

## Junior Fellow leaders gather for ACOG orientation

**A**COG'S YOUNGEST LEADERS RECEIVED A WEALTH OF information about the College at the Junior Fellow Officer Orientation in January. The newly inducted Junior Fellow district chairs and vice chairs were given a full-day overview of ACOG before taking part the next day in the first meeting of the Junior Fellow College Advisory Council of the new year.

"Those involved in the JFCAC have already demonstrated leadership by getting elected to the district chair and vice chair positions, and many of them actually became involved first at the section level," said JFCAC Chair May Hsieh Blanchard, MD. "The orientation brings these leaders to ACOG headquarters to learn about the structure of ACOG, meet staff, and tour the building.

"While the JFCAC represents all of the Junior Fellows of the College, the district officers are able to be the direct communication link to the Junior Fellows in their districts. The orientation allows them to know what resources are

► PAGE 14

District II Junior Fellow Vice Chair Larry Rand, MD, and Chair Cynthia Gyamfi, MD, go over documents during a break in the JFCAC meeting.



*President's Program on scientific advances leads off stellar ACM sessions*

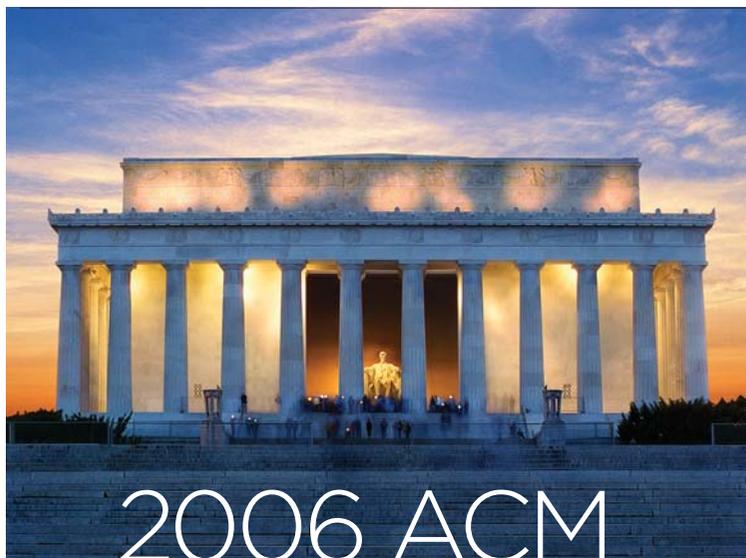
## Register now for 2006 ACM

**A**COG'S ANNUAL CLINICAL MEETING RETURNS TO the nation's capital this year with an exciting and diverse program. The 54th ACM will be held May 6–10 in Washington, DC. View the preliminary program and register online at [www.acog.org/acm](http://www.acog.org/acm).

This year's ACM will include nine scientific sessions, dozens of luncheon conferences, postgraduate courses, and clinical seminars, and more current issues updates and hands-on postgraduate courses than last year.

ACOG President Dr. Michael T. Mennuti's President's Program will focus on the impact that new scientific and technical developments will have on the ob-gyn specialty. Presentations will cover genomics, stem cells, cloning, and technologic developments such as the use of simulation systems for improving patient safety and clinical training.

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# 2006 ACM

WASHINGTON, DC • MAY 6-10



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EXECUTIVE DESK

## Resources aimed at the busy doctor

**T**IME—WE CAN'T BUY MORE OF IT OR save what we have for later use. This fact is especially problematic for ob-gyn practices in today's medical environment. The demands of patients and payors leave little extra time for the physician. Yet, extra time is critical to remain current with new advances. What then can the busy ob-gyn do to overcome this conflict of time needed vs. time available?

ACOG offers a number of activities to help you. The Annual Clinical Meeting covers the vast scope of the specialty, while offering more than 16 hours of continuing medical education. In addition, each district holds an Annual District Meeting that also provides continuing education. However, ACOG statistics reveal that only a small percentage of members attend either the ACM or an ADM. And while the ACOG postgraduate courses, which focus on specific issues, attract more than 1,000 physicians each year, that still leaves thousands of members. How do the rest acquire the knowledge to keep up?

At ACOG, we are constantly striving to meet your needs through a diverse array of resources, including:

- ▶ Concise reviews offered through publications such as *Precis*
- ▶ Self-evaluations and learning provided through the PROLOG series
- ▶ Subscription series such as the *Clinical Updates in Women's Health Care*
- ▶ A world literature research and review offered through the *ACOG Clinical Review*
- ▶ Cutting-edge research presented each month in *Obstetrics & Gynecology*

**ACOG Update: learn at home or in the car**

Another valuable resource you may be unaware of is *ACOG Update*. This audio subscription series is available in CD format and offers up to 36 CME credits. The series is edited by Fellow Robert J. Sokol, MD, who strives to select the most appropriate topics for ob-gyns and choose an expert panel to present each topic.

Almost 3,000 members use this method of learning, which is ideal for listening in the car. Listening at home and in the labor and delivery or surgical lounge is also a possibility. Unlike with a live lecture, you can rewind and replay sections you missed. Most subscribers store the CD for future reference. I strongly urge you to consider subscribing to *ACOG Update*, ideal for the busy ob-gyn. It will be time and money well spent. ♀

*Ralph W. Hale MD*

Ralph W. Hale, MD, FACOG  
Executive Vice President

info

- *ACOG Update*: [www.medinfosystems.com/acog](http://www.medinfosystems.com/acog)
- For more resources, visit the ACOG website, [www.acog.org](http://www.acog.org), and click on "Education" or "Publications," or visit the ACOG bookstore at <http://sales.acog.org>

**Obstetrics & Gynecology  
HIGHLIGHTS**



**The February issue  
of the Green Journal  
includes the following  
ACOG document:**

*Patient Safety in the  
Surgical Environment*  
(Committee Opinion  
#328, new)

**Document Correction**

The *Intrapartum Fetal Heart Rate Monitoring* Practice Bulletin was reissued in December as #70. It replaces the May 2005 Practice Bulletin of the same name, #62. In the corrected version, the word "decelerations" was changed to "accelerations" at the end of column 1, page 5.

**Complete ACOG PL survey  
and win ACM registration**

**T**HE 2006 ACOG SURVEY ON Professional Liability is under way. For the first time, the survey is being offered online. All Fellows may access the survey by logging on to ACOG's website at [www.acog.org](http://www.acog.org) and clicking on "2006 ACOG Survey on Professional Liability."

All Fellows who complete the survey by March 20 are eligible to win free registration to the 2006 Annual Clinical Meeting, to be held May 6–10, in Washington, DC. Three winners will be randomly selected.

Watch for an email or postcard for instructions on how to complete the survey. ♀

## Submit your nomination for national office

**A**LL VOTING MEMBERS OF ACOG will receive a letter from the College later this month outlining the process for nominating national officers. Participation in national, district, or section activities is an important prerequisite to serving as a national officer.

### April 3 deadline

Individuals may nominate themselves or someone else; ACOG districts and sections may also nominate individuals. Nominations for the offices of president elect, vice president, secretary (three-year term), assistant secretary, or Fellow-at-large (restricted to qualified ap-

plicants for a two-year term) must be submitted by April 3 and contain the following:

- 1 A letter stating the office(s) of interest
- 2 A one-page CV in a specified format
- 3 A complete CV

Candidates must be prepared to make a presentation about their qualifications for office at the National Officer Candidates Forum on May 10 during the Annual Clinical Meeting in Washington, DC. ♀

### info

→ For a position description of each office, contact Elsa Brown at 800-673-8444, ext 2517, or [ebrown@acog.org](mailto:ebrown@acog.org), or download from ACOG's website, [www.acog.org](http://www.acog.org)

## Timetable for election of national officers

### 2006

#### February

ACOG sends letter outlining nomination process to Fellows

#### March

Candidates are announced on the ACOG national and district websites

#### April 3

Nominations deadline

#### May 10

Committee on Nominations interviews candidates at the ACM in Washington, DC

#### July

Personal statements and brief bios of candidates are published in *ACOG Today* and on the ACOG national and district websites

#### Fall

Candidates are discussed at Annual District Meetings

#### November

Committee on Nominations selects slate of candidates

### 2007

#### February

Executive Board receives and accepts final slate

#### March

Slate and proxy ballots are mailed for use by Fellows who do not plan to attend the Annual Business Meeting

#### May 7

Slate voted on at Annual Business Meeting in San Diego

## Former Quebec Section chair dies

**A**CCOMPLISHED CANADIAN Fellow Morrie M. Gelfand, MD, Montreal, QC, died November 29 at the age of 81. In 1963, he was appointed chief of ob-gyn at the Sir Mortimer B. Davis Jewish



General Hospital in Montreal. During his tenure at the hospital, he developed a modern academic department, including the establishment of a tertiary care perinatal unit and the hospital-based McGill Menopausal Clinic.

Among the first clinicians to recognize the value of androgens, Dr. Gelfand conducted numerous studies and collaborations to further the scientific understanding of their role in hormone replacement therapy. In recognition of this work, he was elected president of the North American Menopause Society in 2001.

He served as president of the Quebec Association of Obstetricians and Gynecologists and, from 1985 to 1986, was the president of the Society of Obstetricians and Gynaecologists of Canada. He was chair of ACOG's Quebec Section from 1984 to 1987 and was on ACOG's Committee on International Affairs from 1992 to 1996. In 1989, he was made an officer of the Order of Canada, the first ob-gyn to receive such an honor. ♀

## IN MEMORIAM

**William A. Boyson, MD**  
San Antonio

**R. John Bradfield, MD**  
Grosse Pointe, MI • 9/05

**William Kimball Bradfield, MD**  
Brighton, MI • 9/05

**Peter J. Couri, MD**  
Peoria, IL

**William C. Feldman, MD**  
Boca Raton, FL • 10/05

**Jack G. Hallatt, MD**  
Berkeley, CA

**Jerome J. Hoffman, MD**  
Boca Raton, FL • 8/05

**Thomas Robert Holbert, MD**  
Medford, OR • 9/05

**John W. Jones, MD**  
Texarkana, AR

**Manhot Lau, MD**  
Bradford, PA • 2/05

**Frank Lecocq Jr, MD**  
Yakima, WA

**John R. McNicholas, MD**  
Glendale, CA

**Bruce B. Rolf, MD**  
Los Angeles • 10/05

**Samrerng Sookhakitch, MD**  
Libertyville, IL • 11/05

**Klaus J. Staisch, MD**  
St. Louis • 10/05

**Charles A. Stevens, MD**  
Fargo, ND

**Kayla D. Weitlauf, MD**  
Lubbock, TX • 10/05

**Allen E. Winer, MD**  
Chicago • 9/05



## Join ACOG's giving societies before ACM

AS THE 2006 ANNUAL CLINICAL Meeting approaches, ACOG asks that you consider joining one of ACOG's individual giving societies. The ACM will be held May 6–10 in Washington, DC.

- ▶ **The Beacham Society**, which honors Woodard Beacham, MD, ACOG's first president, is reserved for donors of \$1,000 or more. Beacham Society members will be recognized in *ACOG Today* and receive free registration to the ACM, access to the VIP Lounge during the ACM, and a complimentary ticket to the President's Dinner Dance
- ▶ **The Reis Society**, which honors Ralph A. Reis, MD, the first editor-in-chief of *Obstetrics & Gynecology*, is for annual donors of \$250 to \$999. Reis Society members will receive VIP Lounge access during the ACM
- ▶ **The Schmitz Society**, which honors Herbert E. Schmitz, MD, the first treasurer of the ACOG Executive Board, is reserved for donors of \$50 to \$249

All members of each society are recognized in the *ACOG Annual Report* and receive distinctive ACM badges to let colleagues know that they support the College's Development Fund. ♀

### info

- Send donations to ACOG Development Department, 409 12th Street SW, Washington, DC, 20024, or, for more information, contact the Development Department, 800-673-8444, ext 2479 or 2546



## History fellow to study EC

**A**LTHOUGH ACOG'S NEWEST history fellow will be researching the past, she has selected a relevant, contemporary topic. Fellow Carol A. Stamm, MD, is the recipient of the 2006 ACOG Fellowship in the History of American Obstetrics and Gynecology. Her research project is "Sharing the Secret: the History of Emergency Contraception."

"It's a politically timely topic. I think we have seen continuous misperceptions about EC in the media and in the way politicians have dealt with it," Dr. Stamm said. "It really has been kept a secret. Sharing some aspects of EC would more than likely shed light on the whole subject."

Dr. Stamm is the director of women's services at High Street Primary Care in Denver and clinical assistant professor of medicine at the University of Colorado Health Sciences Center.

### Once secret, EC now a top political issue

The Food and Drug Administration approved the first emergency contraception product in 1998. Before that, some physicians prescribed multiple doses of birth control pills to prevent pregnancy after unprotected sex. However, because this was an off-label use of contraception, some physicians didn't feel comfortable prescribing it and most women were unaware of this option.

Once the FDA approved EC, the media started to discover the "secret" postcoital contraception and began to ask the medical community

**"It's a politically timely topic. I think we have seen continuous misperceptions about EC in the media and in the way politicians have dealt with it."**

why it had not been informing women about this viable option, according to Dr. Stamm. Recently, some states have enacted refusal laws that allow pharmacists to refuse to dispense EC. Such "refusal laws" exist in South Dakota, Arkansas, Georgia, and Mississippi, and about a dozen states tried to enact similar laws in 2005.

Dr. Stamm will expand on these issues as she focuses on the US perspective, but she will also contrast the American experience with that of countries in Europe and Asia, where EC has been widely available for many years. She will also examine earlier methods that US women created by mixing products they already had available in their homes and douching with the mixture. Such methods were often ineffective and could be dangerous, Dr. Stamm said.

"I hope my research will provide important information for Fellows and Junior Fellows to better understand emergency contraception and, therefore, make it more available to their patients and to help pass legislation that makes it more available," Dr. Stamm said. "I think we're seeing a terribly frightening trend where pharmacists want 'conscience clauses' and want to prevent women from obtaining EC." ♀

## Applications open for history fellowship

**A**PPLICATIONS FOR THE 2007 ACOG Fellowship in the History of American Obstetrics and Gynecology will be accepted until Oct 1, 2006. The award carries a \$5,000 stipend for expenses while the history fellow spends a month in the Washington, DC, area working full-time to complete the fellow's specific historical research project.

### info

- 800-410-2264; dscarborough@acog.org

The fellow will have access to the ACOG History Library and is encouraged to use other national, historical, and medical collections in the Washington area.

The research results must be disseminated through publication or presentation at a professional meeting. The fellowship may begin as early as winter 2006–2007. ♀

# 2006 ACM scientific sessions

## MONDAY, MAY 8

**1st Scientific Session | 8:45-10:30 am**

### PRESIDENT'S PROGRAM

#### Samuel A. Cosgrove Memorial Lecture

- ▶ **Molecular Obstetrics and Gynecology: Charting a Course for Our Future**

*Jerome F. Strauss III, MD, PhD, dean of the School of Medicine at Virginia Commonwealth University and vice president for medical affairs of the VCU Health System, Richmond, VA*

**The President's Program will also include:**

- ▶ **Medical Discoveries Enabled by Disease-Specific Human Embryonic Stem Cells**

*Gerald Schatten, PhD, professor of obstetrics, gynecology, and reproductive sciences, Pittsburgh Development Center*

- ▶ **Simulation Training for Obstetricians and Gynecologists: A Potential Role in Continuing Education and Patient Safety**

*Andrew J. Satin, MD, professor and chair, Department of Obstetrics and Gynecology, Uniformed Services University of the Health Sciences, Bethesda, MD*

**2nd Scientific Session | 2:30-4 pm**

#### The Edith Louise Potter Memorial Lecture

- ▶ **Thrombophilias and Pregnancy: To Test or Not to Test, That is the Question**

*George A. Macones, MD*

**3rd Scientific Session | 4-5:15 pm**

#### The March of Dimes Lecture

- ▶ **A 50-Year Perspective on Cesarean Birth in North America**

*Fredric D. Frigoletto Jr, MA, MD*

## TUESDAY, MAY 9

**4th Scientific Session | 8-9:15 am**

#### The Irvin M. Cushner Memorial Lecture

### RACIAL DISPARITIES

**Moderator:**

*Raymond L. Cox Jr, MD*

- ▶ **Race, Geography, and Cancer Survival**  
*Katrina Armstrong, MD*

- ▶ **Obstetrical Care and Pregnancy Outcomes: What's Race Got to Do with It?**

*Allison S. Bryant, MD, MPH*

**5th Scientific Session | 9:30-11 am**

#### Stump the Professors

Fascinating clinical cases submitted by Junior Fellows of the College are presented to a panel of professors.

**Moderator:**

*William F. Rayburn, MD*

**Professors:**

*Dee E. Fenner, MD*

*Frank W. Ling, MD*

*Charles J. Lockwood, MD*

*James W. Orr Jr, MD*

**6th Scientific Session | 2:30-5:15 pm**

#### The Donald F. Richardson Memorial Symposium

### DOMESTIC VIOLENCE

**Moderator:**

*Bonnie J. Dattel, MD*

- ▶ **Assessing for Domestic Violence: We Need to Do It and Here's Why**  
*Janice B. Asher, MD*

- ▶ **Depression, Anxiety, and Substance Use in Abused Women**

*Diana L. Dell, MD*

- ▶ **The Rights of Women During Pregnancy**

*Howard L. Minkoff, MD*

## WEDNESDAY, MAY 10

**7th Scientific Session | 7:30-8:30 am**

#### The John I. Brewer Memorial Lecture

- ▶ **Practice Guidelines for Gyn Oncology: Do They Help the Patient or the Doctor?**

*Daniel L. Clarke-Pearson, MD*

*Linda Van Le, MD*

**8th Scientific Session | 11:15 am-12:15 pm**

#### The John and Marney Mathers Lecture

- ▶ **Hereditary Gyn Cancers: Genetic Testing and the Role of the Obstetrician-Gynecologist**

*Karen H. Lu, MD*

**9th Scientific Session | 2:30-3:30 pm**

#### The Morton and Diane Stenchever Lecture

- ▶ **Treatment of Pelvic Floor Disorders in the 21st Century: Is New Really Better?**

*Peggy A. Norton, MD*



# 2006 ACM

WASHINGTON, DC • MAY 6-10

Make course selection easy by registering online: [www.acog.org/acm](http://www.acog.org/acm)

→ Registering online is the easiest way to select courses because when you choose a course, you will know immediately if it is available, making it unnecessary to list second and third choices

→ Washington hotel reservations can also be made on the ACM website: [www.acog.org/acm](http://www.acog.org/acm)

→ ACM preliminary programs have been mailed to members who have attended an ACM in recent years. If you have not attended an ACM recently and would like to receive a printed copy of the preliminary program, please email your request to [acm@acog.org](mailto:acm@acog.org)

# 2006 ACM current issues updates

## MONDAY, MAY 8

### 1st Current Issues Update 1:30–2:30 pm

#### ► When an Episiotomy Breaks Down: Managing Dehiscence and Fecal Incontinence

*Najjia N. Mahmoud, MD*  
*Lily A. Arya, MD, MS*

Episiotomy injuries can result in anal sphincter and fecal incontinence. There is considerable debate about when and how these injuries should be repaired. Using a case-based format, a urogynecologist and a colorectal surgeon will discuss strategies for evaluating and repairing early and late episiotomy breakdowns. Indications for preoperative testing, biofeedback, “tips and tricks” for managing fecal incontinence, and operative repair will be discussed.

## TUESDAY, MAY 9

### 2nd Current Issues Update 11:15 am–12:30 pm

#### ► All Aspects of Noninvasive Prenatal Diagnosis Using Fetal DNA and RNA

*Diana W. Bianchi, MD*

Fetal nucleic acids enter the maternal circulation. This genetic material can be used for noninvasive prenatal diagnosis of fetal Rhesus D. Elevations in fetal DNA levels are associated with some pregnancy complications. This session will give a thorough introduction to this area and focus on current and future clinical applications.

#### ► Advances in the Use of Ultrasound for Prenatal Diagnosis

*Ray O. Bahado-Singh, MD*

The lecture will cover recent advances in the use of ultrasound for prenatal diagnosis, including screening for chromosome abnormality and congenital heart defects, prediction of pre-eclampsia and prematurity, and the use of 3D and 4D ultrasound for the detection of structural anomalies of the fetus.

### 3rd Current Issues Update 1:30–2:30 pm

#### ► Contraception Update

*Herbert B. Peterson, MD*  
*Ronald T. Burkman Jr, MD*

The session will focus on new advances in hormonal contraception, intrauterine contraception, and female sterilization. Current research on male contraception will also be presented. Women with medical conditions or with contraceptive problems or complications will be discussed in order to provide participants with practical approaches to the management of these issues.

### 4th Current Issues Update 3:30–5:15 pm

#### ► Late-Breaking News

Update on hot topics in ob-gyn and its subspecialties

- Representing the Society of Gynecologic Oncologists  
*Vivian E. Von Gruenigen, MD*
- Representing the American Society for Reproductive Medicine  
*Marian D. Damewood, MD*
- Representing the Society for Maternal Fetal Medicine  
*Michael P. Nageotte, MD*
- Representing the Centers for Disease Control and Prevention  
*Anne Rompalo, MD*
- Representing the American Urogynecologic Society  
*Joseph M. Montella, MD*

## WEDNESDAY, MAY 10

### 5th Current Issues Update 7:30–8:30 am

#### ► Global Women's Health Care

*Dorothy Shaw, MBChB*

## Register now for 2006 ACM

► PAGE 1 The scientific sessions include a thought-provoking presentation on racial disparities, and one on domestic violence issues (see page 6). The popular telesurgery session will return, showing three procedures live from remote locations. Attendees will view a daVinci robotic surgery, laparoscopic sacrocolpopexy, and hysterectomy and have an opportunity to interact with the surgeons. The session is free, but due to limited seating, advance registration is required.

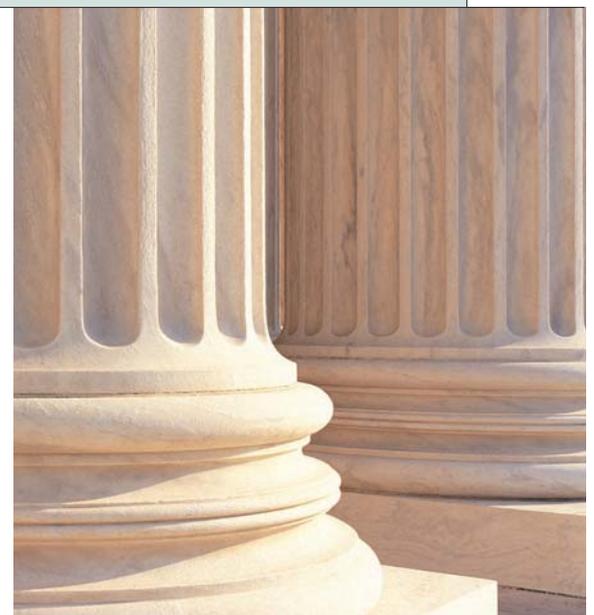
New to this year's ACM are “brown bag seminars,” sessions that provide a boxed lunch to attendees. These sessions complement the

luncheon conferences, which are held at the same time in a roundtable format. Also new this year is a Business of Medicine Symposium for Junior Fellows and young Fellows (see page 8) and a course specifically for medical students.

As always, spouses, guests, and children are welcome at the ACM. The Spouse/Guest Program offers nearly 20 different tours of DC, and Camp ACOG is available once again to take care of ACM attendees' children. ♀

### info

→ [www.acog.org/acm](http://www.acog.org/acm)



*Nominations due June 1*

## Nominations sought for Junior Fellow district officers

**B**ECOME AN ACTIVE LEADER and an energetic voice for Junior Fellows in your district. Every year, each district elects a Junior Fellow district vice chair and district secretary/treasurer.

Junior Fellow vice chairs progress to chair after one year; after a year as chair they continue to serve as immediate past chair (for a total commitment of three years).

### Qualifications for Junior Fellow district officers

#### Vice chair

- ▶ Junior Fellow member of the district (but may become a Fellow during term of office)
- ▶ History of service to ACOG at section, district, or national level as an officer or committee/task force member
- ▶ Able to attend required national and district meetings (about three per year)

#### Secretary/treasurer

- ▶ Junior Fellow member of the district

#### info

- If you are interested in an office or in nominating someone, contact Chris Himes: 800-673-8444, ext 2561; [chimes@acog.org](mailto:chimes@acog.org)
- For more information, visit the ACOG website, [www.acog.org](http://www.acog.org), and click on "Junior Fellows" under "Membership"

### Process for submitting nominations

Submit a letter stating the office that you are seeking and a one-page summary of your CV to [chimes@acog.org](mailto:chimes@acog.org) ♀

### ELECTION SCHEDULE

#### June 1

Nominations due

#### June

District Nominating Committee develops slate of up to three candidates for each office

#### July

Slate of candidates posted on Junior Fellow website

#### Aug 1-31

Online polls open

#### Annual District Meetings

Elected officers installed

## Junior Fellow ACM events announced

**J**UNIOR FELLOWS ATTENDING the ACM have a number of educational and fun events specifically geared toward them. Be sure to take advantage of these activities at the Annual Clinical Meeting, May 6–10 in Washington, DC.

New at this year's ACM is the Business of Medicine Symposium for Junior Fellows, which will include a lunch session on Monday through Wednesday. Young Fellows are also invited to attend. Young Fellows are Fellows 40 and younger or who are in the first five years of Fellowship. Tickets are required for the symposium and cost \$15 total. Register when you fill out your ACM advance registration form. ♀

#### info

- See page 6 for registration details

#### MONDAY, MAY 8

##### The Business of Medicine Symposium for Junior Fellows

12:15–1:45 pm

"Understanding the Business Mindset"

##### Medical Student and JFCAC Reception

5:30–6:45 pm

#### TUESDAY, MAY 9

##### Junior Fellow Breakfast and Business Meeting

7–8:30 am

##### Stump the Professors

9:30–11 am

##### The Business of Medicine Symposium for Junior Fellows

12:15–1:15 pm

"Planning for Professional Practice"

#### WEDNESDAY, MAY 10

##### The Business of Medicine Symposium for Junior Fellows

12:15–1:45 pm

"Personal and Professional Financial Security"

Junior Fellow Aimee D. Eyvazzadeh, MD, waits for a response from the judges during the Stump the Professors session at the 2005 Annual Clinical Meeting. The popular scientific session will be held on Tuesday, May 9, during the 2006 ACM in Washington, DC.





# JFCAC grapples with how to teach professionalism

By May Hsieh Blanchard, MD, JFCAC chair

**I**N 1999, THE ACCREDITATION Council for Graduate Medical Education endorsed “professionalism” as one of six general competencies that residents must exhibit for program accreditation. In defining professionalism, the ACGME states, “Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.”

Under the professionalism competency, residents are expected to demonstrate:

- ▶ Respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and ongoing professional development
- ▶ A commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- ▶ Sensitivity and responsiveness to patients’ culture, age, gender, and disabilities

But how does one teach “commitment,” “accountability,” and “sensitivity”? These may be innate attributes in some, but are they virtues that either one has or does not have, or are they skills that can be learned and/or improved upon?

## Professionalism and duty-hour restrictions

The need for “professionalism” goes beyond the external requirements of residency education. These are qualities that we hope would be demonstrated by those who have chosen to pursue medicine, in general, and the field of ob-gyn, in particular. However, in addition to the challenges of fostering professionalism—which often requires going the extra mile, or, as stated above, responding to the “needs of patients and society that supersedes self-interest”—there are external constraints that may require that duties previously seen to completion by one physician now need to be signed-out to the next physician or team.

In light of the ACGME duty-hour restrictions, how do we balance the ethical, professional, and fiduciary responsibilities that make us doctors with the limited hours permitted to complete those responsibilities? How do we avoid the so-called “Cinderella phenomenon,” in which residents are so fearful of the ramifications of staying past the last stroke of midnight that they abandon their patient—or use the requirements as a convenient excuse to avoid completion of the task at hand?

These are some of the issues that the Junior Fellow College Advisory Council grapples with.

While JFCAC members are representatives of Junior Fellows in training and in practice, we are also advocates for women’s health, our specialty, and our patients. In evaluating ACOG’s Strategic Plan as it pertains to the JFCAC, we discovered that the concept of professionalism is of high importance to Junior Fellows. Promotion of professionalism and its standards among Junior Fellows is important to maintain the reputation and prestige of the specialty.

**How does one teach “commitment,” “accountability,” and “sensitivity?” Are they virtues that either one has or does not have, or are they skills that can be learned, improved upon?**

Furthermore, it is critical for what we feel is intrinsic and inherent to being a physician. Instilling the tenets of professionalism is especially important at the Junior Fellow level, as practice patterns are being developed during residency and fellowship training and in the early years of practice. ♀

### info

→ [www.acgme.org/outcome/comp/comphome.asp](http://www.acgme.org/outcome/comp/comphome.asp)

## JFCAC ACTIVITIES ADDRESSING PROFESSIONALISM

- ▶ **JFCAC and CREOG ongoing collaboration** to develop practical tools that further professionalism education and awareness for residents and subspecialty fellows
- ▶ **A Business of Medicine Symposium** at the 2006 Annual Clinical Meeting that will include ethical and practical considerations in balancing patient care with the business of medicine
- ▶ **Gathering of data on the impact of ACGME duty-hour restrictions** on day-to-day residency clinical and didactic education and on

patient care. Information is being collected from residents in all US programs to identify where solutions to the restrictions have been successful and where novel approaches may be necessary

- ▶ **Recruitment of medical students** to ob-gyn and promotion of Junior Fellow involvement in and mentorship of ob-gyn medical student interest groups
- ▶ **Inclusion of representatives from Mexico, Central America, and Canada** in Junior Fellow district advisory councils. Issues that

are discussed at the district level are conveyed to the national level via meetings of the JFCAC, with the objective of increasing cultural diversity and awareness

- ▶ **The Shingo Exchange**, in which 10 Junior Fellows are selected to attend the annual scientific meeting of the Japan Society of Obstetrics and Gynecology in Japan. In 2005, the first year for the program, the participants interacted with colleagues from Germany, Canada, Sweden, and Japan

## Fatal infections associated with medical abortion



PHYSICIANS AND THEIR patients need to be aware of the possibility of death by *Clostridium sordellii* endometritis and toxic shock syndrome following medical abortions. The Food and Drug Administration issued a public health advisory last summer after four women in the US died from sepsis within a week after a medical abortion. It has since been confirmed that all four fatal infections tested positive for *Clostridium sordellii*.

The deaths occurred between September 2003 and June 2005. In addition, one death was reported in 2001 in Canada from *Clostridium sordellii* infection after medical abortion.

Researchers at the Centers for Disease Control and Prevention outline the four US cases in the Dec 1, 2005 issue of *The New England Journal of Medicine*. The deaths occurred among previously healthy women after medical abortions with 200 mg of oral mifepristone and 800 µg of vaginal misoprostol. Three of the women presented to emergency departments complaining of symptoms that included cramping and severe abdominal pain, dysuria, nausea, vomiting, diarrhea, and weakness. In

the fourth case, 911 was called after the patient was found unresponsive. All four died 23 hours or less after presentation.

### Symptoms may not include fever or other signs of infection

The side effects of misoprostol, including vomiting, diarrhea, and abdominal cramping, may be similar to the initial symptoms of *Clostridium sordellii* toxic shock syndrome, according to *The New England Journal of Medicine* report. "To improve diagnosis and therapy," the report states, "clinicians should be aware of the distinctive features of this potentially fatal entity, including tachycardia, hypotension, edema, hemoconcentration, profound leukocytosis, and absence of fever."

In its public health advisory, the FDA recommends that all medical abortion providers and emergency room health care providers investigate the possibility of sepsis in patients undergoing medical abortion and presenting with nausea, vomiting, or diarrhea and weakness with or without abdominal pain and without fever or other signs of infection more than 24 hours after taking misoprostol. To help identify patients with hidden infection, strong consideration should be given to obtaining a complete blood count, the advisory states.

The FDA also recommends that physicians suspect infection in patients with this presentation and consider immediately initiating treatment with antibiotics that includes coverage of anaerobic bacteria such as *Clostridium sordellii*. There is not sufficient information for FDA to recommend prophylactic antibiotics. ♀



### Free patient education materials available

ACOG WILL HELP RAISE awareness of colorectal cancer prevention during National Colorectal Cancer Awareness Month in March. Led by the Cancer Research and Prevention Foundation, the annual campaign educates Americans about the prevention, early diagnosis, and treatment of colorectal cancer. Free patient materials are available on the event website. ACOG recommends that women at average risk be screened for colorectal cancer beginning at age 50.

### National conference

Ob-gyns are encouraged to take part in a national conference in March. *Dialogue for Action in Colorectal Cancer Screening: Looking at the Big Picture While Keeping Our Eyes on the Ball* will be held March 16–17 in Baltimore. The conference encourages the implementation of colorectal cancer screening programs as part of a comprehensive cancer prevention strategy. An ACOG representative is on the planning committee for the conference, which is sponsored by the Cancer Research and Prevention Foundation (see below). ♀

### COLORECTAL CANCER RESOURCES

- ▶ [www.preventcancer.org/colorectal](http://www.preventcancer.org/colorectal)
- ▶ 877-35-COLON
- ▶ National Conference: [www.preventcancer.org/programs/dialogue\\_national.cfm](http://www.preventcancer.org/programs/dialogue_national.cfm)
- ▶ *Reducing Your Risk of Cancer Patient Education Pamphlet*: Order at <http://sales.acog.org>; 800-762-2264, ext 192
- ▶ ACOG Committee Opinion *Primary and Preventive Care: Periodic Assessments* (#292, November 2003)

### MEDICAL ABORTION RESOURCES

- ▶ *The New England Journal of Medicine* article: <http://content.nejm.org/cgi/content/abstract/353/22/2352>
- ▶ *The New England Journal of Medicine* "Perspective": <http://content.nejm.org/cgi/content/extract/353/22/2317>
- ▶ CDC *Morbidity and Mortality Weekly Report*, Jul 29, 2005: [www.cdc.gov/mmwr/preview/mmwrhtml/mm5429a3.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5429a3.htm)
- ▶ FDA public health advisory: [www.fda.gov/cder/drug/advisory/mifeprex.htm](http://www.fda.gov/cder/drug/advisory/mifeprex.htm)
- ▶ FDA Mifeprex (mifepristone) information: [www.fda.gov/cder/infopage/mifepristone/default.htm](http://www.fda.gov/cder/infopage/mifepristone/default.htm)
- ▶ ACOG Practice Bulletin *Medical Management of Abortion*, (#67, October 2005): [www.acog.org/publications/educational\\_bulletins/pb067.cfm](http://www.acog.org/publications/educational_bulletins/pb067.cfm)

## Landmark children's study could influence practice of obstetrics

**A**COG IS URGING CONGRESS to provide the funding needed to launch the National Children's Study, which is expected to answer key questions about childhood development on topics such as obesity, asthma, and autism.

The results of this large observational study—which would examine environmental factors on health and development of more than 100,000 children from before birth until age 21—could have a tremendous impact on the way obstetricians and other physicians practice.

Fellow Donald J. Dudley, MD, likens the study to the National Collaborative Perinatal Project, which, in the 1950s and '60s, studied 65,000 pregnant women and their children to seven years after the children's birth, yielding a wealth of data. According to Dr. Dudley, more than 700 studies resulted from that project and it led to substantive changes in OB practice.

"The field of obstetrics has changed considerably since then, and it's very important to learn how all these influences can affect childhood development," said Dr. Dudley, a charter member of the National Children's Study Federal

Advisory Committee. "This study will be the biggest study of miscarriage ever done. It will be the biggest study of preeclampsia ever done. It will be the biggest study of medical complications during pregnancy ever done. It will be one of the biggest studies ever done to affect the obstetrician. I think it's extremely important for the obstetric community to get engaged in this early on so we can have some input."

### Study awaits congressional funding

The National Children's Study was authorized in the Children's Health Act of 2000 and is sponsored by the National Institute of Child Health and Human Development, the National Institute of Environmental Health Sciences, the Environmental Protection Agency, and the Centers for Disease Control and Prevention.

Due to the size and scope of the study, it is estimated that it will cost more than \$2 billion. Right now, organizers need about \$69 million to begin recruiting participants in 2007. Congress approved only \$12 million in funding for the study for the 2006 fiscal year. However, organizers continue to move forward with plans for recruitment.

**"Cooperation by ACOG Fellows will be critical as we are called upon to provide requested prenatal care information, educate our patients about the study, and facilitate our patients' participation."**

The study seeks to enroll 100,000 women—approximately 75,000 during pregnancy and at least 25,000 before pregnancy. Women will be recruited from 105 sites that were selected through a national probability sampling method. Approximately 40 centers will recruit participants and collect data from the sites. Seven vanguard centers for study recruitment are in:

- ▶ Orange County, CA
- ▶ New York City (Queens)
- ▶ Duplin County, NC
- ▶ Montgomery County, PA
- ▶ Salt Lake County, UT
- ▶ Waukesha County, WI
- ▶ Brookings County, SD, and Yellow Medicine, Pipestone, and Lincoln counties, MN

"Obstetricians in the selected communities will have the opportunity to represent the practice of obstetrics in the United States," said Fellow Laura M. Goetzl, MD, MPH, an OB consultant to the study. "Cooperation by ACOG Fellows will be critical as we are called upon to provide requested prenatal care information, educate our patients about the study, and facilitate our patients' participation."

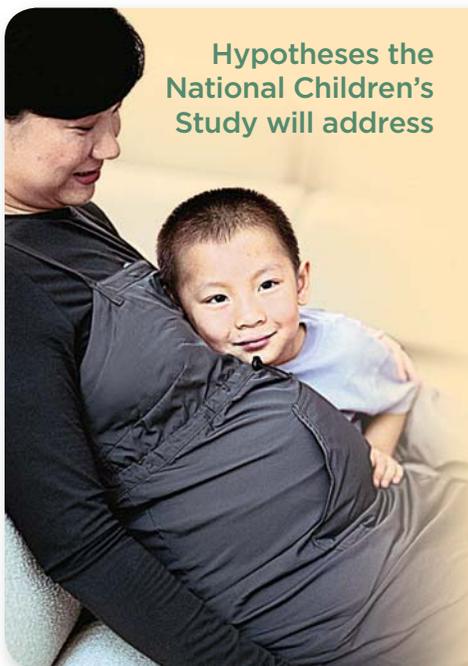
### Improving public health

Researchers will analyze data throughout the study and release findings as the children reach developmental milestones.

"The hope is that the data will affect public health measures and improve the public as a whole," Dr. Dudley said. "This is not just about research—it's about improving public health and creating solutions to real problems." ♀

### info

→ [www.nationalchildrensstudy.gov](http://www.nationalchildrensstudy.gov)



### Hypotheses the National Children's Study will address

- ▶ Is preterm birth caused by intrauterine inflammation and infection?
- ▶ Do assisted reproductive technologies increase risk of fetal growth restriction, birth defects, and developmental disabilities?
- ▶ Does impaired maternal glucose metabolism during pregnancy cause obesity in children?
- ▶ How is asthma incidence and severity influenced by the interaction of early-life infection and air quality?
- ▶ Does pre- and postnatal exposure to endocrine-active environmental agents alter age at onset, duration, and completion of puberty?
- ▶ How does high-level exposure to media content in infancy affect development and behavior in children?
- ▶ What are the health and developmental effects of persistent low-level chemical exposures?

# Medicare cuts take effect as Congress fails to pass budget

**C**ONGRESS, DRAGGED DOWN by partisan political wrangling, ended 2005 without passing a budget bill for 2006. Congress was ready to stop a 4.4% cut in Medicare physician fees, but, because the bill died, rates dropped as of January 1.

The bill includes a freeze of the 2006 rates at 2005 levels. However, while the House and Senate each passed the legislation once, the Senate made minor procedural changes unrelated to physician payment, requiring the House to pass the bill again. The House was scheduled to reconvene January 31.

Until Congress passes the bill, the Centers for Medicare and Medicaid Services is legally obligated to reimburse at the reduced rate for physician services performed after December 31. If Congress ultimately approves the bill and restores physician payments to pre-2006 levels, it may make the rates retroactive, allowing CMS to reimburse physicians.

ACOG worked throughout 2005 to eliminate the 4.4% cut and improve the way Medicare pays for physician services. Medicare patients are a small but significant part of most ob-gyn practices, at approximately 15%. The cuts are important to physicians who don't have Medicare patients because private payors

often follow the Medicare fee schedule. In addition, Tricare, the health insurance for military families, uses the Medicare fee schedule.

The budget bill scenario throws Medicare physician payments into question because it's unknown when the House will address the budget bill, if any changes will be made to previously agreed to provisions, and how much of a fight there may be now in passing the bill. The House passed the bill by a narrow vote, and the Senate passed the bill 51–50, only after Vice President Cheney broke the tie.

## Payment formula remains flawed

The bill does not fix the faulty method that Medicare uses to determine physician payments. Under this formula, called the Sustainable Growth Rate, Medicare physician payments will be cut by 25% by 2012. ACOG has repeatedly objected to the SGR formula for physicians and has advocated replacing it with a formula that adequately pays for the actual cost of providing services. ♀

### info

- To stay updated, sign up for ACOG's "The Inside Scoop." To subscribe, email [keycontact@acog.org](mailto:keycontact@acog.org)
- 800-673-8444, ext 2509; [govtrel@acog.org](mailto:govtrel@acog.org)

## February 10 deadline

# Register for Congressional Leadership Conference

**A**COG FELLOWS AND JUNIOR Fellows will gather next month in Washington, DC, to learn how to communicate with state and federal legislators and advocate for women's health issues on Capitol Hill. The 2006 ACOG Congressional Leadership Conference will be held March 12–14. The registration deadline is February 10.

Most Fellows and Junior Fellows who attend the conference are sponsored by districts or sections. Nonsponsored Fellows or Junior

Fellows can attend for a \$300 registration fee plus travel and expenses.

Conference participants gain valuable knowledge about legislation affecting the specialty and learn effective lobbying and communication techniques.

The conference culminates in a visit to Capitol Hill, where participants meet with their state delegations to discuss key legislative issues, such as medical liability reform and Medicare cuts. ♀

### info

- Contact your district or section chair or Stephanie Cherkezian in ACOG's Government Relations Department: 800-673-8444, ext 2566; [scherkezian@acog.org](mailto:scherkezian@acog.org)



## FEDERAL BUDGET'S EFFECT ON OB-GYN

**T**HE HOUSE AND SENATE passed the 2006 budget bill in December, but the House must vote on it again after the Senate made minor procedural changes. The bill includes the following measures, which would take effect if the bill is passed and signed by President Bush.

### Payments and Imaging

- ▶ Beginning in 2007, payment for in-office imaging would be held to no more than the payment rates for identical imaging services delivered in hospital outpatient departments
- ▶ The Medicare Payment Advisory Commission would be required to advise Congress by Mar 1, 2007, on a better way for Medicare to pay physicians

### Medicaid

#### ACOG won:

- ▶ Important protections for pregnant women and women being treated through the Medicaid breast and cervical cancer treatment program from new co-pays, premiums, and deductibles that would be required of other Medicaid enrollees
- ▶ An exemption for pregnant women with incomes less than \$17,000 for a family of two from a new program that allows states to offer enrollees a benefit package less than full Medicaid but equivalent to that received by federal or state employees or other commercial payers. Family planning coverage would be optional to the states in the new benefit package
- ▶ An exemption for most pregnant women from health opportunity accounts, which would give Medicaid beneficiaries a set amount of money to spend for their medical care

YOU ASKED, WE ANSWERED

# Survey data critical in professional liability fight

**Q** HOW DO ACOG SURVEYS benefit me as a Fellow?

**A** SURVEY DATA ARE ESSENTIAL tools in ACOG's educational and advocacy efforts with both the public and Congress. Data generated from College surveys enable ACOG to serve as effective and aggressive advocates for Fellows at both the federal and state levels. Accurate data can help fill the gaps left by other surveys or by special interest groups and help ensure that ob-gyns are not excluded from new or changing legislation. For example, while some surveys have claimed that the frequency of medical liability claims has leveled off or decreased, data collected from ACOG surveys were able to show that there

was a significant increase from 1999 through 2002 in the average number of claims filed against ob-gyns.

Survey data have been used to show lawmakers how professional liability insurance affordability and availability affects physician practices and patient access to health care. From 1999 through 2002, 14% of ob-gyns reported they had stopped practicing OB as a result of the risk of professional liability claims and litigation, while 9.2% had decreased their number of deliveries, 22% decreased their level of high-risk obstetric care, and 14.8% stopped offering VBAC deliveries.

Data from surveys also allow ACOG to see how progress has been made at the state level in tort reform. Texas has seen double-digit reductions in claims since tort reform measures



were enacted in 2003. In California, where the Medical Injury Compensation Reform Act is often cited as the model for legislative reforms, the state reports lower liability claim payments, lower premiums for physicians, better access to health care, and speedier victim compensation as a result of tort reform.

To keep reform initiatives moving, ACOG asks all Fellows to participate in the 2006 ACOG Survey on Professional Liability. To access the survey, visit ACOG's website, [www.acog.org](http://www.acog.org), and click on "2006 ACOG Survey on Professional Liability." Your participation does make a critical difference. ♀

info

→ [liability@acog.org](mailto:liability@acog.org)

## Junior Fellow leaders gather for ACOG orientation

► PAGE 1 available through ACOG to inform their constituents."

Larry Rand, MD, Junior Fellow vice chair of District II, said he had been unaware of all the intricacies of ACOG. Dr. Rand first became involved in the College at the section level when he was training in Boston and developed an interest in resident work hours, resident education, and legislative issues.

"I wanted to take some initiative to look for leadership opportunities; I was encouraged by a mentor to join ACOG," Dr. Rand said. "When I joined, I had two goals. One, I wanted to become more involved and learn more about ACOG and two, I wanted to disseminate that information [to residents]. I think we've done a good job of that, spreading knowledge about what ACOG offers."

Some of those resources and benefits of membership, which were outlined during the orientation, are numerous publications, media training, the grievance process, advocacy in Congress, efforts to increase reimbursement, the Annual Clinical Meeting,

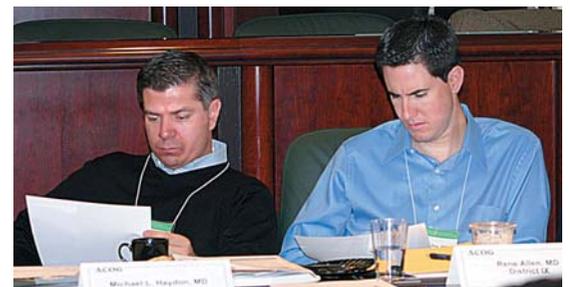
**"The orientation brings these leaders to ACOG headquarters to learn about the structure of ACOG, meet staff, and tour the building."**

Annual District Meetings, and initiatives for underserved women and adolescents. ACOG Executive Vice President Ralph W. Hale, MD, also presented the officers with a session on the principles of planning and holding a successful meeting.

"We always read about these people (national officers and ACOG vice presidents), and it was great to hear them speak and meet them," said Maureen M. Busher, MD, Junior Fellow vice chair of District V. "The level of commitment that they have is very impressive. It's great to know they're leading us toward the future." ♀

info

→ A list of your district's representatives is on the ACOG website, [www.acog.org](http://www.acog.org). Under "Membership," click on "Junior Fellows"



District IX Junior Fellow Vice Chair Michael L. Haydon, MD, and Chair Rene B. Allen, MD, review an organizational chart of ACOG's Administration Division during the Junior Fellow Officer Orientation.



JFCAC Chair May Hsieh Blanchard, MD

# 2006 CALENDAR

PLEASE CONTACT THE INDIVIDUAL ORGANIZATIONS FOR ADDITIONAL INFORMATION.

## FEBRUARY

9-11

### 33rd Annual Meeting of the North American Society for Psychosocial Obstetrics and Gynecology

Kohala Coast, HI  
www.naspog.org  
202-863-2570

14

### ACOG WEBCAST: Misadventures and Complications of Care Coding

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

## MARCH

2-5

### CREOG and APGO Annual Meeting

Orlando, FL  
CREOG: 800-673-8444, ext 2558  
APGO: 410-451-9560

12-14

### ACOG Congressional Leadership Conference

Washington, DC  
800-673-8444, ext 2566

13-17

### American Society for Colposcopy and Cervical Pathology Biennial Meeting

Las Vegas  
www.asccp.org/biennial.shtml  
800-787-7227

14

### ACOG WEBCAST: Global Obstetrical Package

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

16-19

### Society for Sex Therapy and Research 31st Annual Meeting

Philadelphia  
www.sstarnet.org/  
2006meeting.cfm  
800-673-8444, ext 1644

17-18

### Council of Medical Specialty Societies Spring Meeting

Chicago  
www.cmss.org  
847-295-3456

22-25

### Society for Gynecologic Investigation Annual Meeting

Toronto, ON  
www.sgiionline.org  
800-673-8444, ext 2544

22-26

### Society of Gynecologic Oncologists: 37th Annual Meeting on Women's Cancer

Palm Springs, CA  
www.sgo.org  
312-321-4099  
[Please note that this meeting was originally scheduled for Mar 4-8 in New Orleans.]

27-29

### NIH State-of-the-Science Conference on Cesarean Delivery on Maternal Request

National Institutes of Health  
Bethesda, MD  
www.consensus.nih.gov

30-April 1

### 77th Annual Meeting of the Texas Association of Ob-Gyn and the ACOG Texas Section

San Antonio  
www.txobgyn.org  
866-935-1959

## APRIL

3-5

### Society of Gynecologic Surgeons 32nd Annual Scientific Meeting

Tucson, AZ  
www.sgsonline.org  
901-682-2079

5-8

### 19th European Congress of Obstetrics and Gynaecology

Torino, Italy  
www.ebcog2006.it

26-30

### Pacific Coast Reproductive Society

Indian Wells, CA  
www.pcrsonline.org  
562-947-7068

## MAY

2

### ACOG WEBCAST: CPT Surgical Modifiers and Multiple Procedures (Modifiers -51 and -59)

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

6-10

### ACOG 54th Annual Clinical Meeting

Washington, DC  
800-673-8444, ext 2442  
www.acog.org/acm

31-June 3

### The Western Association of Gynecologic Oncologists

Olympic Valley, CA  
800-673-8444, ext 1648

## JUNE

10-14

### American Medical Association Annual Meeting

Chicago  
www.ama-assn.org  
800-673-8444, ext 2515

13

### ACOG WEBCAST: Coding for Female Reproductive Services

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

22-27

### The Society of Obstetricians and Gynaecologists of Canada 62nd Annual Clinical Meeting

Vancouver, BC  
www.sogc.org  
613-730-4192

## ACOG COURSES

- For Postgraduate Courses, call 800-673-8444, ext 2540/2541, weekdays 9 am-4:45 pm ET or visit [www.acog.org](http://www.acog.org) and click on "Postgraduate Courses and CPT Coding Workshops" under "Meetings"
  - For Coding Workshops, visit [www.acog.org](http://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

10-12

### CPT and ICD-9-CM Coding Workshop

Tampa, FL

13-15

### Practical Ob-Gyn Ultrasound: Spotlight on Chronic Pelvic Pain

St. James, Jamaica

16-18

### Complex Gynecologic Surgery: Prevention and Management of Complications

St. James, Jamaica

24-26

### CPT and ICD-9-CM Coding Workshop

Tempe, AZ

## MARCH

10-12

### CPT and ICD-9-CM Coding Workshop

San Antonio

24-26

### CPT and ICD-9-CM Coding Workshop

Atlanta

## APRIL

1-2

### No Frills—Operative Hysteroscopy

Las Vegas

7-9

### CPT and ICD-9-CM Coding Workshop

Chicago

## MAY

11-13

### CPT and ICD-9-CM Coding Workshop

Washington, DC

## JUNE

2-4

### CPT and ICD-9-CM Coding Workshop

Portland, OR

22-24

### The Art of Clinical Obstetrics

Kohala Coast, HI

## AUGUST

4-6

### CPT and ICD-9-CM Coding Workshop

Secaucus, NJ

10-12

### Screening in Obstetrics and Gynecology

Vancouver, BC

25-27

### CPT and ICD-9-CM Coding Workshop

Kansas City, MO

## SEPTEMBER

8-10

### CPT and ICD-9-CM Coding Workshop

San Diego

14-16

### Quality Improvement and Management Skills for Leaders in Women's Health Care

San Francisco

## OCTOBER

13-15

### CPT and ICD-9-CM Coding Workshop

Chicago

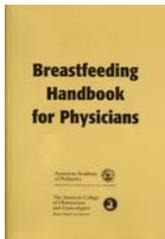
## NOVEMBER

8-11

### Obstetrical and Gynecological Pearls

Kohala Coast, HI

## ACOG develops breastfeeding handbook



**A**COG AND THE American Academy of Pediatrics have collaborated to publish the first concise breastfeeding guide aimed at physicians. *Breastfeeding Handbook for Physicians* will enhance physicians' awareness of the benefits and importance of breastfeeding and their knowledge of breastfeeding physiology and clinical practice.

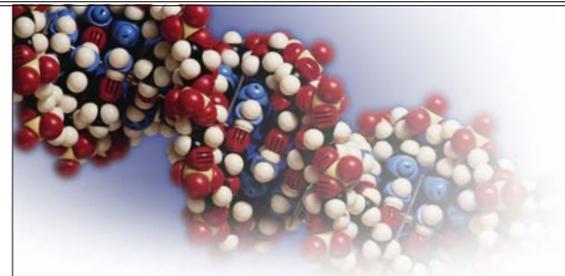
"This is the first book on breastfeeding and lactation management directed toward the physician," said Fellow Sharon B. Mass, MD, one of the book's editors. "It is designed to be an easy reference for clinical use on a day-to-day basis. It is written in a lifecycle format, addressing management of breastfeeding from preconception through pregnancy and postpartum."

### The handbook covers topics such as:

- ▶ Health benefits of breastfeeding
- ▶ Anatomy and physiology of breastfeeding
- ▶ Management and discussion of breastfeeding during preconception visits
- ▶ Transition to lactation in the hospital, including breastfeeding technique
- ▶ Postpartum issues, including feeding patterns and infant behavior
- ▶ Breastfeeding issues for the infant and for the mother
- ▶ Breastfeeding technology
- ▶ Breastfeeding and contraception
- ▶ Breastfeeding of infants with special needs
- ▶ The creation of a breastfeeding-friendly medical office ♀

### info

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



**April 14 deadline**

## ACOG accepting applications for Issue of the Year

**A**COG IS SEEKING A thoroughly researched and referenced background paper of 50–100 pages on the 2006 Issue of the Year, "Ethical Issues Unique to Genetic Testing." Every year ACOG selects a topic of current significance and invites applications from members to develop a paper on it. Any ACOG Fellow or Junior Fellow may apply.

The Issue of the Year carries a stipend of \$10,000. The winner receives \$5,000 on selection and \$5,000 when ACOG receives the final paper. The winner will also receive a \$1,000 travel stipend to attend the February 2007 Executive Board meeting to make a presentation. Deadline for applications is April 14. ♀

### How to apply

Send your CV and your approach outline (maximum two pages) to:

Lee Cummings  
 Director of Corporate Relations  
 ACOG  
 PO Box 96920  
 Washington, DC 20090-6920  
 800-673-8444, ext 2577  
[lcummings@acog.org](mailto:lcummings@acog.org)

## Promote heart disease awareness in February



**A**COG CONTINUES TO CALL ATTENTION TO HEART DISEASE, the No. 1 killer of women, by encouraging Fellows to wear red on Friday, February 3, in honor of National Wear Red Day for Women.

Resources are available from WomenHeart: the National Coalition for Women with Heart Disease, the American Heart Association, and the National Heart, Lung, and Blood Institute. ♀

### info

- WomenHeart: [www.womenheart.org](http://www.womenheart.org)
- NHLBI: [www.nhlbi.nih.gov/health/hearttruth/wrd/index.htm](http://www.nhlbi.nih.gov/health/hearttruth/wrd/index.htm)
- AHA: Visit [www.heart.org](http://www.heart.org), and click on "Go Red for Women" link



**The American College of  
 Obstetricians and Gynecologists**

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 Washington, DC 20090-6920

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