations firm to stay abreast of legislation or other changes in Washington that may affect women's health, working with the Foundation, and working with several other agencies such as ACOG, CDC and AMA. Pregnant women are on the top of the list from CDC for increased risk from the H1N1 virus this year and so SMFM has been collaborating with the above organizations to develop a joint statement/guideline to help OB providers handle women

during the flu season this year. In addition to strongly recommending both the regular and the H1N1 vaccine for all pregnant women, we are finalizing a guideline as to how to manage pregnant women with flu symptoms. Once this is final we will put it on the website and email it to members. The Board, after a national search, hired our new Executive Vice President (EVP): Dr. Dan O'Keeffe. It will be difficult to replace Dr. Dick Depp, but Dr. O'Keeffe has a long history and proven track record of voluntary effective service with SMFM. Dan was instrumental in developing the Government Relations and Coding and Practice Management Committees and his business experience and interest resulted in his development (voluntarily) of the Coding for Maternal-Fetal Medi-

cine postgraduate and the Practice Management courses for the benefit of the SMFM and its members. For his tireless service, he was presented with SMFM's Lifetime Achievement Award, our highest accolade, in 2005. The EVP is a very important role as it provides expertise and continuity in an organization that is otherwise voluntary to help implement strategies and plans developed by the SMFM Board to support our missions. Any of you who know Dan know of his dedication to the organization and how much fun he is to work with. That's all for now. I hope to see you all in Chicago in February and yes you can blame me for choosing this great location! Chicago is beautiful even when it is cold.

UPDATE ON H1N1 *continued From Page 1*

a disproportionate number of pregnant women among the first 45 deaths reported in the U.S. (i.e. six pregnant women or 13%); notably, four of these women were in the third trimester, and one each in the first and second trimesters. Ongoing observations have confirmed the increased number of pregnant women among the deaths associated with the H1N1 pandemic. Dr. Jamieson reports that through August 21st, states have reported to the CDC about 700 pregnant women with influenza and approximately 100 of these patients were admitted to intensive care units. Twenty-eight pregnant women have died from influenza among 484 total influenza-related deaths, representing 6% of all deaths.

Currently a vaccine for the novel strain of H1N1 influenza is being produced and should become available for general distribution in the U.S. this month (October). The CDC has recommended that all pregnant women receive both the seasonal

influenza vaccine and the novel H1N1 vaccine, thereby providing protection for themselves and their newborn infants. Pregnant women should be given the flu shot (inactivated virus vaccine); they should not be given the flu nasal spray (live virus vaccine). Because of the potential for rapid progression of disease, the CDC has also recommended that pregnant women with signs and symptoms of an influenza-like illness receive antiviral treatment with oseltamivir within 48 hours of onset if possible. The status of this influenza pandemic is continuously evolving, as is true for the influenza virus itself. Therefore, obstetricians and other clinicians caring for pregnant women need to frequently monitor the on-line updates provided by the CDC and other public health authorities in an effort to be prepared to provide the care needed to address the increased morbidity, mortality and adverse pregnancy outcomes (i.e. increased rates of spontaneous abortion and preterm delivery) faced by pregnant women during an influenza pandemic.

INTERVIEW WITH DAN O'KEEFFE—SMFM EVP *interview by Brian Iriye, MD*

On September 14, 2009, Dr. Daniel O'Keeffe assumed his role as Executive Vice President of the SMFM. This job reports to the Board of Directors of the SMFM as well as to the Society for Maternal-Fetal Medicine Foundation Board. Officially, the Executive Vice President is responsible for implementing strategies and tactics approved by the Board to support the mission, maintain the values, and realize the vision of the SMFM. The following is an interview with Dr. O'Keeffe:

Would you like to make any statement in regards to what you see is your role as Executive Vice President?

"I think it is important to note that the Executive Vice President is there to support the members of the Society — to help them get the most out of the Society that they can. The SMFM has specific goals and a mission that maps what the Society would like to accomplish. The SMFM has now done 3 separate surveys of the membership and we have developed our vision and goals based upon the survey findings. It is important to note that the goals of the Society have been developed from the ground up, and not from the Board down to the members. This is a Society that exists for its members and I am here to push forward the goals developed by the members

and now ratified by the Board—their representatives."

What do you see as your immediate short-term goals?

"The first thing that we are trying to do is communicate better with our members on what the Society does for them and the services that are available from the Society for the members. A key component of that has been the development of the Communications Committee because we must communicate better to our members what we have accomplished and are trying to accomplish. Through the Informatics Committee we have redesigned the website and will continue to update the website to have members utilize it as a resource for important communication and updates.

It is clear that the Education Committee has a major role, as education is one of our key Society goals. This committee is looking at various ways of bringing education to the members through meetings, lectures, and through the website. The Society is also looking at newer methods of education such as simulation training for Maternal-Fetal Medicine. Education has also been enhanced by the formation of 4 co-branded conferences this year with the Society for Maternal-Fetal Medicine and the Maternal-Fetal Medicine Foundation such as the recent postgraduate course on Fetal Echocardi-

ography in Scottsdale in October.

The members need to know that the Association for Maternal Fetal Medicine Management (AMFMM) has been started and this will be a very robust organization where members can use bench-marking, networking, and just see how other practices have accomplished improvements. The Association is formed of University, Hospital-based and private practice Maternal-Fetal Medicine groups. Hence, all types of practices can gain valuable information from this new association whose first meeting was in Washington D.C. this October."

What are some long term goals you wish to accomplish?

"My job is to lead the effort supporting the Society's strategic plan and its priorities. The Office of the Executive Vice President will facilitate collaboration among the SMFM leadership, members and staff. My SMFM e-mail address is: dokeeffe@smfm.org, where members may contact me with questions, comments or concerns."

Dan also added, in his capacity as Government Relations Chair, as of this time, there has been no movement on tort reform.



Dan O'Keeffe, MD
SMFM Executive Vice President

**"THIS IS A SOCIETY
THAT EXISTS FOR
ITS MEMBERS AND
I AM HERE TO
PUSH FORWARD
THE GOALS
DEVELOPED BY THE
MEMBERS . . ."
DAN O'KEEFFE, MD**



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Dr. Francine Einstein, MD, PhD
2006 SMFM/AAOGF Scholarship Award winner

IN 2006,
EINSTEIN WAS
NAMED AS THE
SMFM/AAOGF
SCHOLAR TO
STUDY OBESITY,
MATERNAL
INSULIN ACTION,
AND ITS IMPACT
ON THE FETUS



SMFM Foundation presents the
new "Literature Alert Bulletin"

SMFM SCHOLAR AWARDED \$2 MILLION R01 TO STUDY EPIGENETICS *by Alison Stuebe, MD*

Francine Einstein, recipient of the 2006-2009 SMFM/AAOGF Scholarship Award, has been awarded a \$2 million grant from the NIH's Roadmap Epigenomics Program to study epigenetic modifications associated with abnormal fetal growth.

"We know that a spectrum of intrauterine conditions can 'program' an individual to have a higher chance of developing age-related diseases, like diabetes or cardiovascular disease later in life," says Einstein, an Assistant Professor at the Albert Einstein College of Medicine. "So we are trying to understand how the induction of epigenetic dysregulation in utero creates an aging phenotype, which is marked by a greater susceptibility to chronic diseases."

In 2006, Einstein was named as the SMFM/AAOGF scholar to study obesity, maternal insulin action, and its impact on the fetus. She presented her work on parity-associated obesity in an animal model in the Fellows' Plenary Session at the SMFM annual meeting in 2008.

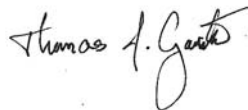
"I have been incredibly fortunate to receive the SMFM/AAOGF scholarship award. Not only did the award help to protect my time in the lab, but the program itself is designed to foster the development of the scholars through interaction with many prominent investigators in our field from all over the country," Einstein said.

SMFM FOUNDATION UPDATE

Dear SMFM Member,

The SMFM Foundation is inaugurating a new feature for our Society members. Next year there will be an added benefit in making your SMFM Foundation contribution, as you will see when you receive your dues reminder from the Society. Any member who pledges a minimum contribution of \$250 on an annual basis will receive our **Literature Alert** via e-mail once a month. The Literature Alert will be a monthly bulletin that will comprise the contents of over twenty journals, distilled into topics most important for MFM physicians. There will be 5-10 highlighted articles in each bulletin, each with its title and reference listed, along with an abstract and a website/URL where the full article may be accessed. The articles will be chosen on account of either studies with immediate relevance to your practice, important discoveries that will lead to changes in practice, or sufficient newsworthiness that will likely lead to questions from your patients. The vast majority of us are too busy to scan important journals like *JAMA*, *The New England Journal*, *Nature*, or *Science*, notwithstanding other medicine, pediatrics, and ultrasound journals, and, too often, even the "*Gray*" and the "*Green*". This important aid, the Literature Alert, will keep you from missing new information critical to your knowledge and your practice. Like NPR or public TV, this is a reward for your generous contribution to the Foundation, which does critical work to advance discoveries and training in our specialty.

Sincerely,



Thomas J. Garite

SMFM Foundation Chair

SMFM 30TH ANNUAL MEETING—FEBRUARY 1-6, 2010 CHICAGO, IL

Register now for the upcoming SMFM 30th Annual Meeting, to be held February 1-6, 2010 at the Hilton Chicago. The Program Committee has designed a robust program that provides a balance between education, opportunity for thoughtful discussion, and time to renew friendships and experience camaraderie – all of which make the Society's Annual Meeting so special. Please visit the [Annual Meeting](#) page of the SMFM website to view the advance program, register online and download a meeting registration form.

Pre-meeting postgraduate courses on Monday, Tuesday and Wednesday include:

- Innovations in Fetal Cardiology
- Translating Translational Research in Obstetrics
- Ultrasound in the MFM Office
- Preterm Birth Management and Prevention: Controversies and Debates
- Overview of Maternal Mortality and Opportunities for Improving Care
- ABOG MFM Fellowship Program Directors Workshop
- Gray/Green Journals Reviewer Course
- Nuchal Translucency Credentialing
- Simulation for Maternal-Fetal Medicine
- Update on Perinatal Genetics
- Critical Care

Experience the grandeur of the Roaring 20's with a stylish contemporary twist at the **Hilton Chicago**. This soaring Grant Park Chicago hotel blends historic charm and grace with the modern day comforts. Make your reservations directly with the hotel by calling the Hilton reservations department at: 1 800-HILTONS. When registering online on the Hilton website, please type in the case sensitive code **SMF** in the "Corporate/Group" field to get the special group rate of \$149 single/double, go to:

<http://www.hilton.com/en/hi/groups/personalized/CHICHHH-SMF-20100130/index.jhtml>

Registration fees for the Scientific Sessions include Continental breakfast and breaks. The Wednesday Evening Reception, Friday's President's Award Ceremony, and Industry Exhibits and Reception are open to you and your spouse/guest. Back by popular demand are the Luncheon Roundtables, featuring presentations by authorities in the specialty. Topics will cover current controversies and concerns in Maternal-Fetal Medicine. Attendance at each session is limited, so pre-registration is essential. The registration fee for the Roundtable Luncheons includes a box lunch, beverage, handout, and the opportunity to hear some of the most respected names in MFM discuss today's "hot button" issues.

*Continuing Medical Education is provided through joint sponsorship with
The American College of Obstetricians and Gynecologists (ACOG).*



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[ANNUAL MEETING](#)
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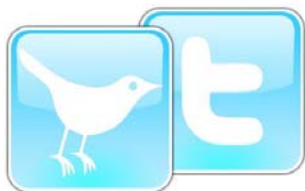
FOLLOW SMFM ON FACEBOOK AND TWITTER!

You can keep up with Society for Maternal-Medicine news and catch up with old friends and colleagues on the new SMFM Facebook Fan Page. The fan page launched September 10, and in the first two weeks, almost 200 Facebook members have become fans. You can also stay in the know with SMFM's Twitter feed, MySMFM. The Twitter feed will be providing real-time updates throughout this February's Annual Meeting in Chicago.



To become a Fan on **Facebook**, visit:

<http://www.facebook.com/pages/Society-for-Maternal-Fetal-Medicine/132460289388>



To follow **MySMFM** on **Twitter**, visit:

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LOOK FOR THE NEXT ISSUE OF *SPECIAL DELIVERY* IN FEBRUARY/MARCH 2010

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We're on the Web!

www.SMFM.org
