

ACOG calls colonoscopy preferred screening method

INCREASED AWARENESS ABOUT COLORECTAL CANCER screening and prevention has helped lead to a dramatic drop in colorectal cancer deaths in the US. Deaths declined by 1.8% among women from 2002 to 2004, according to the annual cancer report from the National Cancer Institute, American Cancer Society, and other organizations.

ACOG has called attention to colorectal cancer screening for many years, recommending that all women 50 and older be screened for colorectal cancer.

Now, the College has updated its colorectal cancer screening recommendations, stating that colonoscopy is the preferred screening method for both average-risk and high-risk women. ACOG is the first and only primary care organization to recommend colonoscopy

as the preferred screening method for colorectal cancer.

The new recommendations were announced at an ACOG cancer media briefing in New York City in October (see below) and published as the Committee Opinion *Colonoscopy and Colorectal Cancer Screening and Prevention* in the November issue of *Obstetrics & Gynecology*.

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ACOG launches education guide at media briefing

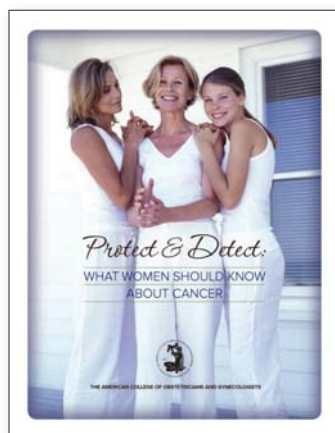
Gaps remain in women's cancer knowledge

NEARLY TWO-THIRDS OF WOMEN (63%) MISTAKENLY believe that if a typical woman has no family history of cancer, then she is at low risk for developing the disease, according to a recent survey conducted by Harris Interactive® on behalf of ACOG.

"There is a worrisome gap in women's knowledge about cancer. That knowledge gap combined with women's fear of cancer may be putting their health at risk," said Douglas W. Laube, MD, MEd, ACOG immediate past president.

To address this knowledge gap, ACOG launched a new web-based guide, *Protect & Detect: What Women Should Know About Cancer*, at a media briefing in New York City in October. The guide is designed for women to use in partnership with their ob-gyns to help them take charge of their health and improve their understanding of their risk of developing cancer and the lifestyle changes they can make to reduce their risk.

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To access *Protect & Detect*:
www.acog.org/from_home/misc/protectanddetect.pdf



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EXECUTIVE DESK

New Orleans is ready for ACOG

AS THE YEAR COMES TO AN END, I hope it has been a happy, successful year for each of our members. At ACOG, we are now in the midst of planning our 2008 activities. A key event will be our Annual Clinical Meeting May 3–7 in New Orleans.

As it did with our highly successful San Diego meeting this year, the Committee on Scientific Program has arranged a number of outstanding presentations for the New Orleans meeting. Last year we inaugurated a new format for the Richardson Memorial Lecture. Giving the session an international focus, representatives from Canada, the United Kingdom, and the US discussed the approach to cesarean delivery. This year we will have a similar panel in which experts from different countries will share their differing views on a particular ob-gyn topic.

I hope you have scheduled your time so you can attend the ACM. Early-bird registration is already open, so take advantage of the savings discounts and register online now. And stay tuned to *ACOG Today* because in the next several months, the newsletter will include several articles announcing the scientific sessions, the social events, new features, and special events.

Experience the music and cuisine of New Orleans

We are frequently asked, “Will New Orleans be ready?” The answer is **yes**. While New Orleans is still recovering from Hurricane Katrina, the city’s convention center is fully functional and has undergone a multimillion-dollar renovation, and a number of conventions similar to our ACM have already been held successfully.

The hotels that we use have returned to their pre-hurricane condition, the French Quarter and its wonderful restaurants are open, and the Garden District has regained its charm and ambiance.

The profits and tax dollars generated by a meeting such as ours are a huge boon to the city as it continues to rebuild. We urge you to attend, not only for the education and exhibits but also because your attendance will add to the ability of the city to continue its rebuilding. ♀

Ralph W. Hale MD

Ralph W. Hale, MD, FACOG
Executive Vice President

IN MEMORIAM

- V. M. Bowers, MD**
Minocqua, WI • 8/07
- R. Clay Burchell, MD**
Albuquerque, NM • 8/07
- John Wolcott Garrett, MD**
Kittanning, PA • 5/07
- Edward A. Gulling, MD**
St. Charles, IL • 9/07
- John H. Isaacs, MD**
Wilmette, IL • 7/07
- Anders T. Netland, MD**
Orono, ME • 7/07
- T. Edgie Russell, MD**
Baltimore
- Charles T. Stubblefield, MD**
Lake Quivira, KS • 7/07
- Dale Leonard Taylor, MD**
Lake Hamilton, FL • 9/07

Obstetrics & Gynecology
HIGHLIGHTS



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

Use of Psychiatric Medications During Pregnancy and Lactation
(Obstetrics Practice Bulletin #87, revised)
For more information, see page 13.

Colonoscopy and Colorectal Cancer Screening and Prevention
(Gynecology Committee Opinion #384, new)
For more information, see page 1.

The Limits of Conscientious Refusal in Reproductive Medicine
(Ethics Committee Opinion #385, new) For more information, see page 10.

Cesarean Delivery on Maternal Request
(Obstetrics Committee Opinion #386, new)
For more information, see page 10.

Pharmaceutical Compounding
(Gynecology Committee Opinion #387, new)

Supracervical Hysterectomy
(Gynecology Committee Opinion #388, new)

New Orleans open for business

ONE OF NEW ORLEANS'S NEW slogans is "Soul is Waterproof." It's a great way to sum up this vibrant city, which will welcome ACOG's Annual Clinical Meeting May 3–7. New Orleans still boasts smooth music, numerous cultural events and museums, hip shops and boutiques, and elegant restaurants. And since Hurricane Katrina, several hotels have undergone extensive renovations, and 18 new restaurants have opened to add to the already 800+ to choose from. The Ernest N. Morial Convention Center, the location for the 2008 ACM, has reopened after a multimillion-dollar renovation that includes a new look, new levels of comfort, and a brighter environment.

ACM attendees and guests are encouraged to get out and explore this amazing city and all it has to offer, including the Audubon Zoo and Aquarium of the Americas, Harrah's Casino, Mardi Gras World, Café Du Monde, paddlewheel cruises on the Mississippi River, carriage rides through the French Quarter, the Steamboat Natchez and the Creole Queen paddlewheeler, and plantation, swamp, and specialty tours.

To whet your cultural appetite, you can

choose to visit the city's many museums: the New Orleans Museum of Art and Besthoff Sculpture Garden, the Ogden Museum of Southern Art, the National World War II Museum, the Contemporary Arts Center, and the Louisiana Children's Museum.

Stroll through the quaint neighborhoods, getting a feel for the city, while taking some time for shopping. New Orleans doesn't settle for mere shopping malls. The city boasts an endless number of specialty shops, designer boutiques, galleries, and cafes in Downtown and Uptown and throughout several charming neighborhoods.

New Orleans Jazz Fest

As if that weren't enough to keep you busy, the ACM happens to coincide with the final weekend of Jazz Fest—the New Orleans Jazz & Heritage Festival, a 10-day cultural feast of music, Louisiana cuisine, and crafts.

"The rich New Orleans cultural experience that has existed for hundreds of years is alive and well," said J. Stephen Perry, president and CEO of the New Orleans Convention & Visitors Bureau. "New Orleans is ... a place of hope, resilience, and life." ♀



Obstetrics & Gynecology joins 230 journals on global poverty theme

THE GREEN JOURNAL HAS united with 230 other science journals in a simultaneous publication of research and editorials on global poverty.

The Council of Science Editors organized the Global Theme Issue on Poverty and Human Development, in which journals from all over the world published on October 22 new research, review articles, editorials, perspectives, and news stories on poverty and human development.

Obstetrics & Gynecology published nine articles plus an editorial written by Deputy Editor John T. Queenan, MD, under a special "global issue" section in the November issue, with an earlier publication on the Green Journal website on October 22. In addition, the Green Journal paper "Chlorhexidine Vaginal and Neonatal Wipes in Home Births in Pakistan: A Randomized Controlled Trial" was one of eight selected for presentation at a special event highlighting the global theme issue to the public.

"This paper demonstrates that quality research can be accomplished even in dire social and economic circumstances," Dr. Queenan said. "We at the Green Journal recognize the power of the scientific community in alleviating the plight of poverty." ♀

Early-bird registration now open

NEW ORLEANS • MAY 3-7



2008 ACM

- ▶ Register on the ACOG website at www.acog.org/acm
- ▶ Register early and save on registration fees and make your hotel reservation

ACOG calls colonoscopy preferred screening method

► PAGE 1

“ACOG is encouraged by the latest statistics showing a decline in deaths from cancer, especially colorectal cancer since it truly is a preventable cancer,” said Douglas W. Laube, MD, MEd, immediate past president of ACOG. “But we’ve got a long way to go: Only about 50% of women undergo the recommended screening for colon cancer.”

Many experts prefer colonoscopies

Colonoscopy allows for direct visualization of all colonic surfaces and the ability to remove any precancerous lesions that are detected. Colonoscopy gives access to right-sided lesions—the majority of advanced colorectal cancer in women—that are more likely to be

missed by other screening methods, according to the Committee Opinion.

“Our message is that colonoscopy is the gold standard when it comes to colorectal cancer screening,” said Carol L. Brown, MD, immediate past vice chair of the Committee on Gynecologic Practice, which developed the recommendations. “While we want ob-gyns to encourage this method, they should still discuss the advantages and limitations of the other screening options with their patients. The bottom line is we want women to get tested by whichever method they are most likely to accept and follow through with.”

There are some limitations to colonoscopy, including the cost, the inconvenience of the

preparation required of the patient, the risk of complications, and a lack of trained endoscopists to perform the number of colonoscopies needed to reach the currently unscreened average-risk US population.

Other options include a flexible sigmoidoscopy, preferably every five years in combination with a yearly fecal occult blood test or fecal immunochemical test.

The less-invasive FOBT and FIT require samples to be obtained by the patient at home and returned for analysis. Physicians should not be conducting FOBT in the office with a digital rectal exam. Another screening option is a double contrast barium enema every five years. ♀

Gaps remain in women’s cancer knowledge

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During the briefing, experts addressed numerous cancer-related issues, from genetic testing to declining mammography rates.

“On a positive note, according to the ACOG survey data, 76% of women feel knowledgeable about how they can reduce their risk of cancer and, as evidenced by the annual report, many are on the right track,” Dr. Laube said. “Nonetheless, survey findings reveal that only half (52%) of women feel they are currently doing enough to reduce their risk of cancer, 10% say they haven’t done anything in the past year to reduce their risk of cancer, and nearly one in five (17%) are not willing to change their daily lifestyles even if it will reduce their risk of cancer.”

The survey showed that 20% of women do not want to know if they have cancer. Furthermore, only 56% of women saw their health care provider on a regular basis in the past year, and 29% of women have neither seen a health care provider on a regular basis, nor had a Pap test or a mammogram in the past year.

When asked why they have not taken any of these steps, 37% of those who have neither seen a health care provider on a regular basis,

nor had a Pap test or a mammogram in the past year, said they cannot afford it.

“The greatest potential to further reduce the cancer death toll will come from efforts to improve screening and access to preventive health care, particularly for women without health insurance,” Dr. Laube said. “Access to health care is among ACOG’s top legislative priorities.” ♀



Fellows Carol L. Brown, MD, Memorial Sloan-Kettering Cancer Center, New York; Mark Spitzer, MD, Brookdale University Hospital and Medical Center, Brooklyn; and Mary L. Gemignani, MD, also at Memorial Sloan-Kettering, listen to a fellow panelist during the briefing.

Douglas W. Laube, MD, MEd, ACOG immediate past president, releases survey results about women’s cancer knowledge.



Fellow Sharon T. Phelan, MD, University of New Mexico, answers a reporter’s question during the media briefing.



Eva Chalas, MD, Long Island Gynecologic Oncologists, PC, Smithtown, NY, discusses ovarian cancer.

Cognate program deadline approaching

THE ACOG AWARD FOR CONTINUING Professional Development for the three-year cycle 2005–07 will be issued in January. Be sure to submit all data for this cycle by December 31 to be included in the initial processing of this cycle's award.

Late submissions can be added, but your award certificate will be delayed. You can view your continuing medical education credits and print a transcript on the ACOG website at www.acog.org/myacog/. After logging in, your personal page will pop up, and you can access your transcripts and the brochure about the ACOG Program for Continuing Professional Development, or Cognate Program.

This is the last year to submit data for the 2003–05 cycle. After Dec 31, 2007, ACOG can no longer accept any submissions for that cycle. ♀

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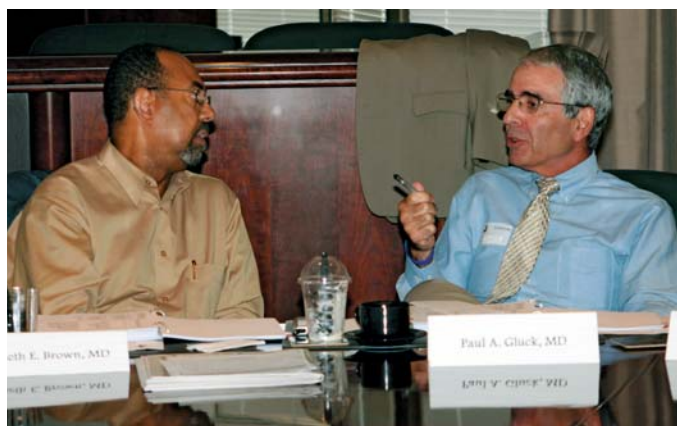
- Fax submissions to 202-484-1586 or mail to ACOG Cognate Department, PO Box 96920, Washington, DC 20090-6920
- Questions? Contact 800-673-8444, ext 2405; cognates@acog.org

DISCUSSING PATIENT SAFETY ISSUES

The ACOG Committee on Patient Safety and Quality Improvement met in September.



John P. Keats, MD, updates the committee on plans for the postgraduate course "Quality and Safety for Leaders in Women's Health Care," which will be held June 5–7 in Chicago. Committee member Carol A. Keohane, RN, is on the right.



Committee member Kenneth E. Brown, MD, on the left, and liaison member Paul A. Gluck, MD, talk during a break in the meeting.

Register for free webcast on maintenance of certification

SIGN UP FOR THE FREE WEBCAST ON NOVEMBER 27 THAT WILL explain the American Board of Obstetrics and Gynecology's new maintenance of certification program. The webcast will be presented in real time over the Internet from 1 to 2 pm Eastern Time by ABOG Director of Evaluation Larry C. Gilstrap III, MD, and hosted by ACOG through the College's webcast program. There will be an opportunity to ask Dr. Gilstrap questions. The archived version of the webcast will be available December 4.

Beginning January 1, ABOG will institute the maintenance of certification system. It's important that all board-certified ob-gyns who have time-limited certificates become familiar with the new system to fulfill ABOG requirements to maintain their board certification. (Those with lifetime certificates are exempt from maintenance of certification.) ♀

info

- There is no charge, but participants will need to register at least 24 hours in advance to receive log-in instructions. To register, look under "Announcements" on ACOG's home page, www.acog.org



Register now for ACOG's Congressional Leadership Conference

JOIN NEARLY 200 ACOG MEMBERS in lobbying Congress at ACOG's 26th Annual Congressional Leadership Conference February 24–26 in Washington, DC.

Following two days of advocacy training at the CME-accredited conference, ACOG Fellows and Junior Fellows will urge congressional action on key issues. Participants will learn to communicate with legislators at federal and state levels, gain valuable knowledge from Washington insiders about legislation that affects the specialty and patients, and lobby members of Congress.

Fellows and Junior Fellows are sponsored by their district or section chairs to attend the conference. Sponsorship covers travel, registration, lodging, and incidental expenses.

Participants who aren't sponsored can attend by paying a \$300 registration fee, plus travel and lodging expenses. ♀

info

→ Contact your district or section chair if you're interested in attending. For more information, contact ACOG's Government Affairs staff at 800-673-8444, ext 2509



Fellow election voting begins in December

THE 2008 FELLOW DISTRICT and section officer elections will be held online, with voting beginning December 15 at <https://eballot3.votenet.com/acogfellow>.

Fellows will be able to access online ballots by using their last name and their ACOG ID number, which can be found on all ACOG mailings or obtained by contacting the ACOG Membership Department. Paper ballots will be offered only by request. ♀

Districts and sections with elections this year

Districts

District II District VIII
District V District IX

Sections

Air Force (AFD) Mexico (VII)
Alabama (VII) Michigan (V)
Alaska (VIII) Nebraska (VI)
Arizona (VIII) Nevada (VIII)
California Section 4 (IX) New York Section 3 (II)
California Section 5 (IX) New York Section 6 (II)
California Section 8 (IX) New York Section 10 (II)
Delaware (III) Oklahoma (VII)
District of Columbia (IV) Quebec (I)
Florida (IV) Rhode Island (I)
Illinois (VI) South Carolina (IV)
Louisiana (VII) Wisconsin (VI)
Massachusetts (I) Wyoming (VIII)

info

- For your ACOG ID, contact the Membership Department: membership@acog.org; 800-673-8444
- For election updates, on the ACOG website, www.acog.org, under "Membership," click on "District and Section Activities"
- For questions about elections, contact Megan Willis Mazur: 800-673-8444, ext 2531; mwillis@acog.org

CONSIDER ACOG IN END-OF-YEAR GIVING PLANS

AS 2007 DRAWS TO A CLOSE, ACOG asks you to give serious consideration to including the College in your year-end giving plans. Annual gifts to the Development Fund allow the College to participate in and initiate new programs and projects that would otherwise be out of reach.

Whether you are contributing for the first time or renewing your membership in one of the giving societies, your charitable donation ensures that ACOG is prepared and able to meet the challenges we face in providing the best possible health care for women.

Each of the four giving societies offers outstanding recognition of your generosity and

unique benefits (see below).

Your contribution to the Development Fund reaffirms your commitment to ACOG's ongoing mission and future. With your help, the College will continue to advocate quality health care, maintain the highest clinical and educational standards, promote patient education, and increase awareness of issues affecting women's health care. ♀

info

- Mail your end-of-year charitable donations to ACOG Development Department, 409 12th Street SW, Washington, DC 20024
- For more information or assistance: 800-673-8444, ext 2546; development@acog.org

	President's Society \$2,500+	Beacham Society \$1,000 to \$2,499	Reis Society \$500 to \$999	Schmitz Society \$100 to \$499
Distinctive ACM Badge	✓	✓	✓	✓
Recognition in <i>ACOG Today</i> , <i>ACM News</i> , <i>Final Program</i> , and <i>Donor Report</i>	✓	✓	✓	✓
VIP Lounge Access	✓	✓	✓	
Free ACM Registration†	✓	✓		
President's Dinner Dance ticket	✓ (2)*	✓		
Free Spouse/Guest Registration**	✓			

†nontransferable **second ticket is non-tax-deductible ***non-tax-deductible



ACOG offers free webcast on business of medicine

JUNIOR FELLOWS ARE INVITED to join Junior Fellow College Advisory Council Chair Rajiv B. Gala, MD, as he hosts a free webcast based on the ACOG publication *The Business of Medicine: An Essential Guide for Obstetrician-Gynecologists*.

The webcast, which will be held from 1 to 2:30 pm ET on Feb 19, 2008, will help participants understand both the personal and business side of practice.

The speaker will be L. Michael Fleischman, of Gates, Moore and Company in Atlanta. An experienced consultant for ob-gyn practices, Mr. Fleischman will cover topics such as practice options, insurance, practice finances, employment contract terms, and selecting professional advisers.

The webcast will be presented in real time over the Internet. Participants will need a computer with an Internet connection and speakers to access the presentation.

Although there is no charge for the webcast, participants will need to register at least 24 hours in advance to receive login instructions. An archived presentation will be available approximately one week after the live event. ♀

info

→ For registration and other information, visit the ACOG website, www.acog.org, and click on "Junior Fellows" in the "Quick Links" box on the left side of the page"

District III embarks on community service project

DISTRICT III JUNIOR FELLOWS and medical students are volunteering in their communities through a new program called "Service Saturdays." The program, developed by District III Junior Fellow Vice Chair Monique S. Ruberu, MD, is an opportunity for residents throughout the district to meet one another and interact with medical students in a stress-free environment. It is also a way to connect with people in the community.

"Most residents only know the people within their programs. If we all knew each other it would be easier to work together and improve patient care," Dr. Ruberu said. "Recruitment into our specialty is key for the future success of ob-gyn. Medical students fear that we don't have lives outside of our jobs. These projects help them understand that we do work hard, but we also enjoy life outside of the LDR."

Donating clothes and food

For the first Service Saturday, Junior Fellows worked with "Philabundance," a group that collects nonperishable items for the poor of the Delaware Valley area. The Junior Fellows sorted and repacked goods, salvaging food that otherwise might have been wasted because of bruised packaging.

Service Saturday No. 2 was a business attire clothing drive in aid of "Career Closet," an organization that assists women who want to reenter the work force by providing them with interview skills, resume preparation, and outfits for interviewing.

"Many of our patients are single mothers who are struggling to make ends meet," Dr. Ruberu said. "This project gave Junior Fellows and medical students in District III the opportunity to help women like our patients reach for a more stable and prosperous future."

Service Saturday No. 3 was a "build your own pizza and sundae" party to uplift the women and children of the ECS St. Barnabas Homeless Shelter. The Junior Fellows collected donations from area restaurants and stores



Junior Fellows from Drexel University in Philadelphia pick up clothes for a clothing drive in District III. On the left, Peter G. O'Hare III, MD, and Jennifer Acton Robinson, MD; on the right, Elie Soussan, MD, and Monique S. Ruberu, MD.

to provide lunch and grab bags for more than 50 people. The pizza party included games and face painting.

"By doing these projects, we can build stronger relationships with our patients inside and out of the office," Dr. Ruberu said. ♀

Stump the Professors cases due by November 30

THE DEADLINE IS NEARING to submit cases for The Gerald and Barbara Holzman Stump the Professors program, to be held during the 2008 Annual Clinical Meeting, May 3–7 in New Orleans.

Submissions must be submitted online by November 30 and should consist of a one-page summary of 700 words or less, including final diagnosis.

For more information, visit the ACOG website, www.acog.org, and click on "Junior Fellows" in the "Quick Links" box on the left side of the page. ♀

Take a risk management approach when supervising residents

IN THE VIRGINIA COMMUNITY hospital where Jennifer Mendillo Keller, MD, rotated as a resident, residents are supervised by a team of private physicians who volunteer for the responsibility. But in the last few years, some physicians have dropped out of the program because of liability concerns—ob-gyns who supervise residents can be held responsible for a resident's actions in a medical liability case.

“We’ve lost some of our best teachers, and I keep thinking that rather than choosing not to supervise residents, there have to be some strategies attendings can implement to help protect themselves from liability,” said Dr. Keller, assistant residency program director at George Washington University and a member of ACOG’s Committee on Professional Liability.

Dr. Keller is correct—there are several ways physicians can decrease their liability risk when serving as a supervising physician. The following can be helpful risk management tools. (More detail is included in ACOG’s publication *Professional Liability and Risk Management: An Essential Guide for Obstetrician-Gynecologists*.)

Respond to a resident when called

Let residents know when you want to be contacted about your patients, and stress to residents that they should not hesitate to contact you. Dr. Keller said she has witnessed residents who called the attending physician with questions, but the attending didn’t call back. And then in the morning, the new attending physician wanted to know why the resident had not contacted the supervising attending during the night.

“And when you do respond to a call, don’t berate the resident for bothering you because they will be unlikely to call next time they have a question,” Dr. Keller said.

Read and review notes

Do not assume that what the resident tells you is correct. You should see the patient your-



self and discuss with the resident any errors or disagreement between your respective assessments. Dr. Keller advised that attending physicians add their own notes to the chart or co-sign the resident’s notes.

Be aware of resident’s training level and qualifications

“All residents are different,” Dr. Keller said. “Don’t assume that they know how to do something just because they’re at a particular level. If you are uncertain of a resident’s technical skills or their ability to manage patients do not be afraid to question them about this and provide appropriate, clear direction.”

While supervising physicians should be aware of liability risks, they can also take steps to mitigate these risks.

Dr. Keller also suggests having a back-up system: “When a hospital is busy, it can be overwhelming to take care of all your own patients at the same time that you’re expected to supervise residents. I suggest that physicians find help from other personnel and learn whether your hospital has a provision for back-up.” ♀

Liability quizzes online

A NEW ONLINE QUIZ SERIES to supplement the ACOG publication *Professional Liability and Risk Management: An Essential Guide for Obstetrician-Gynecologists* is now available on the ACOG website.

The series is intended to help residency program instructors gauge resident comprehension of the book’s concepts. There are five quizzes, each with 10 to 20 multiple-choice questions. Residents may print their scores immediately after taking a quiz and submit them to program directors. ♀

info

- ➔ To access the quizzes, go to the ACOG website, www.acog.org. Under “Practice Management,” click on “Professional Liability”
- ➔ Program directors may request a copy of the answer key by submitting a request with their ACOG ID number to nwilson@acog.org

Committee examines issue of cesarean delivery on maternal request

ACOG'S COMMITTEE ON Obstetric Practice outlines the benefits and risks of cesarean delivery on maternal request vs. planned vaginal delivery in a new Committee Opinion published in the November issue of *Obstetrics & Gynecology*.

Cesarean delivery on maternal request, or CDMR, is a primary cesarean delivery at the patient's request in the absence of any medical or obstetric indication. It is estimated to be 2.5% of all births in the US. There are few studies that compare planned vaginal delivery with CDMR, so most of the current knowledge is based on indirect analyses, according to the Committee Opinion *Cesarean Delivery on Maternal Request*.

Vaginal delivery benefits

Potential short-term maternal benefits of planned vaginal delivery include a shorter maternal hospital stay, lower infection rates, fewer anesthetic complications, and higher breastfeeding initiation rates.

Planned cesarean delivery benefits

Potential short-term maternal benefits of planned cesarean delivery include a decreased risk of postpartum hemorrhage and transfusion, fewer surgical complications, and a decrease in urinary incontinence during the first year after delivery. Analysis of stress urinary incontinence at two years and five years showed no difference by mode of delivery, according

to the Committee Opinion.

After a woman's second cesarean delivery, there is a significant increased risk of placenta previa, placenta accreta, placenta previa with accreta, and the need for gravid hysterectomy. Therefore, CDMR is not recommended for women desiring several children, so clinicians and patients should discuss the mother's reproductive plans when considering CDMR, while recognizing that many pregnancies are unplanned.

The Committee Opinion emphasized that CDMR should not be performed prior to 39 weeks of gestation unless there is documentation of lung maturity. This point will be clarified in a reissue of the Committee Opinion in the December Green Journal. ♀

Ethics committee addresses limits to conscientious refusal

SOMETIMES A PHYSICIAN'S conscientious refusal conflicts with a patient's well-being. In these instances, conscientious refusals should be accommodated only if the primary duty to the patient can be fulfilled, according to a new Committee Opinion from ACOG's Committee on Ethics. *The Limits of Conscientious Refusal in Reproductive Medicine* was published in the November issue of *Obstetrics & Gynecology*.

Across the US, women have hit medical roadblocks when they encounter physicians who refuse to dispense contraception because of their own moral beliefs or hospitals that will not provide emergency contraception to sexual assault victims—or even inform them about EC. In a California case, a physician refused to perform intrauterine insemination for a lesbi-

an couple because the physician disapproved of lesbians having children.

According to the Committee Opinion, physicians are obligated to provide accurate and prior notice of their moral commitments (without arguing or advocating positions), provide scientifically accurate and unbiased information, and provide timely referral.

In an emergency in which referral is not possible or might harm the patient's physical or mental health, physicians have an obligation to provide medically indicated and requested care regardless of the provider's personal moral objections. In addition, in areas with inadequate resources, access to safe and legal reproductive services should be maintained, according to the committee.

The Committee on Ethics outlined four cri-

teria that are important in determining the appropriate limits for conscientious refusal:

▶ **Potential for imposition on patients:**

Respect for patient autonomy is a guiding principle of medicine and should be maintained

▶ **Effect on patient health:** Physicians must consider the potential harm to a patient, including a patient's conception of well-being, as well as pain, disability, and death

▶ **Scientific integrity:** Conscientious refusal is inappropriate when its rationale contradicts the body of scientific evidence

▶ **Potential for discrimination:** Patients must be treated fairly, and the provision of medical services should not be discriminatory ♀

Managing psychiatric medication during pregnancy

A NEW ACOG PRACTICE Bulletin outlines the risks and benefits of using psychiatric drugs during pregnancy. *Use of Psychiatric Medications During Pregnancy and Lactation* replaces Committee Opinion #354, which addressed the use of selective serotonin reuptake inhibitors during pregnancy. The Practice Bulletin builds on that document, adding information about other drugs and other psychiatric disorders.

“When caring for a pregnant woman who takes psychiatric medication, clinicians must weigh the risks to the baby with the risks of not treating the woman for her psychiatric illness,” said Andrew J. Satin, MD, chair of the Committee on Practice Bulletins—Obstetrics, which developed the document. “It can be a tough balancing act, and this document aims to help ob-gyns in deciding the best course of action for their patient.”

Ideally, ob-gyns should discuss their patient’s management and treatment with mental health clinicians before pregnancy, according to the Practice Bulletin. Multidisciplinary management with the obstetrician, mental health clinician, primary provider, and/or pediatrician is recommended.

Depression and bipolar disorder

ACOG continues to recommend that treatment with SSRIs and/or selective norepinephrine reuptake inhibitors during pregnancy should be individualized and that use of the SSRI paroxetine, or Paxil, should be avoided, if possible, among pregnant women and women planning to become pregnant. Fetal echocardiography should be considered for women exposed to paroxetine in early pregnancy.

Bipolar disorder affects between 3.9% and 6.4% of Americans, striking men and women equally. Prenatal episodes tend to be depressive, according to the Practice Bulletin.

Patients with bipolar disorder may be taking lithium, which has been linked to fetal and neonatal risks. The Practice Bulletin outlines treatment guidelines, based on illness severity, for women taking lithium who are pregnant or planning to conceive.

The Practice Bulletin also addresses anxiety disorders, schizophrenia, and the use of psychiatric drugs while breastfeeding and includes several tables to help with medication management. ♀



FDA issues codeine warning for breastfeeding mothers

THE US FOOD AND DRUG Administration has issued a public health advisory on the possible risk of morphine overdose among infants whose mothers are taking codeine and are ultra-rapid metabolizers of codeine.

The FDA advises that ob-gyns and other physicians prescribing products containing codeine to breastfeeding mothers should let the infant’s pediatrician know and alert the mother to signs of possible overdose in her baby, such as increased sleepiness, difficulty breastfeeding, breathing difficulties, or limpness. Physicians should prescribe the lowest effective dose for the shortest amount of time.

“Women and their babies derive enormous benefits from breastfeeding, and women should continue to nurse their babies,” said Luella Klein, MD, ACOG vice president of women’s health issues. “However, it’s important that physicians and mothers be alert to the signs of morphine overdose in children and that breastfeeding mothers discuss any medication use with their physician.”

The FDA reviewed this subject after a medical journal reported the death of a 13-day-old breastfed infant from morphine overdose. In this extremely rare reaction, the morphine levels in the mother’s milk were abnormally high after taking small doses of codeine to treat episiotomy pain. A genetic test showed that the mother was an ultra-rapid metabolizer of codeine. Such individuals metabolize codeine much faster and more completely. ♀

Remember to stress folic acid importance



WOMEN AND THEIR PHYSICIANS WILL BE REMINDED about the importance of folic acid in the prevention of birth defects during National Folic Acid Awareness Week, January 7–13. The event is sponsored by the National Council on Folic Acid, of which ACOG is a founding member. Resources can be downloaded from the event website.

ACOG recommends that all women who may become pregnant take 0.4 milligrams of folic acid daily. Women who have previously had a child with a spine or skull defect should take 4 milligrams daily. ♀

info

- www.folicacidinfo.org
- *Neural Tube Defects Practice Bulletin (#44, July 2003):* www.acog.org/publications/educational_bulletins/pb044.cfm

info

- www.fda.gov/cder/drug/infopage/codeine/default.htm



New CPT codes set for 2008

THE CURRENT PROCEDURAL TERMINOLOGY code set for 2008 includes several changes of interest to ob-gyns, including new and revised CPT codes and revisions to modifiers. The changes take effect January 1. Because of HIPAA requirements, insurers must accept new codes beginning January 1. ACOG's Committee on Coding and Nomenclature proposed the CPT code changes to the American Medical Association CPT Editorial Panel, which approved them for 2008. ♀

Laparoscopic total hysterectomy

Four new codes, 58570–58573, were established to describe total laparoscopic hysterectomy procedures. Total laparoscopic hysterectomy includes detaching the entire uterine cervix and body from their surrounding support structures and suturing the vaginal cuff. The new codes are:

- ▶ 58570: Laparoscopy, surgical, with total hysterectomy, for uterus 250 grams or less;
- ▶ 58571: with removal of tube(s) and/or ovary(s)
- ▶ 58572: Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 grams;
- ▶ 58573: with removal of tube(s) and/or ovary(s)

In the laparoscopic hysterectomy codes currently in the CPT book, a laparoscopic approach is used to detach the organs from their supporting structures, but the tissue is removed vaginally. In the new codes, no tissue is removed vaginally.

Paravaginal defect repair

A paravaginal defect repair can be performed with an abdominal, vaginal, or laparoscopic approach. Two new codes, 57285 and 57423, were created to differentiate the approaches, and code 57284 will be revised to include the term “open abdominal approach.” The wording “repair of stress urinary incontinence and/or incomplete vaginal prolapse” will be deleted from 57284. The new and revised codes are:

- ▶ 57284: Paravaginal defect repair (including repair of cystocele, if performed); open abdominal approach
- ▶ 57285: Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach
- ▶ 57423: Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach

Modifier changes

CPT modifiers offer a way for providers to indicate that a service or procedure was altered by specific circumstances but not changed in its definition or code. However, the CPT book was not clear in its instructions in Appendix A and E for the use of some modifiers. Therefore, to clarify appropriate use, revisions were made to the following modifiers:

- ▶ Modifier 22: Increased Procedural Service
- ▶ Modifier 25: Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service
- ▶ Modifier 59: Distinct Procedural Service
- ▶ Modifier 58: Staged or Related Procedure or Service by the Same Physician during the Postoperative Period
- ▶ Modifier 78: Unplanned Return to the Operating/Procedure Room by the Same Physician Following Initial Procedure for a Related Procedure during the Postoperative Period
- ▶ Modifier 76: Repeat Procedure or Service by Same Physician
- ▶ Modifier 51: Multiple Procedures

info

→ For detailed information on the modifier changes, visit the ACOG website, www.acog.org. Click on “CPT Coding” in the “Quick Links” box on the left side of the page

Peritoneal tumor ablation

Three codes were established to report an open procedure for the excision, ablation, and/or destruction of peritoneal tumors. Different codes are used depending on the size of the largest tumor removed during a single session. These codes are designed to report excision of ovarian and other malignancies when the primary organs (ie, uterus, tubes, and ovaries) have already been resected. The codes can also be used for the excision of noncancerous conditions such as endometriomas or cysts. These new codes replace codes 49200 and 49201 (excision or destruction of intraabdominal or retroperitoneal tumors or cysts or endometriomas), which will be deleted. The new codes are:

- ▶ 49203: Excision or destruction, open, intraabdominal tumors, cysts or endometriomas, one or more; peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5 cm diameter or less
- ▶ 49204: largest tumor 5.1 to 10.0 cm diameter
- ▶ 49205: largest tumor greater than 10.0 cm diameter

Excision of cervix

Code 57500 will be revised to include the term “cervix” to make it clear that this procedure is a biopsy of the cervix. The code will state “Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure).”

Reproductive medicine procedures

Revisions will be made to the semen analysis codes to clarify their intent. The word “complete” was deleted from code 89320 to clarify that it is for a basic semen analysis that includes analysis of ejaculate volume and sperm count, motility, and differential. The word “sperm” was added to code 89321 to make it clear that this test is for the presence and motility (if performed) of sperm.

Code 89322 was established to report an analysis of the four criteria described in 89320 but using meticulous microscopic examination of the listed individual sperm characteristics after staining.

Code 89331 will be established to report sperm evaluation in a retrograde ejaculation and requires the evaluation of both a semen sample and a urine sample. This test includes an evaluation for sperm concentration, motility, and morphology. The codes are:

- ▶ 89320: Semen analysis; volume, count, motility, and differential
- ▶ 89321: Sperm presence and motility, if performed
- ▶ 89322: Volume, count, motility, and differential using strict morphologic criteria (eg, Kruger)
- ▶ 89331: Sperm evaluation, for retrograde ejaculation, urine (sperm concentration, motility, and morphology, as indicated)

2007-08 CALENDAR

PLEASE CONTACT THE INDIVIDUAL ORGANIZATIONS FOR ADDITIONAL INFORMATION.

NOVEMBER

27

ABOG WEBCAST: Maintenance of Certification

1-2 pm ET
Look under "Announcements" on ACOG's home page, www.acog.org, for more information

28

American College of Physicians Foundation's National Health Communications Conference

Washington, DC
<http://foundation.acponline.org/hl/conferences.htm>

DECEMBER

11

ACOG WEBCAST: Preview of New Codes for 2008

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

2008

JANUARY

8

ACOG WEBCAST: Hysterectomy Coding

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

18-23

South Atlantic Association of Obstetricians and Gynecologists

Sarasota, FL
www.saaobgyn.org

19-20

ACOG Treasurers Conference

Scottsdale, AZ
800-281-1551

25-27

Gynecologic Oncology Group Semi-Annual Meeting

San Diego
www.gog.org

28-Feb 2

Society for Maternal-Fetal Medicine 28th Annual Meeting

Dallas
www.smfm.org

FEBRUARY

12

ACOG WEBCAST: Evaluation and Management Consultation Coding

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

19

ACOG WEBCAST: Junior Fellows—Business of Medicine

1-2:30 pm ET
Stay tuned to the ACOG home page, www.acog.org, under "Announcements"

24-26

ACOG's Congressional Leadership Conference

Washington, DC
www.acog.org
800-673-8444, ext 2509

MARCH

4-8

20th European Congress of Obstetrics and Gynaecology

Lisbon, Portugal
www.mundiconvenius.pt/2008/ebcog2008

5-8

CREOG and APGO Annual Meeting

Lake Buena Vista, FL
www.apgo.org

9-12

Society of Gynecologic Oncologists 39th Annual Meeting on Women's Cancer

Tampa, FL
www.sgo.org

17-21

American Society for Colposcopy and Cervical Pathology Biennial Meeting

Lake Buena Vista, FL
www.asccp.org

26-29

Society for Gynecologic Investigation 55th Annual Scientific Meeting

San Diego
www.sgonline.org

APRIL

9-13

Pacific Coast Reproductive Society 56th Annual Meeting

Rancho Mirage, CA
www.pcrsonline.org

30-May 3

10th Congress of the European Society of Contraception "Noncontraceptive Impact of Contraception and Family Planning"

Prague, Czech Republic
www.contraception-esc.com

MAY

3-7

ACOG 56th Annual Clinical Meeting

New Orleans
www.acog.org/acm

15-17

American College of Physicians Internal Medicine Meeting

Washington, DC
www.acponline.org

23-29

American College of Nurse-Midwives 53rd Annual Meeting & Exposition

Boston
www.acnm.org
240-484-1812

JUNE

14-18

American Medical Association Annual Meeting

Chicago
www.ama-assn.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.

NOVEMBER

29-Dec 1

Practical Obstetrics and Gynecology

New York City

30-Dec 2

ICD-9-CM and CPT Coding Workshop

Atlanta

SOLD OUT

DECEMBER

6-8

The Mature Woman: From Perimenopause to the Elderly Years

Chicago

2008

FEBRUARY

7-9

Complex Gynecologic Surgery: Prevention and Management of Complications

Phoenix

14-16

Twenty-first Century Obstetrics and Gynecology

Rose Hall, Jamaica

9-Mar 2

ICD-9-CM and CPT Coding Workshop

Orlando, FL

MARCH

7-9

ICD-9-CM and CPT Coding Workshop

Philadelphia

28-30

ICD-9-CM and CPT Coding Workshop

Washington, DC

APRIL

4-6

ICD-9-CM and CPT Coding Workshop

Albuquerque, NM

MAY

8-10

ICD-9-CM and CPT Coding Workshop

New Orleans

JUNE

5-7

Quality and Safety for Leaders in Women's Health Care

Chicago

7-8

"No Frills" Emerging Issues in Office Practice: Sexuality, Body Image, and Psychologic Well-Being

Chicago

20-22

ICD-9-CM and CPT Coding Workshop

Portland, OR

26-28

Mastering and Enjoying Life as an Obstetrician-Gynecologist in the Office, the Hospital, and your Home

Kohala Coast, HI

27-29

ICD-9-CM and CPT Coding Workshop

San Francisco

NIH to hold state-of-the-science conference on fecal and urinary incontinence

THE NATIONAL INSTITUTES OF Health is convening a *State-of-the-Science Conference: Prevention of Fecal and Urinary Incontinence in Adults* December 10–12, at NIH in Bethesda, MD. The conference is sponsored by the National Institute of Diabetes and Digestive and Kidney Diseases and the Office of Medical Applications of Research. The registration deadline is December 7.

The free conference is intended for health care practitioners, including primary care physicians, gynecologists, urogynecologists, geriatricians, colorectal surgeons, and nursing professionals, as well as researchers, health care system professionals, health policy experts, public health practitioners, and interested members of the public.

An independent panel will systematically review the published literature in advance of the conference. At the conference, subject matter experts will present current findings related to the many aspects of incontinence prevention, and audience members will have an opportunity to comment. The panel will then present a statement of its collective assessment of the evidence to address each of the conference questions, including providing the direction for future research. ♀

info

→ For more information and to register:
www.consensus.nih.gov



NIH SEEKS
GRANT
REVIEWERS

THE CENTER FOR SCIENTIFIC REVIEW at the National Institutes of Health is looking for experienced ob-gyn scientists to serve as volunteer grant reviewers. Reviewers must be senior scientists who have received major peer-reviewed grants either from NIH or an equivalent agency and who understand the grant award process. They must be willing to serve for four years as study section members.

If you are interested, please send a copy of your most recent CV to Terrie Gibson, Office of the Executive Vice President, 409 12th Street SW, Washington, DC, 20024. A cover letter indicating your interest and addressing how you meet the above criteria will help in the nominating process. ♀

ACOG PATIENT EDUCATION

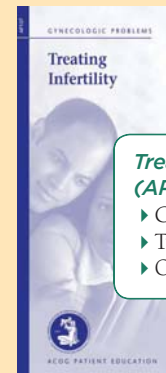
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- ▶ What an infertility evaluation involves
- ▶ Testing for infertility
- ▶ Treatment options



Treating Infertility (AP137)

- ▶ Causes of infertility
- ▶ Treatment options
- ▶ Other choices

info

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

Board exams to be held January 14–18

PLEASE NOTE THAT THE American Board of Obstetrics and Gynecology Basic Oral Exams will be held January 14–18 in Dallas. The dates were listed incorrectly in the September issue of *Obstetrics & Gynecology*. ACOG regrets the error. ♀



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