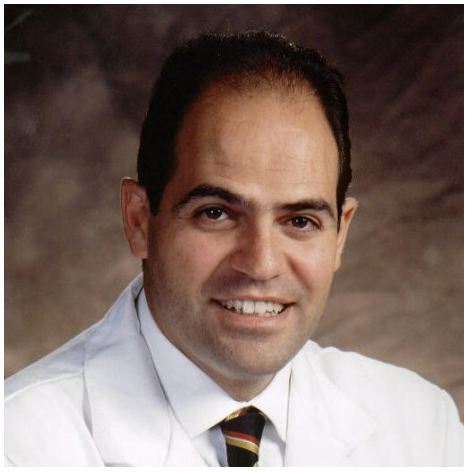
Special Delivery

Volume 7, Issue 2

Society for Maternal-Fetal Medicine

Vincenzo Berghella
SMFM President



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"I'll keep on thinking about them all day. I want these wonderful mothers to do well, and their babies to have healthy lives."

A Message from the President

Mother and baby first.

It's Sunday morning. I just finished rounding in the hospital. A severe preeclamptic at 26 weeks with fetal growth restriction and minimal umbilical artery diastolic flow. A patient at 35 weeks with recurrent nephrolithiasis going for stent. A woman with early PPROM. Another at 31 weeks with several congenital anomalies, oligohydramnios, and variable decelerations on the tracing. And many others. I'll keep on thinking about them all day. I want these wonderful mothers to do well, and their babies to have healthy lives.

You and I have **shared meaning**. We are all **high-risk pregnancy experts**. Our mission is, "We dedicate ourselves to **improving maternal and child outcomes**, raising the standards

more on 2

"Worldwide over one million babies die each year of prematurity alone. That is one every 30 seconds. It's up to us to do better. It is our responsibility, and is what should drive us daily."

Message from the President—continued

of prevention, diagnosis, and treatment of maternal and fetal disease through support for the clinical practice of maternal-fetal medicine; research; education/training; advocacy; and health policy leadership." Our vision is "To lead the **global advancement of women's and children's health** through pregnancy care, research, advocacy and education." I would like, during my year of presidency, to put this fundamental shared meaning at the center of our minds and goals.

SMFM is so much more than its (extremely successful) **annual meeting**. Our society is vibrant, powerful, nimble, and innovative. The society is extremely busy, and mostly works through volunteers like you and me. We are proactive, not just reactive, with respect to the world that extends beyond our organization.

I have many presidential goals this year to continue on our growth path: **Mother and Baby First.** Our clinical, education, research, and advocacy work should be always aimed at reducing maternal morbidity and mortality, as well as perinatal morbidity and mortality. About **700 women** in the US and **over 300,000 women in the world die each year** of issues related to pregnancy. Hundreds of thousands more women have non-lethal complications, which often have long-lasting morbidity. **In the US alone**, there are **about 26,000 fetal deaths** and **over 24,500 infant deaths every year**. World-

wide over one million babies die each year of prematurity alone. That is one every 30 seconds. It's up to us to do better. It is our responsibility, and is what should drive us daily.

Sharing how SMFM works. We have 5 executive committee members, 12 Board members, a full time Executive Vice-President, and soon 7 full-time staff (https://www.smfm.org/what-is-the-society/board-and-staff). These 8 full-time, and 17 part-time (but extremely busy!) individuals have countless meetings, conference calls, and emails, generating and accomplishing dozens of goals monthly. More work is done in the 16 committees. **Over 180 of you, SMFM members, are involved, formally and directly, in committees**, at this time. SMFM is very much currently a 'bottom-up' organization. Members come up with new ideas and projects daily, and many new initiatives arise and get carried out in committees. Dedication gets promptly recognized: for example, 5 members of the prolific Publication Committee have been elected to the Board or Executive Committee in the last 3 years. We have bylaws which get updated every six months (you are currently voting on the latest version).

Getting involved. Our goal is to make you aware of all that is going on at SMFM, and, if you wish, give you the chance to become an active participant. To the many already doing such great work, **thank you**! Participation is all on a volunteer basis. In addition to learning about "what SMFM is doing for you," consider asking "**how can I contribute to SMFM**." The team work in the committees has impressed me greatly. As an example, while on the Fellowship Committee, as soon as the idea of doing a lecture series for fellows was brought forward, we soon had volunteers for all aspects involved in creating such a series, from: 1.

Deciding the topics; 2. Selecting and inviting the speakers; 3. Choosing the software; 4. Instructing the speakers; 5. Moderating the sessions; and other steps. A 'dream' idea soon became a reality because of the skills and collaborative spirit of many members. Not one of us could have made it happen. **People are the most important thing**. We divide and conquer, empowering talents and sharing knowledge and skills.

Guidelines. A major goal this year is to improve awareness of our online Guidelines for clinical care. (https://www.smfm.org/clinical-guidelines) The Publication Committee has now published over 60 evidence-based guidelines and manuscripts. They are all posted online, both as 'ready-to-use' clinical summaries, and as more in-depth PDF documents. Additionally, we have related slides, and patient-education pieces for several of them. Our aim is to make sure you and all those who provide care for pregnant women, including students, residents, fellows, nurses and other providers **use this site ever more**. Please send us any comments!

Membership. We are currently over 2,600 members, which is a number we are proud of. Our impact on the goal of improving health for mothers and babies will become greater as we involve more people as followers, advocates, patrons, and members. **We plan to make more and more people aware of what we are about.** Help us by telling your colleagues and friends about SMFM and its initiatives.

International Outreach. Over 15% of our attendees at the 2014 SMFM Annual Meeting were from outside the US. Every continent but Antarctica was represented. The first four oral presentations were from excellent foreign researchers. Yet, only 3.5% of SMFM members are not US citizens.

SMFM is a global society. We have started a task force to explore ways to further expand our international scope. This includes exploring the possibility of a satellite meeting outside the US in years to come.

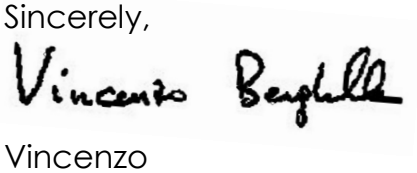
Choosing happiness. The global rates of maternal and perinatal mortality are decreasing in the world. While we need to concentrate our efforts on how to decrease these rates even more, we should not forget to celebrate our victories so far, focusing on what has worked, continuing to sustain it, and discovering new interventions to improve outcomes. We practice the best profession in the world, and should derive joy from that. Later this year I will review the six evidenced-based keys to happiness (if you can't wait, see my latest book about this!). I want to see you smiling in the eyes – the sign of a sincere, true smile - more.

Building Trust. On a personal note, I came to this country 30 years ago on a dream. My parents had never been to the US, and

they still now live in Italy and speak no English. I came to the US willing to work hard for the opportunity to make a difference. One of the values that has driven me is trust. Trust is based on **Sincerity, Competence, and Reliability**. I found these traits in college, medical school, residency, fellowship, and in our maternal-fetal medicine world. I will continue to work to make our environment a **meritocracy**. **Communication**: There are so many other SMFM initiatives you should be aware of, including branding, quality and safety, implementation, keeping the M in MFM, pregnancy as a window to future health, drugs in pregnancy, the role of MFM physician, and several others. We plan to go to **weekly SMFM newsletters** later this spring, which will hopefully become a consistent and useful part of your week. I plan to expand on the issues above in my weekly notes, and inspire you and me to pursue our higher goals of putting mothers and babies first. **Let's make the world a better place. We have shared meaning. We care. Together, we can**.

"There are so many other SMFM initiatives you should be aware of, including branding, quality and safety, implementation, keeping the M in MFM, pregnancy as a window to future health, drugs in pregnancy, the role of MFM physician, and several others."

Sincerely,



Vincenzo
President SMFM 2014-2014

Go to www.SMFM.org to find out about the latest SMFM news and events

Farewell from outgoing SMFM President Brian Mercer

Dear Friends,

First - Thank you.

Thanks to the over 2,000 of you who made the trip to attend the Society for Maternal-Fetal Medicine's 34th Annual meeting New Orleans last month. Thanks to those of you submitted abstracts and gave one or more of 86 scientific oral presentations and nearly 800 poster presentations. Thanks to our Program Committee (Bill Grobman, Andy Helfgott, Sean Blackwell, Bob Silver, Cecilia Gambala) and Scientific forum chairs, to the dozens of speakers who shared their knowledge with us, to our board and committee members who met throughout the week and the year to run the business of the Society, to Alison Stuebe, Bill Goodnight, Karen Grimm, Kim Ruth , Vicki Bendure, and Laura Riley for their efforts in bringing our new brand and website to life, to our staff (Debbie Gardner, Julie Miller, Terri Mobley, Beth Steele, Sarah Young, Pat Stahr and Dan O'Keeffe) and volunteers for making the meeting and Society run so smoothly. Special thanks to our honored guests and speakers at this year's annual meeting; Bill Callaghan (Honorary member 2014), Mary D'Alton (inaugural SMFM-ABOG distinguished lecturer), and to Drs. Jim Martin and Baha Sibai, for inspiring us and challenging us to do more to reduce maternal mortality and major morbidities.

Second, I ask:

> Were you inspired at the meeting this year?
>
> Are you reinvigorated?
>
> As you returned home to face the challenges of daily life are you thinking about how you can change the world in a meaningful way?

If the answer is "Yes", then we look forward to hearing from you next year about what you have accomplished or even just begun to do. If the answer is "no", please let us know what the Society can do better to help you (my email is: bmercer@metrohealth.org).

I am deeply grateful to all of you who have given of yourselves, through the Society or other efforts, and have served as leaders in pregnancy care locally, regionally, or nationally. From your efforts, it is clear that Maternal-Fetal Medicine subspecialists are the leaders of both maternal and fetal care for complex pregnancies, and are the leaders in research and education regarding pregnancy complications and care.

- We are high-risk pregnancy doctors, teachers, and researchers.
- We provide needed care for complex pregnancies to improve outcomes for mothers and babies.
- We collaborate with other obstetric providers, and coordinate care with adult and newborn specialists and subspecialists.
- We share our expertise, our knowledge, and our research to change obstetric practice.
- We are the leaders of complex pregnancy care for both mother and fetus.

I encourage you to think about whether this paradigm rings true for you. If it does, consider using it in your daily work life to help your patients, staff, colleagues, and institution better understand the critical role you play in the health of pregnant women and their unborn children. If not, then please help us to understand how we can better reflect your role in obstetric care, education and research.

Times in healthcare are changing.

While it isn't entirely clear what the outcome will be, we can be assured that the need to provide high-quality care to women with complex pregnancies will continue. We can be sure that there will be economic pressures to be more efficient in utilization of healthcare resources, and with our time. I believe that a major tool in our efforts to reduce adverse maternal and pregnancy outcomes will be through local and regional initiatives that focus on efficient patient centered care for the uncomplicated and team preparation for uncommon critical events. We have all participated in quality and safety initiatives. There are many good ideas, and most efforts do not require complex technologies or interventions. The difficulty is not in coming up with these good ideas, but is in the needed culture change, implementation, and sustainability to move them forward. It's not on rocket science. It's focus, teamwork, and endurance.

The Society and other organizations have joined together to accelerate efforts to reduce maternal mortality by focusing on the major causes of maternal mortality: hemorrhage, thromboembo-

lism, acute hypertension, and to identify triggers that will allow early evaluation and prevention. This effort will provide tools for implementation, but will only be successful if there are broad and sustained efforts locally and regionally. This initiative is a great beginning. But it is not all that is

needed – and there is no need to wait to accelerate broader changes in the approach to inpatient and outpatient obstetric care that focus on efficient healthcare, early identification and mitigation of pregnancy complications, and coordinated timely interventions when acute outcomes occur.

My hope is that you will identify efforts locally and regionally that are focused on reducing maternal and infant morbidities and mortality, determine opportunities to participate, collaborate, and lead these efforts. As you do this, my challenge to you is to accelerate the pace of change and to develop environments that can build upon these efforts. My "ask" is that you evaluate the impacts of your efforts and educate us as to what works and what doesn't. Bring your results back to us so we can learn from you. Together, we can identify and lead implementation of best practices locally, regionally, and nationally.

So, thank you.

Thank you for all you do for our patients, the Society, and for women's healthcare: locally, regionally and nationally. You are high-risk pregnancy doctors, teachers, and researchers. You are leaders of complex pregnancy care for both mother and fetus – Own it and Lead it.

With best wishes,

Brian

President SMFM, 2013-2014

Annual Meeting Summary

by Bill Grobman, MD

"We hope everyone who came had a great time, and that we get to see everyone who could not attend this year next year in San Diego."

We had a great annual meeting this year, with over 1,900 conference attendees visiting New Orleans for SMFM's first meeting there after Hurricane Katrina. Of the record-breaking 1,741 abstracts that were submitted, 86 were chosen to be presented at one of the 10 oral presentation sessions. Andy Helfgott organized the five poster presentation sessions in which an additional 750 abstracts were chosen to be presented. In addition to the presentations' high quality, they were notable for the great international contributions. For example, of the eight presentations in the Thursday plenary session, five were from outside of the US (Canada, France (2), Italy, and the Netherlands). There were many other educational and scientific opportunities, including the twelve post-graduate courses organized by Sean Blackwell, the fifteen scientific forums organized by Bob Silver, the collaborative workshop on "Pregnancy as a Window to Future Health", and the eight luncheon roundtables. Mary D'Alton gave the inaugural lecture, entitled "Maternal Medicine in the 21st Century: The M in MFM" in the ABOG-SMFM Distinguished lecture series.

The meeting also showcased the SMFM - CDC collaboration that is designed to increase MFM physician involvement in efforts to reduce perinatal HIV transmission. These efforts include promoting the presentation of HIV-related research at the annual meeting, and this year, investigators with the top-rated abstracts focused on HIV received travel support to the annual meeting. We expect this program to continue in the next several years as well. In addition, members had the opportunity to interact with Margaret Lampe from the CDC and find out how they could become involved in local public health efforts aimed at disseminating "best practices" in perinatal HIV prevention. Further information regarding these local health opportunities and the ways SMFM members can get involved will also be in upcoming editions of "Special Delivery." The honorary SMFM member this year, William Callaghan, also is from the CDC and gave a stirring talk on severe maternal morbidity and the role that we can play in reducing it.

As always, none of this could have been possible without the tireless activities of our SMFM staff, including Pat Stahr, Julie Miller, and Terri Mobley; our Executive Vice President, Dan O'Keeffe; and our President, Brian Mercer and the Board of Directors. We hope everyone who came had a great time, and that we get to see everyone who could not attend this year next year in San Diego.

Award-Winning Abstracts

Plenary

2: Delivery versus expectant monitoring for late preterm hypertensive disorders of pregnancy (HYPITAT-II): a multicenter, open label, randomized controlled trial

Kim Broekhuijsen, Gert-Jan van Baaren, Mariëlle van Pampus, Marko Sikkema, Mallory Woiski, Martijn Oudijk, Kitty Bloemenkamp, Hubertina Scheepers, Henk Bremer, Robbert Rijnders, Aren van Loon, Denise Perquin, Jan Sporken, Dimitri Papatsonis, Marloes van Huizen, Corla Vredevoogd, Jozien Brons, Anton van Kaam, Henk Groen, Martina Porath, Ben Mol, Maureen Franssen, Josje Langenveld

Dr. Kim Broekhuijsen accepts her award from 2014 Program Chair, Dr. Bill Grobman

Fellows' Plenary

41: Effect of lactation on maternal postpartum cardiometabolic status–a murine mode

Aaron Poole, Phyllis Gamble, Esther Tamayo, Igor Patrikeev, Jingna Wei, Kathleen Vinvent, Gayle Olson, George Saade, Alison Stuebe, Egle Bytautiene

Concurrent Sessions

Prematurity

15: Genetic predisposition to adverse neurodevelopmental outcome after early preterm birth: a validation analysis

Erin A.S. Clark for the The Eunice Kennedy Shriver National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network

Infectious Disease

23: Synergistic effect of thrombin and bacterial LPS on human endometrial endothelial cell inflammatory cytokine response

Mohak Mhatre, Julie Potter, Graciela Krikun, Vikki Abrahams

Clinical Obstetrics

27: Thomas Schmitz et al, Outpatient cervical ripening with nitric oxide (NO) donors for prolonged pregnancy in nullipara: the NOCETER randomized, multicentre, double-blind, placebo-controlled trial

Thomas Schmitz, Emmanuel Closset, Florent Fuchs, Françoise Maillard, Patrick Rozenberg, Olivia Anselem, Norbert Winer, Franck Perrotin, Eric Verspyck, Elie Azria, Bruno Carbonne, Jacques Lepercq, François Goffinet

Physiology

51: Programmed adipogenesis and obesity in offspring of obese dams

Emily Seet, Jennifer Yee, Michael Ross, Mina Desai

Clinical Obstetrics

61: 5-year experience with PROMP (PRactical Obstetric Multidisciplinary Training) reveals sustained and progressive improvements in obstetric outcomes at a US hospital

Carl Weiner, Linda Samuelson, Leigh Collins, Catherine Satterwhite

Diabetes

64: In utero exposure to a maternal high fat diet Alters the epigenetic histone code in a murine model
Melissa Suter, Jun Ma, Patricia Vuguin, Kirsten Hartil, Ariana Fiallo, Maureen Charron, Kjersti Aagaard

Hypertension

74: First trimester placental and myometrial blood perfusion measured by 3D power Doppler in term and preterm preeclampsia
Suzanne Demers, Mario Girard, Amelie Tetu, Stéphanie Roberge, Emmanuel Bujold

Ultrasound

79: Elevated neonatal IGF-I is associated with fetal hypertrophic cardiomyopathy
Anna Gonzalez, Luciana Young, Jennifer Doll, Gina Morgan, Susan Crawford, Beth Plunkett

Posters

Ultrasound, Fetus, Genetics

232: Magnesium sulphate (Mg) prevents maternal inflammation-induced impairment of offspring learning ability and memory
Yuval Ginsberg, Vered Shickman, Ruchi Anunu, Gal Richter-Levin, Zeev Weiner, Nizar Khatib, Michael Ross, Motti Helek, Ron Beloosesky

Hypertension, Diabetes, Prematurity, Physiology

342: A novel pattern of kidney injury in preeclampsia utilizing urinary biomarkers
Sarah Rae Easter, Richard Burwick, Raina Fichorova, Hassan Dawood, Hidemi Yamamoto, Bruce Feinberg

Epidemiology, OB Quality, Operative Obstetrics, Public Health, Infectious Disease, Academic Issues

409: Membrane stripping in GBS carrier patients, is it safe? (STRIP-G Study)
Doron Kabiri, Yael Hants, Tom Raz-Yarkoni, Smadar Even-Tov, Ora Paltiel, Ran Nir-Paz, Yossef Ezra

Operative Obstetrics, Clinical Obstetrics, Intrapartum, Medical-Surgical

628: A novel uterine monitor not hindered by body habitus
Abimbola Aina-Mumuney, Nate Sunwoo, Karin Hwang, Karin Blakemore

Dr. Abimbola Aina-Mumuney accepts her award from 2014 Poster Chair, Dr. Andy Helfgott

Prematurity, Physiology

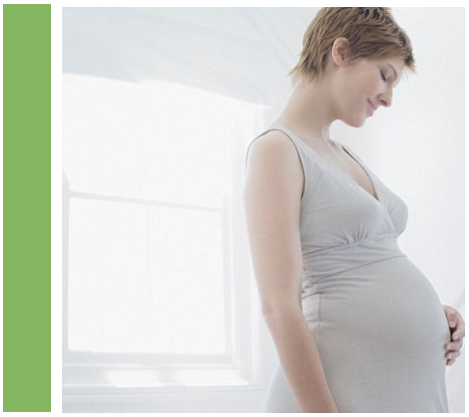
743: Pharmacological blockade of anoctamin-1 on human pregnant uterine smooth muscle attenuates oxytocin induced muscle force and pacing frequency
George Gallos, Joy Vink, Russell Miller, Ronald Wapner

View 2014 Pregnancy Meeting Oral Sessions 1 and 2 online

The Quilligan Scholars Program

The 2014 Inaugural Quilligan Scholars' Perspective

In every branch of medicine there are mentors, leaders, and giants. In the realm of Maternal-Fetal Medicine, Dr. Edward Quilligan is a giant. As a mentor to many of MFM's greatest minds and a leader in the development of the field, Dr. Quilligan pioneered the way for the contemporary leaders in maternal-child health. So when the Society for Maternal-Fetal Medicine and The Pregnancy Foundation announced a scholars program in his honor, third year residents interested in pursuing careers in Maternal-Fetal Medicine across the country jumped at the opportunity to be involved. The physicians who developed this program, Drs. Lawrence Platt and John Queenan, envisioned a forum in which today's leaders in MFM could follow in Dr. Quilligan's footsteps and mentor young physicians with an interest in the field. It is with this vision that they led a dedicated selection committee through 57 applications during the search for a group of five residents. In the winter of 2013, we each learned the incredible and humbling news that we had been selected as the inaugural Quilligan Scholars.



Through the generosity of the donors to The Pregnancy Foundation, our group of five traveled to New Orleans for the 34th Annual Pregnancy Meeting. From plenaries to lunchtime lectures to receptions, we soaked up both the scholarship and socialization of the meeting with equal zeal. The opportunity to spend the day shadowing some of our own heroes in MFM was undoubtedly a highlight of our meeting.

After a week of learning from investigators, leaders, and mentors, we left New Orleans energized, inspired, and incredibly grateful. For the five Quilligan Scholars, we felt honored to be rubbing elbows with giants at the meeting. We feel particular gratitude to our mentors: Dr. Abuhamed, Dr. Berghella, Dr. Caughey, Dr. Copel, Dr. Garite, Dr. Macones, Dr. Menard, Dr. Norton, Dr. Riley, Dr. Saade, and Dr. Wylie. Though we will certainly each take home different memories of this wonderful week, a common theme emerged. Many of our mentors were guided into their careers by leaders like Dr. Quilligan. They shared their time on our behalf to develop the Quilligan Scholars Program and provide similar guidance for those interested in a career in MFM. It is this collegiality and dedication to honoring the legacy of the field that inspires future physicians to perpetually strive to be like Dr. Quilligan.

Sincerely,

Sarah Rae Easter

Mohak Mhatre

Malavika Prabhu

Emily Scibetta

Amanda Yeaton-Massey

A Note from the Chairs of the Selection Committee

We were very impressed with the quality of the applicants for the Quilligan Scholars Program. It was very difficult to narrow down from 57 applicants to five, but we are enormously impressed with the five selected Scholars. Exceptional leaders like Dr. Quilligan don't just happen, they are educated and mentored, and they develop through hard work and experience. The purpose of the program is to identify the future leaders of Maternal-Fetal Medicine and help them on their journey with guidance and special educational opportunities.

Each year five new Scholars will be added to the program. The Society for Maternal-Fetal Medicine has agreed to give matching funds to the amount raised by The Pregnancy Foundation up to $125,000 per year for three years. The program is extremely important to the future of our subspecialty. We hope you will join in this effort with a donation to support the future leaders of care for mothers and babies. Please contact Sarah Kyger at SKyger@smfm.org. No contribution is too small and, of course, no contribution is too large for this important program. We need your help.

Thank you,

Lawrence D. Platt, MD and John T. Queenan, MD