

IMPORTANT NEWS: See Dr. Hale's Executive Desk on page 2 for more information.

How much weight patients should gain in pregnancy

WOMEN WHO GAIN THE RECOMMENDED NUMBER of pounds during pregnancy decrease the health risks to themselves and their baby. Armed with this fact, the Institute of Medicine released updated pregnancy weight gain guidelines in May and called for increased diet and exercise counseling.

The new guidelines were developed in the midst of a US overweight and obesity epidemic, the consequences of which ob-gyns deal with every day. Two-thirds of women of childbearing age are overweight, and almost one-third are obese, according to National Center for Health Statistics data collected in 1999–2004.

➤ PAGE 14



what's different

New IOM Recommendations for Total and Rate of Weight Gain during Pregnancy, by Prepregnancy BMI

Prepregnancy BMI	BMI* (kg/m ²)	Total Weight Gain Range (lbs)	Rates of Weight Gain** 2nd and 3rd Trimester (Mean Range in lbs/wk)
Underweight	<18.5	28–40	1 (1–1.3)
Normal weight	18.5–24.9	25–35	1 (0.8–1)
Overweight	25.0–29.9	15–25	0.6 (0.5–0.7)
Obese (includes all classes)	≥30.0	11–20	0.5 (0.4–0.6)

BMI's shifted slightly to agree with the World Health Organization's definitions

Category names changed from "low," "normal," "high," and "obese"

Only the "obese" recommendation changed, previously recommending "at least 15 lbs" for obese women, with no maximum weight gain recommended

TABLE ADAPTED FROM IOM GUIDELINES

*To calculate BMI go to www.nhlbisupport.com/bmi

**Calculations assume a 0.5–2 kg (1.1–4.4 lbs) weight gain in the first trimester (based on Siega-Riz et al, 1994; Abrams et al, 1995; Carmichael et al, 1997)



Volume 53, Issue 7

Executive Vice President
Ralph W. Hale, MD, FACOG

Director of Communications
Penelope Murphy, MS

Editor
Melanie Padgett Powers

Contributors
Maren Dale
Jill Hindenach
James Lumalcuri, MSW

Design and Production
Marcotte Wagner
Communications

Advertising
Greg Phillips
202-863-2529
gphillips@acog.org

Letters to the Editor
Melanie Padgett Powers
Editor
ACOG Today
PO Box 96920
Washington DC
20090-6920

Email: mpowers@acog.org
Letters may be edited
for length.

**Permission to Photocopy
or Reprint**
Melanie Padgett Powers
Editor
Email: mpowers@acog.org

Main Phone
800-673-8444 or
202-638-5577

Resource Center
202-863-2518
toll free for members only
800-410-ACOG (2264)

Address Changes
800-673-8444, ext 2427,
or 202-863-2427
Fax: 202-479-0054
Email: membership@acog.org

Order Publications
Online at sales.acog.org
or call 800-762-2264 or
770-280-4184

Copyright 2009 by The American
College of Obstetricians and
Gynecologists, 409 12th Street SW
Washington, DC 20024-2188
(ISSN 0400-048X)
Published 10 times a year

Opinions published in *ACOG Today* are not necessarily endorsed by the College. The appearance of advertising in ACOG publications does not constitute a guarantee or endorsement of the quality or values of an advertised product or the claims made about it by its manufacturer. The fact that a product, service, or company is advertised in an ACOG publication or exhibited at an ACOG meeting shall not be referred to by the manufacturer in collateral advertising.



EXECUTIVE DESK

My plan to retire from ACOG

AT THE JULY MEETING OF ACOG'S Executive Board I submitted my retirement plans to the Executive Boards of both the American College and American Congress of Obstetricians and Gynecologists.

I have been privileged to serve the College as its executive vice president since Jul 1, 1993. Since then, the College has gone through turbulent times and times of calm. Throughout these years, your officers and Executive Board have always kept the needs of you, the Fellows, foremost in their actions.

The College, and now the Congress, are moving into a new phase of governance and direction. I believe that once this transition is complete, ACOG as we know it will be a stronger and more vital organization dedicated to our patients and our members' needs. To continue this forward direction will require a commitment of many years by your executive vice president. Therefore, it is time for the Executive Board to recruit and select my successor.

My retirement date will be Jun 30, 2011, exactly 18 years after I assumed the role. This gives the Executive Board two years to complete the search. The plan on how to conduct such a search was approved by the Executive Board in 2005 and is now in place. Please see the announcement about the application process on page 3 of this newsletter. I encourage all of our members who meet the criteria to apply. ACOG is a great organization. The staff you will work with is outstanding, and the officers and Executive Board are superb. There is no finer place to work, and I will continue to work long and hard until Jul 1, 2011, when I sail into the sunset (returning to Hawaii, which is a great place to retire). ♀

Ralph W. Hale MD

Ralph W. Hale, MD, FACOG
Executive Vice President

Your AMA membership is critical to health care reform debate

DR. ROBERT M. WAH, FACOG, WAS re-elected to the Board of Trustees of the American Medical Association at its Annual Meeting in June.

Robert is an expert in informational technology and has used that expertise to help the AMA in its electronic efforts. He is chief medical officer and vice president at Computer Sciences Corporation in Falls Church, VA, and was given the No. 10 spot on the "50 Most Powerful Physician Executives in 2008" list by *Modern Healthcare* magazine.

ACOG is proud of Robert and the support he gives to the College as well as to the AMA. He will be able to continue his efforts to help all ob-gyns as he continues on the AMA board.

As the US reenters the debate and changes are

forthcoming to the health care system, it is critical that we have the support of and work with the AMA. This is one of the major benefits you and ACOG receive by virtue of your membership in the AMA. If you are an AMA member, please remain a member; if you are not a member, I encourage you to join. There has never been a time in history when the partnership of ACOG and the AMA is so critical to the future of health care in the US. We need your membership in the AMA to ensure our voice will be heard. ♀

Ralph W. Hale MD

Ralph W. Hale, MD, FACOG
Executive Vice President



ACOG prepares for Dr. Hale's retirement

By Gerald F. Joseph, Jr, MD, ACOG president

AFTER MANY WONDERFULLY productive years as our executive vice president, Dr. Ralph W. Hale has announced his retirement, effective in June 2011. During Dr. Hale's tenure as executive vice president our College has grown and prospered tremendously in so many aspects, in addition to staying true to our long-held mission of education. His leadership and wisdom have been invaluable, and there is so much for which we owe him our thanks and appreciation.

His recent announcement falls on my "watch" as ACOG president. Therefore, I am responsible for ensuring that plans for the selection of the new executive vice president are carried out. Fortunately, that task is a matter of executing an ACOG plan that was adopted in 2005 thanks to the foresight of past ACOG leaders. I want to reassure you that the plan is thoughtfully prescribed. It is very reassuring to me and to your Executive Board to see this process begin so seamlessly. Please know that we are committed to the task of identifying the very best individual for this position and providing that person with the tools to be successful in leading ACOG in the future. ♀

THE SEARCH COMMITTEE OF ACOG INVITES APPLICATIONS FOR THE POSITION OF

Executive Vice President

American Congress of Obstetricians and Gynecologists
American College of Obstetricians and Gynecologists

The selected individual will be capable of continuing the outstanding leadership and direction of the College and the Congress and their policies at both the public level and staff level. A national reputation and an academic background are highly desirable. Qualified candidates must be board-certified obstetrician-gynecologists, who have served in one or more roles with the Congress or the College and are able to devote at least 10 years to this position. They must have proven substantive management and business skills, including fiscal management, in-depth experience in practice, and the ability to represent the College and the Congress articulately in a wide variety of circumstances. They must be a clear, concise communicator with a demonstrated personality for collaboration. Considerable national and international travel is required.

The chosen candidate must be able to assume full duties in July 2011, but with a phase-in period of three months preceding that date. The position is located in Washington, DC, and reports to the Executive Boards of the Congress and the College. Questions should be addressed to Elsa Brown at the College office. Interested persons must send their letters of interest and curricula vitae **no later than October 15, 2009**, to:

Search Committee
c/o Elsa P. Brown, vice president of administration
American College of Obstetricians and Gynecologists
409 12th Street, SW, Washington, DC 20024

New consumer website from ACOG

pause.acog.org

Check out ACOG's new website for your perimenopausal and menopausal patients



IN MEMORIAM

Kristen E. Allen, MD
Valparaiso, IN • 2/09

David Chi-Huei Chen, MD
Orangeburg, SC • 5/09

James T. Dattilo, MD
Pittsburgh • 5/09

Kathleen Grega, MD
McLean, VA

Michael J. Larkin, MD
Yardley, PA • 6/09

Heriberto R. Lizcano, MD
Chihuahua, Chihuahua, Mexico • 2/09

John R. Marchese, MD
Boone, NC • 5/09

Millard S.L. Seto, MD
Mililani, HI • 4/09

Robert W. Small Jr, MD
Concord, NH • 5/09

ACOG seeks award nominations

Deadline: October 1

Outstanding District Service Award

It's time to honor Fellows for their unwavering service to their districts. ACOG is seeking nominations from each district for the Outstanding District Service Award.

Forward your nomination to one of your section or district officers before your Annual District Meeting this fall. All nominations must be voted on and accepted by the District Advisory Council. Accepted nominations are due to ACOG by October 1 (see "info" below).

Nominees must:

- ▶ Be a Fellow who has made a significant contribution within the district, in government, research, teaching, or patient care
- ▶ Have provided service to the district sufficient to receive national ACOG recognition ♀

info

- At acog.org, under "Membership," click on "District and Section Activities" or contact LaShawn Jordan: 800-673-8444, ext 2332; ljordan@acog.org



Obstetrics & Gynecology HIGHLIGHTS

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

Induction of Labor

(Obstetric Practice Bulletin #107, revised)

Update on Immunization and Pregnancy: Tetanus, Diphtheria, and Pertussis Vaccination

(Obstetric Committee Opinion #438, revised)

Informed Consent

(Ethics Committee Opinion #439, revised)

The Role of Transvaginal Ultrasonography in the Evaluation of Postmenopausal Bleeding

(Gynecologic Committee Opinion #440, revised)

Each issue of the Green Journal lists the latest ACOG documents (and their website address) that have been reaffirmed by their respective committees. Documents are reviewed by ACOG on a routine basis and are either revised, withdrawn, or reaffirmed as is.

APPLY FOR RESEARCH PROJECTS

Deadline: October 30

Issue of the Year

ACOG is seeking award applications for the 2010 "Issue of the Year," with the theme of "Office-Based Screening for Postpartum Depression." The deadline for applications is October 30.

The award is given for a thoroughly researched and referenced background paper (50–100 pages). The project carries an award stipend of \$10,000, with \$5,000 given to the winner on selection and \$5,000 given on receipt of the final paper. Transportation costs of up to \$1,000 are also provided for the award recipient to attend the February Executive Board Meeting in Washington, DC. During this meeting, the winner will give a brief presentation of the project.

How to apply

Send a narrative letter (not to exceed two type-written pages) outlining your approach along with your CV to:

ACOG

Attn: Lee Cummings, director of corporate relations

409 12th St SW

Washington, DC 20024-2188

For more information, contact Mrs. Cummings at 800-673-8444, ext 2577, or lcummings@acog.org.

Deadline: October 30

New research award on female sexual dysfunction

ACOG and Boehringer Ingelheim Pharmaceuticals Inc have established a research award in the area of female sexual dysfunction. The deadline for applications is October 30. The purpose of the award

is to provide Junior Fellows or Fellows the opportunity to advance knowledge on issues related to female sexual dysfunction with a special interest in the areas of hypoactive sexual desire disorder, female orgasmic disorder, and female sexual arousal disorder. Applicants must be in an approved ob-gyn residency program or within three years post-residency and must be a Junior Fellow or Fellow at the time of application.

Award information

- ▶ One one-year award of \$10,000 will be provided annually that includes funds for travel expenses for the winner to attend the Annual Clinical Meeting
- ▶ A final written report is required after the grant concludes
- ▶ Any paper shall first be submitted to *Obstetrics & Gynecology*

Application guidelines

- ▶ A scientific research proposal written in eight pages or less that should include a hypothesis, objective, specific aims, background and significance, experimental design, and references
- ▶ A one-page budget
- ▶ CV
- ▶ Letter of support from the program director, departmental chair, or laboratory director

How to apply

Five copies of all items are to be submitted by mail, not by email, to:

ACOG/Boehringer Ingelheim Research Award

Attn: Lee Cummings, director of corporate relations

409 12th St SW

Washington, DC 20024-2188 ♀

Leading preeclampsia expert Dr. Frederick Zuspan dies

A LEADING EXPERT IN PREECLAMPSIA and a highly regarded physician and professor, Frederick P. Zuspan, MD, of Bloomington, MN, died from cancer on June 7. He was 87.

Dr. Zuspan was internationally recognized as an authority in the management of high-risk pregnancies, especially those complicated by hypertension. He was the first and primary advocate in the 1960s for the use of intravenous magnesium sulfate to prevent convulsions in women with preeclampsia. Before the use of intravenous magnesium sulfate—which was faster and more effective than the former method of giving large amounts of magnesium sulfate as repeated injections—preeclampsia could often be fatal to women and/or fetuses.

An ACOG Life Fellow, Dr. Zuspan chaired the College's Continuing Education of General Practice Committee from 1965 to 1967 and the Annual Clinical Meeting Committee in 1972–73. He served on several other committees and task forces.

Dr. Zuspan received his medical degree from The Ohio State University and did his residency at Ohio State and Case Western Reserve University. In 1975 he became chair of

the ob-gyn department at The Ohio State University. Under his leadership, the department expanded its activities, creating a maternal-fetal medicine division, becoming a part of the Rural Infant Care Program, and developing an in vitro fertilization program, according to a tribute article in the January 2002 issue of *The Journal of Reproductive Medicine*. Dr. Zuspan retired in 1991, and a named professorship at OSU was later established in his honor.



Dr. Zuspan was the founder and president of Perinatal Resources Inc. He served as editor of the *American Journal of Obstetrics and Gynecology*, *Clinical and Experimental Hypertension in Pregnancy*, and *Obstetrics and Gynecology Report* and was the founding editor of *The Journal of Reproductive Medicine*.

Dr. Zuspan was director of the American Board of Obstetrics and Gynecology and a founder of ABOG's maternal-fetal medicine division. He was president of the American Gynecological and Obstetrical Society, a founder and president of the International Society for the Study of Hypertension in Pregnancy, and a founder and later president of the Association of Professors of Gynecology and Obstetrics. ♀



New member benefit

Find research through Cochrane Library

ACOG MEMBERS CAN NOW search the Cochrane Library to find systematic reviews and clinical trials relevant to patient care.

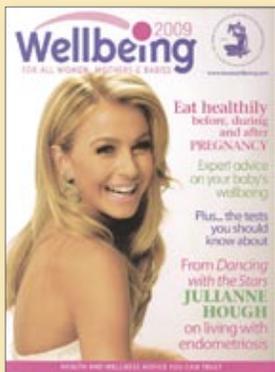
The Cochrane Collaboration is an international not-for-profit and independent organization dedicated to making up-to-date, accurate information about the effects of health care readily available worldwide. It produces and disseminates systematic reviews of health care interventions and promotes the search for evidence in the form of clinical trials and other studies of interventions. The Cochrane Library includes these Cochrane reviews and several other evidence-based databases. Searching The Cochrane Library on Wiley InterScience via the College website can be a useful tool for finding systematic reviews and clinical trials relevant to patient care.

You may want to create a Cochrane Library personal profile, which will allow you to save your search strategies for future use to find updates and changes. You can modify your search strategies and save them again in your profile. You can also sign up to be alerted to changes by email. ♀

info

- To access the Cochrane Library for free: At acog.org, in the members' only section, look under the "Information" tab, and click "Search Cochrane Library"
- Search tips: www.acog.org/departments/dept_notice.cfm?recno=20&bulletin=4842
- *Quick Reference Guide*: www3.interscience.wiley.com/homepages/106568753/QuickRef.pdf
- Questions about search strategies: resources@acog.org

GIVE WELLBEING TO YOUR PATIENTS



THE 2009 EDITION OF *WELLBEING*, A HEALTH and wellness publication, provides new and authoritative information in an attractive, easy-to-read format for patients. The aim of *Wellbeing* is to help women make informed decisions about their health care options in collaboration with their health care providers. *Wellbeing 2009* was launched at the College's Annual Clinical Meeting in Chicago in May. Copies were sent to all Fellows for distribution to their patients. ♀

info

- To order copies: acogwellbeing@bostonhannah.com
- To learn more: trustwellbeing.com

ACOG award encourages medical students to choose ob-gyn specialty

FOR MEDICAL STUDENTS, CHOOSING A specialty can be a daunting decision. Even when students find a specialty they love, lingering questions or concerns about the field can lead to uncertainty.

Junior Fellow Marina Frimer, MD, first became interested in ob-gyn as a third-year medical student in 2006, but the perception of an ob-gyn lifestyle that she had gave her pause. She worried about work load, hours, and liability risks—concerns that often weigh on medical students' minds when considering the specialty.

When Dr. Frimer heard the 2006 ACOG Annual Clinical Meeting would feature a medical student program, she told school advisors that she was interested in attending, and they told her about the ACOG John Gibbons Medical Student Award. The Gibbons Award provided her with travel funding to Washington, DC, for the meeting. That ACM ultimately confirmed Dr. Frimer's interest in ob-gyn.

"The ACM gave me a better understanding of what was really happening in the field of ob-gyn," Dr. Frimer said. "Speaking with other medical students and ob-gyns and being able to ask questions and attend lectures really eased my concerns."

Since 2005, more than 325 medical students from across the country in different stages of their schooling have attended ACOG national and district meetings as Gibbons Award recipients.

The Gibbons Award has proven to be an invaluable resource for medical students and an important part of ACOG recruitment efforts. Since 2005, more than 325 medical students from across the country in different stages of their schooling have attended ACOG national and district meetings as Gibbons Award recipients. For many of those students, the meetings they attended served as an important educational experience that helped to solidify their interest in ob-gyn and start the beginning of their relationship with ACOG for years to come.

"With ob-gyn, you can take your career in a lot of different directions," Dr. Frimer said. "I was able to see that at the ACOG meetings I attended. For a medical student who is interested in ob-gyn but isn't sure it's the field for them, the Gibbons Award affords them a great opportunity." ♀

Suzanne Burlone, MD

"I saw that you could have a family life and career in addition to being a physician."



Junior Fellow Suzanne Burlone, MD, MSPH, attended the 2006 ACOG Annual Clinical Meeting in Washington, DC, as a Gibbons Award recipient prior to her fourth year of medical school at the University of North Carolina at Chapel Hill School of Medicine. She was interested in women's public health internationally and went to the ACM worried that she wouldn't be able to pursue those interests outside of clinical medicine. However, after seeing established physicians at the ACM present on their policy and

international work, Dr. Burlone's perception changed.

"After the ACM, I went into ob-gyn knowing that I could do the career in medicine I wanted to do," Dr. Burlone said. "I saw that you could have a family life and career in addition to being a physician."

Dr. Burlone is now a third-year resident at Oregon Health and Sciences University in Portland and the District VIII Oregon Section Junior Fellow vice chair.

Amanda Carlson, MD

"As a medical student, ACOG members made me feel welcome, and I hadn't really seen any other specialty with that same cohesiveness."



After becoming involved in women's reproductive health issues as a medical student at the University of Connecticut School of Medicine in Farmington and participating in a third-year ob-gyn rotation, Junior Fellow Amanda Carlson, MD, had found the specialty for her. Still, she wanted to hear more from residents and attendings about the ob-gyn lifestyle and appreciated having a forum to ask questions when she attended the 2006 District I Annual Meeting in St. John, US Virgin Islands, as a Gibbons Award recipient.

"A lot of the issues and concerns in the field were discussed openly and thoughtfully at the meeting," Dr. Carlson said. "I remember seeing a lot of happy physicians, which was important to me."

Dr. Carlson also realized that a career in ob-gyn would provide lifelong research and learning opportunities. She saw residents presenting research at the ADM and felt ACOG valued residents' input and contributions.

"I saw that ACOG allowed everyone to have a voice," Dr. Carlson said. "As a medical student, ACOG members made me feel welcome, and I hadn't really seen any other specialty with that same cohesiveness."

Dr. Carlson is now a second-year resident at Yale University in New Haven, CT, and the District I Connecticut Section Junior Fellow vice chair.

The man behind the name

The ACOG John Gibbons Medical Student Award was created in May 2005 with the goal of increasing medical student interest in ob-gyn and introducing students to the specialty. The award was named in honor of Past ACOG President John M. Gibbons, Jr, MD, who early on recognized the importance of medical students to the future of ob-gyn. As ACOG president in 2003–04, Dr. Gibbons pushed for medical student interest groups and for active recruitment, while others were only lamenting the decrease in students entering ob-gyn training programs. Dr. Gibbons died on Jul 22, 2006, at the age of 73.



Brendan D. Connealy, MD

“ACOG allows me the opportunity to network with other residents from all over the country.”



In 2006, Junior Fellow Brendan D. Connealy, MD, was a third-year medical student at the University of Nebraska Medical Center in Omaha who was considering ob-gyn as a career, but he hadn't yet made his decision. He decided to apply for the Gibbons Award and attended the 2006 District VI Junior Fellow Annual Meeting in Lake Geneva, WI. Looking back, Dr. Connealy credits the experience with not only encouraging him to choose ob-gyn as a specialty but to become more involved in ACOG as well.

“Since that first exposure to ACOG, I've continued my involvement through the many programs and resources available to Junior Fellows and residents,” Dr. Connealy said. “ACOG allows me the opportunity to network with other residents from all over the country.”

Dr. Connealy is now a second-year resident at the University of Nebraska Medical Center and the District VI Nebraska Section Junior Fellow chair. He is also serving a two-year term on the Council on Resident Education in Obstetrics and Gynecology.

Marina Frimer, MD

“If you allow students to ask questions in the right environment, that has a big impact on decision making.”



Junior Fellow Marina Frimer, MD, was a third-year medical student at Stony Brook University School of Medicine in Long Island, NY, when she attended the 2006 ACOG Annual Clinical Meeting in Washington, DC, as a Gibbons Award recipient.

Dr. Frimer said she believes that helping medical students attend ACOG meetings is a useful recruitment tool.

“Unfortunately, many medical students have a negative perception of ob-gyn,” Dr. Frimer said. “If you allow

students to ask questions in the right environment, that has a big impact on decision making. ACOG made me feel included, and I believe that inclusiveness leads to success in recruiting.”

Dr. Frimer enjoyed attending the 2006 ACM so much that she applied for the Gibbons Award again in 2007 and attended the ACM in San Diego.

Dr. Frimer is now a third-year resident at the Albert Einstein College of Medicine in New York, NY, and the District II Section 8 Junior Fellow chair.

Ivvanee E. Martinez, MD

“The Gibbons Award showed me that ACOG cares and was willing to invest in me at that point in my career, which sends a really important message.”



Junior Fellow Ivvanee E. Martinez, MD, knew she wanted to become an ob-gyn before receiving the Gibbons Award as a fourth-year medical student at the University of Colorado School of Medicine in Denver. However, she was still grateful for the opportunity the award gave her to see what the lifestyle of an ob-gyn was really like.

Dr. Martinez attended the 2006 Annual Clinical Meeting in Washington, DC, with the Gibbons Award and the 2005 ACM in San Francisco with funding from her school.

“The ACOG meetings I went to as a medical student really cemented my interest in ACOG and ob-gyn,” Dr. Martinez said. “They were great opportunities and important to my professional and personal educational development. The Gibbons Award showed me that ACOG cares and was willing to invest in me at that point in my career, which sends a really important message.”

Dr. Martinez is now a third-year resident at the University of Texas at Houston and the District XI Junior Fellow secretary.

Vote in Junior Fellow elections online in August

VOTE ONLINE IN THE JUNIOR Fellow district elections August 1–31. You can first review candidates' names and CVs online.

To cast your vote, have your ACOG ID number handy—it can be found on the mailing label of all ACOG mailings, as well as in the election email reminders that were sent in July. Log on to <https://eballot3.votenet.com/acog> to review candidate bios and election information.

The new officers will be announced on the Junior Fellow website the first week of September. Officer terms begin at the conclusion of the fall district meetings. ♀

info

→ Questions: Christine Himes, 800-673-8444, ext 2561; chimes@acog.org

Nominate your mentor for new ACOG award

ACOG YOUNG PHYSICIANS and Junior Fellows in Practice are encouraged to nominate their ob-gyn mentors for a new award. The ACOG Mentor Award specifically recognizes ob-gyns who have mentored younger doctors as they begin practice after finishing residency. (Teachers of residents are not eligible.)

“The switch from residency to practice is a long-awaited culmination of years of hard work, but it can also be overwhelming,” said Ralph W. Hale, MD, FACOG, ACOG executive vice president. “Mentors can play an important role by showing the ropes to the newest practicing physicians, answering their questions, and helping them navigate their new practice.”

Only one Mentor Award may be given in each district annually. The awardees will receive a certificate and a lapel pin and will be

highlighted in *ACOG Today*.

The award requires a nomination by a Junior Fellow in Practice or ACOG young physician, which is defined as someone within the first eight years of practice or 40 years old or younger.

Nominators must have their district's Junior Fellow chair sign the nomination form to ensure the criteria have been met. Nominations can then be submitted to ACOG any time from May to February. The first awards will be selected by the Committee on Honors and Recognitions at its May 2010 meeting. ♀

info

→ For info and nominations form: www.acog.org/departments/dept_notice.cfm?recno=14&bulletin=4840

→ Questions: Terrie Gibson, 800-673-8444, ext 2515; tgibson@acog.org

RESIDENTS CONNECT IN KYOTO

An ob-gyn resident selected from each ACOG district attended the Japan Society of Obstetrics and Gynecology Congress in April in Kyoto, Japan, as part of the annual JSOG/ACOG Exchange Program.



Junior Fellow Kara Nguyen, MD, of District III, with two geisha along the Philosopher's Walk, a path lined with cherry trees that leads to Ginkakuji, a 15th-century temple in Kyoto.



Young physicians from around the world gather at the JSOG meeting. Front row: Junior Fellow Felix A. Strube, MD, of District II; Dr. Goto, and Dr. Chen. Back row: Dr. Suzuki; Dr. Kaga; Benjamin A. Kase, MD, of the Armed Forces District; Dr. Furukawa, and Dr. Mogami.



Junior Fellows in Gion Corner, a popular area to see traditional Japanese performing arts. Front row: Junior Fellows Emily M. Ko, of District I, and Sarah M. Kane, of District V. Back row: Jeremy Bernstein with his wife, Alethea A. Bernstein, MD, of District IX; Kristy K. Ward, of District XI; Kara Nguyen, MD, of District III; Dr. Ko's husband, Ernie Chang, PhD; Beth M. Lewkowski, MD, of District VII, and her husband, Chad Lewkowski; and Julian Awad, Dr. Nguyen's fiancée.

YOU ASKED, WE ANSWERED

How to evaluate your defense attorney

Q I HAVE BEEN FACED WITH a liability lawsuit. How do I measure the qualifications of the attorney that my insurance carrier has assigned to my case?

A IT IS IMPORTANT TO MEET with the attorney assigned to your case as early as possible. Call to arrange an appointment as soon as you know who is assigned. It is vital to the outcome of your case that you feel comfortable and have a good rapport with your attorney. Therefore, consider your first meeting an evaluation period. If you encounter any problem that cannot be resolved, get in touch with your insurance carrier and request new counsel. Most carriers will respect your wishes and try to accommodate you. Never be afraid to ask your carrier questions if you have any reservations concerning your attorney.

Frequent communication with your attorney is essential. It is important to have a close and comfortable relationship in which neither of you is reluctant to speak out. Your attorney must be completely knowledgeable about the case, and you must be satisfied with his or her approach to your defense.

Get to know your attorney

Consider the following when evaluating your assigned attorney:

- ▶ Is your attorney competent? Does he or she understand the medicine involved, or is he or she willing to learn? Has your attorney handled medical liability cases of this nature before? What is the reputation of your attorney and the firm?
- ▶ Will your attorney personally handle the important aspects of your case? Will he or she personally handle your deposition, the opposing experts' depositions, and the actual trial? What will be the role of the associates?
- ▶ Does your attorney have a defense plan? Will he or she include you sufficiently in preparation of the defense, looking to you as a medical resource?



- ▶ Do you communicate well and feel comfortable with each other?
- ▶ Is there a conflict of interest?
- ▶ Is your attorney more interested in the insurance carrier's interests than in yours? Has your attorney fully explained to you his or her obligations to you and the insurance carrier?
- ▶ Is your attorney's representation sufficient? Have you been sued for more than the amount of your coverage? Is your carrier defending you under a "reservation of rights," ie, your carrier questions whether there is coverage for the liability incident? If so, consider retaining personal defense counsel to protect your individual financial exposure
- ▶ Carefully investigate and prepare the case by deciding strategy and tactics to defend you
- ▶ Evaluate all the factors that could win or lose the case for the defense:
 - The status of the medical records
 - The gravity of the injury and potential loss
 - The appearance and credibility of the plaintiff, the defendant, and the expert witnesses
 - The ability and experience of the plaintiff's attorney
 - The trial judge assigned to the case
 - The locale in which the case is to be tried
 - The caliber of the jurors
 - The outcome of similar cases in your jurisdiction
- ▶ Advise you on your court appearance and manner, including the importance of dress, demeanor, and communication skills ♀

Responsibilities of your defense attorney

Your attorney should:

- ▶ Keep you informed about litigation procedures
- ▶ Explain the significance of each stage of the proceedings
- ▶ Thoroughly prepare you for your role in the proceedings

The information in this article should not be construed as legal advice. As always, physicians should consult their personal attorney about legal requirements in their jurisdiction and for legal advice on a particular matter.

The right tests may unlock mystery of miscarriage

PATIENTS ARE BECOMING more proactive, in part because they have access to more resources than ever before. But when it comes to miscarriage—particularly ones that occur before 10 weeks—they're often left without answers.

With the expanding use of ultrasound monitoring for ovulation induction and in vitro fertilization, more women are now aware of preclinical miscarriages prior to six weeks of gestation. In addition, with the use of over-the-counter, highly sensitive pregnancy tests, miscarriages are being diagnosed even before a menses is missed.

These factors are contributing to a rise in patients seeking evaluation and management of recurrent early pregnancy loss, which refers to two or three or more consecutive pregnancies that end in demise before 15 weeks' gestation.

Why do early miscarriages occur? According to Fellow Mary D. Stephenson, MD, MSc, professor of ob-gyn and director of the University of Chicago Recurrent Pregnancy Loss Program, testing miscarriage tissue for chromosomal abnormalities often provides the answer, yet many times this testing isn't done.

"For decades, we've been evaluating the woman and her partner for recurrent pregnancy loss, but ignoring the miscarriage itself," Dr. Stephenson said. "The first step should be examining the miscarriage tissue for random chromosome errors."

ACOG's Practice Bulletin on the topic acknowledges that many experts obtain a karyotype of the tissue but states that definite recommendations for routinely obtaining tissue karyotypes cannot be made (Practice Bulletin #24, *Management of Recurrent Early Pregnancy Loss*, February 2001, reaffirmed 2008).

Research shows that in miscarriages that occur prior to six weeks' gestation, 70% of the time it is due to numeric chromosome errors, such as trisomy, monosomy, or polyploidy. This information can help patients, but if testing does not occur, questions remain, accord-

ing to Dr. Stephenson. Miscarriages that occur between six and 10 weeks are associated with chromosome errors 50% of the time; after 10 weeks, it drops to 5%, she said.

It is not necessary to have a D&C to collect miscarriage tissue: the patient can collect her own at home. With D&C, chromosome results are obtainable 90% of the time; with expectant management, 66% of the time (Stephenson et al, *Human Reproduction*, 2002;17:446-451). When performing a D&C, physicians must isolate the pregnancy tissue from the specimen.

"Commonly, both maternal decidua and miscarriage tissue are tested. Then we get a 'normal female' result back, which is often incorrect," Dr. Stephenson said. "The pregnancy tissue must be separated and cleaned."

If a "normal female" result occurs, another step can be taken: the DNA in the patient's blood can be compared to the miscarriage DNA. If the DNA fingerprinting is different, then maternal cell contamination has been excluded, meaning the "normal female" result is correct.

Thrombophilias not sole answer

Like Dr. Stephenson, Fellow William H. Kutteh, MD, PhD, director of Fertility Associates of Memphis and ob-gyn professor and director of reproductive endocrinology at the University of Tennessee, is committed to determining causes of recurrent early pregnancy loss.

Dr. Kutteh believes it is particularly important not to lose sight of established diagnostic and treatment strategies. Recently, he has noticed that thrombophilia testing is happening too soon and too often.

"I compare the current focus on thrombophilias to what happened 14 years ago when antiphospholipid antibody syndrome was recognized as a cause of RPL," he said. "Many thought it was the cause of all RPLs, and they began to overlook a careful evaluation of the uterus. Today, thrombophilia panels are often ordered before completing basic evaluations."

WORDS CARRY WEIGHT

Reproductive endocrinology experts Drs. Mary D. Stephenson and William H. Kutteh believe that terminology such as "habitual abortion" used to describe early recurrent pregnancy loss must be eliminated because it suggests there was a choice to terminate the pregnancy. They say this includes changing ICD-9 terminology from "habitual aborter, non pregnant" to "recurrent pregnancy loss" and eliminating all informal or oral usage of this language.

According to Dr. Kutteh, basic evaluations include:

- ▶ **Genetic:** karyotypes on both partners
- ▶ **Anatomic:** evaluation of the uterus by sonohysteroscopy, hysterosalpingography, or hysteroscopy
- ▶ **Endocrine:** Some experts, including Dr. Kutteh, advise testing thyroid-stimulating hormone levels in women with recurrent pregnancy loss. ACOG's Practice Bulletin states that such tests are not required in otherwise normal women with RPL and no treatments have proven beneficial in women with antithyroid antibodies
- ▶ **Immune:** tests for lupus anticoagulant and anticardiolipin antibodies, both IgG and IgM
- ▶ **Thrombophilic:** Recent metaanalyses indicate that factor V Leiden and factor II (prothrombin) are important risk factors

Evaluations can be completed by general ob-gyns with up-to-date knowledge of immunology and thrombophilias, Dr. Kutteh said. Otherwise, the couple should be referred to a specialist. ♀

info

→ ACOG Practice Bulletin *Management of Recurrent Early Pregnancy Loss* (#24, February 2001, reaffirmed 2008): www.acog.org/publications/educational_bulletins/pb024.cfm

Patient demand for entertainment ultrasound can present challenges to ob-gyns

THE CONTINUED PROLIFERATION of “fetal keepsake” ultrasounds has blurred the line between medicine and entertainment, according to some maternal-fetal medicine specialists. Pregnant patients now often expect their ob-gyn to produce clear, 3-D images of their fetus in the office setting and to point out fetal features to the family members who have gathered for the occasion. Such expectations can challenge physicians to clearly differentiate between a medical ultrasound and one for entertainment purposes.

“The use of 3-D ultrasound is still a developing field,” said Fellow Nancy C. Rose, MD, a member of ACOG’s Committee on Genetics.

Dr. Rose and Dr. D. Ware Branch, both maternal-fetal medicine specialists at the University of Utah, cowrote a commentary in the December 2008 issue of *Obstetrics & Gynecology* about the complexity of fetal imaging. They argue that physicians have a professional responsibility to make a clear distinction between medical and nonmedical obstetric ultrasounds.

After surveying 247 patients in 2006, the two ob-gyns learned that 9.3% of their patients had received supplemental nonmedical fetal ultrasounds.

Patients who were more satisfied with their medical ultrasound were less likely to go to commercial boutiques for ultrasounds. Satisfied patients reported that they were able to take home photos and have fetal features pointed out during their medical ultrasound.

“Doctors need to be sure they are doing the medical screening exam first and foremost and not be distracted by the need to do something else,” such as produce photos or a video or show different angles of the fetus solely for entertainment, Dr. Branch said.

“It can be distracting, and sometimes we have to talk with patients about some abnormalities they didn’t expect, and there are six [relatives] in the room,” Dr. Rose said.

Furthermore, they say the health care system should not bear the expense of the time and equipment used for the entertainment aspects of an ultrasound.

“If it takes an extra 20 to 30 minutes for the patient to view the fetus, then we may want to consider having patients bear that extra cost,” Dr. Rose said.

“Or, once a fetus is evaluated by a qualified medical professional, regulate the entertainment ultrasound boutiques and let patients go to

those for photos and videos.”

Experts are also concerned about multiple or longer obstetric ultrasounds because of prolonged exposure. Commercial fetal ultrasound boutiques report limiting scans to 30 minutes, but patients may receive multiple scans—if

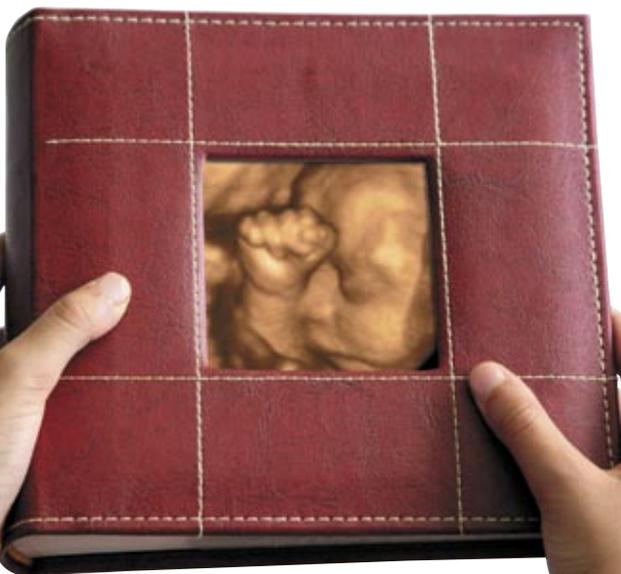
satisfactory images weren’t obtained, patients sometimes receive coupons for free return visits. Although data do not show negative effects due to prolonged exposure, the use of longer 3-D or 4-D imaging sessions has not been evaluated, according to Drs. Branch and Rose. Physicians must be aware

and “thoughtfully limit the duration and intensity” of fetal ultrasounds, they say.

ACOG discourages the use of obstetric ultrasonography for nonmedical purposes, such as to create keepsake photos and videos. The College endorses the “prudent use” statement from the American Institute of Ultrasound in Medicine, which states, in part, “The use of either two-dimensional or three-dimensional ultrasound to only view the fetus, obtain a picture of the fetus, or determine the fetal gender without a medical indication is inappropriate and contrary to responsible medical practice.” The US Food and Drug Administration is against entertainment ultrasounds and has the authority to regulate the sale and distribution of equipment. However, there is little oversight of those who own and work at keepsake ultrasound boutiques, and few laws exist. ♀

info

- ACOG Committee Opinion *Nonmedical Use of Obstetric Ultrasonography* (#297, August 2004, reaffirmed 2009): www.acog.org/publications/committee_opinions/co297.cfm
- ACOG Practice Bulletin *Ultrasonography in Pregnancy* (#101, February 2009): www.acog.org/publications/educational_bulletins/pb101.cfm



How much weight patients should gain in pregnancy

► PAGE 1

At the start of their pregnancy, one-fifth of women in the US are obese, a statistic that has jumped 70% in just the last decade, according to the IOM.

“The 1990 IOM guidelines were out of date—there has been a significant shift in the population because of the increased prevalence of overweight and obesity,” said ACOG Fellow Patrick M. Catalano, MD, chair of the department of reproductive biology at Case Western Reserve University in Cleveland, who served on the IOM committee that updated the guidelines. “We tried to come up with recommendations that reasonably balanced the evidence and with safety as the bottom line.”

The weight gain recommendations remain the same for most categories. However, the category names have changed, and each category’s corresponding body mass index ranges has shifted slightly to be in line with the World Health Organization definitions (see chart on the front page).

The primary change is the recommendation for obese women, defined as those with a BMI of 30 or greater. The IOM recommends these women gain 11 to 20 pounds during pregnancy and doesn’t differentiate between obesity classes 1, 2, and 3. The previous guidelines recommended “at least 15 pounds” but didn’t include a maximum weight.

“People want to know why we weren’t stricter on the obese recommendations—recommending less or no weight gain for class 2 or 3 obese patients, but there isn’t the data to back it up,” Dr. Catalano said.

Unlike the 1990 recommendations, the new guidelines take into account both maternal and birth outcomes, not just those for the baby, although there is a dearth of maternal outcomes data. Excess weight gain can lead to cesarean delivery and an increased chance that the woman will keep on the pounds after birth. This increases the chances for subsequent health problems for the woman, such as heart disease and diabetes.

The guidelines no longer provide different

recommendations for short women and racial and ethnic groups. The IOM recommends that teenagers should follow the adult guidelines until more research can be done to determine whether special categories are needed. Women carrying twins were given provisional guidelines.

CALORIES DURING PREGNANCY

Women still joke about eating for two during pregnancy, but they need to recognize that that doesn’t mean they should consume twice as much food. In fact, only an additional 100 to 300 calories a day is recommended during pregnancy. Three hundred calories equals a small snack, such as half a peanut butter and jelly sandwich or a glass of low-fat milk.



Getting the message out

Following the 1990 IOM guidelines, studies showed that a high proportion of women were either given no advice on how much weight to gain or were told to gain less or more weight than the guidelines called for. If clinicians don’t adopt and promote the guidelines and patients go unaware, the guidelines won’t do any good, the IOM said. The institute called on medical societies and federal health agencies to educate women about a healthy weight gain during pregnancy.

“It’s important for obstetricians to know what a patient’s starting BMI is and to make a recommendation based on that about the appropriate weight gain,” said ACOG Fellow Laura E. Riley, MD, assistant professor of obstetrics, gynecology, and reproductive biology at Harvard Medical School. “These guidelines offer a good opportunity to ob-gyns to take the time to educate women about what’s nutritious.”

But, “it’s not just the obstetrician in the room,” Dr. Catalano said.

“The patient needs to hear about these guidelines from the entire community, from churches and school groups, government agencies. It’s up to an obstetrician to be aware of the guidelines, to encourage patients, but we need the support of the community and government,” Dr. Catalano said.

Planning for a pregnancy

Approximately half of all pregnancies in the US are unintended. Therefore, it’s important to discuss reproductive health with all reproductive-age women, even those not seeking care specifically in anticipation of a planned pregnancy. Weight loss and a healthy lifestyle can be a part of those discussions.

“Ideally, you want women to be prepared for pregnancy and be at a normal weight,” Dr. Riley said. “They should take the opportunity to get to a healthy weight before pregnancy. But obviously, this doesn’t always happen.”

“This underscores why preconception care is so important,” Dr. Catalano said.

“If you can get women to optimize their weight before they get pregnant—not only because it has an impact for the baby but for the long-term implications for the mother and the baby—it can have a real benefit for both the woman and child.” ♀

info

- IOM report *Weight Gain During Pregnancy: Reexamining the Guidelines*: iom.edu/pregnancyweightgain
- ACOG Committee Opinions *Obesity in Pregnancy* (#315, September 2005, reaffirmed 2008); *The Role of the Obstetrician-Gynecologist in the Assessment and Management of Obesity* (#319, October 2005); and *The Importance of Preconception Care in the Continuum of Women’s Health Care* (#313, September 2005, reaffirmed 2009): www.acog.org/member_access/lists/commopin.cfm
- *Perinatal Outcomes in Nutritionally Monitored Obese Pregnant Women: A Randomized Clinical Trial*; *Journal of the National Medical Association*, June 2009;101:569-77

2009 CALENDAR

PLEASE CONTACT THE INDIVIDUAL ORGANIZATIONS FOR ADDITIONAL INFORMATION.

AUGUST

11
ACOG WEBCAST:
Coding for Multiple Services on the Same Day
1-2:30 pm ET
800-673-8444, ext 2498

29
District XI Section 4/ Houston Gynecologic Obstetric Society Scientific Meeting
Houston
chayden@tmhs.org
713-441-3208

SEPTEMBER

8
ACOG WEBCAST:
Injection and Vaccination Coding
1-2:30 pm ET
800-673-8444, ext 2498

9-12
Society of Laparoendoscopic Surgeons 18th Annual Meeting and Endo Expo
Boston
sls.org

10-12
American Gynecological and Obstetrical Society 2009 Meeting
Chicago
agosonline.org
212-305-0613

13-17
International Society of Ultrasound in Obstetrics and Gynecology 19th World Congress
Hamburg, Germany
isuog.org/WorldCongress/2009

18
District III Junior Fellow Annual Meeting
Philadelphia
202-863-2561

24-26
American Urogynecologic Society 30th Annual Scientific Meeting
Hollywood, FL
aug.org
202-367-1167

25
Society for Sex Therapy and Research Fall Clinical Meeting
New York City
sstarnet.org
202-863-1644

30-Oct 3
North American Menopause Society Annual Meeting
San Diego
www.menopause.org
440-442-7550

30-Oct 4
Pacific Coast Obstetrics and Gynecology Society
La Jolla, CA
pcogs.org

OCTOBER

1-3
ACOG District V Annual Meeting
Indianapolis
202-863-2574

1-4
ACOG District VIII and IX Annual Meeting
Napa, CA
916-920-8100

4-9
International Federation of Gynecology and Obstetrics (FIGO) World Congress of Gynecology and Obstetrics
Cape Town, South Africa
figo2009.org.za
figo@figo.org

8-9
ACOG and March of Dimes Symposium on Quality Improvement to Prevent Prematurity
Arlington, VA
marchofdimes.com/
conferences
conferences@marchofdimes.com

9-11
ACOG District VII and XI Annual Meeting
San Antonio
202-863-2542

11-15
American College of Surgeons 95th Annual Clinical Congress
Chicago
facts.org/clincon2009

13
ACOG WEBCAST
Recovery Audit Contractors: How to Handle a Surprise Visit from Government Agents
1-2:30 pm ET
800-673-8444, ext 2498

14-17
American Academy of Family Physicians Scientific Assembly
Boston
aafp.org

16-18
ACOG District IV Annual Meeting
Asheville, NC
202-863-2488

16-18
ACOG District I and III Annual Meeting
Lake Buena Vista, FL
202-863-2574

17-21
American Society for Reproductive Medicine 65th Annual Meeting
Atlanta
asrm.org

23-25
ACOG District II Annual Meeting
New York City
518-436-3461

25-28
ACOG District VI Annual Meeting, in conjunction with the Central Association of Obstetricians and Gynecologists Annual Meeting
Maui, HI
caog.org

30
New Hampshire Section Meeting—Fetal Surveillance: Increasing Safety and Reducing Risk
Bedford, NH
ahillman@crhc.org
603-227-7000, ext 2909

NOVEMBER

5-8
Academy of Breastfeeding Medicine 14th Annual International Meeting
Williamsburg, VA
bfmed.org

6-11
American Association of Medical Colleges Annual Meeting
Boston
aamc.org

7-10
American Medical Association Interim Meeting
Houston
ama-assn.org

10
ACOG WEBCAST
Team Training and Simulation in Ob-Gyn Risk Management
1-2:30 pm ET
800-673-8444, ext 2498

11
New England Obstetrical and Gynecological Society 81st Annual Fall Meeting
Sturbridge, MA
neogs.org

12-14
Society for Gynecologic Investigation 3rd International Summit—“Preeclampsia”
Sendai, Japan
sgionline.org

ACOG COURSES

- For Postgraduate Courses, call 800-673-8444, ext 2540/2541, weekdays 9 am-4:45 pm ET or visit www.acog.org and click on “Postgraduate Courses and CPT Coding Workshops” under “Meetings.”
 - For Coding Workshops, visit www.acog.org and click on “Postgraduate Courses and CPT Coding Workshops” under “Meetings.” Telephone registration is not accepted for Coding Workshops.
- Registration must be received one week before the course. On-site registration subject to availability.

AUGUST

7-9
Coding Workshop
Kansas City, MO

27-29
Reawakening the Excitement of Obstetrics and Gynecology
La Jolla, CA

28-30
Coding Workshop
Seattle

OCTOBER

16-18
Twenty-First Century Obstetrics and Gynecology
(In conjunction with the ACOG District I and III Annual Meeting)
Lake Buena Vista (Orlando), FL

30-Nov 1
Coding Workshop
Coronado, CA

NOVEMBER

12-14
Practical Obstetrics and Gynecology
Las Vegas

13-15
Coding Workshop
Atlanta

DECEMBER

3-5
Update on Cervical Diseases
New York City

4-6
Coding Workshop
Tampa, FL

10-12
Incorporating Gynecologic Ultrasound Into Your Office Practice
Chicago



**The American College of
Obstetricians and Gynecologists**

PO Box 96920

Washington, DC 20090-6920

Nonprofit Org.
US Postage
PAID
Washington, DC
Permit No. 251

RESOURCES

CDC offers guidance on H1N1

THE CENTERS FOR DISEASE CONTROL AND PREVENTION is stressing that pregnant women with flu-like symptoms should be treated as soon as possible, without waiting for test results to determine whether they are suffering from H1N1.

View update: cdc.gov/h1n1flu/clinician_pregnant.htm

Also from the CDC:

- ▶ Case reports on pregnant women with H1N1: cdc.gov/mmwr/pdf/wk/mm58d0512.pdf
- ▶ Resources for pregnant women: cdc.gov/h1n1flu/pregnancy
- ▶ Obstetric setting considerations: cdc.gov/h1n1flu/guidance/obstetric.htm



Free gyn cancer materials online

FREE EDUCATIONAL FACT sheets and other resources about gynecologic cancer are available on the Centers for Disease Control and Prevention website, as part of a new educational campaign, *Inside Knowledge: Get the Facts about Gynecologic Cancer*.

The CDC and the Office of Women's Health at the US Department of Health and Human Services collaborated to create the campaign, which supports the Gynecologic Cancer Education and Awareness Act of 2005, Johanna's Law. ♀

info

→ cdc.gov/cancer/knowledge

ACOG PATIENT EDUCATION

Information you and your patients can trust

Save 20% for a limited time. Take advantage of this special offer on ACOG's "Especially For Teens" pamphlets.



info

- To preview these pamphlets: acog.org/goto/patients
- To order pamphlets: sales.acog.org; 800-762-2264 (use source code DM68 1006)
- To request a free sample: resources@acog.org



ALSO NEW THIS MONTH

Reducing Your Risk of Birth Defects (AP146)

- ▶ Common types and causes of birth defects
- ▶ Lifestyle changes that may reduce the risk of certain birth defects
- ▶ Screening and diagnostic testing options