

Former presidential adviser to address ACM audience

HEALTH CARE ECONOMIST GAIL WILENSKY, PHD, will speak on “The Future of Health Care” during the President’s Program at this year’s Annual Clinical Meeting.

ACOG President Kenneth L. Noller, MD, MS, has selected Dr. Wilensky as the Samuel A. Cosgrove Memorial Lecturer. Dr. Wilensky is a senior fellow at Project HOPE, a health education foundation, where she analyzes and develops policies related to health care reform and ongoing changes in the health care environment. In 1990–92, she directed the Medicare and Medicaid programs and served as deputy assistant to President George H.W. Bush for policy development, advising him on health and welfare issues. From 1997 to 2001, she chaired the Medicare Payment Advisory Commission, which advises Congress on Medicare issues.

Dr. Wilensky spoke recently with *ACOG Today*.

Q. What are some of the biggest health care issues physicians and patients will face in the next 5–20 years? ► PAGE 8



LOOKING TO
HEALTH CARE'S
FUTURE

Gail Wilensky, PhD

Obesity's effect on a patient's fertility

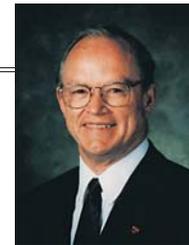
WEIGHT MAY BE THE MOST modifiable factor affecting a woman's ability to conceive. How many of your patients know this?

As overweight and obesity become more widespread in the US—more than 65% of adults in the US are overweight or obese—more women may have trouble getting pregnant. Patients who are overweight or obese are at risk for anovulation and may have undiagnosed polycystic ovary syndrome, a leading cause of infertility.

When discussing their desire to get pregnant with their ob-gyn or fertility specialist, anovulatory obese and overweight patients may expect to hear about prescription drugs that can regulate their menstrual cycle or about other fertility treatments. But, numerous studies have shown that in overweight or obese patients with PCOS, a minimal weight loss of 5% to 10% can improve ovulation and lead to pregnancy. Although more research is needed, fertility experts are extrapolating that data to non-PCOS patients. For more about

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Executive Vice President
Ralph W. Hale, MD, FACOG

Director of Communications
Penelope Murphy, MS

Editor
Melanie Padgett

Contributor
Marian Wiseman, MA

Design and Production
Marcotte Wagner
Communications

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

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

Fax: 202-863-5473
Email: mpadgett@acog.org
Letters may be edited
for length.

**Permission to Photocopy
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Melanie Padgett, Editor
Email: mpadgett@acog.org

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

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

Address Changes
800-673-8444, ext 2427,
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EXECUTIVE DESK

ACOG welcomes District XI

AT THE NOVEMBER MEETING OF the Executive Board, the Texas Section of District VII was approved to become District XI. This move came after a survey of Texas Section members, discussions with all levels of membership in the section, and approval by the District VII Advisory Council. Thus, Texas becomes the first new district of ACOG since District IX (California) was created from District VIII in 1981.

John C. Jennings, MD, current Texas Section chair, has been appointed the interim district chair, and other section officer positions have also been upgraded for the transition.

As one would expect, transition from a section to a district requires many administrative, financial, and legal changes, which are ongoing. The plan is for all activities to be completed by June 30, so that District XI will be fully functioning on Jul 1, 2008.

ACOG is in the process of editing our current doc-

uments to recognize the addition. This will include a new geographical map, election procedures, committee revisions, and more. The number of changes to our current status is extensive. However, we are extremely happy to make these changes, welcoming Texas as our 11th district.

Congratulations to Dr. Jennings and his officers, whose vision made this happen. The first formal election of district officers will occur in 2010 as Texas joins the election rotation of Districts III, VI, and X (Armed Forces District).

Please note that, to avoid any confusion, the Armed Forces District will remain District X, even though informally it is called the Armed Forces District. ♀

Ralph W. Hale MD

Ralph W. Hale, MD, FACOG
Executive Vice President

IN MEMORIAM

Steven Ahn, MD
Tracy, CA • 12/07

Sunan Ajharn, MD
Orchard Park, NY

Raymond W. Andrews, MD
Columbia, SC

V.M. Bowers, MD
Minocqua, WI • 8/07

S. Susan Duffy, MD
Logan, OH • 12/07

Forrest Laverne Fuller, MD
Collegedale, TN • 5/07

Clifford P. Goplerud, MD
Iowa City, IA

David P. Gorman, MD
Malone, NY • 8/07

Edward A. Gulling, MD
St. Charles, IL • 9/07

W.C. Hedgpeth, MD
Lumberton, NC • 9/07

Sylvan J. Hershey, MD
Paramus, NJ • 1/07

George R. Hewlett, MD
Altamonte Springs, FL

Jay M. Hill, MD
Aurora, CO

Jesse E. Holland, MD
Brooklyn, NY

James Stephen Holtman, MD
Louisville, KY

John H. Isaacs, MD
Wilmette, IL • 7/07

C. Louis Jorgensen, MD
St. George, UT

Peter J. Kearney, MD
Lake Forest, IL

Claude H. Koons, MD
Des Moines, IA

Jamshid Kutchemeshgi, MD
Corona Del Mar, CA • 6/07

Clarence R. McLain Jr, MD
Cincinnati • 1/08

Gerald T. McMahon, MD
Flagstaff, AZ

John R. Madsen, MD
Freedom, CA • 5/07

Anders T. Netland, MD
Orono, ME • 7/07

Richard H. Oi, MD
Sacramento, CA • 9/07

Irwin L. Peikes, MD
Eagleville, PA • 12/07

T. Edgie Russell, MD
Baltimore

Paul W. Scokel III, MD
Birmingham, AL • 6/07

George E. Siemers, MD
Naples, FL

John W. Simpson, MD
San Antonio • 4/07

Christy Stark Smith, NP
Harrisburg, PA • 11/07

Edward M. Sullivan, MD
Springfield, PA

Dale Leonard Taylor, MD
Lake Hamilton, FL • 9/07

Joseph L. Yon Jr, MD
Seattle



**Obstetrics & Gynecology
HIGHLIGHTS**

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

Technologic Advances to Reduce Medication-Related Errors
(Patient Safety Committee Opinion #400, new)

Relationships with Industry
(Ethics Committee Opinion #401, revised)
For more information, see page 14.

Antenatal Corticosteroid Therapy for Fetal Maturation
(Obstetrics Committee Opinion #402, revised)

Treatment of Urinary Tract Infections in Nonpregnant Women
(Gynecology Practice Bulletin #91, new)

ACOG dedicates the Ralph W. Hale, MD, History Museum

THE RALPH W. HALE, MD, History Museum was dedicated at ACOG headquarters in Washington, DC, on February 9. The museum, adjacent to the College's History Library, honors Dr. Hale, ACOG's executive vice president, for his many years of service to ACOG and the ob-gyn specialty.

The History Museum will serve as a visual record of the ob-gyn specialty. Your support and interest will help the museum to flourish. If you would like to donate any items to the History Museum, please contact the History Librarian/Archivist at 800-673-8444, ext 2578, or history@acog.org.

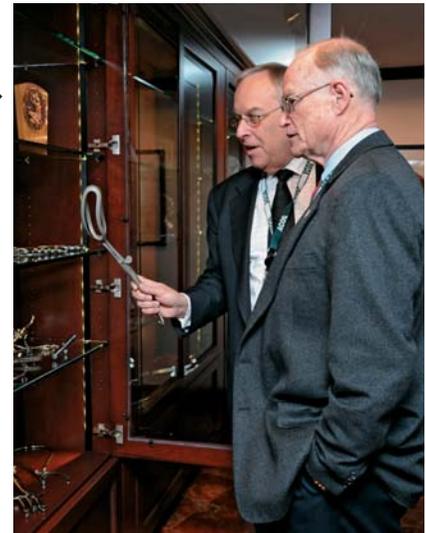
In addition, tax-deductible financial contributions are welcome. Donations may be made in honor of specific individuals or groups. To make a financial donation, please contact the ACOG Department of Development at 800-673-8444, ext 2546, or koconnell@acog.org. ♀



◀ Dr. Hale and his wife, Jane, inside the history museum



▶ Dr. Hale and ACOG President Kenneth L. Noller, MD, MS, examine antique forceps displayed in the new museum.



◀ Dr. Hale cuts the ribbon on ACOG's new history museum, with help from Dr. Noller.

PHOTOS BY CARL COX PHOTOGRAPHY

What is a young Fellow?

By young Fellow Camille A. Clare, MD, Executive Board Fellow-at-Large member

“WHAT IS A YOUNG Fellow? I thought I was simply a Fellow.” This is a common question asked by ACOG young Fellows, who are defined as Fellows 40 or younger or within the first eight years of Fellowship.

Steven J. Fleischman, MD, and I represent young Fellows on the ACOG Executive Board. We recently commissioned a survey of young Fellows to assess their level of participation in the College, and it was disheartening to discover that 95% of young Fellows do not know who their national representatives are, and 93% do not know who their district representatives are.

Some young Fellows have expressed concerns about being labeled “young” because they worry that it makes them appear separate from other Fellows. However, ACOG created this category not to make this group feel separate but to recognize that these Fellows have unique concerns that an older Fellow may not have.

Creating a place for the younger Fellows in the College allows ACOG to address their particular issues, such as the challenges of juggling a professional and personal life, working part-time, finding mentors as junior faculty in academia, and developing a private practice.

Our survey illustrated some of these challenges, showing that 54% of young Fellows at-

tended just one Annual Clinical Meeting over the last five years, and 82% have attended only one Annual District Meeting in the last three years. The top reasons influencing a young Fellow's decision to attend an ACOG meeting were meeting location, date, and cost.

We encourage you to attend the Young Fellows Forum at the Annual Clinical Meeting in New Orleans. This event, which will be held on May 6 from 7 to 8:30 am at the Hilton New Orleans Riverside Hotel, will include information on maintenance of certification.

In addition, please regularly check the young Fellows' website at www.acog.org. Under “Membership,” click on “Young Fellows.” ♀





Education

MD:
University of Iowa

RESIDENCY:

University of Michigan

ACOG Activities

NATIONAL:

vice president; chair,

Council of District Chairs; chair, Grievance Committee; member, committees on Nominations, Credentials, Health Care for Underserved Women, Professional Liability

DISTRICT VIII:

chair; vice chair; secretary; recipient, Outstanding District Service Award; recipient, Wyeth Pharmaceuticals Section Award; Colorado Section chair, vice chair, secretary

Dr. Kirkpatrick to be sworn in at ACM

DOUGLAS H. KIRKPATRICK, MD, of Denver, will be sworn in as ACOG's 59th president on May 7 in New Orleans, where he will deliver his inaugural address.

Dr. Kirkpatrick has been a solo private ob-gyn practitioner for 32 years, and he is a clinical assistant professor of ob-gyn at the University of Colorado Health Sciences Center.

"As a solo ob-gyn practitioner, I will bring a somewhat different perspective to the College during my presidency. I am extremely sensitive to the pressures facing ob-gyns in clinical practice," Dr. Kirkpatrick said. "First, the professional liability climate must dramatically improve just to allow physicians to remain in their home states. There are viable alternative options to traditional tort reform being presented in some states with initial success. Secondly, the economics of ob-gyn practice have to significantly improve as overhead expenses keep spiraling upward. One of the economic improvements would be meaningful Medicare restructuring in 2008. This will require an even stronger legislative advocacy from both the Fellows and the College." ♀

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Jurisdictions with elections in 2009

Because all officers serve three years, to avoid having all College officers change at the same time, sections and districts hold elections on a three-year rotation. The following districts and sections will begin the new election process in 2008, with terms beginning after their Annual District Meeting in 2009.

DISTRICTS

- District I
- District IV
- District VII

SECTIONS (DISTRICT)

- Connecticut (I)
- New Hampshire (I)
- New York Section 1 (II)
- New York Section 4 (II)
- New York Section 7 (II)
- New Jersey (III)
- Georgia (IV)
- Puerto Rico (IV)
- Virginia (IV)
- Indiana (V)
- Ontario (V)
- Iowa (VI)
- Manitoba (VI)
- North Dakota (VI)
- Arkansas (VII)
- Mississippi (VII)
- Tennessee (VII)
- British Columbia (VIII)
- Colorado (VIII)
- Hawaii (VIII)
- New Mexico (VIII)
- Oregon (VIII)
- California Section 2 (IX)
- California Section 3 (IX)
- California Section 6 (IX)
- Army (AFD)

June 1 deadline

Districts and sections seek officer nominations

DURING MARCH OR APRIL all Fellows eligible to vote in a section or district holding elections for the 2009–12 rotation will receive notice to nominate officers. Nominations must include a letter stating the office or offices being sought, a complete curriculum vitae, and a one-page summary of the individual's CV. Nominations are due June 1.

During the summer, a list of nominees, along with the roster of the nominating committee and the date when the committee will meet, will be made available online to all voting Fellows. ACOG encourages Fellows to contact members of the nominating committee to offer comments about the candidates.

Determining the candidate slate

For section elections, the section nominating committee will meet before the Annual Dis-

trict Meeting and will name a slate of at least one, but no more than two, candidates for each office. For district elections, the same rules apply, but the committee meeting will occur either at the ADM or within 30 days following it.

The slate adopted by the nominating committee will be sent to all Fellows for both district and section elections by the end of the year. The results will be announced to candidates and District Advisory Councils by Mar 1, 2009, and publicly at ACOG's Annual Business Meeting in May 2009. ♀

info

→ Megan Willis Mazur: 800-782-1828; mwillis@acog.org

→ On the ACOG website, www.acog.org, under "Membership," click on "District and Section Activities"

Timeline for election of district and section officers

MARCH 1	Nominating committees formed in sections and districts
MARCH-APRIL	Voting Fellows invited to submit nominations
JUNE 1	Nominations for section and district officers due

Obesity's effect on a patient's fertility

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PCOS, see ACOG's Practice Bulletin *Polycystic Ovary Syndrome* (#41, December 2002).

"Both underweight and overweight patients need to know that they can modify lifestyle, without the use of drugs, and they may achieve success with a pregnancy," said Rebecca S. Usadi, MD, assistant director of reproductive endocrinology at Carolinas Medical Center, Charlotte, NC. "One study demonstrated that by losing a small amount of weight, as little as 2 to 5% of weight, a 50% ovulation rate and an 11% pregnancy rate can be achieved without any drugs."

Dr. Usadi also pointed out that obese women are not as sensitive to clomiphene citrate and may need higher doses, and moving on to gonadotropins increases the risk of multiples and ovarian hyperstimulation syndrome.

In an Australian study, 18 anovulatory overweight and obese women ages 22 to 39 with PCOS received diet and exercise counseling for six months (Huber-Buchholz, *The Journal of Clinical Endocrinology & Metabolism*, 1999 v84 p1470). Of the 15 women who completed the study, nine began ovulating regularly, with two becoming pregnant. Mean weight losses were between 2% and 5%. Those who responded to the program had reduced waist girth and central abdominal fat and a 71% improvement in the insulin sensitivity index and a 33% decrease in fasting insulin.

In an obese patient who is 5'5" and weighs 192 pounds, a 5% weight loss equals 9.6 pounds and lowers her BMI from 32 to under 31. A 10% weight loss equals 19.2 pounds, lowering her BMI to under 29 and moving her down to the "overweight" category.

"I think generalists can work this into their discussions. They can impress upon patients that a weight loss of 10 pounds can be beneficial in many patients," Dr. Usadi said. "A physician should be comfortable with this counseling. We talk about all the other factors that can help a patient achieve a healthy pregnancy so we should talk about weight."

Many ob-gyns continue to struggle with the "weight" issue with their patients. Experts encourage physicians to focus on the health risks brought about by being overweight or obese. Physicians can help patients develop a realistic plan and goals to achieve weight loss in incremental, doable steps.

The initial approach should reinforce the importance of weight loss and exercise and assess the patient's readiness to make behavioral changes, according to ACOG's Committee Opinion *The Role of the Obstetrician-Gynecologist in the Assessment and Management of Obesity* (#319, October 2005). The Committee Opinion includes a chart that presents sample dialogue to use with patients, depending on their readiness for change.



"[Patients] need to know that they can modify lifestyle, without the use of drugs, and they may achieve success with a pregnancy."

Dr. Usadi uses the BMI chart to show patients where they fall on the chart. "It's amazing how many people are unaware that clinically they are defined as obese," she said.

"With a young patient, before Clomid, I tell her, 'take one to two months to devote to weight loss because you may achieve pregnancy or it'll help you be more sensitive to Clomid.' Physicians shouldn't delay fertility treatment indefinitely. You don't want to say 'come back and see me when you're at a normal BMI,'" Dr. Usadi said.

Ethical dilemmas

Providing fertility treatment in conjunction with a weight loss program or after a mod-

est weight loss can be controversial. Some believe that patients should reach a target BMI before receiving any fertility treatment. Obese patients who become pregnant face substantial risks, including hypertension, gestational diabetes, preeclampsia, spontaneous abortion, cesarean delivery, and cesarean delivery complications, and the fetus is at risk for prematurity, stillbirth, neural tube defects, and macrosomia. These risks are outlined in ACOG's Committee Opinion *Obesity in Pregnancy* (#315, September 2005).

"It's an ethical dilemma," said Frances W. Ginsburg, MD, a reproductive endocrinologist at Stamford Hospital, Stamford, CT. "If you have a patient who is 350 pounds and she has failed to lose weight, do you tell her she has to lose the weight before she can have fertility treatment?"

While younger patients may delay fertility treatments while undergoing a weight reduction program, older patients may need to receive pharmacologic fertility treatment concurrent with lifestyle advice, according to Kathleen M. Hoeger, MD, an associate professor of ob-gyn in the division of reproductive endocrinology at the University of Rochester Medical Center's Strong Fertility Clinic in New York.

"You can't just say to a fertility patient 'lose some weight and come back to me in a year.' That's generally ineffective and discouraging,"

Dr. Hoeger said.

Samantha M. Pfeifer, MD, associate professor at the University of Pennsylvania, agrees: "Some fertility practices won't treat patients unless they lose 50 pounds, and in my experience they go down the street to another practice, and that doesn't help anyone."

Many questions about obesity's link to fertility are left unanswered.

"Obesity does affect fertility, but we don't entirely know why. More research is needed," Dr. Ginsburg said. "At this point, however, it's important to share what we do know with women well before they attempt to conceive so that they can have at least some control over their future fertility." ♀

Former presidential adviser to address ACM audience

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DR. WILENSKY: I look at it as a trifecta of unsustainable spending, quality/clinical appropriateness problems, and patient safety. Over the last 40 years, health care spending has been growing annually at 2 to 2 ½% faster than inflation. If we don't find a way to slow spending down—not reduce spending, but slow it down—this spending growth will put tremendous pressure on the federal budget and also on the rest of the economy.

In terms of appropriateness, studies have indicated that as a patient you get on average about 55% of procedures and treatment that are clinically appropriate, indicating serious issues with clinical appropriateness. As for patient safety, the publication *To Err is Human* [published in 2000 by the Institute of Medicine] indicated that, at best guess, about 100,000 people are dying every year from medical errors. Not nearly enough has been done to address this over the last five years.

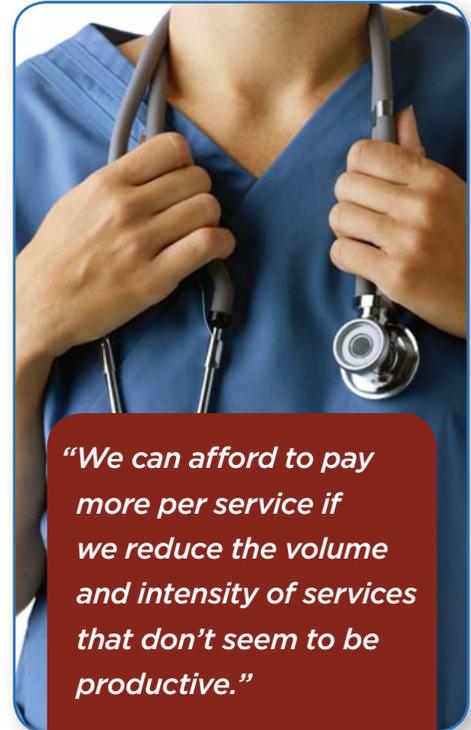
Q. Ob-gyns are concerned with rising health care costs at the same time that they face decreasing reimbursement and escalating medical liability fees. What must the federal government, Congress, and the health care sector do to address the increasing health care costs?

DR. WILENSKY: We need to change how physicians are reimbursed. Medicare's use of a disaggregated fee schedule, in conjunction with a spending limit, has produced a very unfortunate situation. Fees have been held pretty flat and have been threatened to be reduced. We've got to change that, but it will have to be done in a way that results in smaller aggregate increases in physician spending and better outcomes.

Physicians are frustrated because their fees are staying flat or growing very slowly, and at the same time [Medicare's] Part B is growing at 12 to 13% a year. We can afford to pay more per service if we reduce the volume and intensity of services that don't seem to be productive. This is one of the areas I've been working on—how do we get better information about what's really effective?

Q. There has been a lot of talk in recent years about pay-for-performance. What's your opinion on this?

DR. WILENSKY: I regard the movement in pay-for-performance as recognizing that some physicians and some institutions have better clinical outcomes, even with sicker patients. You want to reward those who have good outcomes and work in a cost-efficient



"We can afford to pay more per service if we reduce the volume and intensity of services that don't seem to be productive."

manner. This will identify ways to produce good outcomes elsewhere. How we make sure measures are reasonable and how we make adjustments for severity of illness are important questions and are areas where physicians have a right to raise concerns.

Q. With high medical liability costs, many ob-gyns have stopped doing obstetrics, and in some areas of the country, women face a shortage of OBs. How can this issue be addressed?

DR. WILENSKY: My view is for physicians to follow prespecified and agreed-upon patient safety measures and clinical guidelines. If they do this, they should be covered by medical liability and exempt from pain and suffering damages unless there is a clear indication of professional negligence. These guidelines would be established by a consortium of professional organizations and associations, along with participation by the federal government. ♀

Dr. Wilensky will present the Cosgrove Lecture from 8:45 to 9:30 am on Monday, May 5.

Register now for the ACM

NEW ORLEANS • MAY 3-7



2008 ACM

Register for the ACM and reserve your hotel room through the ACOG website at www.acog.org/acm

Find out how to balance your life at brown bag seminar

DO YOU FEEL LIKE EVERYBODY wants a piece of you? Scrambling to meet all the demands on you can have you coming apart at the seams. One of the “brown bag” seminars at this year’s Annual Clinical Meeting is just what the doctor ordered.

“Keeping All the Balls Juggling—Achieving Balance in Personal and Professional Lives” will be presented on Monday, May 5, from 12:30 to 1:45 pm by Joanna M. Cain, MD, professor and chair of the ob-gyn department at Oregon Health and Science University. Tickets are required for brown bag seminars; a boxed lunch is included in the course fee.

Ob-gyns of all ages struggle with this issue, Dr. Cain told *ACOG Today*. “Although it becomes more acute when family needs—child-

ren, elderly parents, illness, or all three—require more attention, the pressure on physicians’ time is increasing with regulatory, documentation, and patient demands.”

The seminar will cover ways to address these issues over an entire career. Setting priorities that will be satisfying at a deep level is a key part of the answer, Dr. Cain said.

“You have to ask yourself why you went into obstetrics and gynecology, and then ask if your heart is still in the same place or has it changed,” she said.

Other aspects of life balance that will be covered in the session are financial pressures, learning to say “no,” and lifetime learning.

“Anxiety and expectations related to money lead to choices that can overwhelm common sense. The course will address ways to



balance this,” Dr. Cain said.

Dr. Cain will draw on her personal experience and lessons learned as a mother of two college students and wife of 35 years, who also had parents and an aunt who lived with her and died at home, all while she managed a career as a gynecologic oncologist and academic department chair.

Dr. Cain stresses that decisions made in crisis to fix a short-term strain can influence a whole career and lead to dissatisfaction.

“Individuals must make decisions on the basis of where their heart is and how they want to make a difference,” she said. ♀

2008 ACOG clinical seminars

MORE THAN 40 CLINICAL SEMINARS will be presented at this year’s Annual Clinical Meeting, offering practical and evidence-based information that you can put to use in your practice. Two of Monday’s clinical seminars are described below. For a full listing, click on “Educational Program” at www.acog.org/acm. Tickets are required for clinical seminars.

Selecting a Urinary Incontinence Procedure for Your Patient—A Review of the Evidence Monday, May 5, 11 am to 12:15 pm

Halina M. Zyczynski, MD, director of urogynecology and reconstructive pelvic surgery at the University of Pittsburgh, will focus on the sling procedure, with all of its variations of graft material and techniques, and the Burch procedure, both open and laparoscopic.

Advances in treatments for urinary incontinence in the last decade have at times led to confusion for practitioners, she said.

“For most of the 20th century, interventions were oriented toward correcting or stabilizing urethral ‘hypermobility.’ But in the 1990s greater recognition of sphincter dysfunction due to denervation shifted the paradigm of treatment toward minimally invasive interventions,” Dr. Zyczynski said. “The lecture will review the pivotal studies that have reported on the effect that variations in techniques and materials

have had on continence and quality of life.”

The course will enable practitioners to recognize the advantages and shortcomings of each procedure for patients who have either pure stress or mixed urinary incontinence.

“After the seminar, some physicians may abandon approaches that have proven inferior, while others will find validation in their approach,” she continued. “All will respect how minor variations in technique can influence continence outcomes and complications.”

Induction of Labor: Present Practices and Future Strategies Monday, May 5, 11 am to 12:15 pm

Since 1990, the rates of labor induction have more than doubled. In this clinical seminar, William F. Rayburn, MD, MBA, will present data about the rates of both elective and nonelective inductions and discuss the complex explanations for the rising rates. Dr. Rayburn is

Seligman Professor and Chair at the University of New Mexico School of Medicine.

“Elective inductions constitute many of the inductions and help explain the rising rate,” according to Dr. Rayburn. “In some community hospitals, between one-fourth and up to half of all women undergoing labor are induced.”

When labor is induced, there may be an increase in epidurals, cesarean deliveries, and instrument-assisted vaginal delivery, concerns that Dr. Rayburn will address during the clinical seminar.

The longer time spent in labor and the increased need for repeat cesarean deliveries increase the costs and health risks of childbirth, according to Dr. Rayburn.

Dr. Rayburn will also discuss protocols and strategies that may affect the induction rate in the future, including more effective cervical ripening agents, hospital peer review of inductions, and educating patients about the risks and costs related to induction. ♀

Nominees for 2008–09 ACOG officers

The following slate will be voted on at the 2008 Annual Business Meeting in New Orleans on May 5. Fellows and Senior Fellows who cannot attend should vote by proxy, using the card sent in a separate mailing in March.

President Elect Nominee



Gerald F. Joseph Jr, MD • Ponchatoula, LA

Professional Position

Senior consultant in gynecology, Ochsner Clinic Foundation, Covington, LA; clinical assistant professor, Louisiana State University and Tulane University

Education

MD: Tulane University, New Orleans

RESIDENCY: Louisiana State University

ACOG Activities

NATIONAL: member, Council of District Chairs; member, Executive Board; chair, Committee on Scientific Program; member, committees on Gynecologic Practice, Nominations, Long-Range Planning,

Credentials; chair, task forces on Enhancing Practice Satisfaction, District and Section Contributions; member, task forces on Abortion, Nominations Process (2), Scope of Practice, Medical Student Recruitment, Committees; member, Grievance Committee's Appeals Panel Committee; Executive Board liaison to Society for Maternal-Fetal Medicine board; member, medical advisory board for *Managing Menopause/pause*® magazine

DISTRICT VII: chair; vice chair; secretary-treasurer; scientific program chair; Louisiana Section chair, vice chair, secretary-treasurer; member, Missouri Section Advisory Council

Vice President Nominee



Iffath Abbasi Hoskins, MD • Brooklyn, NY

Professional Position

Senior vice president, chair, and residency director, Lutheran Medical Center

Education

MD: Dow Medical College, Karachi, Pakistan

RESIDENCY: National Naval Medical Center, Bethesda, MD

ACOG Activities

NATIONAL: assistant secretary; member, Executive Board; member, committees on Obstetric Practice, Health Care for Underserved Women; member, Grievance Committee; member, Task Force on

Governance; member, PROLOG Task Force on Obstetrics fourth edition; member, Clinical Document Review Panel; liaison to American Academy of Pediatrics Committee on Drugs; liaison to Society for Perinatal Obstetricians; liaison to American College of Surgeons; ACOG delegate to AMA

DISTRICT II: secretary; member, Advisory Council; chair, scientific program for Annual District Meeting; chair, Committee for Underserved Women; member, committees on Professional Liability, Legislative, Nominations; Junior Fellow co-advisor

Assistant Secretary Nominee



Paul A. Gluck, MD • Miami

Professional Position

Private group practice; clinical associate professor, University of Miami

Education

MD: New York University

RESIDENCY: University of Miami-Jackson Memorial Hospital

ACOG Activities

NATIONAL: director, Voluntary Review of Quality of Care program; chair, Committee on Quality Improvement and Patient Safety; member, committees on Course Coordination, Nominations; chair, Task

Force on Safety in Resident Education; chair, Subcommittee on Patient Safety; ex officio member, Committee on Professional Liability; participant, ACOG Patient Safety Summit; ACOG alternate delegate to AMA

DISTRICT IV: member, Advisory Council; member, Professional Liability Committee; chair, local arrangements for Annual District Meeting; recipient, Wyeth Pharmaceuticals Section Award; recipient, ACOG President's Community Service Award; district Junior Fellow chair, vice chair, secretary-treasurer; Florida Section chair, vice chair, Junior Fellow vice chair; chair, Florida Section Professional Liability Committee

Fellow-at-Large Nominee



Dane M. Shipp, MD • Encinitas, CA

Professional Position

Private group practice

Education

MD: University of Alabama at Birmingham

RESIDENCY: University of California San Francisco-Fresno

ACOG Activities

NATIONAL: member, Committee on Legislation; ACOG-American College of Surgeons Junior Fellow liaison; ACM Resident Reporter; participant, ACOG Future Leaders in Ob-Gyn Conference

DISTRICT II: young Fellow representative; member, committees on Business of Medicine, Nominations, State Legislation; newsletter editor; district Junior Fellow chair, vice chair; Section 3 Junior Fellow chair, vice chair

Public Member Nominee



Susan C. Del Pesco, JD • Hockessin, DE

Professional Position

Judge on the Superior Court of Delaware (retiring in June)

Education

MASTER OF LAW IN JUDICIAL PROCESS:

University of Virginia

JD: Widener University, Chester, PA

Current and Former Activities

Admitted to the Delaware bar in 1975; worked in civil litigation with the firm of Prickett, Jones, Elliott, Kristol and Schnee, becoming partner in 1982; first woman elected to serve as president of the Delaware State Bar Association; first woman to be appointed as a judge of the Delaware Superior Court; participant, project to build Delaware's first drug treatment facility for incarcerated women; cochair, the Supreme Court's Gender Fairness Task Force; participant, several projects that serve the administration of justice, including implementation of the nation's first litigation electronic filing system; adjunct professor, Widener University School of Law; member, Widener Law School's Board of Overseers for 20 years

Annual Business Meeting May 5 in New Orleans

ACOG MEMBERS IN ALL CATEGORIES OF MEMBERSHIP SHOULD check their mailbox for the March ACOG Resource Packet, which will include the minutes of the 2007 Annual Business Meeting. In addition, Fellows will receive a special mailing in March that includes proposed bylaw amendments and a proxy card to vote for the 2008–09 national officers, the Fellow-at-Large, the Public Member, and the proposed amendments.

If you do not plan to attend the Annual Business Meeting in New Orleans on May 5, please mail your proxy as soon as you receive it.

Notice of annual meeting

Notice is hereby given, in accordance with the Bylaws of the American College of Obstetricians and Gynecologists and the provisions of the General Not-for-Profit Corporation Act of the State of Illinois, that the Annual Meeting of the Fellows of said College will convene at 11 am, Monday, May 5, 2008, in the New Orleans Morial Convention Center in New Orleans, LA, for the purpose of electing officers of the College and transacting such other business as may come before the meeting. ♀

James N. Martin Jr, MD
Secretary
Dated: March 14, 2008

Dr. Hale invites questions to be answered at the Annual Business Meeting

At the Annual Business Meeting on Monday, May 5, in New Orleans, ACOG Executive Vice President Ralph W. Hale, MD, will answer questions submitted by Fellows about ACOG or ob-gyn issues.

Please mail or fax your questions by April 4 to:

Ralph W. Hale, MD
Executive Vice President
ACOG
PO Box 96920
Washington, DC 20090-6920
Fax: 202-863-1643

Mount Sinai medical students organize surgical missions

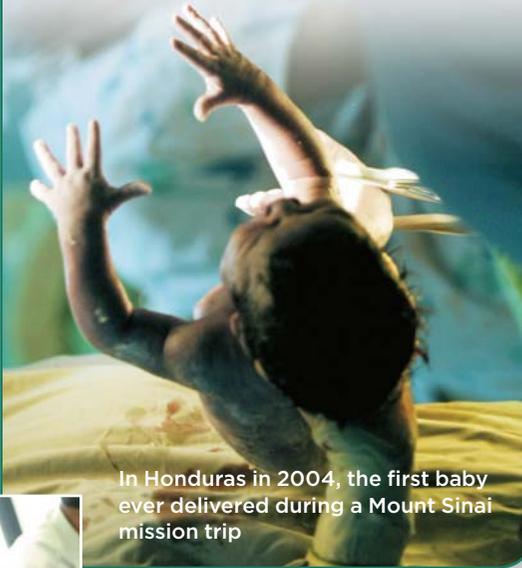
AT MOUNT SINAI SCHOOL OF Medicine in New York City, medical students don't simply participate in humanitarian surgical relief missions. They organize the trips, raising funds, gathering donated supplies, and recruiting surgeons.

Medical Students Making Impacts was created by Mount Sinai medical students to allow second-, third-, and fourth-year students to take part in a service project while enhancing their medical school education. In the last few years, the group has organized trips to Honduras, Belize, and the Dominican Republic. Recently, through a separate program, the students were invited to participate in a trip to Liberia.

"[The MSMI] trips are *our* trips," said student organizer Heather Levin, a fourth-year student and ACOG member who has chosen ob-gyn as her specialty. "We plan it. We coordinate the surgeons. We gather the supplies. We plan the dates. As medical students, we don't usually have the opportunity to lead and organize like this. It's something different to do over spring break or the Christmas vacation period, a way to give back while getting the experience of going abroad."

Long before the trip begins, the faculty leaders ensure that the students are learning in preparation for the trip. A semester-long curriculum includes reading pertinent medical articles, training in cultural competency, practicing suturing, receiving OR exposure, and learning how to scrub properly.

"As medical students, we don't usually have the opportunity to lead and organize like this."



In Honduras in 2004, the first baby ever delivered during a Mount Sinai mission trip



District II Junior Fellow Chair Larry Rand, MD (in the middle), teaches students Kristin Swedish and Dan Zandman how to use the portable ultrasound machine.

Having an impact

Medical Students Making Impacts began as medicine trips, with students and physicians



PHOTOS BY JACQUES-JEAN TIZOU

Medical student Shana Lippel performs a blood pressure screening before reporting it to her supervising physician.

delivering thousands of dollars worth of donated medicine to Latin America. But the students knew they could have more of an impact.

"During my first trip I saw a fistula repair," Ms. Levin said. "It was a young woman in her early 20s, and being able to help her with her incontinence was incredible."

Excitement palpable

District II Junior Fellow Chair Larry Rand, MD, assistant professor of ob-gyn at Mount Sinai, has served as the faculty leader and coordinator for most of the trips. He oversees the students from the planning stage through the trip's conclusion. On his first trip—to the Dominican Republic—he witnessed as students spent their first day creating and stocking their own supply room, organizing the 40 suitcases of equipment they raised funds to purchase, and then greet patients the next day.

"It turned out there were no scrub nurses in this hospital, and within a day, these second-year students who had never before seen the inside of an OR, learned to become scrub techs," Dr. Rand said. "By day two, you could see the smile behind their masks as they mastered creation of a sponge stick or figured out how to correctly load the needle. They were essential, integral, as much a part of the team as anyone else—and they felt it." ♀

Looking ahead to a busy 2008

By Rajiv B. Gala, MD, JFCAC chair



THE WORK THAT YOUR JUNIOR Fellow College Advisory Council does continues to amaze me. Let me show you where we are right now and where we are planning to go over the next six months.

JFCAC assessment of needs

The JFCAC would like to thank all of you who participated in the needs assessment survey last fall. We have more than 1,250 completed surveys, with 40% from Junior Fellows in practice.

The results have shown us that the issues most important to Junior Fellows are:

- ▶ Addressing the medical liability crisis
- ▶ Teaching business and practice management skills
- ▶ Developing a curriculum for education simulators/models
- ▶ Learning about legislative advocacy

It was nice to confirm that the direction of the JFCAC matches our members' priorities.

JFCAC work groups

This year, I formed four work groups to allow individuals to focus their efforts on common themes:

Patient safety

The JFCAC is working closely with the ACOG

Committee on Patient Safety and Quality Improvement to develop resources applicable to residents in training. At the Junior Fellow Breakfast Business Meeting at the Annual Clinical Meeting, we will have a special presentation to increase awareness about being a "second victim."

While patients are the primary victims of errors, we sometimes forget to tend to the "second victim," which refers to a practitioner and the emotional and psychological effects that he or she experiences in the wake of a medical mistake.

The ACM will be held May 3–7 in New Orleans. We invite all Junior Fellows to attend our business meeting, which will be on Tuesday, May 6, from 7 to 8:30 am at the Hilton New Orleans Riverside Hotel.

International collaboration

The issues that affect residents in training and residents in practice are common around the globe.

JFCAC Vice Chair Eric J. Hodgson, MD, and I had the honor of representing the JFCAC at the 17th Annual Meeting of the European Network of Trainees in Obstetrics and Gynaecology last year. We are now working with ENTOG's executive board to develop a portal for medical exchange opportunities in women's health.

Junior Fellows in practice

Junior Fellows in practice are practitioners that ACOG has had a hard time capturing. Our work group spent a lot of time reorganizing the Junior Fellows in practice web page at www.acog.org to make the information more practical and user-friendly.

In addition, we are working on ways to advertise leadership opportunities for Junior Fellows in practice to get more involved.

Medical student activities

This is our biggest and busiest work group! We are about to embark on developing a new medical student recruitment video. Our goal is to have a five-minute "trailer" that highlights the diversity of ob-gyn and captures the emotion that brought each of us into this wonderful specialty.

In addition, we are dramatically expanding the educational opportunities for medical students at our ACM, so please recruit them to attend this year.

And finally, we are looking to progressively expand our methods of outreach to this new generation of Internet users, so stay tuned for more information.

As always, our best ideas come from you, and I encourage each of you to remain active with ACOG so we can continue to be the best advocates for women's health. ♀

JUNIOR FELLOW OFFICER ORIENTATION

NEW JUNIOR FELLOW CHAIRS and vice chairs attended a Junior Fellow Officer Orientation in January, before attending the Junior Fellow College Advisory Council meeting the next day.

District V Chair Jenny L. Buck, MD, ▶ and Vice Chair Cynthia A. Brincat, MD, PhD, look through the ACOG book *High-Risk Pregnancy*.



▲ District IV Chair Eric C. Helms, MD, and Vice Chair Jennifer Mendillo Keller, MD, during a break at the orientation

ACOG revises ethical guidelines for doctor-industry relationships



CORPORATIONS ARE SIGNIFICANTLY involved in the support of medical practice, from sponsoring symposiums and research to distributing drug samples and promotional pens and mugs. Such corporate activities lead to a considerable risk of conflict of interest and may generate biases and obligations unrelated to product merit, according to the newly revised Committee Opinion *Relationships with Industry*, published in the March issue of *Obstetrics & Gynecology* by ACOG's Committee on Ethics.

"A physician's primary duty is to his or her patient, and we take that responsibility very seriously. We don't want to think that we can be influenced by getting a free pen or having a drug representative buy our staff lunch, but studies have shown that both subtle and

obvious marketing messages and gifts can influence physicians' prescribing practices, even if physicians don't recognize it's happening," said Anne D. Lyerly, MD, chair of the Committee on Ethics.

The accumulating evidence of such influence has led some groups to restrict these relationships; a few medical institutions now ban gifts, lunches, and educational events sponsored by industry. Some of the ACOG recommendations in the new document are:

- ▶ When contemplating the use of new products or prescription drugs, physicians have an obligation to seek the most accurate, up-to-date, evidence-based, and balanced sources of information and not base decisions solely or primarily on information provided by the products' marketers.
- ▶ Drug samples offer potential benefits to pa-

tients, particularly to the uninsured or others who have difficulty paying for medications. Until a way is found to ensure that all patients have access to medications, drug samples and vouchers are acceptable, but physicians should be aware that samples can influence prescribing behavior.

- ▶ Providers should understand that gifts tied to promotional information, even small gifts and meals, are designed to influence provider behavior. Fellows should be mindful of such intents and influences when deciding whether to accept gifts, even gifts of apparently nominal value.
- ▶ Subsidies to underwrite the cost of CME conferences and professional meetings are permissible. Payments should be made with an educational grant to the accredited provider, not directly to the physician. ♀

ORGANIZED MEDICINE TACKLES PHYSICIAN REENTRY ISSUES

By Erin E. Tracy, MD, MPH, ACOG delegate to the AMA House of Delegates

ACOG AND SEVERAL OTHER specialty societies have been addressing the issue of physician reentry: physicians who leave practice, or certain aspects of practice, for a period of time and then try to reenter practice down the road.

In response to an ACOG-authored resolution, the American Medical Association will soon release a report on reentry, developed by the AMA Council of Medical Education. We hope that more programs can be developed regionally to assist physicians with reentry. Also, I am cochairing an education work group, one of four work groups that are addressing reentry in a collaborative effort by many medical organizations and societies. One document we're developing is a reentry educational matrix, which will highlight the necessary elements to develop a reentry educational program.

Many physicians know of individuals who have cut back on their practice, sometimes for personal reasons such as staying home with young children and sometimes for professional reasons such as entering the business arena or to seek other advanced degrees. However,

there is no true understanding of how many physicians might benefit from reentry programs.

Mary Ellen Rimsza, MD, did a study in Arizona to try to garner some data. She found that in 2005, of the 13,215 physicians practicing in Arizona, 604 physicians had reentered clinical practice (4.6%). Forty-five percent of them were in primary care. Ninety-five physicians had left clinical practice but still maintained an active license. It's not known what percentage of these physicians might want to reenter active practice in the future.

The data from Arizona is pretty compelling; it shows us that a significant number of physicians may be affected by reentry issues in the future.

A web-based survey by the American Academy of Pediatrics showed that of the 146 responding physicians who left practice and reentered, 125 (86%) had no retraining prior to reentry.

Your ACOG AMA delegation is very interested in receiving your feedback. Please contact me at EETracy@partners.org; 617-726-3564. ♀



2008 CALENDAR

PLEASE CONTACT THE INDIVIDUAL ORGANIZATIONS FOR ADDITIONAL INFORMATION.

MARCH

4-8
20th European Congress of Obstetrics and Gynaecology

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

5-8
CREOG and APGO Annual Meeting

Lake Buena Vista, FL
www.apgo.org
CREOG: 202-863-2558
APGO: 410-451-9560

9-12
Society of Gynecologic Oncologists 39th Annual Meeting on Women's Cancer

Tampa, FL
www.sgo.org
312-235-4060

11
ACOG WEBCAST: Preconception Counseling and Prenatal Testing for the Generalist Ob-Gyn

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

12-16
American College of Medical Genetics 15th Annual Clinical Genetics Meeting

Phoenix
www.acmgmeeting.net

17-21
American Society for Colposcopy and Cervical Pathology Biennial Meeting

Lake Buena Vista, FL
www.asccp.org

25-29
American College of Osteopathic Obstetricians & Gynecologists 75th Annual Conference

Orlando, FL
www.acoog.org/events.html

26-29
Society for Gynecologic Investigation 55th Annual Scientific Meeting

San Diego
www.sgionline.org

APRIL

8
ACOG WEBCAST: Pursuing Excellence in Perinatal Safety and Quality: Meeting the Challenge and Maintaining Engagement

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

9-13
Pacific Coast Reproductive Society 56th Annual Meeting

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

16-18
North American Society for Pediatric and Adolescent Gynecology Annual Clinical Meeting

Newport Beach, CA
www.naspag.org/ACM/geninfo.html

30-May 3
10th Congress of the European Society of Contraception "Noncontraceptive Impact of Contraception and Family Planning"

Prague, Czech Republic
www.contraception-esc.com

MAY

3-7
ACOG 56th Annual Clinical Meeting

New Orleans
www.acog.org/acm

13
ACOG WEBCAST: Coding with Modifiers

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

15-17
American College of Physicians Internal Medicine Meeting

Washington, DC
www.acponline.org
800-523-1546, ext 2600

23-29
American College of Nurse-Midwives 53rd Annual Meeting & Exposition

Boston
www.acnm.org
240-485-1800

JUNE

10
ACOG WEBCAST: Pay for Call

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

14-18
American Medical Association Annual Meeting

Chicago
www.ama-assn.org
202-863-2515

25-29
Society of Obstetricians and Gynaecologists of Canada 64th Annual Clinical Meeting

Calgary, AB
www.sogc.org
613-730-4192, ext 347

JULY

8
ACOG WEBCAST: Ovarian Cancer: Information for the Generalist Ob-Gyn

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

18-20
Gynecologic Oncology Group Semi-Annual Meeting

Chicago
www.gog.org
215-854-0770

AUGUST

8-9
ACOG Future Leaders in Ob-Gyn Conference

Washington, DC
202-863-2515

12
ACOG WEBCAST: Interrupted Pregnancy Coding

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

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.

MARCH

7-9
ICD-9-CM and CPT Coding Workshop

Philadelphia

28-30
ICD-9-CM and CPT Coding Workshop

Washington, DC

APRIL

4-6
ICD-9-CM and CPT Coding Workshop

Albuquerque, NM

MAY

8-10
ICD-9-CM and CPT Coding Workshop

New Orleans

JUNE

5-7
Quality and Safety for Leaders in Women's Health Care

Chicago

7-8
"No Frills" Emerging Issues in Office Practice: Sexuality, Body Image, and Psychologic Well-Being

Chicago

20-22
ICD-9-CM and CPT Coding Workshop

Portland, OR

26-28
Reawakening the Excitement of Obstetrics and Gynecology

Kohala Coast, HI

27-29
ICD-9-CM and CPT Coding Workshop

San Francisco

JULY

11-13
ICD-9-CM and CPT Coding Workshop

Memphis, TN

17-19
Concepts and Controversies in the Treatment of Perimenopausal and Postmenopausal Women

Vancouver, BC

AUGUST

15-17
ICD-9-CM and CPT Coding Workshop

Richmond, VA

21-23
Practical Obstetrics and Gynecology (in conjunction with the ACOG District III, VI, and IX Annual Meeting)

Banff, AB

SEPTEMBER

12-14
ICD-9-CM and CPT Coding Workshop

Chicago

18-20
Update on Cervical Diseases

Charleston, SC

26-28
ICD-9-CM and CPT Coding Workshop

Dallas



Prescribing exercise to patients

THE AMERICAN COLLEGE OF SPORTS MEDICINE and the American Medical Association have teamed up to launch a new program that calls on physicians to prescribe exercise to their patients. “Exercise is Medicine” encourages doctors to record physical activity as a vital sign and advise patients to do 30 minutes of physical activity plus 10 minutes of stretching and light muscle training five days a week. The campaign’s website offers educational materials and a toolkit that physicians can share with patients.

A recent survey by the American College of Sports Medicine found that 65% of patients would be more interested in exercising to stay healthy if advised by their doctor and given additional resources. ♀

info

→ www.exerciseismedicine.org

Food pyramid for pregnant women



THE US DEPARTMENT OF AGRICULTURE has developed a variation of its new food pyramid that provides individually tailored nutrition plans for pregnant and breastfeeding women.

“MyPyramid Plan for Moms” includes an online tool that allows women to plug in their age, height, prepregnancy weight, due date, and amount of physical activity to find out the amount and types of food they should eat in each trimester. A printable chart outlines recommended servings in each food group and includes tips on what foods to eat to meet those recommendations. ♀

info

→ www.mypyramid.gov/mypyramidmoms

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.



Immunizations for Adolescent and Adult Women (AP117)

- ▶ Diseases that can be prevented with immunizations
- ▶ Which immunizations a woman may need
- ▶ Vaccines recommended during pregnancy

Provide your patients with information tailored to their specific needs. The following ACOG Patient Education Pamphlets also offer advice on vaccines and immunizations that your patients will find useful:

- ▶ *Human Papillomavirus Vaccine (AP167)*
- ▶ *Hepatitis B Virus in Pregnancy (AP093)*
- ▶ *Protecting Yourself Against Hepatitis B (AP025)*
- ▶ *Childhood Illnesses and Pregnancy (AP157)*
- ▶ *Good Health Before Pregnancy: Preconception Care (AP056)*

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



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