

acog TODAY

NEWS AND
INFORMATION
IMPORTANT
TO YOU
AND YOUR
PRACTICE

APRIL 2005

Ob-gyn program trains 30+ doctors in Ghana

Ghanaian, US physicians team up to study pelvic floor dysfunction

NEARLY 20 YEARS AGO, ACOG and the Royal College of Obstetricians and Gynaecologists in the United Kingdom collaborated to develop an ob-gyn training program in Ghana. The program was designed to stop the flow of physicians who left their home country for medical training and didn't return to Ghana to practice ob-gyn. Ultimately, the program's goal was to reduce maternal morbidity and mortality in Ghana.

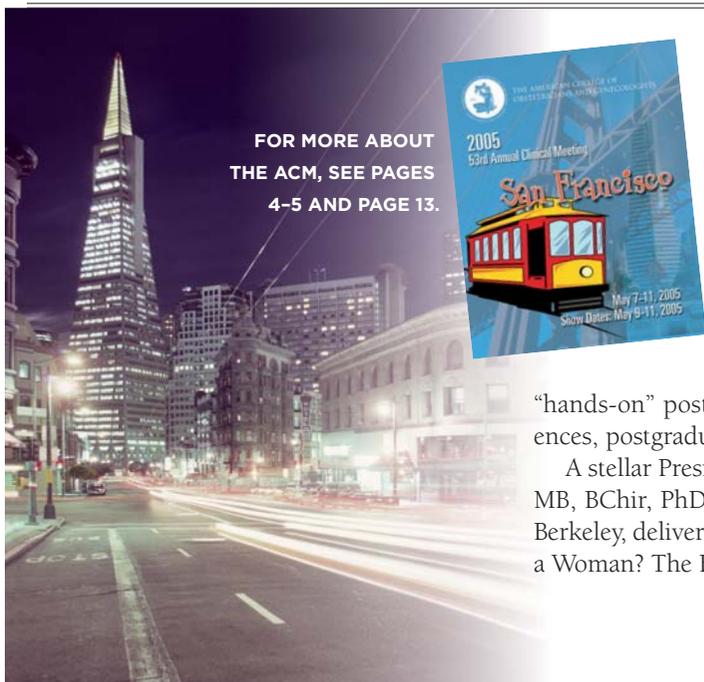
The program has been a resounding success, training more than 30 ob-gyns—all of whom remain in Ghana—who have achieved specialist certification by the West African College of Surgeons. In addition, since the program's inception, Ghana's maternal mortality ratio has decreased from approximately 500 per 100,000 live births, to 205 per 100,000 live births, according to the Ghana Health Service.

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“We know pelvic floor disorders are a problem. What we’re seeing in this project is that fistula is just one extreme of obstructed labor.”

—Dr. Adanu



FOR MORE ABOUT
THE ACM, SEE PAGES
4-5 AND PAGE 13.



Extraordinary ACM planned for May 7–11 in San Francisco

IN JUST A FEW WEEKS, thousands of ob-gyns will gather in San Francisco to learn about and discuss the latest changes and advances in the ob-gyn specialty. If you haven't already registered for ACOG's 53rd Annual Clinical Meeting, to be held May 7–11, you still have time to do so.

This year's ACM offers an expanded general scientific program, several “hands-on” postgraduate courses, four current issue updates, and dozens of luncheon conferences, postgraduate courses, and clinical seminars.

A stellar President's Program will focus on “Sex, Power, and Politics,” featuring Malcolm Potts, MB, BChir, PhD, Bixby Professor at the School of Public Health at the University of California, Berkeley, delivering the Samuel A. Cosgrove Memorial Lecture on “Why Can't a Man Be More Like a Woman? The Behavioral Background of Ob-Gyn Practice.”

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EXECUTIVE DESK

ACOG seeks to break Senate filibuster on medical liability reform



IN THE LAST FEW MONTHS, Washington, DC, has seen the inauguration of President Bush for his second term and the swearing in of the new Congress, which is controlled by the Republican Party with more seats than the last term. Recent changes bring both good and bad news.

The good news is that the issue of medical liability reform has a better chance of passing than ever before. President Bush will be leading a strong effort for the reform. Even though Rep. Jim Greenwood (R-PA) is no longer our champion in the House of Representatives now that he has retired, there are others waiting to introduce legislation.

Most experts believe the House will have little trouble passing a bill; the House has passed a medical liability reform bill the past three years. The bad news is that we still lack the 60 votes needed to override a filibuster in the Senate. There are 55 Republican senators, but, based on past record, at least two or three will not vote for reform. Therefore, it will require probably seven to eight Democrat senators agreeing to put the bill up for a vote.

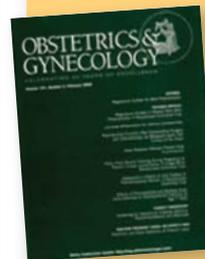
ACOG is actively working in coalitions and organizations to attempt to change the antifilibuster vote of these seven to eight senators in order to achieve the No. 1 priority of ACOG: meaningful professional liability reform.

This effort will require ACOG members in states where we may be able to achieve a change by their senator to work hard with the College, the American Medical Association, and state medical societies to achieve our goal.

We have a unique opportunity, and we must not let it escape. ACOG will provide more information soon on how to help. Please watch the College website for updates, and join our grassroots network, ACOG's key contact listserve, by emailing keycontact@acog.org.™

Ralph W. Hale, MD, FACOG
Executive Vice President

Obstetrics & Gynecology
HIGHLIGHTS



The April issue of the Green Journal includes the following ACOG documents:

- Endometriosis in Adolescents**
(Committee Opinion #310, new)
- Laparoscopically Assisted Vaginal Hysterectomy**
(Committee Opinion #311, new)
- Human Papillomavirus**
(Practice Bulletin #61, new)

Correction

In the March 2005 issue of *ACOG Today*, the phone number for the International Medical Corps was incorrect. The organization is seeking ob-gyns to volunteer in Afghanistan for a minimum of six months. For more information, call 310-826-7800. We apologize for the error.

IN MEMORIAM

- Jay M. Baker, MD**
Virginia Beach, VA • 10/04
- Harold R. Cohen, MD**
Lake Oswego, OR
- Kenneth E. Grant, MD**
St. Louis • 12/04
- Paul F. Holcomb, MD**
Spartanburg, SC • 9/04
- James W. Loynd II, MD**
Ft. Myers, FL • 11/04
- Robert E. McCammon, MD**
Tampa, FL • 1/05
- William J. McGanity, MD**
Galveston, TX • 2/05
- Robert J. McNeil, MD**
Cambria, CA • 9/04
- Vernon B. Moore, MD**
Greenwood, SC • 12/04
- Robert N. Neilson, MD**
Pottstown, PA • 9/04
- Otto A. Schmidt, MD**
Richmond Hill, ON • 2/05

Past President George M. Morley dies



ACOG PAST PRESIDENT George M. Morley, MD, of Ann Arbor, MI, died February 20 at the age of 81.

Dr. Morley was ACOG president in 1987–88. He was the Norman F. Miller Professor Emeritus of Gynecology and professor emeritus of ob-gyn at the University of Michigan Medical School. Dr. Morley spent his entire academic career at the University of Michigan, earning a bachelor's degree, medical degree, and master's degree at the school. He also completed his residency at the university and, after two years in the military, joined the university faculty in 1956.

Dr. Morley later became the chief of the Gynecologic Oncology Service at the University of Michigan and the director of the Gynecologic Oncology Fellowship, which he initiated. He was recognized in 1993 when the Gynecologic Oncology Service at the University of Michigan Medical Center was named in his honor. The next year, the George M. Morley Collegiate Professorship was established, and in 1996, an alumni society of gyn-oncology trainees was founded in his name.

Besides serving as ACOG's president, Dr. Morley was president of the Society of Pelvic Surgeons, Society of Gynecologic Oncologists, Society of Gynecologic Surgeons, and the Norman F. Miller Gynecological Society and was a member of the board of governors of the American College of Surgeons.™

ACOG and ITV television series begins April 1 on PBS



BEGINNING IN APRIL, ACOG will help deliver important women's health and wellness messages to millions of television viewers nationwide.

ACOG has teamed up with Information Television Network to develop women's health programs for the award-winning documentary series *The Art of Women's Health*. Seven inspiring 30-minute segments, covering 21 different topics, will begin airing weekly on PBS stations across the country in April.

The segments feature interviews with 21 ACOG Fellows and numerous female patients and include ACOG recommendations on a variety of women's health topics, including osteoporosis, fertility, heart disease, stroke, menopause, chronic pelvic pain, cancer, STDs, and premature birth.

"We are delighted to have this unique opportunity to raise awareness of women's health and wellness issues and to promote our own specialty as well," said ACOG President Vivian M. Dickerson, MD.

Funding for the project was provided by Quest Diagnostics and Novartis.™

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- For local show times, check listings or visit www.pbs.org and click on "TV schedules," and then your station and search for *The Art of Women's Health*
- For more information, visit www.itvisus.com, or contact Matt Herren at ITV: 561-997-5433; matth@ITVisus.com

Members support College through donations

THROUGH PERSONAL CONTRIBUTIONS, ACOG members are providing ongoing support for vital programs and projects and ensuring that the College remains in the forefront on issues facing ob-gyns and their patients.

ACOG recognizes and thanks the following Beacham Society members for their outstanding financial contributions and personal commitment to ACOG:

Robert L. Barbieri, MD	John H. Mattox, MD
James T. Breeden, MD	William T. Mixson, MD
James L. Breen, MD	John R. Musich, MD
Luis B. Curet, MD	Lila V. Nevrekar, MD
Suzanne E. Curran, MD	Warren H. Pearse, MD
Vivian M. Dickerson, MD	William J. Peters, MD
Stanley A. Gall, MD	George H. Schade, MD
Thomas M. Gellhaus, MD	Richard H. Schwarz, MD
John M. Gibbons Jr, MD	Vicki L. Seltzer, MD
Richard P. Green, MD	William J. M. Settle, MD
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Sherrie A. Hald, MD	J. Craig Strafford, MD
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Harold A. Kaminetzky, MD	Betty K. Tu, MD
Douglas H. Kirkpatrick, MD	Kathy N. Walker, MD
J. Joshua. Kopelman, MD	

ACOG INDIVIDUAL GIVING SOCIETIES

BEACHAM SOCIETY

Honors ACOG's first president, Dr. Woodard Beacham
Annual donors of \$1,000 or more

REIS SOCIETY

Honors Dr. Ralph A. Reis, the first editor-in-chief of *Obstetrics & Gynecology*
Annual donors of \$250 to \$999

SCHMITZ SOCIETY

Honors Dr. Herbert E. Schmitz, the first treasurer of the ACOG Executive Board
Annual donors of \$50 to \$249™

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- For more information, contact Katie O'Connell at koconnell@acog.org or 202-863-2546 or Missy Kurek at mkurek@acog.org or 202-863-2479
- Donations may be mailed to ACOG, Development Department, 409 12th Street SW, Washington, DC 20024-2188

Catch a flick at the ACM Film Fest

ACM ATTENDEES will have two opportunities to catch this year's winning films in the ACM Film Festival. A total of 20 films will be shown in the Moscone Convention Center during the ACM, May 7–11. Eight films, including the third-place film, will be shown on Monday from 1:45 to 4 pm, and 12 films, including the first- and second-place films, will be shown on Tuesday from 1:45 to 5 pm.

The three award-winning films will be reshown on Wednesday from 7:45 to 8:45 am, immediately before the Presidential Inauguration and Convocation.

This year's prize winners are:

- **1ST PRIZE:** *Pelvic Prolapse Repair Using Porcine Grafts and Uterosacral Ligament*, Elizabeth Sumsion Graul, MD, Phase II Center for Women's Health, Salt Lake City
- **2ND PRIZE:** *Suburethral Diverticulum: Repair by Partial Ablation and Graft*, Joseph L. Maccarone 2nd, MD, Robert Wood Johnson Medical School, UMDNJ, Camden, NJ
- **3RD PRIZE:** *Laparoscopic Pelvic Anatomy, Series One, Surface Anatomy*, Nanette O. LaShay, MD, The Center for Minimally Invasive Surgery, Palo Alto, CA TM



Career Connection Center at the ACM

WHETHER YOU'RE SEARCHING for a new position or have a job opening to post, be sure to stop by the ACM's Career Connection Center, which features ACOG's online career site for women's health care professionals.

The career center, located in the Moscone Convention Center, will be open from 8 am to 4 pm Monday through Wednesday of the ACM. Staff will be on hand to assist you.

To expedite a search, job seekers are encouraged to post resumes prior to the meeting or bring information on a disk. Career Connection allows job seekers to search by job positions, locations, and keywords. Candidates can also send a CV and cover letter online and receive email notifications of new listings.

Employers can search through online responses to job postings and can quickly search the candidate's profile, review his or her CV, and contact the candidate online.

Career Connection is a part of the *HealthCareers* Network. TM

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→ Click on the Career Connection logo on the ACOG homepage, www.acog.org

ACM research paper winners announced

HEAR ABOUT NEW RESEARCH AT THE ACM when clinical and basic research papers are presented from 1:30 to 3:30 pm on Monday and Tuesday of the ACM.

Researchers will present their findings in seven minutes, and the audience will have three minutes to ask questions, which will be moderated by a prominent specialist in the field. Both sessions are in the Moscone Convention Center.

THIS YEAR'S PRIZE-WINNING PAPERS ARE:

◦ FIRST PRIZE

Valacyclovir Suppression to Prevent Recurrent Herpes at Delivery: A Randomized Controlled Trial
Jeanne S. Sheffield, MD

University of Texas Southwestern Medical Center, Dallas

James Hill, MD; Vanessa R. Laibl, MD; Lisa M. Hollier, MD; Pablo Sanchez, MD; George D. Wendel, MD

◦ SECOND PRIZE

Heritability of Preterm Delivery
Kenneth Ward, MD

John A. Burns School of Medicine, University of Hawaii at Manoa, Honolulu
VeeAnn Argyle, Mary Meade, Lesa Nelson

◦ THIRD PRIZE

Raloxifene and Breast Cancer Risk Reduction Based on Breast Cancer Family History
Silvana Martino, DO

John Wayne Cancer Institute, Santa Monica, CA
Damon Disch, MD; Sherie Dowsett, MD; John Mershon, MD TM



View real-time fetal heart tracings remotely on a PDA

Latest technological wizardry showcased at ACM

HOW OFTEN have you been away from the hospital when a nurse pages you because there's a concern with a patient's fetal heart tracings? How often have you wished you could just briefly look at the "strip"? You might return to the hospital to look at the readings yourself, or you might have the nurse describe the tracing to you over the phone. At best, you could go to your designated desktop computer in the office and wait for the tracing to be displayed.

But available soon, a new technology allows ob-gyns to view real-time fetal heart tracings and maternal contraction patterns immediately on their PDAs or smart phones by remotely accessing the hospital's centralized monitoring system.

Called AirStrip OB, this latest technological wizardry was developed by ACOG Junior Fellow Wm. Cameron Powell, MD, and Trey Moore, both of San Antonio. AirStrip OB interfaces exclusively with GE's Centricity Perinatal (QS) system.

Demoing new technology at ACM

AirStrip OB is just one of the many technological advances attendees can learn about at the ACM.

ACOG Fellow Edward M. Zabrek, MD, a practicing ob-gyn in Houston and medical editor of *Pocket PC* magazine, will demonstrate the latest medical technology at the ACM from 12 to 2 pm Monday and Tuesday at the ACOG computer lab in the Expo Hall. Dr. Zabrek will also be teaching a hands-on postgraduate course on Sunday with Robert C. Lalouche, MD, MS, on "Mobilizing Your Practice with the Latest Handheld Devices, Wireless Technologies, and Software."

Dr. Zabrek will discuss various hardware options such as pagers, Blackberry devices, PDAs, "intelligent" phones, cameras, and personal computers. He will also discuss various software options for practice management systems and electronic health records.

One device he will focus on is the mobility device or what Dr. Zabrek calls the "virtual office in your pocket," which allows physicians to access patient medical records away from their office through a handheld device.



ACM attendees check out new technology in the Expo Hall in 2004.

"There are new devices on the horizon that will allow me to view a patient's medical record, history, allergies, even what prescriptions I wrote," Dr. Zabrek said.

Switching to electronic medical records

The federal government aims to have all doctors and hospitals go paperless by 2014. Dr. Zabrek believes this initiative, mandated by President Bush, will become reality and that physicians need to begin preparing for the mandate.

Dr. Zabrek will discuss the government initiative and what technologies can be used to implement it. He will also be discussing the difference between electronic medical records and electronic health records. An EMR is the record a physician accesses, while an EHR, as defined by the government, includes the EMR as well as a medical record for the patient and one for the hospital.™

Extraordinary ACM planned for May 7–11 in San Francisco

► PAGE 1 The program will also include David A. Grimes, MD, Research Triangle Park, NC, discussing "Politics, Power, and Procreation," and Nawal M. Nour, MD, MPH, Boston, discussing "Female Genital Cutting: Politics, Ethics, and Health." California State Sen. Jackie Speier, San Mateo, will also speak.

The number of hands-on postgraduate courses has doubled this year, with four offerings, and last year's popular live telesurgery session will return.

This year's live telesurgery will take place on Tuesday and show three different procedures—a laparoscopic myomectomy, laparoscopic hysterectomy, and hysteroscopic myomectomy. Attendees will have the opportunity to interact with the surgeons performing the procedures.

Tuesday is Go Red for Heart Health Day

Tuesday at the ACM has been declared Go Red for Heart Health Day. ACOG President Vivian M. Dickerson, MD, encourages all ACM participants to wear red to call attention to heart disease, the No. 1 killer of women.

The Donald F. Richardson Memorial Symposium, "Women and Cardiovascular Disease," will run from 2:30 to 5:15 pm on Tuesday and feature six speakers. It will be moderated by Dr. Dickerson and Alice K. Jacobs, MD, president of the American Heart Association.

The Go Red for Heart Health Day continues Tuesday evening with the President's Reception and Dinner Dance, where everyone is asked to wear red. In addition, the Afternoon Tea for All Spouses on Monday will feature a special program on women and heart disease.



Audience members at a Current Issues Update at the 2004 ACM

Explore San Francisco

While at the ACM, be sure to see one of the most beautiful and fun-filled US cities. Explore San Francisco on your own or take advantage of 20+ half-day, all-day, and evening tours as part of the ACOG Spouse/Guest Program.

Camp ACOG will be available again to take care of attendees' children during the ACM.

To register for the ACM, visit www.acog.org/acm2005.™

Health illiteracy affects patients of all education levels

ACCOMPANYING HIS MOTHER to her eye doctor appointment, the adult son initially didn't understand the surgical procedure, a trabeculectomy, recommended to treat his mother's glaucoma. The physician first explained the problem in complex medical terms. Only when she began to use analogies and simpler terms did the son grasp what the treatment would do.



Dr. Gluck

The adult son was Paul A. Gluck, MD, an ob-gyn in Miami with years of medical training and practice. But despite his medical experience, Dr. Gluck did not know the optometric terms that explained his mother's surgery.

The common assumption is that health literacy relates to a degree of education: if you're intelligent and have advanced degrees, you'll have no problem understanding a diagnosis or treatment instructions. However, studies have shown that that's simply not the case.

Misunderstandings can increase liability risk

According to the Institute of Medicine, almost half of all adults in the US, or 90 million people, have trouble comprehending and acting upon health information.

"The problem is more than just an inability to read and is not limited to the poor or uneducated," said Dr. Gluck, chair of the ACOG Committee on Quality Improvement and Patient Safety and *ex officio* member of the ACOG Committee on Professional Liability.

When patients don't understand what their doctor is saying, they don't often admit it, and misunderstandings occur, which can result in medical errors, lack of preventive care and follow-up, longer hospitalizations, and worse health outcomes, all of which can lead to professional liability risk, Dr. Gluck said.

Ensure patient understanding

Dr. Gluck offers several solutions to improve health literacy among your patients.

1. BE AWARE OF THE PROBLEM

Realize that it affects patients from all socioeconomic and educational backgrounds.

2. LEARN TO RECOGNIZE THE PROBLEM

Patients who have trouble filling out forms or giving a coherent history or who seem non-compliant may be having difficulty understanding the forms or the physician. Teach your staff how to recognize these signs, and have them keep you informed if they suspect a problem.

3. ENCOURAGE PATIENTS TO BRING SOMEONE WITH THEM

Ask your patients if they want to bring a family member or friend for office consultations, especially if you are discussing bad news or surgery.

4. DON'T ASK "DO YOU UNDERSTAND?"

After you explain a diagnosis or treatment to patients, they will be reluctant to admit they don't understand. Instead, ask them to explain to you how to take the medication or what procedure they need as if they were explaining it to a friend.



Take time to ensure that patients understand your diagnosis and recommendations.

5. USE A VARIETY OF TOOLS TO REINFORCE YOUR MESSAGE

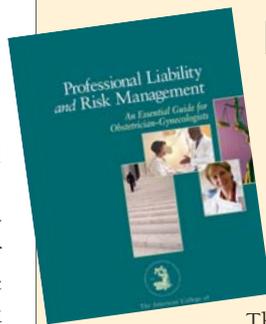
Use analogies, diagrams, ACOG Patient Education Pamphlets, and videotapes. Have a nurse reiterate your message with patients.

"It takes a little longer to explain to patients using analogies, drawings, etc., but the few minutes it takes is time better spent because you will have better compliance and better care. You and the patient become partners in their care," Dr. Gluck said.

6. TAKE MORE TIME AS NEEDED

Most importantly, take whatever time is necessary to ensure that patients understand your diagnosis and recommendations.

"Spending a few extra minutes with the patient to overcome problems with health literacy will pay many dividends," Dr. Gluck said. "In the long run, it will save time to correct misunderstandings. There will be increased patient satisfaction, increased compliance, improved health outcomes, and decreased litigation."™



New ACOG book addresses professional liability issues

ACOG IS PUBLISHING A NEW "MUST-HAVE" BOOK that recognizes the need for physicians to both reduce medical errors and be prepared for the reality of civil litigation as it exists today.

Professional Liability and Risk Management: An Essential Guide for Obstetrician-Gynecologists will be unveiled at the ACM in May.

The reader-friendly guide is packed with vital information for new and experienced physicians alike.

A wide array of professional liability and risk management issues, concepts, and strategies is presented in an easily accessible format—from the basic elements of professional liability to surviving a liability lawsuit. Chapters are devoted to such topics as emerging legal theories, the role of the expert witness, consent issues, risk management, liability insurance, high-risk areas for ob-gyns, special liability issues for residents, and litigation stress.

The book also contains an expanded glossary of insurance and medical-legal terms.™

info

→ *Professional Liability and Risk Management* will be available to order in May at <http://sales.acog.org>; 800-762-2264, ext 192

Run an efficient practice, no MBA needed

MOST CHILDREN DON'T SAY they want to be a manager or business executive when they grow up, but many doctors discover that being business savvy is important to operating an efficient medical practice.

A postgraduate course offered at ACOG's Annual Clinical Meeting in May will teach ob-gyns key lessons on running an efficient practice—without attending business school.

The course, "The Business of Obstetrics and Gynecology: How to Survive Without an MBA," will be taught on Sunday by Barbara S. Levy, MD; Vincent R. Lucente, MD, MBA; and Robert W. Yelverton, MD.

"A lot of times physicians don't know how to make business decisions in their practices. They wonder 'How do I know if I need another employee? How do I know if I need to hire another physician?'" Dr. Levy said. "Our course covers the nitty-gritty details."

You are the CEO of your practice

It's crucial that physicians operating their own practices make the office's business decisions and keep track of their daily financial report. Dr. Levy said she knows physicians who never look at their own practice's daily expense reports.

"Do not leave business decisions up to an office manager or accountant," Dr. Levy said. "You're just hanging up a big sign that says 'I'm vulnerable.' Ultimately, if something goes wrong, you're the one held accountable."

Evaluating cost and time

One crucial component to running a business that physicians may neglect is conducting time management studies to evaluate how much it costs them to provide specific services, Dr. Levy said.

"They're not evaluating the time wasters, such as driving back and forth between one office to another or to and from the labor and delivery unit," she said. "They should evaluate how much time they spend doing things they're not compensated financially for, such as phone triage and rewriting prescriptions."

Dr. Levy suggests that ob-gyns list all the services they provide that aren't directly related to patient care and that they're not compensated for. Then, they need to decide whether each service is worth continuing to provide.

Developing a strategy for patient visits

It's also important for ob-gyns to decide on a strategy for dealing with patient visits and concerns. Dr. Levy described a common scenario: As an annual visit is ending and the patient is walking out the door, she casually mentions a significant problem, such as depression or loss of her sex drive.

According to Dr. Levy, it's not the best strategy to discuss the patient's concern in-depth at that moment because it may be a rushed conversation.

Instead, explain to the patient that this is a significant issue that needs more time dedicated to it, and encourage her to schedule a follow-up visit devoted to the issue, Dr. Levy said.

Marketing your practice

Marketing means more than advertising, Dr. Yelverton said. Marketing involves building



an image through community relation efforts, such as becoming involved in boards and foundations and donating to local charitable groups.

"Physicians can develop their image in a community by word of mouth, by the quality of their office, and how patients are treated," Dr. Yelverton added.

Dr. Levy suggests hiring for the right personality in your office staff and not hiring someone who has the administrative skills but not the people skills.

"[Your employees are] the first image that someone gets when they call the office or walk in the front door," Dr. Levy said. "If you have a patient who leaves your office feeling dissatisfied, that's going to hurt your business. One negative comment can outweigh 10 positives. It's all about the philosophy that the patients are our customers and they come first."™



New book focuses on the business side of medicine

THE MUCH-ANTICIPATED new business of medicine publication will be available to ACOG members in May.

ACOG has developed *The Business of Medicine: An Essential Guide for Obstetrician-Gynecologists* as a practical reference tool that will help physicians understand the business side of a medical practice.

For finding a position, evaluating a contract, and learning about practice operations and finance and laws and regulations—this book provides an important resource for questions about the personal and professional challenges facing a physician in practice today.

Although designed for the ob-gyn resident, it will be useful to physicians who are changing jobs or increasing administrative responsibilities. The book was developed by ACOG at the request of the Junior Fellow College Advisory Council's Business of Medicine Task Force.™

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→ *The Business of Medicine* will be available to order in May at <http://sales.acog.org>; 800-762-2264, ext 192

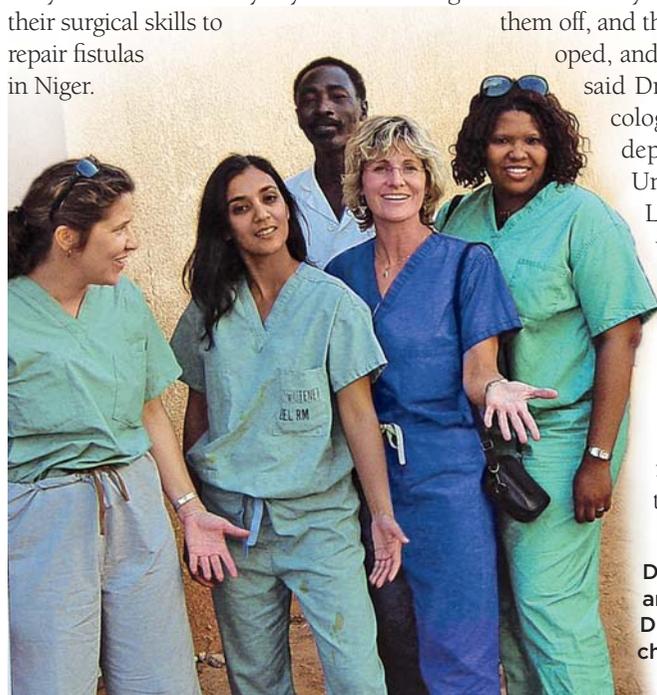
US ob-gyns committed to helping Niger women at 'Hotel Fistula'

BEHIND THE HOSPITAL is a concrete pavilion filled with women. They each have their own areas to sleep and store their belongings. They've created separate sections to cook, bathe, and do laundry. For some, this is their home and these women are their new families. Others have been here for a few days or a few weeks, traveling to the National Hospital of Niamey in the capital city of Niger in western Africa to seek help for their fistulas.

Known as "Hotel Fistula" or the "Fistula Village," this community is filled with dozens of women who suffered painful, long labors at home—often resulting in the death of their baby—that resulted in fistulas. Because the fistulas cause them to leak urine and/or feces, many of them were abandoned and ostracized by their husbands and villagers.

"At the Fistula Village, they form a community that is an intricate part of their survival," said ACOG Fellow Carol A. Glowacki, MD, director of the division of urogynecology at SUNY Downstate in Brooklyn, NY. "They feel they're not alone."

Through the International Organization for Women and Development, ACOG Fellows are helping these women physically and emotionally by volunteering their surgical skills to repair fistulas in Niger.



Drs. Glowacki, Sleemi, Hall, and Echols. In the back is Dr. Seibou, the hospital's chief surgeon.

"It's a hugely underserved issue in Africa, in part because they're women, they're homeless, they're broke," Dr. Glowacki said.

"Their husbands kick them out; their families can't always take them back; they're abandoned."

Dr. Glowacki was a member of the initial team that traveled to Niger through the IOWD program in October 2003. She returned with IOWD that December with ACOG Fellows Ambereen Sleemi, MD; Karolynn T. Echols, MD; and Cynthia Hall, MD. The four physicians' experience was featured in February in *Glamour* magazine.

... MANY OF THEM WERE ABANDONED AND OSTRACIZED BY THEIR HUSBANDS AND VILLAGERS.

Fellows see extreme cases

The World Health Organization estimates that more than 2 million women in developing countries have fistulas, with 50,000 to 100,000 new cases each year. Women in Niger marry, on average, at age 15, and 36% of girls ages 15–19 have been pregnant, according to the United Nations Population Fund.

"Once they have their menses, they marry them off, and their pelvises aren't well developed, and they can't deliver vaginally," said Dr. Echols, chief of the gynecology and pelvic reconstruction department at Louisiana State University Medical Center in Lafayette. "They live in remote villages and can't get medical care. The head [of the baby] sometimes sits there for a week at a time, and the baby dies, and sometimes the mother dies."

In Niger the cases didn't involve just one small fistula that developed recently. Some



Two women share a laugh at "Hotel Fistula" at the National Hospital of Niamey in March 2003.

women had more than one fistula, and some had had multiple failed surgeries over the years.

"There was so much scarring and so much damage," said Dr. Sleemi, a fellow in pelvic reconstructive surgery at Maimonides Medical Center in Brooklyn, NY.

In addition, many of the women had urethra fistulas in addition to, or instead of, bladder fistulas, according to Dr. Hall, chief of urogynecology at Cedars-Sinai Medical Center in Los Angeles.

"The whole urethra area was destroyed," Dr. Hall said. "It was counter to what I had read [about fistulas in Africa] and counter to what the other physicians had experienced in other African countries."

Prevention and physician training

The Fellows acknowledged that fistula prevention is preferable to fistula repair and that it's important to train local doctors in fistula repair and to develop educational programs so that women with fistulas aren't ostracized.

Dr. Sleemi continued her fistula efforts recently, taking part in a pilot project of UNFPA in February. "Fistula Fortnight" gathered local and foreign doctors in Nigeria to treat more than 500 women for fistulas. They also trained local physicians, nurses, and social workers in surgery and post-operative care.

Drs. Echols and Hall are also returning to Africa. This month they return to Niger with IOWD, spending 10 more days at the same hospital repairing fistulas.

"I will continue to do it," Dr. Echols said. "It gives me a reaffirmation of why I went into this profession."™

info

- IOWD: www.nigerfistula.org
- UNFPA: www.endfistula.org

Ob-gyn program in Ghana

►PAGE 1 One graduate of the program, Richard Adanu, MD, is spending the current academic year at Johns Hopkins Bloomberg School of Public Health in Baltimore to earn an MPH degree thanks to a grant from the Gates Foundation. Dr. Adanu is a faculty member of the department of obstetrics and gynecology at the University of Ghana Medical School in Accra and will also join the faculty of the school's public health department when he returns to Ghana this summer.

Studying more than fistulas

While at Hopkins, Dr. Adanu is developing a research protocol with ACOG Fellows Robert E. Gutman, MD, and Geoffrey W. Cundiff, MD, to examine the prevalence of pelvic floor dysfunction and obstetrical injury in Ghana. Dr. Gutman is assistant professor of ob-gyn in the Division of Female Pelvic Medicine and Reconstructive Surgery, Department of Gynecology and Obstetrics, Johns Hopkins University, and Dr. Cundiff is professor and chair of the ob-gyn department at Johns Hopkins Bayview Medical Center.

The three physicians want to examine more than just the prevalence of fistula, a well-known problem in Ghana and other African countries.

"We know pelvic floor disorders are a problem," Dr. Adanu said. "What we're seeing in this project is that fistula is just one extreme of obstructed labor but that there are all these things in between: stress incontinence, prolapse."

Determining barriers to care

Although the majority of Ghanaian women do not deliver their babies in a hospital, Dr. Adanu said the reason might not be entirely because of access to care.

"The situation in Ghana is that less than 50% of women deliver in an institution," he said. "The majority of births are attended by traditional birth attendants. But nobody has looked into the real reason that women tend to have their children at home. It's not simply an access problem because almost all women go for antenatal care at institutions, so they *can* get there."

Perhaps women aren't happy with the services they're receiving from physicians or hospitals and/or prefer having their babies at home, he said.

"It's obviously complex," Dr. Gutman said. "Part of it is looking at what these barriers are and seeing if we can overcome them."

Developing a urogynecology subspecialty

Drs. Adanu, Gutman, and Cundiff plan to finish their research proposal soon and then seek grant funding to implement it. They want to select two areas of Ghana and study the entire spectrum of deliveries, from women delivering in hospitals with an ob-gyn to women delivering at home with a traditional birth attendant.

"We want to evaluate the problem and develop databases and then look at prevention," Dr. Gutman said.

"We want to evaluate the problem and develop databases and then look at prevention."



Dr. Cundiff



Dr. Gutman

The project is just the first step of a larger proposal developed by Drs. Cundiff and Gutman. The two physicians are striving to develop a collaborative program in urogynecology and reconstructive pelvic surgery between the Johns Hopkins School of Medicine and the Ghana Postgraduate Program.

Dr. Adanu said he hopes that the overall project will eventually lead to a urogynecology subspecialty in Ghana.

"You get teams coming from outside the country mainly to deal with fistula. But if we got people trained [in Ghana], the effect would be much bigger," Dr. Adanu said.™

info

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Residency group travels to Ghana

A group of ACOG members who all completed their residency at the University of Miami-Jackson Memorial Hospital in Miami, FL, traveled to Ghana recently to do fistula repairs.

ACOG Fellows Julie H. Kang, DO, and Tarek G. Garas, MD, and Junior Fellows Armando E. Hernandez-Rey, MD; Rabah E. Laoun, MD; and Emery M. Salom Jr, MD, spent three weeks providing care at the Baptist Mission Center Hospital in Nalerigu.

Dr. Kang was the other ob-gyns' attending physician during residency. She frequently travels to Ghana to do fistula repairs and usually takes residents with her. The physicians focused on fistula repairs but also performed bowel repairs, vaginal hysterectomies, amputations, abdominal surgeries, and typhoid perforations, and delivered babies both vaginally and through cesarean sections.

Dr. Hernandez-Rey encouraged ACOG members to seek out volunteer opportunities in other countries. The ACOG website keeps a list of organizations that provide such opportunities. Click on "Women's Issues" and "International Activities."™



Front row: Andrea Cruz, a friend of Dr. Kang's who organized a fundraiser for the mission hospital, and Drs. Hernandez-Rey and Laoun. Back row: Drs. Salom, Garas, and Kang. The children are daughters of a missionary doctor who lives in Ghana.



JFCAC committed to Junior Fellow education and medical student recruitment

By Leah A. Kaufman, JFCAC chair

THE JUNIOR FELLOW College Advisory Council continues to focus on important issues for residents and Junior Fellows in practice. At the JFCAC meeting in February, the council discussed several new and ongoing initiatives.

Professional liability education

The council reviewed the new ACOG publication *Professional Liability and Risk Management: An Essential Guide for Obstetrician-Gynecologists*, which covers several topics the JFCAC Liability Support for Residents Task Force believes are crucial for resident education (see page 6).

The JFCAC plans to send letters to residency program directors to introduce the book and stress the need for further education in residency on professional liability issues. Specifically, we want to suggest that program directors be proactive and inform residents about available resources, including emotional support in the event of a lawsuit.

We hope that program directors will use the new book, as well as the new business of medicine primer, initiated by the JFCAC Business of Medicine Task Force, as a curriculum for educators during residency training. (The primer will also be available soon; see page 7.)

Also dealing with professional liability education, the JFCAC voted to develop a national survey for graduating residents and those in the first two years of practice to learn who has left the state in which they trained and why. This type of information has been gathered in a few ACOG districts and used by state legislators for lobbying efforts. A task force has been charged with the creation of the survey for review by the JFCAC at the ACM in May.

'What's Write with Ob-Gyn' essay contest

JFCAC members couldn't be more excited about the "What's Write with Ob-Gyn" essay contest, which received more Fellow and Junior Fellow support than we ever dreamed.

We received 105 essay submissions for the contest, which was developed to rejuvenate and revitalize those already in practice as well as motivate medical students to enter the best specialty in medicine.

A committee in each district selected the best essay in its district, and each winner received \$500. The national committee, which included the JFCAC Executive Committee and ACOG President Vivian M. Dickerson,

MD, selected the overall winner: Jane van Dis, MD, from District IX, who will receive an additional \$500 and a trip to the ACM, where she will be recognized.

Selecting a winner was not an easy task; all 10 essays were incredible. All of the essays will be displayed at the ACM and published in the near future.

Medical student initiatives

The council reviewed the draft of a new medical student brochure and poster initiated by the JFCAC Medical Student Task Force. Once the materials are available later this year, it is imperative that Junior Fellows and Fellows help ensure that they reach the ob-gyn interest groups and the offices of medical school deans.

In another effort to attract medical students to the specialty, a student lounge will be available at this year's ACM for the first time. Medical students will have their own informal gathering place where they can mingle with each other, Junior Fellows, and Fellows. Junior Fellows will staff the lounge and provide educational activities, including a suturing workshop.

The JFCAC is also working on boosting attendance for the Medical Student and JFCAC Reception at the ACM, which will be held on Monday, May 9, from 5:30 to 6:30 pm at the San Francisco Marriott. The council encourages Junior Fellow officers and medical students to join us at the reception.

This is just a snapshot of the many issues we are working on in the JFCAC. We are extremely grateful for the continued tremendous support from the fellowship of the College. Please feel free to contact me with any questions or ideas.™



District I Junior Fellow Chair Erica E. Marsh, MD, and Vice Chair Beth W. Rackow, MD, catch up during a break in the Junior Fellow Officer Orientation in February.



District VI Junior Fellow Chair Kristine D. Mytopher, MD, and Vice Chair Stephen A. Contag, MD, listen to a presentation by ACOG staff during the Junior Fellow Officer Orientation.

info

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Annual Junior Fellow paper award winners

THE WINNERS of the 2004–05 Donald F. Richardson Memorial Prize Paper Awards are William M. Merritt, MD, of District IV, and Angela S. Kueck, MD, of District V. Their papers were selected from Junior Fellow papers nominated by each district.

Dr. Merritt's paper, *Detection and Characterization of Isolated Androgen Receptor Expression in the Human Endometrial Cancer Cell Line, HEC-1B*, described the existence of androgen receptor expression in the HEC-1B endometrial cell line.



Dr. Merritt

The study found that HEC-1B cells exhibit isolated AR expression. The functionality of these receptors was characterized in the study, and treatment with androgens resulted in increased HEC-1B cell proliferation, possibly suggesting a role in the progression of endometrial cancer. These findings may likely help define the role for hormonal therapy in patients with AR positive endometrial cancer and may provide further insight into the growth potential of endometrium in women with polycystic ovarian syndrome and hyperandrogenism.

Dr. Merritt received his medical degree from the University of South Carolina School of Medicine in Columbia and is completing his ob-gyn residency training

at the Greenville Hospital System in Greenville, SC, before beginning a fellowship in July in gynecologic oncology at the MD Anderson Cancer Center in Houston.

Dr. Kueck's study, *Inhibition of Glucose Metabolism: Novel Therapeutic Target for Ovarian Cancer*, investigated the effects of cell death from nutrient starvation (amino acids and/or glucose).



Dr. Kueck

Results indicate that resveratrol, a phytoalexin found in grapes, dramatically inhibits glucose uptake in ovarian cancer cells as compared with nontransformed fibroblasts. It also found that the effect of resveratrol was reversed in the presence of insulin, preventing induced cell death from occurring. Most patients with ovarian cancer develop resistance to conventional chemotherapeutic agents. Because resveratrol selectively inhibits glycolysis in ovarian cancer cells and induces cell death, it may provide a therapeutic advantage in treating chemoresistant ovarian cancer.

Dr. Kueck received her medical degree from Georgetown University in Washington, DC. She completed her ob-gyn residency training at Georgetown University and is pursuing a fellowship in gynecologic oncology at the University of Michigan in Ann Arbor. TM



Resident Reporter program enables Junior Fellows to experience ACM

SIXTY OB-GYN RESIDENTS will be able to attend the 2005 ACM as part of the Resident Reporter program. Second- and third-year residents have been selected by their district chairs and will attend scientific sessions and special programs and lectures during the meeting May 7–11 in San Francisco.

The program is funded through an unrestricted educational grant from Wyeth Pharmaceuticals and covers resident reporters' ACM registration fees, travel expenses, accommodations, and selected meals.

Program highly recommended by 2004 participants

Lori A. Cashbaugh, MD, a fourth-year ob-gyn resident in District IV, participated in the program last year and recommends it highly.

"Just as I learned [at the ACM] from the wisdom and experiences of those already in practice, I found them equally as excited and eager to learn current practices and teachings from me," Dr. Cashbaugh said.

During ACM sessions, many of the resident reporters gained knowledge that they took back to their residency programs to share with other physicians.

"I did several presentations about certain topics and integrated that knowledge into daily case discussions," said Nilda L. Moreno, MD, a fourth-year resident in District IV.

Through contacts Dr. Moreno made at the ACM Expo Hall, she coordinated an IUD placement workshop for her residency program in Puerto Rico. The workshop was also open to medical students interested in ob-gyn. TM

Cases chosen to Stump the Professors

FOUR JUNIOR FELLOWS have been selected to present their cases during this year's Stump the Professors program at the Annual Clinical Meeting in San Francisco. A record 56 cases were submitted for this year's event, which will be held on Tuesday, May 10, from 9:30 to 11 am in the Moscone Convention Center.

THE JUNIOR FELLOWS WHO WILL PRESENT THEIR CASES ARE:

AIMEE D. EYVAZZADEH, MD • DISTRICT I
Beth Israel Deaconess Medical Center,
Boston
"The Mysterious Mass"

LORI A. CASHBAUGH, MD • DISTRICT IV
Emory University, Atlanta
"Lend Me a Hand"

KATHLEEN E. COOK, MD • DISTRICT IV
Carolinas Medical Center, Charlotte, NC
"An Abrupt Turn of Events"

TERRY WHITE, MD • DISTRICT IX
University of Southern California
"Did I Get This from My Husband?"

The panel of professors will be Mary D'Alton, MD; Alan D. Garely, MD; Beth Y. Karlan, MD; and Valerie C. Montgomery-Rice, MD; and moderator Russell R. Snyder, MD. TM

ACOG grant pays off in big way



Dr. Signore

ship in Women's Health Policy to pursue a master's degree in public health.

Far more than the money

Sure, anyone would be grateful for \$40,000. But, according to Dr. Signore, the grant did more than provide financial assistance. Unable to walk after a cervical spinal cord injury in 1996, she was concerned about the subway journey, via wheelchair, from her Virginia home to George Washington University in Washington, DC.

"In the back of my mind I wondered if I would be physically ready," Dr. Signore said. "I think at some level I thought it might be dangerous to my health to go do things."

But go do things she did, taking a full-time course load and completing the program in 2004.

"ACOG had confidence in me, and it gave me confidence in myself. It was a self-affirming 'wow—I can do stuff!' experience," Dr. Signore said.

"I can't tell you how important the ACOG fellowship has been for me," says Fellow Caroline C. Signore, MD, who in 2002 received the \$40,000 ACOG/Wyeth-Ayerst Fellowship

Her focus: policy implications

Now conducting research as a postdoctoral fellow at the National Institute of Child Health and Human Development, Dr. Signore is not sure what will end up being her primary focus for research and advocacy.

"I'm using this opportunity to increase my skills because I think no matter what field I end up in, it will be important to think like a scientist and draw conclusions based on good evidence," she said.

The interaction between nutrition and an individual's genetics is one area she finds especially intriguing for policy development.

"It's just a matter of time before we will know our own genotypes and individual risks," she said. "How might scientific findings affect health policy, payment schemes, insurance? Nutrition in women's health is wide open as a policy area. How to persuade women to take folic acid, for example, or the potential for using nutrition to reduce the frequency of cancer and the rate of heart disease."

Dr. Signore notes that both graduate school and working at NICHD have exposed her to exciting and accomplished individuals.

"There are so many energetic and capable people working for women's health in so many ways now—it's just amazing. I just want to join 'em."™

Dr. Signore provides important perspective to new ACOG project

ACOG FELLOW Caroline C. Signore, MD, has been named to a new ACOG advisory group working on ways to help ob-gyns provide health care to women with disabilities.

"I can approach this issue from the perspective of a woman with disabilities who has spent time at both ends of the speculum," she quipped. "I'm excited because I think I have a special perspective to offer the committee and the population we're trying to serve."

The advisory group is part of a five-year joint project between ACOG and the Centers for Disease Control and Prevention's National Center on Birth Defects and Developmental Disabilities. A goal of the project is to increase ob-gyns' awareness of the needs of women with disabilities in accessing health services and to enhance physicians' skills in meeting those needs.

The advisory committee will help develop educational materials, resources, and interventions to enhance health services for women with disabilities.

"There are access problems for women, and providers need guidance on practical steps they can take to improve access," Dr. Signore said. "We need to help ob-gyns identify and reduce barriers their practices might have."™

Charting the history of endoscopic surgery

The recipient of the 2005 ACOG Fellowship in the History of American Obstetrics and Gynecology is ACOG Fellow Camran R. Nezhat, MD. Dr. Nezhat is the director of the Center for Special Minimally Invasive Surgery and a clinical professor of ob-gyn and surgery at the Stanford University Medical School. He is also the president of the Society of Laparoendoscopic Surgeons.

Dr. Nezhat will focus his research project on *And Then There Was Light ... A History of Endoscopic Surgery and the Emergence of a Surgical Approach That Is Destined to Become the Standard of Care*. Dr. Nezhat plans to analyze the evolution of endoscopic surgery, focusing on both the medical and social impact of laparoscopy and hysteroscopy.™

Medicare corrects RVUs

THE CENTERS FOR MEDICARE AND MEDICAID SERVICES has released its update to the 2005 Medicare Physician Fee Schedule, which includes a correction that affects ob-gyns.

The update includes a change in Relative Value Units for code 58356—endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed.

The practice expense RVUs for this procedure when performed in a nonfacility setting increased from the original 6.84 RVUs to 61.43 RVUs. The practice expense RVUs for the procedure when performed in a facility setting increased from the original 2.65 RVUs to 2.69 RVUs.

The changes will be implemented on April 4 but are retroactive to Jan 1, 2005.™

2005 CALENDAR

PLEASE CONTACT THE INDIVIDUAL ORGANIZATIONS FOR ADDITIONAL INFORMATION.

APRIL

2-5

JSOG: Congress of the Japan Society of Ob-Gyn

Kyoto, Japan
<http://jsog.umin.ac.jp/IS/ISindex.htm>

5

ACOG WEBCAST: Physician Employment Contracts

1-2:30 pm ET
 800-673-8444, ext 2498

6-10

Sixth International Symposium on Osteoporosis

Sponsored by the National Osteoporosis Foundation
 Washington, DC
www.nof.org
 202-223-2226

28

Free Satellite Broadcast: A Cultural Competency Education Initiative for Ob-Gyns

Sponsored by ACOG District II/NY
 12 to 1 pm ET
www.albany.edu/sph/coned/acog.htm
 518-402-0330

MAY

3

ACOG WEBCAST: CPT Modifiers and the Global Surgical Package

1-2:30 pm ET
 800-673-8444, ext 2498

7-11

ACOG Annual Clinical Meeting

San Francisco
www.acog.org/acm2005

18-19

Expecting Something Better: A Conference to Optimize Maternal Health Care

Sponsored by the Jacobs Institute of Women's Health
 Washington, DC
www.jiwh.org
 202-863-4990

19-22

4th International Conference on Cervical Cancer

Sponsored by the University of Texas MD Anderson Cancer Center
 Houston
www.mdanderson.org
 800-392-1611

JUNE

7

ACOG WEBCAST: Consent Issues—Informed Consent, Forms, and Informed Refusal

1-2:30 pm ET
 800-673-8444, ext 2498

19-21

AIUM: Amer Institute of Ultrasound in Medicine

Orlando, FL
 301-498-4100 or
 800-638-5352
www.aium.org

30-July 2

33rd Physicians Seminar on Breastfeeding

Washington, DC
www.lalecheleague.org/ed/PhysSem05.html

JULY

5

ACOG WEBCAST: CPT Rules for Documenting Evaluation and Management Services

1-2:30 pm ET
 800-673-8444, ext 2498

AUGUST

2

ACOG WEBCAST: Medicare Rules for Documenting Evaluation and Management Services

1-2:30 pm ET
 800-673-8444, ext 2498

SEPTEMBER

6

ACOG WEBCAST: How to Survive an Audit

1-2:30 pm ET
 800-673-8444, ext 2498

25-29

15th World Congress on Ultrasound in Obstetrics & Gynecology

Vancouver, Canada
www.isuog2005.com

SEPTEMBER

27-30

Royal College of Obstetricians and Gynaecologists 6th International Scientific Meeting

Cairo, Egypt
pioneerevents@yahoo.com
www.rcog2005.com

28-Oct 1

NAMS: North American Menopause Society

San Diego
www.menopause.org
 440-442-7550

OCTOBER

4

ACOG WEBCAST: Managing Adverse Outcomes

1-2:30 pm ET
 800-673-8444, ext 2498

NOVEMBER

1

ACOG WEBCAST: Complications of Laparoscopic Surgery

1-2:30 pm ET
 800-673-8444, ext 2498

DECEMBER

6

ACOG WEBCAST: Preview of New Codes for 2006

1-2:30 pm ET
 800-673-8444, ext 2498

ACOG POSTGRADUATE COURSES

Two ways to register:

1. Call 800-673-8444, ext 2540/2541, or 202-863-2540/2541, weekdays 9 am-4:45 pm ET
 2. Go to www.acog.org and click on "Postgraduate Courses and CPT Coding Workshops" under "Meetings"
- Registration must be received one week before the course. Onsite registration subject to availability.

APRIL

7-9

Quality Improvement and Management Skills in Women's Health Care

Washington, DC

MAY

12-14

CPT and ICD-9-CM Coding Workshop

San Francisco

JUNE

4-5

No Frills—Controversies in Menopause

Washington, DC

16-18

Office Procedures for the Clinician

Uncasville, CT

24-26

CPT and ICD-9-CM Coding Workshop

Chicago

JULY

8-10

CPT and ICD-9-CM Coding Workshop

Indianapolis

15-17

CPT and ICD-9-CM Coding Workshop

Seattle

AUGUST

5-7

CPT and ICD-9-CM Coding Workshop

Dearborn, MI

SEPTEMBER

6-8

Special Problems for the Advanced Gynecologic Surgeon

Dana Point, CA

9-11

Screening in Ob-Gyn

Dana Point, CA

16-18

CPT and ICD-9-CM Coding Workshop

Atlanta

23-25

CPT and ICD-9-CM Coding Workshop

Memphis, TN

OCTOBER

7-9

CPT and ICD-9-CM Coding Workshop

Las Vegas

NOVEMBER

11-13

Practice Management Update for the Obstetrician-Gynecologist

Coronado, CA

12-13

No Frills—Operative Hysterectomy

Rosemont, IL

18-20

CPT and ICD-9-CM Coding Workshop

Washington, DC

DECEMBER

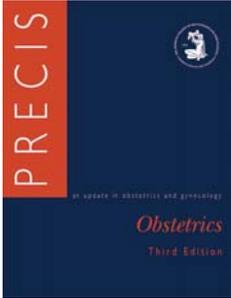
1-3

Complications in Obstetrics

New York City

Revised *Precis: Obstetrics* focuses on new techniques

New sections on depression and surgical complications



THE THIRD EDITION of *Precis: Obstetrics* includes new sections on surgical complications and depression as well as an expanded section on the management of multiple gestations, reflecting the increasing number of multiple births.

Information is provided for the use of ultrasonography in monitoring the pregnant patient and the fetus, fetal heart rate monitoring, and management of premature rupture of membranes. Information is also provided for the use of fetal fibronectin as-

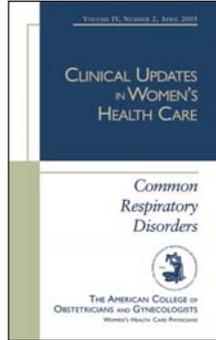
essment as a marker of preterm birth, and new approaches for measurement of intra-uterine growth restriction are discussed.

Precis helps ob-gyns stay current

The entire set of *Precis: An Update in Obstetrics and Gynecology* is a five-volume resource intended to meet the continuing educational needs of ob-gyns. *Precis* offers a broad overview of information that focuses on new and emerging techniques. Each year, one volume of the set is revised. Other *Precis* volumes are *Primary and Preventive Care*, *Oncology*, *Gynecology*, and *Reproductive Endocrinology*.™

info
 → Order at <http://sales.acog.org>; 800-762-2264, ext 192

Latest *Clinical Update* focuses on common respiratory disorders



THE LATEST *Clinical Updates in Women's Health Care* addresses the evaluation, diagnostic, and treatment issues of common respiratory conditions, such as infections, allergies, and asthma, and includes information about making appropriate referrals to other specialists.

The monograph, *Common Respiratory Disorders* (CU015), was written by two immunology and allergy experts, Sheldon L. Spector, MD, and Ricardo A. Tan, MD.™

info
 → www.clinicalupdates.org → 800-762-2264, ext 192

ACOG unveils new educational CD-ROMs

LEARN MORE ABOUT the treatment of urogynecologic and breast conditions with two new interactive CD-ROMs from ACOG.

Contemporary Perspectives on Breast Health and *Urogynecology: A Case Management Approach* will debut at the Annual Clinical Meeting in May. Each CD-ROM will allow physicians to earn up to 20 Continuing Medical Education units through interactive case studies. ACOG is accredited by the Accreditation Council for Continuing Medical Education to provide CMEs for physicians.



With *Contemporary Perspectives on Breast Health*, clinicians will be able to follow a case from history, through evaluation and diagnosis, to summation. The program is ideal for physicians who want to attain excellence in their treatment of breast conditions. The breast health CD-ROM will be available to purchase at the ACM Bookstore.

Urogynecology: A Case Management Approach focuses on finding the origin of conditions related to pelvic floor dysfunction and how to treat such conditions. The program will also cover the risk factors and discuss preventive measures. A demonstration urogynecology CD-ROM will be available for physicians to view at the ACM Bookstore, and the CD-ROM will be available for purchase this summer.™



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