

ACM session to examine racial disparities in women's health

AMERICAN INDIAN WOMEN HAVE HIGHER RATES OF cervical cancer deaths than do all other racial and ethnic minorities, despite having lower incidence rates. Black women are more likely to die from breast cancer than are white women, despite having lower incidence rates. Some Hispanic populations are more likely to have preterm births than are non-Hispanic white women.

These known, yet startling, statistics are but a few illustrations of racial and ethnic disparities in women's health in the US.

"Racial disparities in health care are a proxy for how we provide health care in general," said Raymond L. Cox Jr, MD, incoming chair of the ACOG Committee on Health Care for Underserved Women. "It's become clear that our next steps in improving health care in the US will be linked to how we deal" ► PAGE 11



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2006 ACM

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e-health part of an ongoing series

Proposed regulations open door for more computer use in practice

THE FEDERAL GOVERNMENT IS WORKING TO eliminate barriers to physician adoption of electronic prescribing systems and electronic health records. Last October the US Department of Health and Human Services proposed exceptions to the Stark law and the Medicare anti-kickback laws with the stated intent of encouraging the adoption of electronic health records software and related training services.

The proposed rules, from the Centers for Medicare and Medicaid Services and the HHS Office of the Inspector General, would allow hospitals to provide e-prescribing software or EHR software that includes e-prescription capability to physician practices without violating the

Stark law or the anti-kickback laws. These laws currently carry stiff penalties if hospitals provide anything of substantial monetary value to physicians who refer patients to them.

The proposed regulations would create a safe harbor from penalties if a hospital provides software or training to physicians who regularly furnish services at the hospital. The rules would not protect hospitals from penalties if they offer technology to physicians who practice at other hospitals to induce them to join their medical staff. The safe harbor also applies to group practices that supply such technology and training to their physician members.

The rules are on a fast track to be finalized, according to a CMS rep-

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EXECUTIVE DESK

2006 Annual Clinical Meeting boasts new types of sessions

It's my pleasure to invite you to join thousands of ob-gyns May 6–10 in Washington, DC, for ACOG's 54th Annual Clinical Meeting. It's been 13 years since the ACM was held in our nation's capital, and the city and our specialty have both gone through a lot of transformations since then.

Washington has changed dramatically, particularly with a downtown revitalization that includes numerous new dining, shopping, and entertainment options, creating a vibrant atmosphere both day and night. And springtime is one of the best times to visit DC. We're also pleased to host the ACM in the brand-new Washington Convention Center, just a few blocks from the heart of downtown.

As great as DC is, I know you choose to attend the ACM for its educational opportunities, and you won't be disappointed. We will examine the changes in our specialty beginning with ACOG President Dr. Michael T. Mennuti's President's Program, which will focus on the impact that new scientific and technical developments will have on the 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.

We're very excited to offer several new features at this year's ACM. Complementing the luncheon conferences, which are held in a roundtable format, will be new "brown bag seminars," regular sessions that provide you with a boxed lunch. Also new this year is a Business of Medicine Symposium geared toward Junior Fellows and young Fellows and the first-ever ACM course developed specifically for medical students.

We will be offering a special course for clinicians interested in offering patients first-trimester risk assessment. The Nuchal Translucency Quality Review will present "Nuchal Translucency and First-Trimester Risk Assessment," which will allow clinicians to begin the process to become credentialed in nuchal translucency.

Be a part of a premiere scientific meeting addressing the key issues in women's health care. Register today for the ACM, and I'll see you in May!™

Sterling B. Williams, MD, MS

Sterling B. Williams, MD, MS
Vice President, Education Division

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Obstetrics & Gynecology
HIGHLIGHTS

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

Evaluation and Management of Abnormal Cervical Cytology and Histology in the Adolescent (Committee Opinion #330, new)
See page 13 for more information

Safe Use of Medication (Committee Opinion #331, new)
See page 6 for more information

Episiotomy (Practice Bulletin #71, new)
See page 13 for more information



Members support ACOG through donations

THROUGH PERSONAL contributions, ACOG members are providing ongoing support for vital programs and projects and ensuring that the College remains in the forefront on issues facing ob-gyns and their patients. ACOG recognizes and thanks the following members for their generous financial contributions and personal commitment to ACOG:

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Fellow running for reelection to AMA board

ACOG ENCOURAGES its members to support the reelection of Fellow Joseph M. Heyman, MD, to the American Medical Association Board of Trustees. Dr.



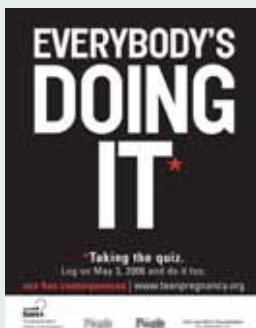
Heyman is currently serving as secretary on the AMA board and has been active with ACOG during his tenure, helping support the College on numerous occasions.

Dr. Heyman said he is particularly concerned about health care access for all and wants to see every patient insured. Replacement of the current abysmal liability system and a fix to the Medicare and Medicaid payment systems are also top priorities.

Dr. Heyman, of West Newbury, MA, has been a member of the AMA board since 2002 and has served as chair and on the executive committee of the AMA Council on Medical Service. For 13 years, he was president of Women's Health Care, a private group practice in West Newbury, and now has a solo "paperless" practice.

He received his medical degree from the State University of New York, Downstate Medical Center, and completed his ob-gyn residency at Sinai Hospital in Baltimore. For two years, he served in the US Public Health service at the Northern Navajo Indian Hospital in Shiprock, NM.™

ACOG supports National Day to Prevent Teen Pregnancy



PROMOTIONAL MATERIALS AND IDEAS on how to promote the National Day to Prevent Teen Pregnancy on May 3 are now available. ACOG is a partner in the annual event, organized by the National Campaign to Prevent Teen Pregnancy.

National Day posters, postcards, wristbands, temporary tattoos, and pens are available on the campaign website. The site also includes a list of events in communities across the US.

On the National Day to Prevent Teen Pregnancy, teens are asked to go online to take an educational quiz that presents them with real-life sexual situations and asks them to choose a course of action. More than 630,000 teenagers took the quiz as part of last year's National Day, compared with 75,000 quiz takers as part of the first National Day in 2002.™

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→ www.teenpregnancy.org

AFD ADM relocated to Germany

THE 2006 ARMED FORCES DISTRICT Annual Meeting has been rescheduled and relocated because of devastation brought by Hurricane Katrina last fall. The ADM will be held at the Allgäu Stern Hotel in Sonthofen, Germany, October 28-31.

Originally, the meeting was to take place in Biloxi, MS, and be sponsored by the Keesler Air Force Base in Biloxi. However, the base and the homes of many of the local Fellows were damaged during the hurricane.

Brigadier General Carla G. Hawley-Bowland, MD, chair of the Armed Forces District, is currently stationed in Germany and has been able to help coordinate the meeting. The location allows district members stationed overseas the opportunity to participate in a district meeting and continuing medical education courses without having to travel to the US for an extended period. The district welcomes all other ACOG members not in the Armed Forces District who may want to attend as well.

The Germany ADM will be sponsored by the ob-gyn departments at Walter Reed Army Medical Center, Washington, DC, and National Naval Medical Center, Bethesda, MD.™



Armed Forces District archive to be dedicated after ACM

THE ARMED FORCES DISTRICT is creating an archive to celebrate the history and achievements of the district and its members since the district's inception more than 40 years ago. The archive will be displayed in a case with award plaques and other memorabilia and will include a written history. The display will be housed at the Uniformed Services University of the Health Sciences in Bethesda, MD, which is the joint uniformed services medical educational institution for the nation.

The opening dedication ceremony for the archive will take place at USUHS on the evening of May 10, following the end of the Annual Clinical Meeting in nearby Washington, DC. More information will be available on the AFD website (see info below).

"The history of ob-gyn in the military is a very rich one, filled with notable accomplishments and renowned individuals," said Christopher M. Zahn, MD, secretary-treasurer of the district. "This archive is the first of its kind for the Armed Forces District and will celebrate over 40 years of care provided to women affiliated with the uniformed services, as active duty or retired, or as family members."

The dedication is open to all current and former members of the Armed Forces District as well as to those with a connection to the district during their ob-gyn career.™

info

→ On the ACOG website, www.acog.org, under "Membership," click on "ACOG Districts" and "Armed Forces District"

ACOG Grievance Committee reports on actions

DOUGLAS H. KIRKPATRICK, MD, chair of ACOG's Grievance Committee, provides this report to the Fellowship in accordance with the College complaint process. Under ACOG's Code of Professional Ethics, a Fellow can be issued a warning, censured, suspended, or expelled from the College for unethical behavior.

To determine whether a Fellow has engaged in a violation of the ACOG Bylaws or Code of Professional Ethics, the committee reviews complaints submitted by Fellows of the College against other Fellows, severe disciplinary actions taken by state medical boards, and any adverse actions taken against a Fellow's medical license in any jurisdiction on the basis of sexual misconduct.

The procedures for handling these com-

plaints require that all voting Fellows be notified annually, by personal and confidential letter, of the names of the Fellows terminated and the reasons for termination. A summary of all other disciplinary actions without names is also provided. However, the Executive Board revised the grievance process in July 2004, expanding the notification process to require that Fellows also be notified of the names of Fellows who had received suspensions and censures. This change took effect with the complaints submitted to the Grievance Committee at its October 2004 meeting. This letter was mailed to all voting Fellows in mid-March.

Executive Board final actions

The procedures provide that *ACOG Today* publish a report of actions without names or summa-

ries. One Fellow was expelled from the College. The Executive Board took this action on the basis of the revocation of this Fellow's medical license. As required, the College reported this expulsion to the National Practitioner Data Bank.

The College censured two Fellows. These complaints were initiated before the July 2004 revision of the grievance process regarding notification of names of disciplined Fellows. The College also issued five warnings to Fellows.

The Grievance Committee reviewed 25 complaints and conducted 14 hearings in 2005. The Grievance Committee has scheduled seven hearings so far in 2006.™

info

→ Office of the General Counsel: 800-673-8444, ext 2584; grievance@acog.org

New document outlines ways to avoid medication errors

OB-GYNS CAN FOLLOW several simple steps to reduce the risk of medication errors—the largest single source of preventable adverse medical events. The new Committee Opinion *Safe Use of Medication* (#331), which was published in the April issue of *Obstetrics & Gynecology*, focuses on three areas clinicians are responsible for to avoid medication errors:

- ▶ Understanding the appropriate use of a medication, including indications, dosing, and potential interactions with other medications
- ▶ Safe medication order writing
- ▶ Patient education

Physicians should not only be familiar with the medications, but, when admitting a patient to the hospital, they need to make certain that the patient's current medication is continued, if appropriate, and ensure that additional medication used during the hospital stay is com-

patible with the patient's current therapeutic regimen, the Committee Opinion states.

The document points out that safe medication order writing is one aspect of care that is within the control of every prescriber. The essentials of safe order writing include:

- ▶ Legibility
- ▶ No missing order components
- ▶ Appropriate use of decimals and zeros
- ▶ Inclusion of indication on PRN or "as needed" orders
- ▶ Care with nomenclature
- ▶ Care with sound-alike drugs
- ▶ Limit on verbal orders

According to the Committee Opinion, whole numbers should never be followed by a decimal point and a zero, and a leading zero should always be used for doses less than one.

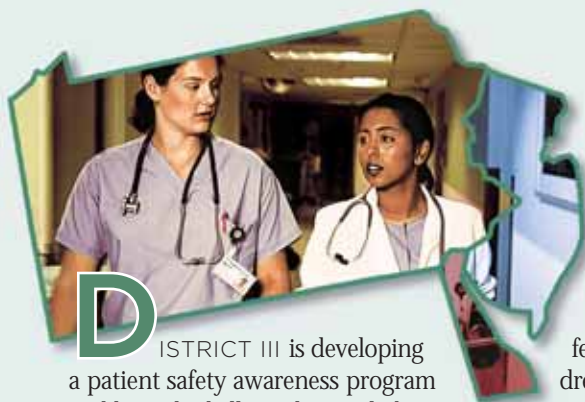
Nonstandardized abbreviations should be avoided because they can be misread. For ex-



ample, "Q.D." should not be used to abbreviate "once daily" because the sloppy period after "Q" can make the direction appear as "QID," meaning "four times a day." In addition, "O.D." should not be used to mean "once daily" because it can be interpreted as "right eye." Therefore, "once daily" should never be abbreviated. For more information on abbreviations, see the Committee Opinion "Do Not Use" Abbreviations (#327, January 2006).

Physicians should also be sure that the patient understands why she is being prescribed the medicine, as well as the usage, dosage, expected benefits, and possible side effects.

"ACOG encourages Fellows to review this document with their colleagues and office and hospital staff to continue and improve the safe use of medication. This will take a concerted effort by all providers," said the document's author, Fellow Ty B. Erickson, MD.™



DISTRICT III is developing a patient safety awareness program and has asked all 196 hospital ob-gyn departments in Pennsylvania, New Jersey, and Delaware to take part.

Operation SAFE (Safety, Always, First, Every patient) "provides a structure and includes steps that anybody can do in order to increase patient safety awareness," said Jeffrey I. Komins, MD, chair of the District III Committee on Patient Safety. "Operation SAFE also encourages teamwork and can help coordinate better communication within departments, which, in turn, can make patient safety a top priority for everyone involved."

District III launches pilot patient safety program

As part of the project, ob-gyn department chairs will be encouraged to survey the physicians and nurses in their department about safety issues and review the department's adverse outcomes over the last few years to begin to design a program to address patient safety issues.

Conducting safety drills is another aspect of the project. For example, an ob-gyn department may find it necessary to do safety drills on postpartum hemorrhage or shoulder dystocia. The drills could be achieved over the course of a year and based on ACOG guidelines.

For gynecology, Operation SAFE supports surgical infection prevention efforts and deep vein thrombosis prophylaxis for all gynecologic surgery patients undergoing major procedures.

For office-based practices, Operation SAFE encourages department chairs to initiate a policy that requires a nurse or medical assistant to

verbally confirm with patients their name and date of birth and complete the labeling in the exam room before removing the specimen.

"Our hope is that every hospital with an ob-gyn service in our district will participate," Dr. Komins said. "We would like this project to be simple but effective and not be indicting or burdensome to chairpersons or practitioners. Moreover, this project will not take any significant financial investment and will help the hospital achieve overall compliance with initiatives by the Joint Commission on Accreditation of Healthcare Organizations and peer review organizations."

Participants will receive "SAFE" buttons to promote the project.

"I hope this project will serve as a model across the nation, with the members of District III leading the way in quality and safety," said District III Chair Anna Marie D'Amico, MD.™

Team approach, advance planning are key to emergency response

TO REDUCE LIABILITY RISK IN obstetrics, communication that begins well in advance of an emergency sets the stage for a more effective response and creates a safer environment. Such advance notice can be especially important in smaller hospitals without physician staff in-house around the clock.



For example, if there are signs during labor, such as a nonreassuring fetal heart rate, that the patient may need an emergency cesarean delivery, it's helpful to alert the anesthesiologist and pediatrician or neonatologist at the beginning of the nonreassuring tracing. Then, if the ob-gyn decides on a cesarean delivery, the other team members have some warning before receiving a message to respond to the OR stat.

Patricia M. Miller, MD, a member of ACOG's Committee on Professional Liability, finds that such advance notice helps the team members plan and that it can reduce problems in an emergency.

"In some cases, the anesthesiologist may want to see the patient early or arrange for someone to be available if he or she is starting a lengthy surgery," she said. "I also find that the pediatrician in his or her office appreciates updates and preliminary data about the patient."

Having patient information ahead of time is valuable for all who will be involved in an emergency, including ancillary personnel who

might be called on to assist.

"It can be critical to know if the patient is hypertensive or diabetic, has a coagulopathy or underlying medical condition," Dr. Miller said. "When everyone on the team has this information ahead of time, they can be thinking about their plan of action and not have to gather information during a crisis situation."

Agree on team roles ahead of time

But what about physicians who prefer *not* to be called unless there is an actual emergency?

"Some physicians don't want to be 'bothered,'" Dr. Miller said. "Such a situation often adds additional stress to the care team that is already involved in an emergency. The ob-gyn or labor and delivery staff are asked to provide information that could have been provided ahead of time in a calm, nonemergency environment."

Hospital and insurance company risk managers suggest that protocols for specific emergencies be developed by a multidisciplinary rapid-response team. Such a group would likely have representatives from ob-gyn, anesthesiology, pediatrics, nursing, and administration.

Together the response team can set goals for improving patient safety and can identify high-risk areas for which emergency protocols would be appropriate. Through this team effort, the importance of notifying individuals about a potential emergency can be addressed. As with any new process, individuals may be resistant to change, but involvement in the team can help foster medical staff buy-in.

A key goal for emergency protocols is to have all individuals involved know their role ahead of time. For some protocols, emergency drills or a simple checklist may be appropriate.

"Problems can be avoided if physicians and staff who will be asked to respond are alerted ahead of time," Dr. Miller said. "I have seen how this has improved care and patient outcome and decreased the stress for all involved."™



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Professional liability book a must-have for ob-gyns

THE READER-FRIENDLY *Professional Liability and Risk Management: An Essential Guide for Obstetrician-Gynecologists* is packed with vital information



for new and experienced physicians alike.

The ACOG publication, which was developed last year, presents a wide array of professional liability and risk management issues, concepts, and strategies—from the basic elements of professional liability to surviving a liability lawsuit—in an easily accessible format.

Chapters are devoted to such topics as emerging legal theories, the role of the expert witness, consent issues, risk management, liability insurance, high-risk areas for ob-gyns, special liability issues for residents, and litigation stress. The book also contains an expanded glossary of insurance and medical-legal terms.™

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

Junior Fellow selected for White House fellowship

ACOG JUNIOR FELLOW LAURIE C. Zephyrin, MD, has been selected as one of 12 fellows for the prestigious White House Fellows program. Dr. Zephyrin is a former Junior Fellow chair of ACOG's Massachusetts Section and former Junior Fellow secretary-treasurer of District I.

Since 1965, this esteemed program for leadership development and public service has provided its fellows with an opportunity to work with leaders at the highest levels of government. The program's aim is to bring individuals of exceptionally high promise to Washington, DC, for one year of participation in the process of government. As many as 1,000 applicants apply for only 11 to 19 fellowships each year.



"As a White House fellow, this opportunity has opened my eyes to the importance of policy and the role physicians can and must play in the policy process."

Focusing on emergency preparedness at the VA

Work placement is one of several components of the White House fellowship. In September 2005, Dr. Zephyrin began working in the Office of the Secretary at the US Department of Veterans Affairs, serving as special assistant to Secretary R. James Nicholson and working closely with the under secretary for health, Jonathan B. Perlin, MD, PhD, MSHA.

"This year Hurricane Katrina had a significant impact on our nation," Dr. Zephyrin said. "My fellowship year has focused on emergency preparedness. It has been an opportunity to gain an inside perspective on the VA's response. In my first week, I traveled with Secretary Nicholson to the Gulf Coast and saw firsthand both the devastation from the hurricane and the extraordinary commitment of VA staff to their patients. It has been a fascinating experience."

Dr. Zephyrin has assisted with Hurricane Katrina relief efforts, obesity and diabetes awareness and prevention, and emergency preparedness surrounding pandemic flu.

An educational program augments the work experience, with fellows meeting with leaders and experts in diverse fields, from CEOs and Cabinet members, to military leaders and senior White House officials.

"The White House fellowship provides remarkable access to leaders both inside and outside of government," Dr. Zephyrin said. "Through these sessions I am able to gain an understanding of leadership and public service from the leaders themselves.

"Another wonderful aspect of this fellowship is the relationships I am building with the other fellows. I have the opportunity to discuss policy and other relevant issues with 11 other fellows from diverse disciplines whom I truly admire and respect. This fellowship has been remarkable, and I urge others to consider applying for the White House Fellowship."™

info

→ www.whitehouse.gov/fellows

National Children's Study may be abolished

THE WHITE HOUSE PLANS TO halt the groundbreaking National Children's Study at the end of the year, a move organizers are calling an "egregious wrong."

After learning that President Bush did not include any funds for the landmark study in his proposed 2007 federal budget, the members of the Federal Advisory Committee to the National Children's Study wrote a letter to the president and each member of Congress urging them to reverse this decision.

"The Congress can, and should, allocate the needed funds to continue this important work," said Alan R. Fleischman, MD, chair of the advisory committee. "This White House directive is in conflict with the specific instructions of the Congress in each and every fiscal year since 2000."

The National Children's Study was authorized in the Children's Health Act of 2000 and 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.

Organizers have selected recruitment and data collecting sites and have prepared to begin enrolling participants in 2007.™



State legislatures press for EC restrictions, fetal pain laws

WITH THE 2006 STATE legislative season in full swing, ACOG sections and districts have been persistently advocating women's health issues. Oftentimes, advocacy efforts become lessons in mounting a good defense, as sections fight attempts to restrict emergency contraception access and create fetal pain laws.

While the Food and Drug Administration continues to stall on whether to make EC available over the counter, some legislators are pressing for increased access to EC, but others are introducing legislation that would allow pharmacists to refuse to fill EC prescriptions.

GA In Georgia the Senate passed a bill that would allow pharmacists to refuse to fill any prescription they believed could terminate a pregnancy. Because some abortion opponents believe that all forms of contraception end pregnancies, it appears that the bill would protect pharmacists who refuse to fill birth control pills, not just emergency contraception and RU486.

The Georgia Senate also passed a bill that would require abortion providers, before performing an abortion, to conduct an ultrasound and offer to show the ultrasound image to the patient. The bill would make it a misdemeanor crime not to comply. The only exceptions are cases of rape or incest.

Georgia ob-gyns lobbied successfully to remove language that would have required any physician referring a patient to an abortion provider to perform an ultrasound on the patient also.

"As advocates for ob-gyns and women, we are trying to educate our legislators about some of the false information they have been given as a reason for these various bills," said Fellow Andrew A. Toledo, MD, legislative chair for the Georgia Ob-Gyn Society. "We have also made it clear to our legislators that we cannot support any bill that interferes with the doctor-patient relationship."

In New York, women's health advocates continue to advocate for legislation that would allow women to obtain EC from pharmacists pursuant to a prescription written by a licensed

NY prescriber but that is not patient specific. The Democratic-controlled Assembly passed the legislation for the fourth year in a row this February, but last year was the first time that the Republican-controlled Senate passed the bill. It was later vetoed by Gov. George E. Pataki.

"ACOG New York remains hopeful that the Senate will again pass this legislation to give women easy access to EC," said Fellow Nicholas Kulbida, MD, chair of District II's legislative committee.

UT Fetal pain legislation

Fetal pain legislation was introduced in several states this year, including Arizona, Indiana, Missouri, Oklahoma, and Utah, with fetal pain legislation carrying over from last year in California, Iowa, Nebraska, and New York.

In Utah, the House passed a fetal pain bill that would force physicians to inform pregnant women of a fetus's ability to feel pain and require physicians to offer and administer fetal anesthesia with consent before performing an abortion. A motion to recommend the bill to the full Senate failed, and the bill was sent back to the Senate Rules Committee. No further action had been taken at presstime.

LA Stem cell legislation

Some states have introduced bills that would provide funds for stem cell research, while others are pushing legislation that would ban all forms of cloning. In Louisiana, much of the legislative session is expected to be dominated by Hurricane Katrina recovery efforts, but ACOG's Louisiana Section still expects a battle over stem cell research.

"Our former ban on human cloning expired, and for the last several years the opponents of all stem cell research and the proponents of somatic cell nuclear transfer technology for research have squared off during the entire session, ending in a standstill," said Sandra Adams, a lobbyist for the Louisiana Section.™



Dr. Carson



Dr. Phillippe

Fellows lend voice to support of women's health research

TWO ACOG FELLOWS HAVE been appointed to the Advisory Council of the National Institute of Child Health and Human Development, which advises the NICHD director on research support activities of the institute.

Sandra A. Carson, MD, of Baylor Medical College in Houston, and Mark Phillippe, MD, of the University of Vermont College of Medicine, began their four-year terms on the council in January.

The inclusion of two ob-gyns on the council ensures that women's health interests will be represented. Council members review grant applications, with a focus on NICHD scientific program priorities and program balance.

Dr. Carson is a reproductive endocrinologist. Her research interests include spontaneous abortion, ectopic pregnancy, and assisted reproductive technologies. She is an accomplished scientist, clinician, and teacher and has held many professional leadership positions. She is the current nominee for ACOG national vice president.

Dr. Phillippe is professor and chair of the ob-gyn department at the University of Vermont College of Medicine. He is a well-established and recognized investigator in the areas of parturition and uterine contractility. Dr. Phillippe has a strong record of publications and has had a successful career with investigator-initiated National Institutes of Health funding since 1987.

Drs. Carson and Phillippe follow two other ACOG members who represented the ob-gyn specialty on the NICHD advisory council: Past President John M. Gibbons Jr, MD, Hartford, CT, and Mary E. D'Alton, MD, New York City.™

JUNIOR FELLOW
RESEARCH PAPER WINNERS
See page 14

ACM research paper winners announced

HEAR ABOUT NEW RESEARCH at the Annual Clinical Meeting when clinical and basic research papers are presented from 1:30 to 3:30 pm on Monday and Tuesday.

Researchers will present their findings in seven minutes each, and the audience will have three minutes to ask questions, which will be moderated by a prominent specialist in the field. Both sessions will be held in the Washington Convention Center.™

Prize-winning papers

FIRST PLACE

Is Pregnancy Over 40 Years Associated with an Increased Risk of Fetal Demise?

M. Camille Hoffman, MD
University of Miami School of Medicine
Sarah Jeffers, MD
Jena Carter, MD
Lunthita Duthely, MS
Amanda Cotter, MD
Victor Hugo Gonzalez-Quintero, MD, MPH

SECOND PLACE

Obese and Morbidly Obese Women Have Poor Obstetric Outcomes after IVF

Lindsey E. Baredziak
University of Iowa Hospitals and Clinics
Amy Sparks, PhD
Jill Blaine
Bradley VanVoorhis, MD
Anuja Dokras, MD, PhD

THIRD PLACE

Evaluation of Preincisional Analgesia on Postoperative Pain after Laparotomy for Gynecology Surgery

Kollier J. Hinkle, MD
John Peter Smith Hospital, Fort Worth, TX
Ralph J. Anderson, MD
Jacqueline Davis-Herr, MD
Philip Bailey, MD
Bonnie Parker

ACM FILM FESTIVAL WINNERS

ANNUAL CLINICAL MEETING attendees will have the opportunity to watch 19 films at this year's ACM Film Festival. The films will be shown in the Washington Convention Center.

Nine films, including the third-place film, will be shown on Monday from 1:45 to 4 pm, and 10 films, including the first- and second-place films, will be shown on Tuesday from 1:45 to 5 pm.

The three award-winning films will be reshown on Wednesday from 7:30 to 8:30 am, immediately before the Presidential Inauguration and Convocation.™

This year's prize winners are:

FIRST PLACE

Resad Pasic, MD
Perforated Intrauterine Device: Prevention, Diagnosis, and Management

SECOND PLACE

Marco A. Pelosi Jr, MD
Minimally Invasive Cesarean Section Technique

THIRD PLACE

Yi-Chen Chuang, MD
Assessment in Treatment of VVC in the Era of OTC Treatments

Make career connections at the ACM

SEARCHING FOR A new position? Have a job opening to post? Be sure to stop by the ACM's Career Connection Center, which features ACOG's online career site for women's health care professionals.

The career center, located in the convention center, will be open Sunday from 10 am to 3 pm and Monday through Wednesday from 8 am to 4 pm. Staff will be on hand to assist you.

To expedite a search, job seekers are encouraged to post resumes prior to the meeting or bring information on a disk. Career Connection allows job seekers to search by job positions, locations, and keywords. Candidates can also

send a CV and cover letter online and receive email notifications of new listings.

Job seekers can post their resume, flag their online profile, and provide local contact information while at the ACM to connect with employers on site and schedule face-to-face meetings.

ACOG Career Connection is a part of *HEALTHeCAREERS* Network.™

info

- ➔ On the ACOG website, www.acog.org, click on the ACOG Career Connection logo on the left
- ➔ 888-884-8242

ACM courses may help with credentialing, licensure

NEW COURSES AT THIS YEAR'S Annual Clinical Meeting, held May 6–10 in Washington, DC, include information that may contribute to learning in specific areas of clinical competence.

These courses are marked with two asterisks and a number to identify which area of focus the course fits under. For example, the program listing for the Clinical Seminar "Developing

Cultural Competence with Hispanic Patients: A Practical Guide **-3 (see page 8)" denotes that the course fits under the "-3" category, "Interpersonal and Communications Skills," according to the key on page 8 of the program.

ACOG does not guarantee that these courses will be accepted by any agency or institution, and it's up to ACOG members to submit evidence of attendance to the appropriate institution.™

ACM session to examine racial disparities

► PAGE 1 with racial disparities. As the leaders in women's health care, we can and should take the lead in examining this issue and working together to develop solutions."

Dr. Cox will be the moderator for a scientific session at the Annual Clinical Meeting in May that will address racial disparities. The session will feature two presentations:

- "Race, Geography, and Cancer Survival," presented by Katrina A. Armstrong, MD, assistant professor of medicine, University of Pennsylvania, Philadelphia
- "Obstetrical Care and Pregnancy Outcomes: What's Race Got to Do with It?," presented by Allison S. Bryant, MD, MPH, assistant adjunct professor, department of ob-gyn and reproductive sciences, University of California at San Francisco

This 4th Scientific Session will be held Tuesday, May 9, from 8 to 9:15 am. Dr. Armstrong's presentation will examine the factors that contribute to racial disparities in the incidence and outcomes of women's cancers in the US. Dr. Bryant will review disparities in pregnancy-related care and outcomes and the reasons health care inequalities arise and persist.

Disparities exist even when income is equal to whites

In 2002 the Institute of Medicine released *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. The report was based on an IOM study that showed differences in the rates of medical procedures by race. The report stressed that these differences existed even when minorities and whites shared similar insurance status, income, age, and severity of conditions.

The factors that contribute to racial and ethnic disparities are numerous and complex. The IOM examined two sets of factors:

- **Operation of health care systems:** Cultural and linguistic barriers, fragmentation of health care systems, the types of incentives in place to contain costs, and the places minorities receive care
- **Clinical encounters:** Bias or prejudice against minorities, greater clinical uncertainty when interacting with minority patients, beliefs or stereotypes held by providers about the behavior or health of minorities, and patient reaction to these behaviors

"The critical issue for health care providers is to realize that we all have biases and prejudices and to be cognizant of that fact and willing to tear down these biases," Dr. Cox said. "It's not about blaming anybody, but this type of health care system can no longer be tolerated."

In the Committee Opinion *Racial and Ethnic Disparities in Women's Health* (#317, October 2005), the Committee on Health Care for Underserved Women provided recommendations for health professionals to improve quality of care.

"ACOG Fellows can take a proactive role in changing our health care system by doing such things as practicing evidence-based medicine and improving their cultural competency," Dr. Cox said. "If racial health disparities did not exist in perinatal care, for example, we would save thousands of African-American infants a year. So ask yourself: What would this country be like without any health disparities—if all people in the United States received the same level of care?"™



ACOG'S COMMITTEE OPINION
Racial and Ethnic Disparities in Women's Health (#317, October 2005), encourages Fellows to engage in several activities to improve the quality of health care. Some of the recommendations are:

- 1 Advocate for universal access to basic affordable health care
- 2 Improve cultural competency
- 3 Use national best practice guidelines
- 4 Conduct research to determine causes of health disparities and develop interventions
- 5 Advocate for increased public awareness about the benefits of prevention, early screening, and intervention
- 6 Encourage and become active in recruiting minorities to health professions
- 7 Increase training of health care professionals about disparities
- 8 Acquire team-building skills to help attract and retain qualified nurses and other health professionals

Young Fellows invited to breakfast forum at ACM

YOUNG FELLOWS—FELLOWS 40 and younger or within the first five years of Fellowship—are invited to participate in the second annual Young Fellows Forum Breakfast during the ACM.

The event will be held Tuesday, May 9, from 7 to 8:30 am and is free to all young Fellows, although ACOG asks that they register for the event when they register for the ACM. The forum was developed for last year's ACM to provide young Fellows an opportunity to network and learn

how to become actively involved in ACOG policy development.

"Last year there were more than 100 registrants, and a lively discussion was held regarding issues of importance to young physicians," said Erin E. Tracy, MD, MPH, one of two Fellows-at-Large on the ACOG Executive Board. "This is a wonderful opportunity for young Fellows to get involved." Dr. Tracy and Dr. Laura A. Dean represent young Fellows on the Executive Board.™

Proposed regs open door for more computer use in practice

► PAGE 1

representative, who said the agency was “shooting for early summer” to publish the final regulations.

Cost of technology biggest obstacle to implementation

By proposing these safe harbor rules, HHS is addressing the biggest barrier to physicians’ adoption of health care technology: cost. Group practices surveyed by the Medical Group Management Association cited lack of capital resources as the top barrier to adoption of EHR technology.

And just how much does adopting EHR cost? According to a study published in the September/October 2005 issue of *Health Affairs*, the average initial cost of implementing an EHR system for physicians in a small private practice was \$44,000 per full-time-equivalent provider. The study analyzed 14 solo or small-group primary care practices in 12 states. The total costs ranged from \$14,500 to \$63,000 and included hardware, software, training, and lost revenues from reduced productivity during the start-up period. Annual costs for maintaining the system after installation was about \$8,400 per full-time-equivalent

provider, according to the study.

Paul R. Ziaya, MD, chair of ACOG’s Committee on Electronic Medical Records, thinks the movement toward adoption of health care technology will grow as hospitals are allowed to donate technology to physicians without penalties.

“Over the long run, it is likely that more of the burden will be borne by hospital systems as they seek to integrate their records with those of physician offices,” Dr. Ziaya said.

AMA: some specifics in proposal need to be changed

In commenting on the proposed regulations, both the American Medical Association and the American Hospital Association welcomed the loosening of the rules but expressed concern that the rules were still too restrictive to make them useful in propelling the adoption of e-prescribing and EHR systems.

For example, under the proposed rules, hospitals would not be allowed to donate technology to physicians who already have similar technology. As the AMA pointed out, this prohibition could prevent the standardization of technology among all physicians working at a single donating hospital. In addition, it would not allow physicians with outdated technology to accept updated software from a hospital.

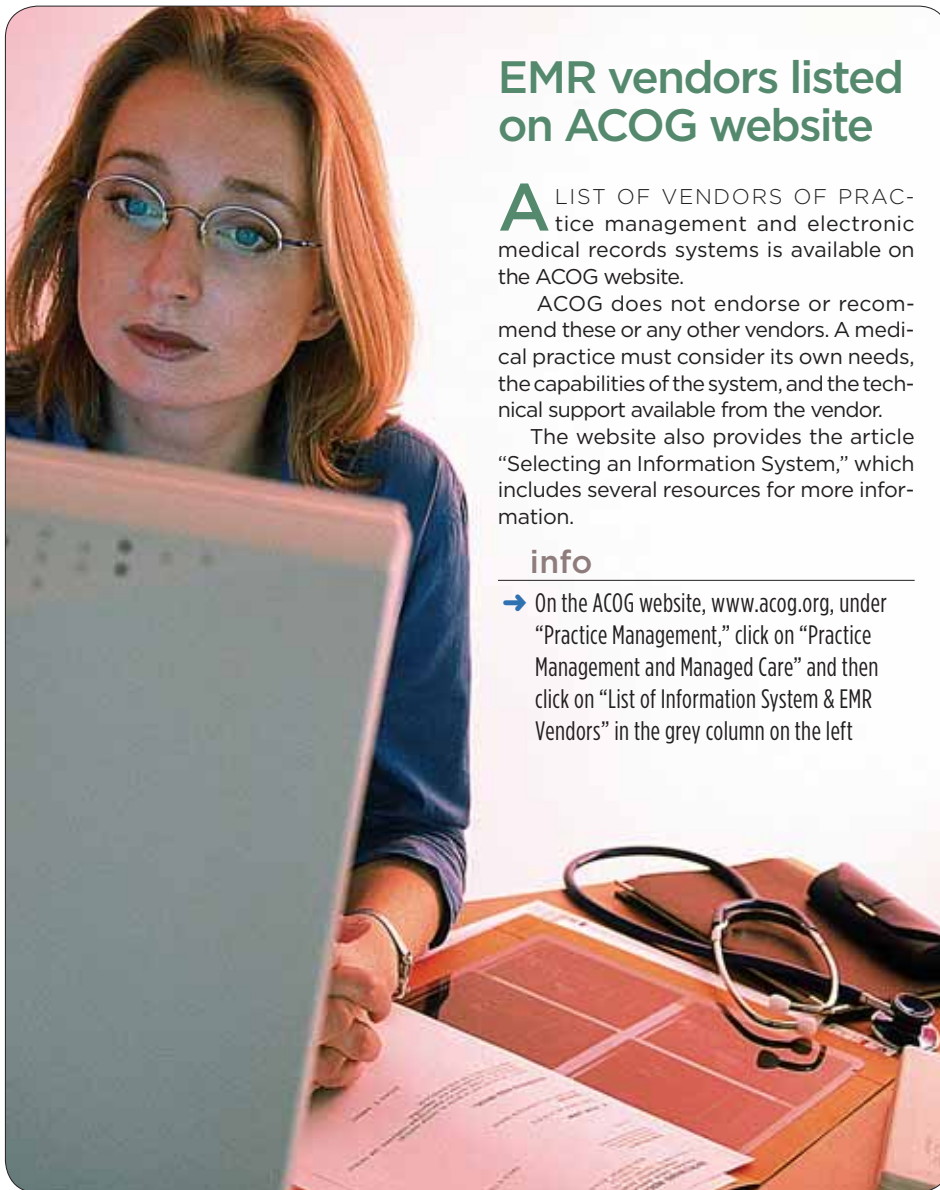
In another example, the AMA suggested that the ongoing costs of maintaining and upgrading e-prescribing technology also be exempted from the Stark law. As proposed, the regulations grant safe harbor only for the initial costs of acquisition.

Dr. Ziaya is optimistic about the adoption of EHR by physician practices: “This will continue to grow as hospitals begin to integrate their systems with physician offices that have connections to them. Creating seamless transitions of information from the office to the hospitals is a win for patients, a win for physicians, and a win for hospitals.”™

info

→ Proposed rules on anti-kickback safe harbors: <http://a257.g.akamaitech.net/7/257/2422/01jan20051800/edocket.access.gpo.gov/2005/pdf/05-20315.pdf>

→ Proposed rules on Stark law exceptions: <http://a257.g.akamaitech.net/7/257/2422/01jan20051800/edocket.access.gpo.gov/2005/pdf/05-20322.pdf>



EMR vendors listed on ACOG website

A LIST OF VENDORS OF PRACTICE management and electronic medical records systems is available on the ACOG website.

ACOG does not endorse or recommend these or any other vendors. A medical practice must consider its own needs, the capabilities of the system, and the technical support available from the vendor.

The website also provides the article “Selecting an Information System,” which includes several resources for more information.

info

→ On the ACOG website, www.acog.org, under “Practice Management,” click on “Practice Management and Managed Care” and then click on “List of Information System & EMR Vendors” in the grey column on the left

Restricted use of episiotomy preferable over routine use

ROUTINE USE OF EPISIOTOMY is not recommended, and clinical judgment remains the best guide to determine when to perform an episiotomy, according to the new Practice Bulletin *Episiotomy* (#71), published in the April issue of *Obstetrics & Gynecology*.

Although episiotomy use became common in much of the 20th century, its use has declined in recent years. In 1992, more than 1.6 million episiotomies were performed, but by 2003, episiotomies had decreased to 716,000, according to the Practice Bulletin.

It has been suggested that an episiotomy is indicated to expedite delivery in the second stage or in cases in which the likelihood of spontaneous laceration seems high. However, the data supporting these claims are largely descriptive or anecdotal. Without sufficient data to develop evidence-based criteria for when to do an episiotomy, clinical judgment remains the best guide to determine when to do one, the document states.

“In the case of episiotomy, as with all medical and surgical therapies, we need to continually evaluate what we do and make appropriate

changes based on the best and most current evidence available,” said the document’s author, Fellow John T. Repke, MD. “We should avoid the pitfall of letting anything in medicine become ‘routine’ and, therefore, outside the realm of review and critical analysis.”

Cervical cytology management differs in teenage population

THE MANAGEMENT OF CERVICAL cytology abnormalities in teenagers differs from the management in adults. Because HPV infection in most teenagers will resolve spontaneously, aggressive management of benign lesions should be avoided, according to the new Committee Opinion *Evaluation and Management of Abnormal Cervical Cytology and Histology in the Adolescent* (#330).

The document, published in the April issue of *Obstetrics & Gynecology*, expands on the 2004 Committee Opinion *Cervical Cancer Screening in Adolescents* (#300) and the 2005 Practice Bulletin *Management of Abnormal Cervical Cytology and Histology* (#66).

ACOG recommends that women receive annual cervical cytology screening beginning approximately three years after initiation of

sexual intercourse, but no later than age 21. Women younger than 30 should receive annual screenings.

For cytology results of atypical squamous cells of undetermined significance in teenagers, ACOG guidelines offer an alternative to immediate colposcopy. HPV in ASC-US has a higher prevalence rate in teens than in older women, the risk of invasive cancer in teens is nearly zero, and HPV clearance is very high among teens. Therefore, teens with HPV in ASC-US may be monitored with cytology twice at 6-month intervals or a single high-risk HPV test at 12 months. If repeat tests are abnormal or there is evidence of persistent HPV, colposcopy should be performed at that time.

The same recommendation applies to low-grade squamous intraepithelial lesions in teenagers because these teens also face a low risk of developing cancer and a high probability for HPV clearance.

Another difference in management for adolescents is for cervical intraepithelial neoplasia grade 2. For teens, the document recommends close follow-up at 4- to 6-month intervals instead of ablative or excision therapy. However, close follow-up without therapy is not recommended for teenagers with a history of noncompliance.™

NCI advises IP chemotherapy for ovarian cancer

THE NATIONAL CANCER Institute recommends that physicians consider intraperitoneal chemotherapy treatment in combination with intravenous treatment in women with advanced ovarian cancer.

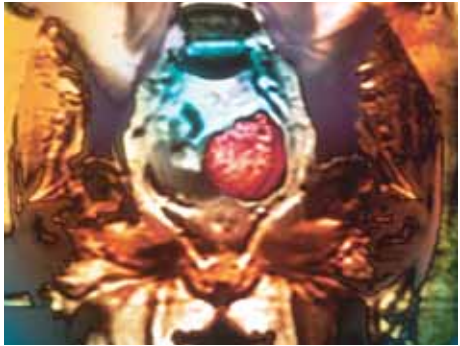
In January, the NCI released a clinical announcement recommending IP treatment, coinciding with the publication of a study in the January 5 issue of the *New England Journal of Medicine*. In a clinical trial of 415 women, those who received IP chemotherapy had a median survival 16 months longer than did women who received the standard IV regimen (65.6 months vs. 49.7 months).

“Based on the results of these randomized phase III trials, a combination of IV and IP administration of chemotherapy conveys a significant survival benefit among women with opti-

mally debulked epithelial ovarian cancer, compared to IV administration alone,” the NCI clinical announcement states.

IP therapy is not as common as IV therapy, in part, because it’s more toxic and more expensive and clinicians may be unfamiliar with IP administration and catheter-placement techniques, according to the study.

In the study, IP therapy was shown to improve survival, even though only 42% of patients in the IP group completed all the prescribed IP treatments. Quality of life was significantly worse in the IP group before the fourth cycle and three to six weeks after treatment but not one year after treatment. In the IP group, grade 3 and 4 pain, fatigue, and hematologic, gastrointestinal, metabolic, and neurologic toxic effects were more common.™



MRI of a female pelvis, frontal section, showing a large ovarian cancer (in red)

- info
- www.cancer.gov/clinicaltrials/developments/IPchemo-digest
 - www.gog.org/IPChemoEd/ipchemoed.html



JFCAC starts book fund drive for Gulf Coast region

By May Hsieh Blanchard, MD, JFCAC chair

TO HELP JUNIOR FELLOWS HIT hard by Hurricane Katrina and its aftermath, the Junior Fellow College Advisory Council has established the Katrina Relief Book Fund. The money raised will allow the Junior Fellows in the Gulf Coast region whose homes, hospitals, and universities were damaged or destroyed in the storm to purchase new textbooks and other publications.

Your assistance in the support of our Junior Fellows is appreciated. Donation forms are available on the ACOG website, www.acog.org. Click on "Membership" and "Junior Fellows." Monetary contributions will also be collected at the Annual Clinical Meeting in May at the ACOG Bookstore and the Junior Fellow Booth

Junior Fellow ACM events

- ▶ **Medical Student and JFCAC Reception**
Monday, May 8 • 5:30–6:45 pm
- ▶ **Junior Fellow Breakfast/Business Meeting**
Tuesday, May 9 • 7–8:30 am
- ▶ **Stump the Professors**
Tuesday, May 9 • 9:30–11 am

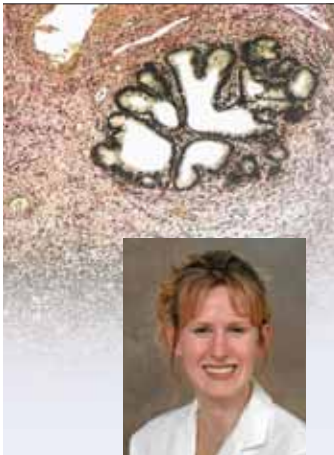
in the Exhibit Hall. Contributors will be recognized on the Junior Fellow website and with buttons distributed at the ACM.

New ACM sessions

New this year at the ACM is the Business of Medicine Symposium for Junior Fellows,

which will be offered as lunch sessions Monday through Wednesday. Tickets are required and are \$15, which covers all three days. Register when you register for the ACM. Monday's session will be "Understanding the Business Mindset," Tuesday's session, "Planning for Professional Practice," and Wednesday's session, "Personal and Professional Financial Security."

The JFCAC is pleased to announce the first-ever ACM medical student course: "Ob-Gyn as a Career: Residency Training and Dimensions of Practice," to be held on Monday, May 8, from 1 to 5 pm. The course is free to med students and will include two panel discussions: "Ob-Gyn as a Career" and "What it Takes to Secure and Succeed in an Ob-Gyn Residency."™



RICHARDSON PAPER WINNERS STUDY GYNECOLOGIC CANCERS

THE WINNERS OF THE 2005-06 DONALD F. Richardson Memorial Prize Paper Awards are Shannon D. MacLaughlan, MD, of District IV, and Deborah A. Ronco, MD, of District V. Their papers were selected from Junior Fellow papers nominated by each district and will be presented at the Annual Clinical Meeting in May.



Dr. MacLaughlan

Dr. MacLaughlan's paper, "Cyr61 Expression in Normal and Abnormal Endometrium: A Marker of Estrogenic Activity," describes research that compares the expression of the protein Cyr61 in the endometrium taken from women with normal menstrual cycles with Cyr61 expression in women with polycystic ovarian syndrome and endometrial cancer. A study of 49 samples showed elevated levels of Cyr61 in endometrium from women with PCOS and in endometrial cancers when compared with normal endometrium.



Dr. Ronco

In patients with normal menstrual cycles, Cyr61 expression is significantly higher in the proliferative phase than in the mid-secretory phase. Cyr61's expression corresponds to the peak in estrogen receptors that increase during the proliferative phase and decline in the secretory phase, and as estrogen receptors disappear, so does Cyr61.

However, the study showed that in women with PCOS, Cyr61 is over-expressed and remains high in the mid-secretory phase, correlating with estrogen receptors, which may explain the increased risk for endometrial hyperplasia and adenocarcinoma seen in PCOS patients. The results

indicate that the estrogen-induced protein may be a valuable new marker for estrogen activity in gynecologic disease.

Dr. MacLaughlan received her medical degree from the University of Florida and is a fourth-year ob-gyn resident at Greenville Hospital Systems University Medical Center, Greenville, SC.

Dr. Ronco's paper, "Ovarian Cancer Risk Assessment: A Tool for the Preoperative Prediction of Ovarian Cancer in Women with Pelvic Masses," describes an ovarian cancer risk assessment tool that correctly predicts which patients with pelvic masses will likely have ovarian cancer and which will have benign masses.

In the study, researchers used preoperative serum CA125, prealbumin, and menopausal status to formulate a score for ovarian cancer risk assessment and compared the scores with the final surgical pathology. Researchers studied 129 women who underwent laparotomy for a pelvic mass. For gynecologic and non-gynecologic cancers, including borderline ovarian tumors, the OCRA score had a sensitivity of 96%, specificity of 95%, and positive predictive value of 95% for scores of 200 or greater. Invasive epithelial ovarian cancer was found in 49 patients. The best value for discriminating between epithelial ovarian cancer and other conditions was a score of 200 or greater: All patients with invasive cancer had a score of 200 or greater.

Dr. Ronco received her medical degree from Indiana University and is a fourth-year ob-gyn resident at St. Vincent's Hospital in Indianapolis.™

2006 CALENDAR

PLEASE CONTACT THE INDIVIDUAL ORGANIZATIONS FOR ADDITIONAL INFORMATION.

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

11

ACOG WEBCAST: Fetal Heart Rate Interpretation

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

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

18-20

North American Society for Pediatric and Adolescent Gynecology 20th Annual Clinical Meeting

Orlando, FL
www.naspag.org

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/acm2006/index_e.shtml
613-730-4192

JULY

11

ACOG WEBCAST: Pay-for-Performance

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

23-29

Second Annual Summer Institute in Maternal-Fetal Pharmacology

Sponsored by the National Institute of Child Health and Human Development and the Office of Research on Women's Health at NIH and the Canadian Institutes of Health Research
Denver
www.circlesolutions.com/summerinstitute

24-26

34th Physicians Seminar on Breastfeeding

San Diego
www.lalecheleague.org/ed/PhysSem06.html

AUGUST

3-5

Infectious Diseases Society for Obstetrics and Gynecology 33rd Annual Scientific Meeting and Symposium

Monterey, CA
www.idsog.org
800-673-8444, ext 2570

8

ACOG WEBCAST: Changing Physician Behavior: Issues and Approaches

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

SEPTEMBER

6-9

Society of Laparoendoscopic Surgeons Annual Meeting

Boston
www.sls.org

12

ACOG WEBCAST: Physician Employment Contracts

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

13-16

The American Gynecological and Obstetrical Society and the American Association of Obstetricians and Gynecologists Foundation

Williamsburg, VA
800-673-8444, ext 1648

OCTOBER

5-7

ACOG District V Annual Meeting

Louisville, KY
800-673-8444, ext 2574

10

ACOG WEBCAST: Neonatal Encephalopathy and Cerebral Palsy

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.

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

16-18

Fetal Assessment: Ultrasound, Doppler, Heart Rate Monitoring

Coronado, CA

17-19

CPT and ICD-9-CM Coding Workshop

New Orleans

30-Dec 2

Office Procedures for the Clinician

New York City

DECEMBER

7-9

New Surgical Approaches to Incontinence and Prolapse

Chicago

8-10

CPT and ICD-9-CM Coding Workshop

Atlanta

Perinatal HIV patient education sheets available in multiple languages

TO HELP OB-GYNS INCREASE HIV testing among their pregnant patients who do not speak English, ACOG has translated its English HIV information sheets into Spanish, French, Russian, and Chinese.

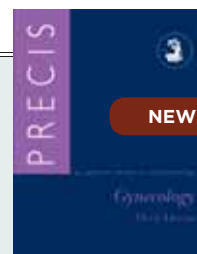
The tear-off notepad *HIV and Other Important Pregnancy Tests* is a convenient patient notification tool. Each sheet summarizes common prenatal blood tests, answers HIV testing questions, and provides informational resources. The tearpads include a laminated card, *Physician Information on Prenatal HIV Testing*, that explains the recommended prenatal

HIV testing strategy for ob-gyns and provides a suggested script on how ob-gyns can introduce HIV testing to their pregnant patients.

ACOG supports the Institute of Medicine's recommendation of universal HIV testing with patient notification as a routine part of prenatal care.™

info

- English and Spanish tearpads: Order at <http://sales.acog.org>; 800-762-2264
- For free tearpads in French, Russian, and Chinese, email rcarlson@acog.org



Precis: Gynecology addresses cervical cytology screening updates

THE THIRD EDITION OF *PRECIS: Gynecology* includes new chapters on cervical cytology screening, female genital cutting, and improvements in gynecologic imaging.

The section on cervical cytology screening addresses recent changes in recommendations for Pap test screening, the management of cervical intraepithelial neoplasia, and products for the prevention of HPV and cervical cancer.

Other chapters include new sections covering topics such as patient safety guidelines, management of ectopic pregnancy, and the effects of obesity on patient care. The publication also addresses the increase in indications for minimal-access surgery.

Precis helps ob-gyns stay current

The entire set of *Precis: An Update in Obstetrics and Gynecology* is a five-volume resource intended to meet the continuing educational needs of ob-gyns. *Precis* offers a broad overview of information that focuses on new and emerging techniques. Each year, one volume of the set is revised. Other *Precis* volumes are *Primary and Preventive Care*, *Oncology*, *Obstetrics*, and *Reproductive Endocrinology*.™

info

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

NOW AVAILABLE

Newly revised Patient Education Pamphlets

- ▶ *Urinary Incontinence* (AP081)
- ▶ *Ovarian Cysts* (AP075)
- ▶ *Dilation and Curettage* (AP062)
- ▶ *Pelvic Pain* (AP099)

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