

The new Congress and women's health care

How will the Democratic-controlled Congress affect you and your patients?

THE DEMOCRATIC TAKEOVER OF BOTH THE US HOUSE and Senate in November may forecast good news for key women's health issues but presents a murkier picture of physician reimbursement issues and signals a major loss for medical liability reform.

Health care is a priority for Democrats, and the new leadership has said Congress will address health issues such as expanding health insurance for uninsured children, increasing federal funding for stem cell research, and allowing the federal government to negotiate discounted drug prices in the Medicare prescription drug program.

In taking over the chairs of the Senate and House committees, Democrats will set the legislative agenda and block bills against women's reproductive rights.

While medical liability reform remains ACOG's top legislative priority, federal progress is stalled because Democrats show little support for the issue. In recent years, the Republican-led House passed reform several times modeled after California's MICRA law, including a \$250,000 cap on noneconomic liability awards. But, each time, the Senate was unable to overcome Democratic filibusters and bring the bill to a vote.

In Congress and in statehouses, ACOG will continue to pursue a cap on noneconomic

► PAGE 6



Women vulnerable to methamphetamine

“JENNIFER” WAS A SINGLE parent with three children and a semiprofessional job. Her mom was dying of cancer, and Jennifer was stretched thin by her responsibilities. One Friday night somebody offered her methamphetamine, telling her it would help her get through the weekend and get everything done. And it did.

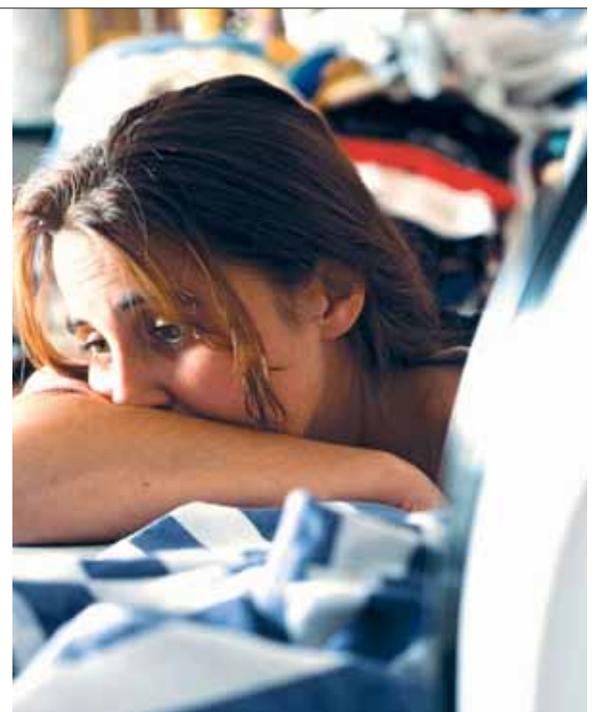
As Jennifer later reported, “That Friday night I cleaned the house; I did all the laundry. I went to see my mom the next day. I thought, ‘This is what I need!’” Within 10 months, Jennifer had lost her kids, lost her house, and lost her job. When her mom died, Jennifer was high on meth.

Methamphetamine appeals to overwhelmed women

ACOG Today heard about Jennifer from Darcy Jensen, who has worked in drug and alcohol counseling for 20 years and is the director of the Methamphetamine Awareness and Prevention Project of South Dakota.

“Meth is really appealing to women because of its ability to help them lose weight and to have additional energy,” Ms. Jensen said. “We are probably seeing more females using than males, which is different from a lot of other drugs—alcohol, cocaine, and marijuana, for instance. In our world now, there are so many demands on all of us, but on fe-

► PAGE 9





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EXECUTIVE DESK

FIGO Congress brings thousands of ob-gyns together

NEARLY 8,000 OB-GYNS from around the world gathered in Kuala Lumpur, Malaysia, November 5–10, for the 18th FIGO World Congress of Gynecology & Obstetrics.

Then-president of FIGO (International Federation of Gynecology and Obstetrics), A. Arnaldo Acosta, MD, of Paraguay, an ACOG Fellow, presided over the Congress. The educational aspect of the conference was outstanding, and the attendance was impressive.



Dr. Shaw

A highlight of the conference was the installation of Dorothy Shaw, MBChB, as the next president of FIGO. Dr. Shaw, from Vancouver, BC, Canada, is an ACOG Fellow and the first woman to become president of FIGO in the organization's 51-year history. Dr. Shaw has been a member of ACOG since 1979. She served as president of the Society of Obstetricians and Gynecologists of Canada in 1991–92 and began representing Canada on the FIGO Executive Board in 2000.

Mark your calendars for 2009 Congress

The 19th FIGO World Congress of Gynecology & Obstetrics is scheduled for September 2009 in Cape Town, South Africa. Dr. Rodolphe Maheux of Canada will chair the Scientific Program Committee. Based on previous experience with Dr. Maheux, we can expect a superb program.

One of the highlights of the Congress is the opportunity to hear outstanding speakers from many countries present topics of interest to all obstetrician-gynecologists. During the meeting, there is a unique opportunity to meet with and share ideas and information with colleagues from all over the world. I recommend that you mark the dates Sept 27–Oct 2, 2009, on your calendar to attend the 19th World Congress. For more information, visit www.figo.org or email figo@figo.org.™

Ralph W. Hale MD

Ralph W. Hale, MD, FACOG
Executive Vice President



Obstetrics & Gynecology HIGHLIGHTS

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

Professional Responsibilities in Obstetric-Gynecologic Education (Committee Opinion #358, revised)

Commercial Enterprises in Medical Practice (Committee Opinion #359, revised)

Screening of Fetal Chromosomal Abnormalities (Practice Bulletin #77, revised)
For more information, see page 10.

Hemoglobinopathies in Pregnancy
Practice Bulletin #78 was reissued in January to replace the July 2005 Practice Bulletin #64 of the same name. The revised version clarifies that for individuals of non-African descent the initial laboratory test should consist of a complete blood count. Individuals of African descent should have hemoglobin electrophoresis performed in addition to a complete blood count, as described on page 4, column 1, of the Practice Bulletin.

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

Innovative Practice: Ethical Guidelines (Committee Opinion #352, new)
For more information, see page 11.

Medical Emergency Preparedness (Committee Opinion #353, new)

Treatment with Selective Serotonin Reuptake Inhibitors during Pregnancy (Committee Opinion #354, new)
For more information, see page 10.

Vaginal Agenesis: Diagnosis, Management, and Routine Care (Committee Opinion #355, revised)

Routine Cancer Screening (Committee Opinion #356, new)

Primary and Preventive Care: Periodic Assessments (Committee Opinion #357, revised)
For more information, see page 11.

ACOG against mandatory ultrasound accreditation

THE EXECUTIVE BOARD approved a statement in October reflecting the Board's position on mandatory ultrasound accreditation, one of several options congressional leaders and Medicare officials have considered to reduce spending on medical imaging. The Executive Board statement is:

"Obstetricians and gynecologists receive training in obstetric and gynecologic ultrasound during residency. Obstetricians and gynecologists are certified by the American Board of Obstetrics and Gynecology Inc for the full range of practice of the specialty, including obstetric and gynecologic ultrasound. Obstetricians and gynecologists are ideally suited to interpret obstetric and gynecologic ultrasound findings in the context of the clinical setting.

"Placing unnecessary burdens on patients by restricting obstetricians and gynecologists' provision of ultrasound in the office or hospital will increase cost and in-



convenience while decreasing patient access and safety.

"ACOG opposes mandatory accreditation by the American Institute of Ultrasound in Medicine, the American College of Radiology, or other organizations for performance of, or payment for, obstetric and gynecologic ultrasound."™

Order spring/summer copies of *pause*®



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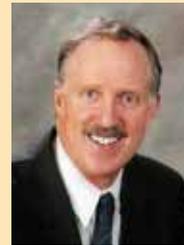
- *pause*® subscription forms are available on the ACOG website: Click on the "Free Consumer Magazines" box on the left side of the home page, www.acog.org
- ACOG's Office of Communications: 800-673-8444, ext 2560; communications@acog.org

COPIES OF THE NEW FALL/WINTER 2006 issue of *pause*® were shipped to Fellows in November. If you haven't ordered this free resource to give to your perimenopausal and menopausal patients, be sure to request your copies for the spring/summer 2007 issue. Fellows who received the fall/winter 2006 issue will automatically receive the spring/summer 2007 issue. (The magazine is published twice a year and is available in bulk quantities.)

pause® covers a wide range of health issues pertinent to your perimenopausal and menopausal patients. Articles cover issues such as how to get a handle on menopausal symptoms and get a grip on your weight.™

New ACOG officers nominated

The ACOG Committee on Nominations met on November 18 and nominated the following slate of national officers for 2007-08:



President Elect

Douglas H. Kirkpatrick, MD
(District VIII)



Vice President

Peter A. Schwartz, MD
(District III)



Secretary

(three-year term)
James N. Martin Jr, MD
(District VII)



Assistant Secretary

Iffath Abbasi Hoskins, MD
(District II)



Fellow-at-Large

(two-year term)
Camille A. Clare, MD
(District II)

Brief bios of the nominees are on the ACOG website. *ACOG Today* will publish a profile of each nominee in the March issue, along with the official notice of ACOG's May 7 Annual Business Meeting in San Diego, which is when the slate will be voted upon. New officers will begin their terms on May 9 at the post-Annual Clinical Meeting Executive Board meeting.™

ACOG releases special breastfeeding report

LOOK FOR THE SPECIAL REPORT *Breastfeeding: Maternal and Infant Aspects* with your January-February issue of *ACOG Clinical Review*.

The report was developed by the Committee on Health Care for Underserved Women and the Committee on Obstetric Practice. ACOG strongly supports breastfeeding.™

Abortion rights advocate Dr. Jane Hodgson dies

LONGTIME ABORTION rights advocate Jane E. Hodgson, MD, of Rochester, MN, died at the age of 91 on October 23. Dr. Hodgson was one of the founding Fellows of ACOG, joining in 1952.

In 1970, Dr. Hodgson directly challenged Minnesota's abortion ban by performing an abortion on a patient suffering from rubella. Dr. Hodgson was arrested and convicted, but her sentence was overturned after *Roe v. Wade* legalized abortion in 1973.



Dr. Hodgson spent the rest of her life advocating for abortion rights and was the lead plaintiff in a 1990 US Supreme Court case, *Hodgson v. Minnesota*, that challenged Minnesota's parental notification law for minors.

Dr. Hodgson served on the board of the Center for Reproductive Rights from 1992 to 2004, at which time she became an honorary trustee. NARAL Pro-Choice Minnesota named its Reproductive Freedom Award after her, and she received the Planned Parenthood Federation of America Margaret Sanger Award in 1995.

Dr. Hodgson was a member of the board of directors of Women's Health Center in Duluth, MN, which she helped found in 1981. She was a former medical director of Preterm, a clinic in Washington, DC, where she initiated groundbreaking research on outpatient abortion procedures and was instrumental in standardizing abortion procedures, according to the Center for Reproductive Rights.

Dr. Hodgson received her MD from the Mayo Graduate School of Medicine. She was the only female physician practicing in St. Paul, MN, in 1947, when she opened her ob-gyn practice.™

Fellow delivered first baby conceived by IVF

Dr. Mason Andrews dies

LIFE FELLOW MASON C. Andrews, MD, died October 13 at the age of 87 from pulmonary fibrosis. Dr. Andrews, of Norfolk, VA, delivered the first baby conceived by in vitro fertilization in the US and led the effort to create the Eastern Virginia Medical School.



Dr. Andrews served as chair of the authority that established and operates Eastern Virginia Medical School and the Eastern Virginia Medical Center. As founding chair of its ob-gyn department, he assembled a team that developed the first successful IVF program in the US and, in 1981, he delivered the first baby conceived by IVF in the US, Elizabeth Carr.

Dr. Andrews was part of a family of ob-gyns. His father was an ob-gyn, as is his brother, William C. Andrews, a past president of ACOG. Dr. Mason Andrews received his MD from Johns Hopkins University and completed his residency there. He also served in the US Navy.

Dr. Andrews joined his father's practice,

now called The Group for Women, in Norfolk in 1950. A few months later, his father died and he ran the practice by himself until his younger brother, William, could finish his residency and join him in 1953.

For more than a decade, the two brothers shared the practice with a 36-hour-on, 12-hour-off rotation, before hiring other partners. In 1973, Dr. Andrews left the practice to become chair of the ob-gyn department at Eastern Virginia Medical Center.

Dr. Andrews received the ACOG Distinguished Service Award in 2001. He served as president of the Norfolk Academy of Medicine, the Virginia Ob-Gyn Society, the South Atlantic Association of Obstetricians and Gynecologists, the American Gynecological and Obstetrical Society, and the American Association of Ob-Gyns Foundation.

Dr. Andrews was known for his dedication and love of Norfolk and helped spearhead a major downtown revitalization. He served for 26 years as a Norfolk City Council member and was mayor from 1992 to 1994. He led the development of a professional department of city planning and served on the City Planning Commission.™

AMA and ACOG to conduct physician practice information survey

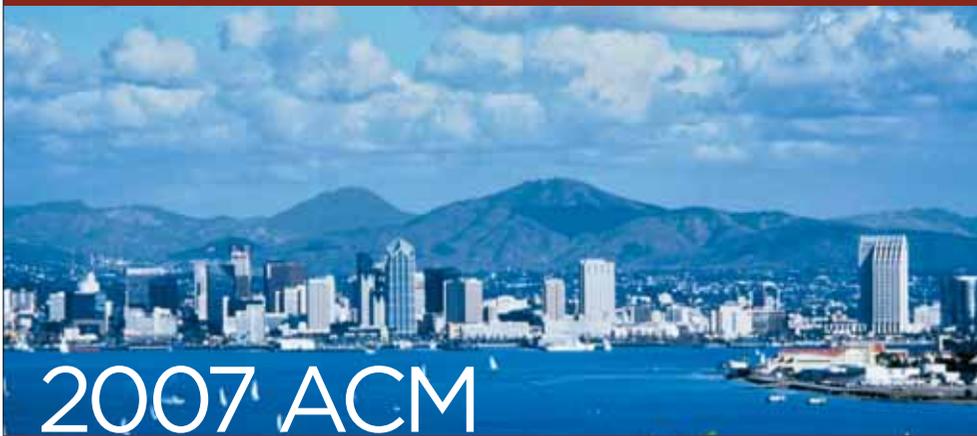
THE AMERICAN MEDICAL Association (AMA), with the support of ACOG and more than 60 other medical specialty societies, will begin conducting a multi-specialty survey of America's physician practices beginning in 2007. The purpose of the survey is to collect up-to-date information on physician practice characteristics in order to develop and redefine AMA and ACOG policy. Data related to professional practice expenses will also be collected. The AMA and ACOG will survey thousands of physicians over the year from virtually all physician specialties to ensure accurate and

fair representation for all physicians and their patients.

During the year 2007, you may be contacted by the Gallup Organization to participate in this study. We encourage your participation in this survey, as the data obtained will be a critical source of information for the AMA and ACOG. Should you be called upon to contribute, your participation ensures that the information collected will represent you and your patients' concerns to national policy-makers. Please watch for this survey in 2007 and do your part in completing it in a thorough and accurate manner.™

Register now for the ACM

SAN DIEGO • MAY 5-9



2007 ACM

“Guiding the New Direction of Women’s Health Care”

▶ Register on the ACOG website at www.acog.org/acm

San Diego’s Balboa Park



The ACM Preliminary Program will be available online in January

www.acog.org/acm

ACM to include several new features and events

THE 2007 ANNUAL CLINICAL Meeting, to be held May 5–9 in San Diego, will bring back several popular offerings that were introduced at last year’s ACM, including the brown bag seminars and the Business of Medicine Symposium for Junior Fellows.

Courses and sessions

Hands-on postgraduate courses are always a popular feature of the ACM. This year, there will be five hands-on courses on the Saturday and Sunday before the ACM.

Returning to the ACM are the brown bag seminars, a popular type of session that includes boxed lunches that was started at the 2006 ACM. There will be four seminars to choose from on Monday and Tuesday.

New Exhibit Hall reception

A new event will be a farewell reception in the Exhibit Hall from 12 to 2 pm on Wednesday, the final day of the meeting. The reception will offer ACM attendees the opportunity to spend quality time with the hundreds of exhibitors. Lunch will be available to professional ACM attendees.

Business of Medicine Symposium

The Business of Medicine Symposium for Junior Fellows developed last year will return as a two-day course in 2007, held on Monday and Tuesday. Boxed lunches are included in the ticket price.



The San Diego Convention Center

President’s Dinner Dance

The President’s Dinner Dance on Tuesday will have a special location: The annual event will be held on the aircraft carrier the *USS Midway*, the longest-serving aircraft carrier in US Navy history and now home to the San Diego Aircraft Carrier Museum. Dress is casual, and guests are invited to bring along their children. Registration and a fee are required to attend the dinner dance.

Residency fair for med students

Medical student activities at the ACM continue to expand. This year, ACOG will host an Ob-Gyn Residency Fair for medical students to interact with program directors and other representatives of ob-gyn residency programs from across the US. The fair, which is free to all medical students and residents registered to attend the ACM, was developed in response to suggestions from medical students at the 2006 ACM who felt this type of fair would be beneficial. The fair will be held at the San Diego Marriott Hotel & Marina on Tuesday from 11 am to 12:30 pm and from 1:45 to 3 pm. Refreshments and snacks will be served.

Medical students are encouraged to attend the Stump the Professors session just prior to the residency fair in which Junior Fellows present tricky clinical cases to a panel of professors.

The ACM will also include a medical student course, lounge, reception, and Exhibit Hall booth.

For more information on the residency fair, email student@acog.org or visit www.acog.org/goto/medstudents.™



ACOG works to stop Medicare cuts

IN THE CLOSING HOURS OF the 109th Congress, the House and Senate passed legislation to stop the 5% physician payment cut, which had been slated to begin January 1.

The law freezes 2007 physician payments at 2006 rates, but the budgeting gimmicks necessary to cover the cost of a fix for 2007 will mean an estimated 10% cut for physicians in 2008. Bonus payments of 1.5% will be available to physicians who voluntarily report at least three approved quality measures from Jul 1 to Dec 31, 2007.

Also in December, ACOG defeated congressional threats to require all ob-gyn practices to be accredited to perform ultrasound services in Medicare, a move that would likely have been quickly followed by private insurers. Legislators tried to add mandatory accreditation to legislation stopping the 5% reimbursement cut.

Ensuring that the 2008 cuts do not take place will be a priority for ACOG. While Medicare patients are a small but significant part of most ob-gyn practices, at approximately 15%, the cuts are also important to physicians who don't have Medicare patients because private payors often follow the Medicare fee schedule.™

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→ For the latest news, visit the ACOG website, www.acog.org. Under "Advocacy," click on "Government Relations and Outreach" to read "The Inside Scoop" newsletter about legislative issues

Federal regs on false labor revised

FEDERAL REGULATIONS NOW allow certified nurse-midwives and other qualified medical personnel—not just physicians—to determine whether a woman is in false labor, allowing her to be sent home from a hospital. Previously, the Emergency Medical Treatment and Labor Act stated that a physician was the only person who could determine whether a woman was in false labor before a hospital could dismiss her.

EMTALA, also known as the "patient anti-dumping" statute, governs Medicare-participating hospitals that offer emergency services. It was passed in 1986 to ensure that patients receive emergency service regardless of their ability to pay.

ACOG presented testimony in support of allowing certified nurse-midwives and other qualified medical personnel to determine

whether a woman is in false labor. The change is particularly important for small hospitals that depend on these personnel for coverage.

The revised rule, which was published in the August 18 *Federal Register*, states "A woman experiencing contractions is in true labor unless a physician, certified nurse-midwife, or other qualified medical person acting within his or her scope of practice as defined in hospital medical staff bylaws and state law, certifies that, after a reasonable time of observation, the woman is in false labor." The revised rule took effect Oct 1, 2006.™

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→ August 18 *Federal Register*, page 48095:

www.gpoaccess.gov/fr/index.html

→ ACOG General Counsel's Office: 800-673-8444, ext 2584

The new Congress and women's health

▶ PAGE 1

damages as well as alternatives—such as health courts—that may gain bipartisan support.

▶ **Medicare payment:** ACOG and the entire physician community will try to stop a 10% cut in Medicare physician payment in 2008 and make serious corrections to new Medicare pay-for-performance requirements (see sidebar).

▶ **Stem cell research:** House and Senate leaders are expected to pass legislation expanding federal funding of stem cell research, a move Congress approved last year but that fell to a presidential veto. Supporters still may not have enough votes to override another presidential veto.

▶ **Reproductive rights:** Democrats will end the steady legislative encroachment on *Roe v. Wade* at the national level, but ACOG will continue to fight intrusion into women's reproductive rights at the state level. Democrats support contraceptive availability and are likely to increase funding for family planning.

▶ **Women's health funding:** Democrats have not been satisfied with the small increases for medical research funding in recent years and may increase it.

▶ **Coverage of the uninsured:** Democrats support expanding coverage of the uninsured and will likely cover more of the nation's uninsured children through reauthorization of the State Children's Health Insurance Program.™

Register now for Congressional Leadership Conference

REGISTER BY JANUARY 15 FOR ACOG's Congressional Leadership Conference, to be held February 25-27, in Washington, DC.

Contact your district or section chair or Elizabeth Coit in ACOG's Government Affairs Department: 800-673-8444, ext 2505; ecoit@acog.org.

Breast and cervical cancer detection

National safety net program helps save women's lives

THE NATIONAL BREAST AND Cervical Cancer Early Detection Program provides access to lifesaving screening programs for breast and cervical cancer for millions of low-income, uninsured, and underserved women. However, the great potential of the program is limited by its funding from Congress.

"Routine screening is key in finding breast and cervical cancers at an early stage, when they are most treatable," said Stanley Zinberg, MD, MS, ACOG vice president of practice activities. "Increasing funding for the CDC program would allow it to help many women who would otherwise go unscreened."

Since it began in 1991, the program has served more than 2.7 million women, according to the Centers for Disease Control and Prevention, which administers the program.

Uninsured and underinsured women are eligible for the program if they are at or below 250% of the federal poverty level and are between the ages of 18 and 64 for cervical cancer screening and ages 40 and 64 for breast cancer screening.

"The CDC recognized a need to screen women who otherwise might not access screening services for these diseases," said ACOG Fellow Herschel W. Lawson, MD, senior clinical advisor for the program. "About 75% of the women served for breast cancer screening are ages 50 and older, and 25% are ages 40 to 50. Current findings show that racial and ethnic minority groups make up more than 50% of the population presently receiving breast and cervical cancer screening and follow-up in the program."

Each state's health department manages the program in that state. Services include clinical breast examinations, mammograms, Pap tests, and pelvic examinations. The program provides surgical consultations and diagnostic testing for women whose screening outcomes are abnormal. Programs also operate in several US territories and American Indian and Alaska Native tribal organizations.

All states now have Medicaid-funded treatment programs for breast and cervical cancer



diagnosed in women who are screened through the national program. Many women could take advantage of this benefit, although the eligibility requirements differ with each state. Women who receive Medicaid coverage under the program must receive full Medicaid benefits during their treatment of both pre-cancerous and cancerous conditions. Women who are undocumented are eligible for screening but not treatment benefits because they are not eligible for Medicaid.

Ob-gyns important to program

Ob-gyns are a critical part of the national program, Dr. Lawson said.

"Ob-gyns can become involved locally in clinician networks to provide screening services, diagnostic follow-up, and treatment for eligible patients," Dr. Lawson said. "Having well-trained and experienced health providers is key to the success of the program."™

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→ For more information or to learn how to provide screening through the program: www.cdc.gov/cancer/nbccedp; cdcinfo@cdc.gov

ACOG urges Congress to fund vital program

DESPITE ITS SUCCESS, the National Breast and Cervical Cancer Early Detection Program remains severely underfunded, making it unavailable for 93% of women eligible for cervical cancer screening and 87% of women eligible for breast cancer screening. In 2006, the program funds were cut 7.2%, and the president's fiscal year 2007 proposed budget would cut the program another \$1.5 million. ACOG has been urging Congress to fully fund this vital program.

"This is one of the most important safety net programs for women's health," said Raymond L. Cox Jr, MD, chair of the ACOG Committee on Health Care for Underserved Women. "The women this program saves from breast and cervical cancer are uninsured and not covered by Medicaid. For Indian women this program is particularly important—it may be the only cancer screening and treatment available to them."

In September, the US House Energy and Commerce Committee passed H.R. 5472, which would reauthorize the program until 2020 and provide \$250 million each year from 2007 to 2011. At press time, the full US House had not acted on the bill. Its companion bill in the US Senate, S. 1687, has been referred to the Senate Committee on Health, Education, Labor, and Pensions.

Buffalo ob-gyn department successfully recruits med students

RECRUITING MEDICAL STUDENTS into ob-gyn is one of the top priorities for the ob-gyn department at the University of Buffalo in Buffalo, NY, and its efforts have been rewarded.

The university has graduated an average of 10 students a year from 2002 to 2004 and in 2006 who went on to pursue a career in ob-gyn. In 2007, the department is expecting 13 graduates out of about 130–140 to seek ob-gyn residency matches. The university's numbers are higher than the national average of 5% of a medical school's students who match into an ob-gyn residency.

Under the leadership of ACOG Fellow John Yeh, MD, chair of the ob-gyn department and chair of District II's Section 6, the faculty has used several means to promote the specialty to the school's medical students.

Many of the university's ob-gyn residents are collaborating with the faculty on this en-

deavor and also serve as mentors for interested students.

"Ob-gyn residents at the university, including myself, have done workshops with medical students, primarily in their third and fourth years, where we invite them to have a hands-on introduction with the procedures and instruments used in the practice of ob-gyn," said Dennis D. Mauricio, MD, a third-year resident and Junior Fellow chair of District II's Section 6. "These workshops aim to spark their interest early on by exposing them to many aspects of the specialty, and, in doing so, their awareness and enthusiasm grow."

Learning outside the classroom

The ob-gyn department offers clerkship rotations that introduce students to the many facets of the specialty, including normal and abnormal pregnancy and gynecologic pathology. The program allows students to interact with



patients, observe surgeries, and attend conferences.

The department also holds preceptorships and subinternships that allow students to become more familiar with subspecialty areas such as gynecologic oncology and maternal-fetal medicine.

In addition, the ob-gyn department hosts society dinners, summer training workshops, and symposiums and offers mentorships with faculty and residents.

"If medical students have an interest in ob-gyn, they should be immersed in an environment where they will be nourished with information and skills," Dr. Mauricio said. "With proper exposure to the field, and by letting them have a good grasp of how fulfilling it is to manage obstetric and gynecologic cases and arrive at a most favorable outcome, I believe that we would be welcoming more medical students into our specialty in the future."™

Helpful tips added to Junior Fellow website

How to seek practice opportunities

AS YOU LOOK AHEAD TO your career after residency or fellowship, take advantage of the beneficial recommendations on the Junior Fellow website.

The link "Guidelines for Seeking Practice Opportunities" includes a month-to-month "to do" list for your post-residency career search plus interview recommendations and tips, including what questions you should ask an interviewer, what questions to expect, and what questions an interviewer should not ask you.

This beneficial information is just one of the recent additions to the Junior Fellow website, which offers:

- ▶ A video of the 2006 Stump the Professors session at the Annual Clinical Meeting
- ▶ The guide "Preparing for the Boards"
- ▶ A list of Junior Fellow benefits, including information on group insurance plans, a physician job placement service, and the Higher Education Loan Program
- ▶ A list of awards for Junior Fellows
- ▶ A list of scholarships for ob-gyn residents
- ▶ A March of Dimes *Compendium on Preterm Birth*™

info

- ➔ On the ACOG website, www.acog.org, click on "Junior Fellows" in the "Quick Links" box on the left side of the home page



Women vulnerable to methamphetamine

► PAGE 1

males with kids in particular. This drug really seems like a fix—a way to accomplish it all. But things start to unravel once they start to use [meth] because at some point they crash, and then they sleep for two to three days, and at that point there's no child care, nothing is getting done, and we start to see that downward spiral."

Question patients about drug use

Ms. Jensen encourages ob-gyns to know the signs and symptoms of meth abuse: little or no weight gain during pregnancy, pasty skin, bad breath, and tooth discoloration or decay along the gum lines. Users may also have skin lesions that look like a severe case of acne.

While knowing the signs and symptoms of methamphetamine use is important, Utah Fellow Robert J. Fagnant, MD, added that ob-gyns should also be aware that some meth users may try to hide some of their symptoms, perhaps by covering up skin lesions

with makeup or visiting a dentist to treat gum disease and tooth decay. Because of this, taking a drug history on patients, especially every pregnant patient, is critical, Dr. Fagnant said. Effects of methamphetamine use during pregnancy include premature birth, placental abruption, and developmental disorders.

"Every OB patient should be questioned. If you're up front and discuss it, it's amazing how many women won't be upset," he said.

Dr. Fagnant urges ob-gyns not to let preconceived notions about drug abusers influence their patient care.

"We saw a fair number of women you would never expect to be meth users. We have to realize it is in all areas of our culture."

Arizona Fellow Kathleen Harner, MD, added, "As difficult as it is to have these conversations with our patients, it's important to have them. If you don't ask, you're not going to find out."

Women tend to be very motivated when they're pregnant, she said, pointing out that pregnancy can be an opportune time to help women get treatment.

No easy answers

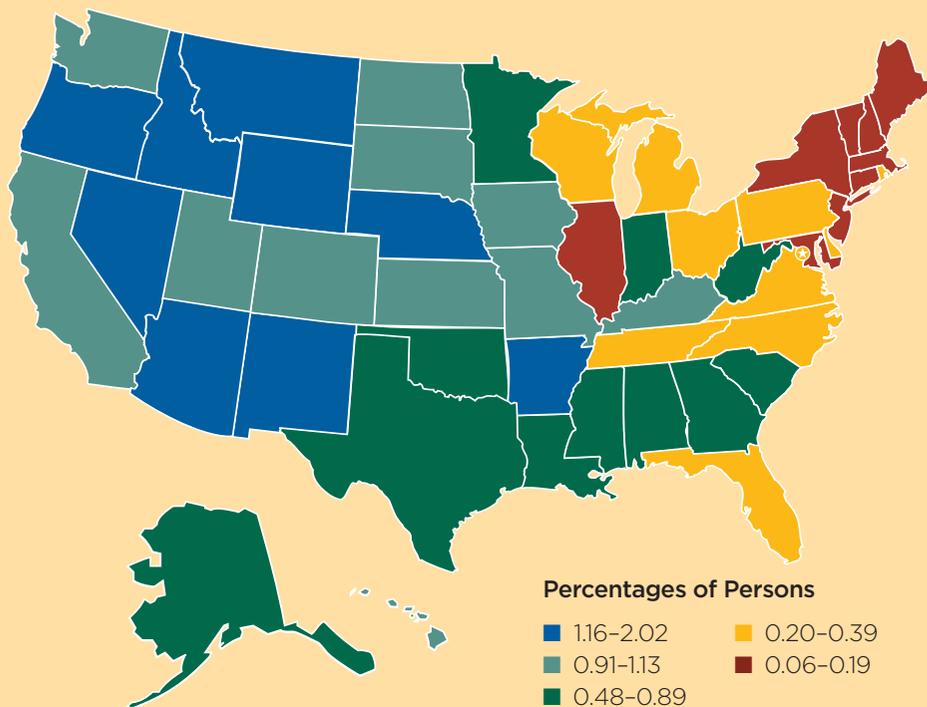
Methamphetamine use is a growing problem without easy answers.

"Meth treatment is difficult," Dr. Fagnant said. "It's a long-term process, and it takes continual care. It takes a lot of time, a lot of commitment, a lot of effort. People want quick answers, and we don't have them."™

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- Free ACOG fact sheet on meth use in pregnancy: jmahoney@acog.org; 800-673-8444, ext 2352
- National Institute on Drug Abuse: www.drugabuse.gov/drugpages/methamphetamine.html
- Methamphetamine Awareness and Prevention Project of South Dakota: www.mappsd.org/index.htm

Percentages of Persons Age 12 and Older Reporting Past Year Meth Use by State: 2002, 2003, 2004, and 2005



SOURCE: NATIONAL SURVEY ON DRUG USE AND HEALTH, 2006. US SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

WHAT IS METH?

USE: Addictive and cheap, meth can be injected, smoked, snorted, eaten, or inserted anally. Users feel an intense "rush" initially, followed by prolonged periods of euphoric or energized states.

PRODUCTION: Meth is easily produced in clandestine laboratories using a variety of ingredients available in stores. Production in small labs has decreased since 2004, in part as a result of restrictions on cold medicines containing pseudoephedrine, a meth ingredient. However, meth availability has remained constant as the reduction in local production has been counterbalanced by an influx of the drug from labs in Mexico.

LOCATION: Use of methamphetamine began in California and other Western states, but its use has spread east over the past decade, according to the National Survey on Drug Use and Health (see map at left).

ACOG releases new Down syndrome screening recommendations

ALL WOMEN, REGARDLESS of age, should be offered aneuploidy screening before 20 weeks gestation and all women should have the option of invasive testing for aneuploidy, according to the new Practice Bulletin *Screening of Fetal Chromosomal Abnormalities*, published in the January issue of *Obstetrics & Gynecology*. The document recommends that age 35 no longer be used as a cut-off to determine who is offered screening vs. who is offered invasive testing.

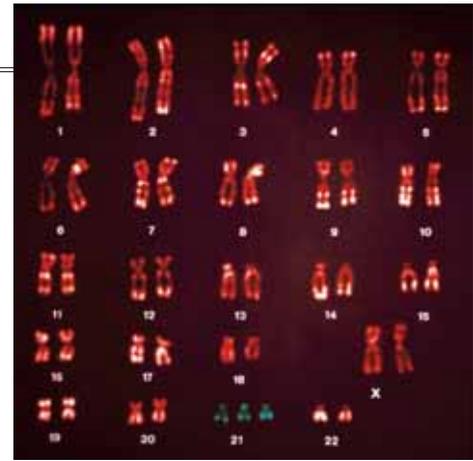
The document offers practical recommendations for implementing Down syndrome screening in a physician's practice.

Instead of having patients choose from a large array of screening strategies, ob-gyns can determine the best strategies to offer in their practice, based on the evidence presented in

the Practice Bulletin, what tests are available in their area, and what best meets the needs of their patients.

According to the Practice Bulletin, first-trimester screening using both nuchal translucency measurement and biochemical markers is an effective strategy in the general population and is more effective than nuchal translucency alone.

The best option for patients seen early in pregnancy is to offer a strategy that combines first- and second-trimester screening, known as either integrated or sequential screening. Integrated screening uses both the first- and second-trimester markers to adjust a woman's age-related risk of having a child with Down syndrome; the results are reported only after both first- and second-trimester screening are completed.



Karyotype showing Down syndrome

However, some patients may be too anxious to wait three to four weeks for the results, and waiting for results until after the second-trimester screening means patients miss out on the chance to consider chorionic villus sampling if the first-trimester screening indicates a high risk of aneuploidy.

With sequential screening, patients are given the results of the first-trimester screening; those at highest risk can choose early diagnostic screening, while those at lower risk can still take advantage of the higher detection rate with a second screening in the second trimester.™

SSRI antidepressants during pregnancy

IN A NEW COMMITTEE OPINION, ACOG's Committee on Obstetric Practice recommends that treatment with selective serotonin reuptake inhibitors and/or selective norepinephrine reuptake inhibitors during pregnancy should be individualized but that use of the SSRI paroxetine, or Paxil, should be avoided if possible among pregnant women and women planning to become pregnant.

The document, *Treatment with Selective Serotonin Reuptake Inhibitors during Pregnancy*, was published in the December issue of *Obstetrics & Gynecology*.

The US Food and Drug Administration issued a public health advisory after unpublished reports from a Swedish national registry and a US insurance claims database raised concerns about an increased risk of congenital cardiac malformations among infants born to women using paroxetine in the first trimester. Subsequently, paroxetine's pregnancy category was changed from C to D, for drugs that have been found to have harmful effects on human fetuses. The results in these two particular registry-based studies were specific to paroxetine.

Weighing risk vs. benefit

SSRI exposure late in pregnancy has been associated with transient neonatal complications. The Committee Opinion stresses that the potential risk of SSRI use during pregnancy must be weighed against the maternal risk of depression relapse if a woman stops taking her SSRI medication. Untreated depression may increase the maternal risk of low weight gain, STDs, and alcohol and substance abuse.

Decisions about depression treatment during pregnancy should incorporate the clinical expertise of a mental health clinician and ob-gyn and include discussion with the patient about the risks and benefits of such treatment.

The document recognizes that approximately half of US pregnancies are not planned and, therefore, women may still be exposed to paroxetine during pregnancy. Fetal echocardiography should be considered for women exposed to paroxetine in early pregnancy.

The FDA issued a second public health advisory last year on the treatment challenges of depression during pregnancy after two more studies were published about depression and pregnancy.™

New ACOG Committee Opinions

Innovative practice guidelines

Medicine cannot advance without innovations in practice, but because innovative practices and techniques are not subject to rules of formal research, several ethical issues may arise. A new Committee Opinion from the Committee on Ethics addresses these ethical issues. *Innovative Practice: Ethical Guidelines* was published in the December issue of *Obstetrics & Gynecology*.

Innovative practices may become widely accepted based on anecdotal reports and without any evidence and may later be deemed ineffective. Unproven innovative treatment may carry additional risks to the patient and compromise the ability to perform research on the treatment. Without adequate data on risks and benefits, patients cannot provide a true informed consent.

The Committee Opinion recommends that practitioners move innovative practice into formal research if the innovation is a departure from standard practice, if it carries unknown or potentially significant risks, or if the practitioner aims to use the results of the innovation to treat other patients.

Primary and preventive care updates

ACOG published the updated Committee Opinion *Primary and Preventive Care: Periodic Assessments* in December. The update includes ACOG recommendations made since the previous assessments document was published in 2003.

- ▶ Conduct routine HIV testing for women ages 19 to 64, following new recommendations from the Centers for Disease Control and Prevention. Clinicians should be aware of and follow their states' HIV testing requirements.
- ▶ Calculate BMI at each visit for all women
- ▶ Provide meningococcal vaccination before entry into high school for those not previously immunized and for others at high risk
- ▶ Discuss a reproductive health plan with all reproductively capable women
- ▶ Provide a pertussis vaccine, now part of the tetanus-diphtheria booster, for those ages 13 to 64
- ▶ Provide HPV vaccine for girls and women age 26 and younger who have not been immunized previously™

Teratology services free to ob-gyns, patients

THE ORGANIZATION OF Teratology Information Specialists is committed to advancing knowledge about prenatal exposures and birth defects. Since 1990, OTIS has reached out to the medical community, especially ob-gyns and their patients in the US and Canada.

"OTIS provides valuable, reliable information to providers and consumers on teratology issues in pregnancy. It is especially helpful in providing information about exposures during pregnancy," said James D. Goldberg, MD, immediate past chair of ACOG's Committee on Genetics.

As a nonprofit organization, OTIS was established in response to the growing need for scientific information about the effects of drugs and environmental agents on the developing human embryo and fetus.

"Teratology information services enable women and their families to make informed decisions and behavioral changes to prevent or minimize exposures to potentially hazardous agents during pregnancy," said Christina D. Chambers, PhD, MPH, former OTIS president.



Resources for ob-gyns

On the OTIS website, www.otispregnancy.org, physicians and patients will find "Teratology Information Services," a list of multidisciplinary and comprehensive resources for medical consultation on prenatal exposures. The website includes more than 40 fact sheets for patients on topics such as exposure to lead or mold. The fact sheets are available in English, Spanish, and French.

Ob-gyns can call to receive more information about a particular topic or to discuss a patient's case that relates to a potentially teratogenic exposure. Their questions will be answered by a teratology specialist.™

info

- www.otispregnancy.org; 866-626-6847
- On the ACOG website, under "Information," click on "Resource Center," then "Webtreats" and "Teratology/Toxicology"



New Down syndrome brochure

A NEW BROCHURE CAN help ob-gyns provide patients with information about Down syndrome. *Your Baby and Down Syndrome: Answers to Questions You Might Have* was developed by three University Centers for Excellence in Developmental Disabilities in collaboration with the National Down Syndrome Society. The brochure is designed to serve as a starting point for parents of a newborn with Down syndrome.

Support was provided through a grant from the Association of University Centers on Disabilities to centers at the University of Iowa Hospitals and Clinics; the University of Massachusetts, Boston/Children's Hospital Boston; and Children's Hospital Los Angeles/USC Keck School of Medicine.™

info

- English brochure: www.acog.org/departments/resourcecenter/CH-DSbrochureEng.pdf
- Spanish brochure: www.acog.org/departments/resourcecenter/CH-DSbrochureSp.pdf
- To receive free copies by mail contact Cary Kreutzer: ckreutzer@chla.usc.edu; 323-671-3830

ANNUAL DISTRICT MEETINGS

DISTRICT I • ST. JOHNS, VI



▲ Mark S. DeFrancesco, MD; Maryanne McDonnell, MD; Micki Woodruff; and Stephen J. Woodruff, MD

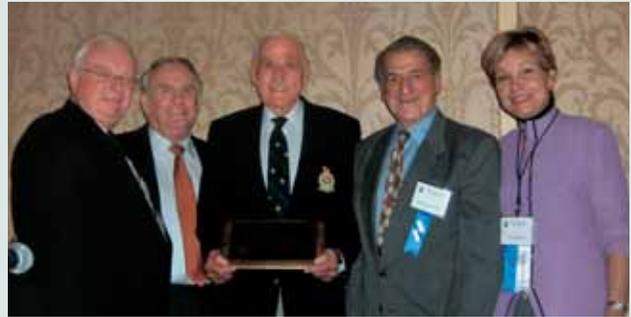


◀ William R. Crombleholme, MD



Meeting attendees' ▶ children at the Halloween party

DISTRICT II • NEW YORK CITY



▲ J. Gerald Quirk, MD; William J. Mann Jr, MD; Martin L. Stone, MD, the District II Lifetime Achievement Award recipient; Myron Gordon, MD; and Eva Chalas, MD



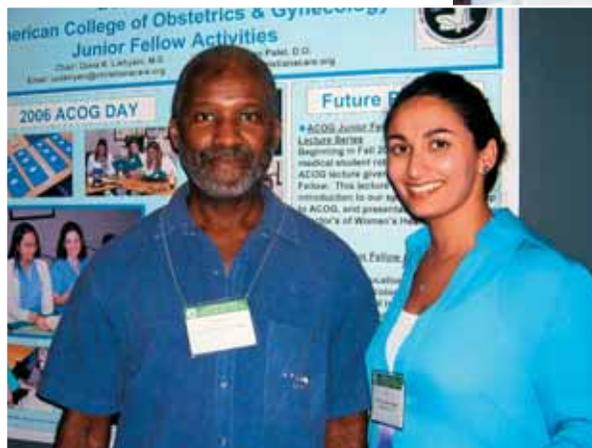
▲ District II Junior Fellows prepare to present research papers to ADM attendees.

DISTRICT III • KOHALA COAST, HI



Junior Fellow ▶ Emmanuella Cherisme, MD, District III Philip F. Williams Prize Paper winner

Howard T. Strassner Jr, ▶ MD, with Oona K. Likhyani, MD, Delaware Section Junior Fellow chair, with her poster presentation of Delaware Junior Fellow activities



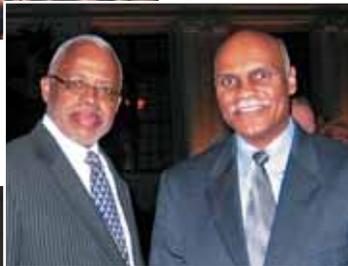
▲ Junior Fellow and Fellow officers; kneeling: Bassem B. Maximos, MD, and Krystene I. Boyle, MD; standing, first row: Shannon J. Cothran, MD; Monique S. Ruberu, MD; Irina D. Burd, MD, PhD; Francine E. Sinofsky, MD; and Oona K. Likhyani, MD; standing in back: Owen C. Montgomery, MD, District III Fellow vice chair, and Douglas H. Kirkpatrick, MD, ACOG president elect nominee

DISTRICT IV • PALM BEACH, FL



◀ Caroline, Preston, and Wynn Courtney

Washington C. Hill, MD, ▶ and James E. Brown, MD



◀ Anna Mathew, MD, with her husband, Junior Fellow Sunil M. Alexander, MD

DISTRICT V • LOUISVILLE, KY



▲ Ray O. Bahado-Singh, MD



▲ Medical students Mark Dassel and Krista D. Preston

J. Craig Strafford, MD, ▶ in the foreground, with his wife, Becky Strafford, MD, and Philip N. Eskew Jr, MD



DISTRICT VI • KOHALA COAST, HI



▲ District Advisory Council dinner



▲ Fellow Kenneth W. Merkitich Jr, MD, with his poster

DISTRICT VII • WHITE SULPHUR SPRINGS, WV



◀ Chair Gerald F. Joseph Jr, MD, passes the gavel to incoming Chair John W. Calkins, MD

▼ Junior Fellow Kristy K. Ward, MD, with John C. Jennings, MD, recipient of the district Outstanding Educator of the Year Award



◀ ACOG Secretary James N. Martin Jr, MD, and his wife, Gloria, before the gala celebration in the Greenbrier Ballroom

meetings

ANNUAL DISTRICT MEETINGS

DISTRICT VIII • KOHALA COAST, HI



▲ Medical students who attended a special Medical Student Program at the ADM

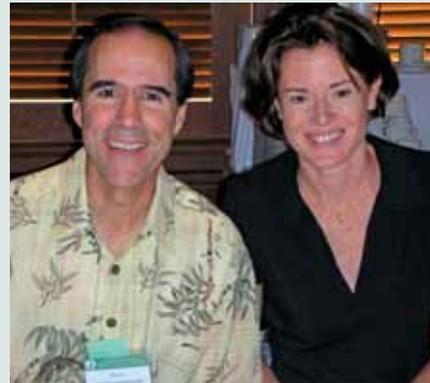


▲ Pam Yoshino; Harry N. Yoshino, MD; Roberto M. DeCastro, MD; and Ruth Fujita

DISTRICT IX • KOHALA COAST, HI



▲ John C. Pfeffer, MD, and Mibhali M. Bhalala, MD



◀ Dennis J. Buchanan, MD, and Chrysten E. Cunningham, DO

ARMED FORCES DISTRICT • SONTHOFEN, GERMANY

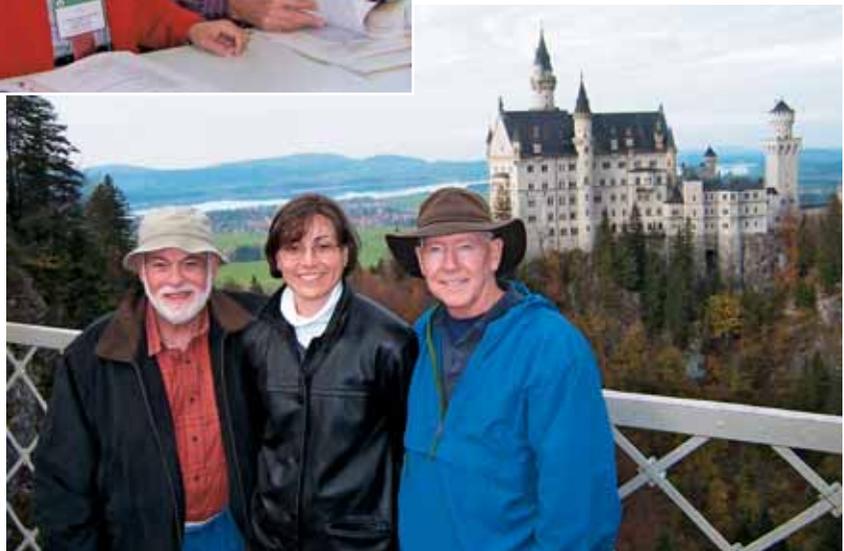
▼ Junior Fellow poster presenter Kelly O. Elmore, MD



Joel B. Lench, MD; Lee Ann McHugh; and John J. McHugh, MD



◀ Carla G. Hawley-Bowland, MD, district chair, and Christopher M. Zahn, MD, district secretary-treasurer



2007 CALENDAR

PLEASE CONTACT THE INDIVIDUAL ORGANIZATIONS FOR ADDITIONAL INFORMATION.

JANUARY

9

ACOG WEBCAST: Global Obstetrical Package

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

12-14

Gynecologic Oncology Group

San Diego
www.gog.org
215-854-0770

20-21

ACOG's Ninth Annual Treasurers Conference

Orlando, FL
scathcart@acog.org
800-281-1551

27-30

South Atlantic Association of Obstetricians and Gynecologists

Hot Springs, VA
www.saaobgyn.org
904-384-8230

28-30

Summit on Environmental Challenges to Reproductive Health and Fertility

(University of California, San Francisco School of Medicine and the Collaborative on Health and the Environment)
San Francisco
www.ucsf.edu/coe/prhesummit.html
415-476-2563

FEBRUARY

5-10

Society for Maternal- Fetal Medicine 27th Annual Meeting

San Francisco
www.smfm.org
800-673-8444, ext 2476

7-10

International Symposium on Radical Hysterectomy: 16th Annual Review Course on Gynecologic Oncology and Pathology

Kyoto, Japan
info@macc.jp

9-10

North American Society for Psychosocial Obstet- rics and Gynecology Annual Meeting

Portland, OR
www.naspog.org
800-673-8444, ext 2570

13

ACOG WEBCAST: Global Surgical Package

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

25-27

ACOG Congressional Leadership Conference

Washington, DC
ecoit@acog.org
800-673-8444, ext 2505

MARCH

3-7

Society of Gynecologic Oncologists 38th Annual Meeting on Women's Cancer

San Diego
www.sgo.org
312-235-4060

7-10

CREOG and APGO Annual Meeting

Salt Lake City
CREOG: 800-673-8444,
ext 2558
APGO: 410-451-9560

8-11

Society for Sex Therapy and Research 32nd Annual Meeting

Atlanta
www.sstarnet.org
800-673-8444, ext 1644

13

ACOG WEBCAST: Choosing an Electronic Medical Record

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

14-17

Society for Gynecologic Investigation 54th Annual Scientific Meeting

Reno, NV
www.sgionline.org
800-673-8444, ext 2544

28-Apr 1

American College of Osteopathic Obstetricians and Gynecologists 74th Annual Conference

Palm Springs, CA
www.acog.org
817-377-0421

APRIL

10

ACOG WEBCAST: Shepherding the Second Stage of Labor

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

12-14

Society of Gynecologic Surgeons 33rd Annual Scientific Meeting

Orlando, FL
www.sgsonline.org
901-682-2079

18-22

Pacific Coast Reproductive Society 54th Annual Meeting

Rancho Mirage, CA
www.pcrsonline.org
562-947-7068

MAY

1

ACOG WEBCAST: Coding for Misadventures and Complications of Care

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

5-9

ACOG 55th Annual Clinical Meeting

San Diego
www.acog.org/acm
800-673-8444, ext 2460

JUNE

5-10

Western Association of Gynecologic Oncologists Annual Meeting

Sunriver, OR
www.wagogyonc.org
800-73-8444, ext 1648

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.

FEBRUARY

12-14

Genetics, Genomics, and Traditional Screening Methods in Obstetrics and Gynecology

Acapulco, Mexico

23-25

ICD-9-CM and CPT Coding Workshop

St. Petersburg, FL

23-25

Practice Management Update for the Ob-Gyn

Orlando, FL

MARCH

1-3

Complex Gynecologic Surgery: Prevention and Management of Complications

Tucson, AZ

9-11

ICD-9-CM and CPT Coding Workshop

Atlanta

17-18

"No Frills" Diagnostic and Operative Office Procedures

Los Angeles

23-25

ICD-9-CM and CPT Coding Workshop

Phoenix

29-31

Quality and Safety for Leaders in Women's Health Care

Washington, DC

APRIL

5-7

Hands-On Operative Hysteroscopy

Hilton Head, SC

13-15

ICD-9-CM and CPT Coding Workshop

Chicago

MAY

10-12

ICD-9-CM and CPT Coding Workshop

San Diego

JUNE

22-24

ICD-9-CM and CPT Coding Workshop

Baltimore

28-30

Practical Ob-Gyn Ultrasound: Spotlight on Chronic Pelvic Pain

Orlando, FL

JULY

13-15

ICD-9-CM and CPT Coding Workshop

Seattle

AUGUST

10-12

ICD-9-CM and CPT Coding Workshop

Atlantic City, NJ

16-18

The Art of Clinical Obstetrics

San Antonio

RESOURCES

Compendium now in easy-to-use two volumes

WITH THE 2007 VERSION, ACOG's *Compendium of Selected Publications* has been revised and published in two volumes to make the content more accessible and easy to use.

Volume I is devoted to:

- ▶ Committee Opinions, brief, focused documents that address clinical issues of an urgent nature or nonclinical topics related to ob-gyn. They are consensus statements that may or may not be based on scientific evidence
- ▶ Technology Assessments, documents that describe specific technologies and their applications

▶ Policy Statements, position papers on key issues approved by the Executive Board

Volume II is devoted to Practice Bulletins, which are evidence-based guidelines developed to indicate a preferred method of diagnosis and management of a condition. The index in each volume lists all of the documents in both volumes for easy reference.™

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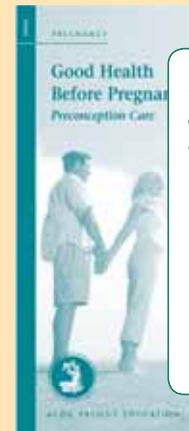
- Fellows and Junior Fellows in practice and all residents will be mailed a hard copy of the 2007 *Compendium* in January. Hard copies and CD-ROMs are available through the ACOG Bookstore: <http://sales.acog.org>; 800-762-2264



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 revised pamphlets.



Good Health Before Pregnancy

Preconception Care (APO56)

- ▶ How to maintain good health before pregnancy
- ▶ What to expect at your doctor's visit
- ▶ How certain lifestyle factors can affect your pregnancy



Routine Tests in Pregnancy

- ▶ Which tests are done on all pregnant women
- ▶ Why and when these tests are done
- ▶ What other tests may be needed



You and Your Baby

Prenatal Care, Labor and Delivery, and Postpartum Care (AB005)

- ▶ How to eat a healthy diet and stay active
- ▶ What changes occur during pregnancy and why
- ▶ What to expect during labor and delivery

Preconception care journal supplement available



A NEW SUPPLEMENT FROM *MATERNAL AND Child Health Journal*, *Preconception Care: Science, Practice, Challenges, and Opportunities*, addresses numerous topics related to preconception care.

A federal report recently recommended that all reproductively capable women receive preconception care, whether or not they are currently planning on becoming pregnant, recognizing that about half of pregnancies in the US are unintended.™

info

- Supplement articles are free online: <http://springerlink.metapress.com/content/1573-6628>
Click on "Supplement 7, September 2006"
- For hard copies, email Hani Atrash, MD, at hatrash@cdc.gov



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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