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A newsletter published exclusively
for Pennsylvania OB-GYNs

Chair's Message

News from the Chair

by Charles Castle, MD



Thank you to those who cast your ballot in our recent Section Officer elections. We had an excellent slate of candidates, and I want to congratulate the incoming leaders of the Pennsylvania Section. Dr. Sherry Blumenthal, who has been the Section Vice Chair, will move into the role of Section Chair. Dr. Kurt Barnhart, who has been our

Section Treasurer, will be moving into the role of Section Vice Chair. Dr. Lynne Coslett-Charlton, our current Section Secretary, will become the new Section Treasurer. Finally we welcome Dr. Steve Smith to the Section Advisory Council where he will take on the duties of Secretary of the Pennsylvania Section. Steve is a Maternal Fetal Medicine specialist from Abington and he is very excited to be a part of the Section leadership. Please join me in congratulating this great group of physicians, who I am sure will do a great job of leading the Section in the coming years.

The Pennsylvania Section continues to work with the Pennsylvania Medical Society (PAMED) on several issues of mutual interest. In December 2009, PAMED filed four legal actions against the Commonwealth regarding the Governor's action of taking the funds out of the MCARE fund to balance the state budget. A hearing was held in Commonwealth Court on February 10, and we are awaiting a ruling from the Court. PA ACOG signed on to the amicus brief, with the blessing of both District III and the national Executive Board of ACOG. The brief indicates that we agree with the position of the Medical Society and we are outraged that the Governor and legislature removed all the Mcare funds, a large portion of which were paid directly by physicians, in order to pay for excessive state expenditures.

On the legislative front, PA ACOG has been working with PAMED on several pieces of legislation which would directly impact women's health. HB 1303, a bill which promotes breastfeeding in the workplace, recently passed. This was an exciting win for our Legislative Committee, as this was a bill which we lobbied for during our most recent PA Legislative Day. Congratulations to all the Fellows and Junior Fellows who lobbied with us and successfully influenced their legislators to support this legislation. We are currently working on two other critical issues. SB 1074 would prohibit the shackling of pregnant inmates during labor and delivery except in the most unusual and extreme circumstances. The bill would allow patients to be shackled during labor only if they present a danger to themselves, their newborn, or of the staff attending them. In addition, we continue to support a change in Pennsylvania law with regard to HIV testing. We have long supported the CDC recommendation that HIV testing be advanced more frequently for all pregnant women by having the test be considered a routine component of prenatal testing and thus causing the test to be regarded an "opt out" item instead of the current "opt in" status. Senator Pat Vance has committed her support on this issue and she has promised to work with PA ACOG and PAMED to move this issue forward. Finally, we supported our Anesthesia colleagues by joining them in opposition to House Bill 1866, which would significantly weaken the supervisory requirements for CRNA's.

In closing, I would like to thank those PA Section members who represented us at the recent ACOG Congressional Leadership Conference, where they had a chance to lobby on Capitol Hill for issues near the hearts of all of us in the OB-GYN community. Members who lobbied this year representing our Fellows were Drs. Peter Schwartz, Lynne

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Note: If you have an important announcement of interest to Pennsylvania ob-gyns, send it to Jan Reisinger at the PA Section of ACOG office.

Pennsylvania ACOG Vice Chair Report: The OBesity Project

Sherry L. Blumenthal, MD, FACOG, Vice Chair, Pennsylvania Section, ACOG



Obesity is a major factor in women's health. It is the reason that our life-expectancy has decreased in the past year. OB/GYN's are in a unique position to effect changes in the behavior of our patients. We see women for yearly Gyn exams and of course, frequent Ob exams during pregnancy. Obesity affects every aspect of our practice. It increases morbidity in pregnancy, for example, with increased risk of pre-gestational and gestational diabetes, hypertension, and cesarean section. Anovulatory cycles increase, therefore lowering fertility. Endometrial and breast cancer risks increase. There is a direct relationship between urinary stress incontinence and weight. Surgical complications increase. Of course, there are also the non-OB/GYN issues of heart disease, hypertension, diabetes, stroke, and thromboembolic disorders.

Women are usually the caretakers of family nutrition, do the food shopping, and have influence on the diets of their children. The major problem is the typical American diet of high simple carbohydrates, unhealthy fats, and large portions. Americans are typically sedentary and children spend time on computers and texting rather than moving.

I have recently launched a project entitled, The OBesity Project. The OBesity Project will consist of two parts. The first will be a teaching module for physicians that can be used as a Grand Rounds, webinar, or written program. This will require participation of sub-specialists in our field. I have already enlisted a Gyn-Oncologist and Uro-Gynecologist, and will be asking Perinatology and Reproductive Endocrinology to participate in describing the effect of obesity in their practices. I will work on the Generalist point of view, especially with the opportunity for continuing follow-up of women. I also hope to have help from a nutritionist.

The first module will also include concrete suggestions for physician counseling on nutrition and exercise in a practical, time-sensitive format. I believe that approaching women in a non-judgmental way, while emphasizing health risks of obesity, is a good place to start. The second module will be directed at the patient, with correct written information on healthy eating and exercise. The emphasis will be on eating, not dieting. The plan is to provide reasonable suggestions for healthy eating, and reasonable goals for exercise.

I hope to have a framework for the project ready to present at the Interim District III meeting in May, and then begin work this fall. I would appreciate the participation of any interested ACOG members.

News from the Chair

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Coslett-Charlton, Ann Honebrink, and Owen Montgomery. Our Junior Fellow participants were Drs. Donna Brown, Luis Espallat and Aasta Mehta. Thanks to all for taking the time to do this important work for ACOG.

Respectfully submitted,

Charles A. Castle, MD, FACOG
Chair, Pennsylvania Section ACOG

Legislative Report

by Lynn Coslett- Charlton, MD, Legislative Committee Chair



ACOG's 28th Annual Congressional Leadership Conference (CLC), held February 28 – March 2, was perfectly timed at the very moment that the 21.5% Medicare physician payment cut was due to go into effect. Our united message to our Congressional and Senatorial offices was to REPEAL THE SGR. The very

evening of our lobbying visits, legislation was passed to postpone the cuts for another month with hope that our Legislators will get to work, to permanently fix the flawed formula for physician payment.

Our second ask to our Legislators was to continue to push for funding for women's health research, especially for efforts to improve maternity care outcomes. ACOG's women's health research priorities include prematurity and obesity research at the NIH, infant mortality prevention programs, and funding for standardized electronic birth records. With the guidance of National ACOG we aspire to work with our Department of Vital Statistics to introduce a Standardized Vital Statistics Reporting Act in Pennsylvania which will aid our efforts to improve public health by more accurately depicting infant and maternal mortality and morbidity rates.

Medical Liability Reform continues to be a priority for our specialty. As our country pushes towards National Healthcare Reform, ACOG and other physician groups continue to push our legislators to include MLR in meaningful healthcare reform. ACOG continues to support caps on non-economic damages. This year's



CLC also examined alternatives for tort reform. As it appears that national legislation may shift this focus to state efforts, we asked our Congressional and Senatorial offices to push for funding for Pennsylvania to be a test state for alternatives. We substantiated our efforts by bringing the crisis in our State and specialty to the forefront, especially with the remarkable number of maternity closures in Pennsylvania.

Our active legislative committee continues to work with the support of the Pennsylvania Medical Society on issues related to scope of practice, attempts to initiate opt-out testing for HIV, expanding breast feeding opportunities in the workplace, and supporting legislation to expand coverage for infertility. We are actively recruiting participation of our membership across the Commonwealth and urge any ACOG member with legislative issues or concerns to contact us.

PAACOG Secretary: Stephen Smith, MD



Dr. Stephen Smith is the newly elected secretary of PA ACOG. Dr. Smith is a practicing physician at Abington Perinatal Associates and resides in Gwynedd Valley. He serves as the Vice Chairman, Department of Obstetrics and Gynecology at Abington Memorial Hospital and as Clinical Assistant Clinical Professor in the Department of Obstetrics and Gynecology, Temple University School of Medicine. He is also the Associate Program Director of the residency and Medical Student Clerkship Director at Abington Memorial Hospital.

After receiving his B.S. in Chemical Engineering at Lafayette College, he obtained his M.D. degree from UMDNJ-New Jersey Medical School. He completed his residency at Abington Memorial Hospital and then a Maternal-Fetal Medicine fellowship at Pennsylvania Hospital in Philadelphia.

PA ACOG thanks Dr. Smith for his willingness and enthusiasm to serve as Secretary of our organization.

Up from the Trenches

John Gallagher, MD, Division V Representative and Pennsylvania Medical Society PAMPAC President



As Obstetricians/Gynecologists, our lives are often more complex than many other specialties. We often hear our colleagues say, "I loved my Ob rotation, but I just couldn't live with those crazy hours!" But this is just part of what makes us special. We are devoted to our families, our patients, and our practices. There may not be enough time to do everything we would like to do, but we try. We are constantly faced with problems that seem to be out of our control, like increasing state regulations, implementing EMR, and mandates that seem to come out of nowhere to affect our daily lives. We may sit in the physicians' lounge and commiserate with our colleagues on how bad it has gotten or pine for "the good old days." But there are ways you can make a difference

without much changing of your regular routine. A few extra minutes of your time, or a few dollars donated in the right direction, can make a decisive change in the future of medicine. Here's what you can do:

- 1) **Support our College.** ACOG tries to represent all of us at a national level. We may not always agree with their positions, but ACOG's direction is set by its members, not some sinister cabal. On a state level, your PA ACOG Council seeks to represent you at the District level as well as to national ACOG. We need your opinions and criticisms. By contacting any Council member, your ideas can be brought forward and acted upon. But if we don't know what you are thinking, we can't help you. Your idea may

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Doulas Add Value to the Obstetrical Care Team

Irene Frederick, MD, FACOG and Cynthia Salter, MPH, The Birth Circle of East Liberty Family Health Care Center, Pittsburgh PA

The East End of Pittsburgh has long been recognized as a concentration of poor perinatal outcomes. To address this persistent concern, The United Way of Allegheny County awarded a three-year demonstration grant to the East Liberty Family Health Care Center in 2001. The starting point was to conduct focus groups, stakeholder interviews, and a survey to better understand the perceptions of community members (i.e., the underlying reasons for the problem). The findings pointed to a lack of understanding about the importance of prenatal care; lack of support for breastfeeding, and poor understanding of the value of preconception counseling. The community felt that education and social support could make the greatest impact on each of these issues. The Birth Circle, a community-driven, grassroots outreach program, was formed to spearhead an effort that could begin to make a positive difference in the lives of the target population, which consisted of young, lower-income, at-risk women.

In 2003, The Heinz Endowments awarded funding to the Birth Circle, in part, to initiate a community-based doula program, which has evolved over time to become known as the Birth Circle Doula Agency (BCDA). The intent is to provide consistent, high-quality support during pregnancy, the birth itself, and postpartum.

A doula is a lay woman who receives a structured and rigorous course of training in childbirth education and labor support. Certification is available through several international organizations. Typically, a woman contracts with a doula to provide physical and emotional assistance during labor and in the immediate postpartum period. Payment is out of pocket and cost varies by region to as much as \$1,500 in major metropolitan areas.

The medical benefits of a doula have been well documented in the literature and include decreased use of analgesia and anesthesia, lower rates of operative birth, increased breastfeeding, increased infant attachment, and decreased postpartum depression. Perhaps the more important benefit is psychosocial, as the presence of a doula increases satisfaction with the birth experience and as a result improves self-esteem and self-confidence, especially in mothering. Such advantages enhance the likelihood of overall improved perinatal outcomes.

In our target population, the availability of doula services is impacted by cost. With the initial funding from The Heinz Endowments, the BCDA was able to provide doula

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Up from the Trenches

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have occurred to someone else who didn't feel comfortable raising it. The Council is always looking for bright new members who will lead us in new directions. The Council meets several times each year by teleconference from across the state so you don't have to travel far. One morning five times a year can make a big difference. We especially need more involvement from Pittsburgh and Western PA to truly represent the state. E-mail Jan Reisinger, PA ACOG Executive Director, at jreisinger@pamedsociety.org if you are interested or for more information.

2) **Join the Pennsylvania Medical Society.**

PA ACOG works closely with PAMED on common goals, but the Society has far more resources to represent physicians across all specialties at the state legislature. Check out www.pamedsociety.org to see the number of issues that arise daily that threaten the way we practice as well as our patients' safety of which you may not even be aware. PAMED is committed to serving the physicians of Pennsylvania, but without your support, this is impossible. Only 50 percent of

PA physicians belong to the Society, but every one of them benefits from its activities.

- 3) **Invest 15 minutes in your future.** Call or meet with your local representatives either alone or with colleagues to discuss issues. Become a resource for them on issues they may not understand. Contribute to those legislators who support us and work to defeat those against us. Help get petitions signed and spread the word to our colleagues about our "friends". When you get grassroots information from PAMED or the AMA, use those links to send an e-mail or call your state or federal representatives' office. If they don't hear from us, they'll hear from the opposition. Join PAMPAC, the political arm of PAMED, to get pro-medicine candidates elected at www.pampac.org.

You may not be able to travel or give up much time for meetings today, but by supporting your colleagues who have reached that point in their careers when they can, we will continue to influence the debate. And then, when you reach that point, perhaps you can become the leader we need for the future. Don't count on someone else always being there to do the work. We work in the OR as a team, why not in our daily lives.

Doulas Add Value to the Obstetrical Care Team

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services to women who might otherwise be unable to pay for these services. Additionally, the Heinz funding enabled a group of women from the community to be trained as doulas in February 2004 with the first BCDA birth occurring in April 2004.

In 2005, the Birth Circle was approached by a major southwestern Pennsylvania medical assistance managed care organization (MCO) to provide doula services to its members in the Braddock region, which is an area with poor birth outcomes. The health plan sought to replicate in Braddock the positive outcomes achieved by the BCDA. A specially funded program was begun with the health plan. Subsequently, it was expanded to include almost all of this health plan's members across Allegheny County. A unique aspect of the MCO doula program has been the inclusion of an aggressive prenatal component of childbirth preparedness designed to address the psychosocial needs of prenatal care patients. As a result, we have differentiated such doulas who provide these services as community doulas. Their role includes home visitation and accompanying patients to medical appointments. In contrast, birth doulas are available solely during the birthing process.

The BCDA has developed enhanced training for community doulas. They are under the direct supervision

of a licensed social worker with expertise in perinatal care, who is also a noted doula trainer and childbirth educator. Community doulas currently provide services for women receiving obstetrical care in 14 different practices throughout the county.

In order to systematically evaluate the impact of the BCDA services, quantitative and qualitative studies are underway. We anticipate that our findings will be consistent with other studies and, thus, lend support to the value-added role of the doula. In the interim, anecdotal indicators point to the fact that women respond very favorably to the presence of doulas; family members are satisfied with doula services; breastfeeding tends to be initiated by most women, and there has been an increase in compliance with newborn pediatric care and with maternal postpartum visits. Such results are promising and can serve as a foundation for successful mothering.

The presence of a doula provides women with physical comfort and emotional support during the labor and birthing process. This has an added benefit for members of the care team as it helps to maintain a labor room environment that is calm, focused, and efficient.

For more information about The Birth Circle and the doula services, you may contact us at birthcircleoffice@gmail.com or 412-345-0419. Additional information about doulas in general can be found at www.dona.org