HIV AND WOMEN: New approaches to patient care
Our nation has made real progress in reducing perinatal transmission of HIV, but there’s more for our specialty to learn and do to address the incidence of HIV in women, while caring for the large numbers of HIV-infected women who are living with the disease.

The risk for perinatal HIV transmission from an HIV-infected mother has been reduced to less than 1% with appropriate care. However, the number of HIV infections continues to rise among women, and health care services are not universally accessed by women in need of these services. Women account for 27% of all new HIV cases in the US, according to the CDC, and women of color make up 80% of HIV-infected women. Heterosexual contact is responsible for 72% of HIV transmission among women.

Our specialty has an increased role in addressing HIV. We must keep up a sustained commitment to identifying HIV-infected women through screening. As more HIV-infected women are being identified, more are living longer and fuller lives, so the need for routine gynecologic care of this population has increased.

There are special considerations involved in providing care for HIV-positive women. Most HIV-infected women in the US are in their prime reproductive years. Contraception for them calls for highly effective methods that are compatible with HAART regimens and do not increase the risk of transmission. HIV-infected women who want to become pregnant need counseling to achieve optimal maternal and fetal health. During menopause, women with HIV may have more osteoporotic fractures so prevention must be emphasized.

About 56,000 individuals are newly infected with HIV each year in the US. About one-fifth of HIV-infected people don’t know they have it. Screening our patients for HIV is critically important—it is estimated that informing unaware infected persons of their HIV status could reduce the number of new STIs by more than 30%.

The College’s new Practice Bulletin, *Gynecologic Care for Women with Human Immunodeficiency Virus*, is designed to educate our specialty about HIV screening practices as well as basic care, family planning, and preconception care for the HIV-infected woman. Please read more on page 6.
Changes for the Compendium in 2011

The College continues to take actions to ensure we are getting information out to our members as quickly and efficiently as possible. After studying the results of a recent member survey, we have decided to provide the Compendium online only, and to discontinue the printed version, beginning in 2011. The online Compendium will be accessible at www.acog.org on January 3.

The new online format will allow our members to access all documents upon their release, including new Practice Bulletins, Committee Opinions, Technology Assessments, and Policy Statements. The printed annual Compendium we produced in past years became outdated quickly, and remained outdated for a year.

The College’s decision to place the Compendium solely online also supports our efforts to decrease the printing and mailing of large volumes of paper.

With the Compendium online in its entirety, our members will be able to select a category of documents from a new web page menu, and then be directed to all current documents, all new documents released each month, and a monthly updated list of titles for each series.

Visit www.acog.org and click on the Compendium Online box to access the Compendium.

We hope this step forward will facilitate patient care in your daily practices.

Launch your own practice page on ACOG’s website

ACOG invites qualified members to create individual practice web pages on www.acog.org. Increase your visibility and connect with patients by listing your specialties, office addresses, hospital affiliations, and languages spoken, with a link to your practice site. Visitors will find you by searching for an ob-gyn by name, state, city, or zip. Visit Build Your ACOG Practice Page under Information to launch your page at www.acog.org.
Two ACOG Fellows elected to IOM

Two ACOG Fellows were among those elected this year to the prestigious Institute of Medicine (IOM), which recognizes individuals who have made major contributions to the advancement of medical sciences, health care, and public health. Election to the IOM is one of the highest honors in the field of medicine and health. The elected Fellows are Deborah A. Driscoll, MD, and Charles J. Lockwood, MD.

Dr. Driscoll is the Luigi Mastroianni, Jr, Professor and chair of the department of ob-gyn at the University of Pennsylvania Health System and School of Medicine in Philadelphia and is interim director of the Center for Research on Reproduction and Women’s Health. She is considered one of the world’s leading ob-gyn geneticists, specializing in adolescent gynecology and the care of women with genetic disorders. She is widely recognized for her research of the genetic basis of two genetic disorders, DiGeorge syndrome and velocardiofacial syndrome.

A graduate of the New York University School of Medicine, Dr. Driscoll completed a residency in ob-gyn at the Hospital of the University of Pennsylvania and a fellowship in clinical and molecular genetics at the University of Pennsylvania School of Medicine. She has served as chair of The College Committee on Genetics and vice chair of The College Committee on Practice Bulletins-Obstetrics.

“The most important contribution I can make to the IOM is to bring my background in women’s health and genetics to the table,” Dr. Driscoll said. “It’s fair to say we’ll have some significant challenges to face in the next few years with the implementation of health care reform. It will be a privilege to work with such highly accomplished individuals at the IOM to address these issues.”

ACOG Fellow E. Albert Reece, MD,

The Association of American Medical Colleges (AAMC) has acknowledged ACOG Fellow E. Albert Reece, MD, PhD, MBA, as a distinguished service member for his contributions to the organization and his dedication to academic medicine.

“The AAMC is the voice of all accredited US and Canadian medical schools, approximately 400 major teaching hospitals and health systems, and nearly 90 academic and scientific societies. It seeks to strengthen medical care by supporting education, research, and patient care activities through programs and services at all of its member institutions.”

“Receiving this recognition is humbling,” Dr. Reece said. “The AAMC represents academic medicine in its totality, and there is no other single entity that has such an extraordinary breadth of activity and influence in the field of medical education.”

Dr. Reece currently serves as the vice president for medical affairs at the University of Maryland in Baltimore and the John Z. and Akiko K. Bowers Distinguished Professor and dean of the University of Maryland School of Medicine. He is also a professor in the departments of ob-gyn, medicine, and biochemistry & molecular biology.
Dr. Lockwood is the Anita O’Keeffe Young Professor and chair of the department of obstetrics, gynecology, and reproductive sciences at the Yale School of Medicine in New Haven, CT. He has co-edited four textbooks, authored 231 articles, and is the editor-in-chief of Contemporary OB/GYN. His primary clinical interests are recurrent pregnancy loss, preterm delivery, and maternal thrombophilias. He has been credited with helping to develop fetal fibronectin, the first biochemical predictor of prematurity, and discovering the role of tissue factor in mediating endometrial hemostasis and menstruation.

A specialist in maternal-fetal medicine, Dr. Reece’s research focuses on diabetes in pregnancy, birth defects, and the prenatal diagnosis of fetal anomalies. He has studied the mechanisms of diabetes-induced birth defects for many years and has discovered key elements in the cause of this problem, as well as methods for prevention and treatment. Earlier in his career, Dr. Reece and his colleagues pioneered the technique of embryofetoscopy for the early prenatal diagnosis of congenital anomalies and eventually for curative fetal therapies. He is the author or coauthor of 11 textbooks and more than 500 journal articles.

Dr. Reece has been involved with the AAMC since 2001 and became chair of the organization’s Council of Deans in 2009. As council chair, he was active in proposing and developing a strategic “road map” for medical schools to use as a guide in shaping their educational structure.

Ob-gyn education is a priority for Dr. Reece within the AAMC. He continuously works to ensure ob-gyns are involved in conversations about initiatives to enhance science education and development in the US. “I never forget my roots,” Dr. Reece said. “When the AAMC asks itself how academic medicine can contribute to the improvement of education and development, I believe ob-gyns should be front and center in that conversation.”

Dr. Lockwood earned his medical degree from the University of Pennsylvania School of Medicine and completed a residency in ob-gyn at Pennsylvania Hospital, a fellowship in maternal-fetal medicine at the Yale-New Haven Hospital, and a postdoctoral fellowship in coagulation at the Mount Sinai Medical Center in New York. He is a past chair of The College Committee on Obstetric Practice and the Clinical Document Review Panel-Obstetrics and has served as the president of the Society for Gynecologic Investigation.

“As an ob-gyn IOM member, I hope to support ACOG’s agenda to ensure that women, particularly pregnant women, have access to health care,” Dr. Lockwood said. “I will also try to ensure that there is continued support for reproductive science research. It’s essential that the science that has fueled so many important advances in ob-gyn continues to be funded in this time of constricted resources.”

HHS announces new health promotion and disease prevention goals

The US Department of Health and Human Services has unveiled Healthy People 2020, the nation’s new 10-year goals and objectives for health promotion and disease prevention, and “my HealthyPeople,” a new challenge for technology application developers.

“The launch of Healthy People 2020 comes at a critical time,” said HHS Secretary Kathleen Sebelius. “Our challenge and opportunity is to avoid preventable diseases from occurring in the first place.”

Chronic diseases, such as heart disease, cancer, and diabetes, are responsible for seven out of every 10 deaths among Americans each year and account for 75% of the nation’s health spending. Many of the risk factors that contribute to the development of these diseases are preventable.

The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. “As ob-gyns, we appreciate the intent of these aspirational goals. We should all encourage women to actively participate in their own wellness,” said Hal C. Lawrence, III, MD, ACOG vice president of practice activities.

Healthy People 2020 is the product of an extensive stakeholder feedback process integrating input from public health and prevention experts, a wide range of federal, state and local officials, more than 2,000 organizations, and the public. Based on this input, a number of new topics are included in the initiative, such as adolescent health, blood safety, dementias and Alzheimer’s Disease, and sleep health, to mention just a few.

Healthy People is also issuing a ‘myHealthyPeople’ challenge to spur development of innovative web and mobile applications to help communities track their progress in health improvement using Healthy People objectives.

HHS has launched a newly redesigned Healthy People website that allows users to tailor information to their needs and explore resources. The website is located at: www.healthypeople.gov. For more information about myHealthyPeople, go to www.challenge.gov.
New approaches to screening and gynecologic care

How many of your patients are HIV-positive? The answer is probably “more than you think.” According to recent research, about one-fifth of HIV-infected people in the US do not know they have the disease.

That’s one of the primary reasons why The College recommends that all women, ages 19–64, regardless of risk status, be routinely offered HIV screening, and that targeted screening be done for women with risk factors who are outside that age range (eg, sexually active or intravenous drug-using individuals younger than 19).

The College’s new Practice Bulletin, *Gynecologic Care for Women with Human Immunodeficiency Virus*, is intended to educate clinicians about routine screening, as well as basic care, family planning, and preconception care for HIV-infected women.

Detection

“If we just try to choose women based on arbitrary ideas of risk, it’s clear that we will miss a lot of women who have HIV,” said Laura Riley, MD, director of ob-gyn infectious disease at Massachusetts General Hospital in Boston. “Not only are we as providers not good at deciding who has which risk factor for HIV, but a lot of patients probably aren’t good at understanding whether or not they’re at risk.”

“HIV is a very treatable disease,” said Howard L. Minkoff, MD, chair of ob-gyn at Maimonides Medical Center in New York. “There’s more and more evidence that the earlier we start treating patients, the better they do. The threshold for when we start treatment is changing — we are starting sooner, when T-cell counts are still at higher levels. The disease at these higher levels is not evident by looking at a patient across the desk. But the ongoing inflammatory process, when left undetected and untreated, could be causing vascular damage and nonreversible changes, so it’s important that we identify these women and get them into appropriate care.”

Roxanne M. Jamshidi, MD, MPH, an assistant professor in ob-gyn at Johns Hopkins Bayview Medical Center in Baltimore, has been offering routine HIV screening to her patients for several years, since shortly after the CDC issued a 2006 recommendation for routine screening in all health care settings. “I’ve been surprised by how little reaction I’ve had,” she said. “No one has been offended. I present it in a very routine way: ‘The CDC and The College recommend you have this done at least once as an adult, and I recommend it.’”

When patients are getting their blood drawn for other reasons, she said,
they usually agree to the screening. When a patient declines, it’s often because she doesn’t want to have blood drawn when she wasn’t going to otherwise.

“Except when state law requires pretest counseling and/or specific consent for HIV testing, we want to use an opt-out approach,” advises Denise Jamieson, MD, MPH, chief of the HIV epidemiology team in the Women’s Health and Fertility Branch at the CDC. If following the opt-out HIV screening strategy, the patient is notified that HIV testing will be done unless she declines. She should be provided with information about HIV, the meaning of the test results, and given the opportunity to ask questions and decline. “Include HIV testing with other routine tests that you recommend, like mammography and cholesterol screening. It should be put in the context of routine gynecologic and preventive healthcare, rather than treating HIV as something different.”

Regular gynecologic care
The College’s new Practice Bulletin on gynecologic care for women with HIV stresses the important role gynecologists play in the routine medical care of women with HIV. While much attention has been given to the needs of pregnant women who are HIV-positive, regular gynecologic care for non-pregnant HIV-infected women can contribute significantly to their health, and has some unique requirements.

A key concern is the issue of contraception. While condoms are the most effective method of preventing the spread of an HIV infection to an uninfected partner, they are not necessarily the most effective method of pregnancy prevention. “But it can be a hard sell to convince women to use two methods of contraception,” admitted Jean R. Anderson, MD, director of the Johns Hopkins HIV Women’s Health Program. “I always ask patients about the two things separately: first about condoms for protection against the transmission of STIs, and then about contraception. I teach my residents the same thing.”

The biggest barrier to condom use among HIV-positive women, said Dr. Anderson, is often the male partner. “If a woman is in a sero-discordant relationship, she is more likely to use condoms, but it’s often the man who won’t use them, even though he knows the infection status. There’s a lot of denial. Many people think it won’t happen to them.”

Contraception
Women with HIV infection have a number of options for preventing pregnancy that might have been ruled out for them in the past.

“We now know that hormonal contraception is safe in women with HIV, with just a few caveats,” Dr. Jamieson said. “There are some interactions of oral contraceptive pills with certain antiretroviral drugs.” For example, certain highly active antiretroviral therapy (HAART) drugs, such as nevirapine and ritonavir-boosted protease inhibitors, can diminish the efficacy of oral contraceptives. (Learn more at: http://www.hiv-druginteractions.org.)

Intrauterine devices are also an effective and safe contraceptive method for women with HIV. “A big concern in the past was that the use of an IUD might increase the risk of transmission of HIV, or increase the risk that an HIV-positive woman would develop infectious complications,” Dr. Anderson said. “But there has been no convincing data that this is true. We’re feeling much more comfortable using the IUD in women with HIV than we used to.”

More frequent screenings
The College recommends annual Pap tests for women with HIV. “For women with HIV, whose immunosuppression puts them at higher risk for developing dysplasia and cervical cancer,” Dr. Jamshidi said, “we recommend yearly Paps, but twice during the first year after diagnosis.”

The College recommends that HIV-positive women be treated aggressively for other STIs. “Having another STI in addition to HIV increases the risk of transmitting HIV to others,” Dr. Jamshidi said. The CDC recommends annual screening—or more frequently, if continued on page 8
necessary—for curable STIs such as syphilis, gonorrhea, and chlamydia among sexually active women with HIV.

In general, women with HIV have a higher rate of bacterial vaginosis and yeast infections. “These infections appear to be more common and more persistent among women with HIV who are immunosuppressed,” Dr. Jamshidi said. The treatment for yeast infections could be slightly longer or involve long-term preventive medication for these women.

Menopause
Practitioners caring for older women with HIV should also be aware that the mean age at menopause for women with HIV is often about 3 or 4 years younger than for uninfected women. Women with HIV also tend to have lower bone mineral density, and even when their bone density is normal, they experience significantly more osteoporotic fractures. These added risks underscore the importance of prevention measures.

Optimizing health for pregnancy
If a patient with HIV in 1994 said she wanted to become pregnant, she would have been counseled that this was a bad idea. But with the advent of the HAART era, all that has changed.

Today, a woman with HIV who is under proper care has only about a 1% chance of transmitting the HIV virus to her baby. Proper treatment also includes treating her exposed newborn.

“Given current circumstances, there is no reason why women with HIV should be told not to consider childbearing,” according to Dr. Minkoff.

But planning a pregnancy when a woman has HIV is still very different from trying to conceive when she doesn’t. The College’s new Practice Bulletin stresses the important role that ob-gyns play in advising their HIV-positive patients about pregnancy planning so they can conceive a baby under the healthiest conditions possible.

“Optimizing the woman’s health before conception includes making sure that her viral load is maximally suppressed and that she is on a stable antiretroviral regimen,” Dr. Jamieson said. In ordinary circumstances, a young woman who is newly diagnosed and has a very low viral load may wait to start antiretroviral therapy, but if she is planning a pregnancy, she may consider beginning therapy sooner.

Most antiretroviral medications are safe during the preconception and pregnancy period, but some are not. “For example, there is a strong suggestion that efavirenz may be teratogenic,” Dr. Jamieson said. “You want to make sure that the drugs she is on are appropriate for planning a pregnancy.”

Then there is the issue of how to become pregnant. If an HIV-positive woman has an uninfected partner, the safest method of conceiving without putting the partner at risk is to use intrauterine insemination. “I have several patients with HIV in my practice who are now pregnant, and most of them conceived that way,” Dr. Riley said.

Overall, said Dr. Minkoff, the new Practice Bulletin should make the gynecologist aware that when routine screening does identify a patient with HIV, “our role in their care is not that altered. This guideline informs us clearly about screening, but the care is really not that different. The general gynecologist is quite capable of rendering superb care to HIV-infected women. Our most important role is to make sure women get diagnosed so that they can be treated.”

Information
- ACOG’s HIV screening home page: www.acog.org/goto/hiv
- Practice Bulletin #117, Gynecologic Care for Women with Human Immunodeficiency Virus (December 2010)
- Committee Opinion #414, Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome and Women of Color (August 2008)
- Committee Opinion #411, Routine Human Immunodeficiency Virus Screening (August 2008)

These documents are online under Publications at www.acog.org.

ISSUE OF THE YEAR

Collaborative practice with midwives

Submit coauthored papers by February 1, 2011, describing successful models of practice involving ob-gyns and nurse-midwives or certified midwives. Discuss how collaboration has had an impact on maternity and women’s care in a community and/or academic setting. Award notification will be made on March 15.

Manuscripts may be submitted by email to csacks@acog.org, or by postal mail to: Catherine Sacks, Practice Activities, The American College of Obstetricians and Gynecologists, 409 12th Street, SW, Washington, DC 20024. Contact Catherine at csacks@acog.org or 202-863-2501; or Tina Johnson, CNM, MS, tjohnson@acnm.org or 240-485-1840.

Information
www.acog.org/from_home/Misc/issueofTheYear.cfm.

Subscribe to RSS feed for instant news from ACOG

Subscribe to an ACOG RSS (Really Simple Syndication) feed and receive College news when it is announced. RSS allows your computer to automatically download the newest information from ACOG as it is released. RSS feeds include ACOG announcements, department notices, district and section updates, new publications, and news releases. Even without subscribing, you can still see what’s new by clicking on the orange RSS image at the top of the ACOG home page, www.acog.org, or going directly to www.acog.org/rss/acogrss.cfm.
ACOG Executive Vice President Ralph W. Hale, MD, receives AMA distinguished service award

THE AMERICAN MEDICAL ASSOCIATION (AMA) presented ACOG Executive Vice President Ralph W. Hale, MD, with its 2010 Distinguished Service Award at its semi-annual meeting in November. Established in 1938, the AMA Distinguished Service Award is presented for meritorious service in the science and art of medicine.

“Dr. Hale has had a successful and far-reaching career as a physician, leader, and administrator, and he is an outstanding mentor for young physicians,” said AMA President Cecil B. Wilson, MD. “We are delighted to honor him.”

As a strong supporter and active member of the AMA over the years, Dr. Hale has encouraged members of ACOG to join and become active in the AMA to form a powerful collective voice for the profession. In 2008, Dr. Hale increased the educational benefits offered to The College’s Junior Fellow Residents by promoting free membership in the AMA for all third- and fourth-year residents.

ACOG members share strategies at state-level advocacy conference

ACOG’s District and Section Legislative Chairs and government affairs experts from 32 states gathered in Washington, DC, this fall to share insights into priority issues affecting ob-gyns. ACOG’s first-ever State Legislative Joint Conference brought together advocacy professionals and leaders by combining ACOG’s State Lobbyist Roundtable and ACOG’s Legislative Chairs Conference into one larger event. The result was an energetic, two-day meeting that left ACOG’s state leaders motivated to bolster their legislative efforts in home states.

“State advocacy is of increasing importance for many women’s health issues. This expanded gathering was an excellent opportunity to share experiences and ideas for successful approaches to the many challenges facing ACOG Fellows and the women we serve,” said John C. Jennings, MD, state subcommittee member and regional dean of the School of Medicine at Texas Tech University Health Sciences Center in Odessa, TX.

The conference featured a lively discussion of strategies for advocacy in state capitols on key issues, including health care reform, liability, and scope of practice. Philip J. Diamond, MD, legislative chair for District IX from Chula Vista, CA, highlighted an emerging issue: the growing concern among patients and the scientific and medical communities about reproductive toxins. He emphasized the potential for ACOG to support increased research and greater understanding of this complex issue.

During the program, ACOG called upon legislative chairs from around the country to promote improved state-level maternal mortality review. Attendees heard presentations on ACOG’s State Model Bill, the Standardized Vital Statistics Reporting Act, and ACOG’s tool kit to help legislative chairs foster dialogue to improve data collection in their states.

Participants also heard from a variety of ACOG coalition partners who shared practical tips on building relationships at the state level. Organizations represented included the March of Dimes, the American Society for Reproductive Medicine, the American College of Nurse-Midwives, Planned Parenthood Federation of America, and the American Tort Reform Association.

Information

For updates on state issues, and to download tool kits and resources, visit State Legislative Activities under Advocacy at www.acog.org.
Jeanne A. Conry, MD, PhD, District IX chair; Annette I. Hollingsworth-Moore, MD, District IX Section 6 Junior Fellow vice chair; Jennifer Salcedo, MD, District IX Junior Fellow past chair; and David L. Finke, MD, District IX Junior Fellow chair

Bertha H. Chen, MD, and Rita Melkonian, MD, District IX Section 2 chair

Tony Ogburn, MD, and Tod C. Aeby, MD, at the District VIII Advisory Council Meeting

District XI Junior Fellows: Glenna Davis, DO, Section 1 Junior Fellow chair; Alicia H. Larsen, MD, Section 3 Junior Fellow chair; and Ashwin G. Gaitonde, MD, Section 2 Junior Fellow chair

District VII Mississippi Section members enjoy a dinner cruise and the Maui, HI, sunset.

Emily B. Johnson, DO, District VII Junior Fellow past chair; Verda J. Hicks, MD, District VII treasurer; ACOG Immediate Past President Gerald F. Joseph, Jr, MD, former District VII chair; Helen Joseph; Rajiv B. Gala, MD, District VII Junior Fellow advisor

John C. Jennings, MD, immediate past District XI chair, with a group of District XI Junior Fellows

John C. Jennings, MD, immediate past District XI chair, with a group of District XI Junior Fellows
Meetings

NEW YORK CITY: District II

The District II Executive Committee enjoys the ADM Welcome Reception: Howard L. Minkoff, MD, District II treasurer; Scott D. Hayworth, MD, District II chair; Eva Chalas, MD, District II vice chair; Nicholas Kulbida, MD, District II secretary; and ACOG President Richard N. Waldman, MD, immediate past District II chair.

District II Executive Director Donna Montalto, MPP, accepts the ACOG District II Lifetime Achievement Award presented to her at the ADM for her decades of success in women’s health policy implementation and advocacy. She received congratulations from Scott D. Hayworth, MD, District chair.

EVERYBODY’S TALKING ABOUT THE 2010 ADMs

Here’s what ACOG members said they liked most about the Maui and New York City meetings:

MAUI, HI: Districts VII, VIII, IX, AND XI

“...the energy created from the camaraderie between the young leaders and the more senior leadership.”
Mistie P. Mills, MD, Columbia, MO

“...the talk about generational challenges in medicine... I’ve been concerned about who will take care of our patients in the next generation, but now I feel that I understand Generation Y better.”
Parampal K. Gill, MD, Stockton, CA

“...learning about new updates on controversial topics. I came to the ADM to catch up, and I left well-informed.”
Bertha H. Chen, MD, Stanford, CA

“...presenting a poster and visiting with program directors and residents. Their advice was a great added benefit.”
Jessica Clay, medical student, Odessa, TX

“...the small breakout sessions allowed us to get to know one another better. What better way to reawaken our excitement in our specialty?”
Raydeen M. Busse, MD, Hawaii Section chair, Honolulu, HI

NEW YORK CITY: District II

“...learning about exciting topics in ob-gyn ... in a great part of the city.”
Ashlesha K. Dayal, MD, Great Neck, NY
Richard W. Henderson, MD, District III chair; Joseph Apuzzio, MD, District III vice chair; and ACOG President Richard N. Waldman, MD

District III Dominican Republic Section members enjoy the ADM welcome reception.

Paul G. Tomich, MD, former District VI chair, with his wife, Mary Tomich, his family, and his 2010 District VI Lifetime Achievement Award presented at the ADM.

Richard W. Henderson, MD, District III chair; Joseph Apuzzio, MD, District III vice chair; and ACOG President Richard N. Waldman, MD

CANCUN, MEXICO: District V

Jessica A. Shepherd, MD, District V Junior Fellow chair; Maria C. Torres, MD; ACOG President Richard N. Waldman, MD; Tracey L. Owensby, MD; Cynthia A. Brincat, MD, PhD, Junior Fellow Congress Advisory Council chair; and Michelle L. Neff, MD, District V Junior Fellow past chair

Thomas M. Gelhaus, MD, immediate past District VI chair, passes the gavel to Thomas F. Arnold, MD, current District VI chair.

District III Dominican Republic Section members enjoy the ADM welcome reception.

Thomas Murphy, MD; Robert P. Lorenz, MD, District V chair; Laura J. David, MD, District V Ohio Section vice chair; Jeanne E. Ballard, MD, District V secretary; Donald K. Bryan, MD, District V vice chair; and Jeffrey M. Fowler, MD

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EVERYBODY’S TALKING ABOUT THE 2010 ADMs

Here’s what ACOG members said they liked most about the Key Biscayne, Cancun, Savannah, Bar Harbor, and San Antonio meetings:

SAVANNAH, GA: DISTRICT IV
“…the great scientific meeting combined with an excellent social program.”
John G. Moore, MD, Alpharetta, GA, Georgia Section chair
“…the standing ovation given to Dr. Luella Klein to acknowledge all she has done for women’s health.”
Constance J. Bohon, MD, Washington, DC, District of Columbia Section vice chair

BAR HARBOUR, ME: DISTRICT I
“…seeing the medical students’ and Junior Fellows’ enthusiasm for learning, and knowing that the future of the specialty is in good hands.”
Jay A. Naliboff, MD, Farmington, ME

KEY BISCAYNE, FL: DISTRICTS III AND VI
“…the opportunity to discuss the transformation that is occurring in the delivery of healthcare in this country.”
Jeffry I. Komins, MD, Wilmington, DE
“…seeing old friends, meeting new ones, and renewing the bonds of family.”
Phillip A.D. Higgins, MD, Rockford, IL, Illinois Section chair

CANCUN, MEXICO: DISTRICT V
“…the terrific program with diverse topics and excellent speakers in a fabulous setting.”
Jane M. Nicholson, MD, Ann Arbor, MI

SAN ANTONIO, TX: ARMED FORCES DISTRICT
“…meeting residents from other programs ... and physicians in different specialties and hearing their advice.”
Ivy Zo Li, DO, San Diego, CA
**GIVE TO THE COLLEGE**

**CONSIDER MAKING A GIFT to The College as part of your yearly charitable giving. Annual gifts to the Development Fund allow The College to participate in and initiate new programs and projects that would otherwise be out of reach. Your tax-deductible donation helps our specialty meet the challenges we face in providing the best possible health care for women. Your previous donations have allowed The College to:**

- Fund breast health fellowships through the Society for Gynecologic Oncologists
- Develop a *Training the Surgeons* program in partnership with the International Federation of Gynecology and Obstetrics
- Provide cultural competency training material to residency programs and physicians
- Update quality improvement publications
- Encourage medical students to choose ob-gyn as their specialty
- Fund scholars to continue research and compete for NIH funding through the Reproductive Scientist Development Program.

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- Update quality improvement publications
- Encourage medical students to choose ob-gyn as their specialty
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**The procedures explain the process involved from the filing of a complaint, including hearing and appeal opportunities, and the requirement of ratification by the Executive Board for a disciplinary action to be final. At each level of review there are safeguards to ensure fair and equitable treatment. At the Grievance Committee review, any committee member with a potential conflict of interest with a party to the complaint is recused from any involvement with that complaint at any level. The Fellow complained of is given notice of the complaint and provided an opportunity to:**

- Request a hearing, and if needed, an appeal; challenge any potential hearing panelists or appeal panelists; present evidence, including witnesses; and be represented by counsel.

In 2010, the Grievance Committee reviewed 15 complaints and held 11 hearings. The Appeals Panel Committee heard four appeals. The ACOG Executive Board approved two warnings and one expulsion as final disciplinary actions.

For more information on the grievance process and its procedures, visit [www.acog.org/goto/grievance](http://www.acog.org/goto/grievance).
Though the effect of research on women’s lives isn’t always as immediate as the effect medical care can have, many ob-gyns find a career path in research to be especially rewarding. Junior Fellow Maria I. Rodriguez, MD, felt this early on in her career when she saw the positive influence research had on the patient populations she wished to serve.

While working at a women’s clinic in college and at Oregon Health & Science University (OHSU) as a resident, Dr. Rodriguez found herself repeatedly frustrated with the US health care system. “As much as I enjoyed caring for individual women, my interactions with the health care system, particularly insurance companies, opened my eyes to the fact that I needed to work to change the system to truly make a difference for my patients,” Dr. Rodriguez said.

She first discovered how powerful research could be in affecting health care policy while at OHSU, where many of her patients were immigrants. She was caring for a diabetic woman pregnant with her fifth child who had immigrated to the US four years earlier. The woman told her she wanted this child to be her last.

“She explained to me how difficult it was for her family to make ends meet, and that she wanted her children to have all the opportunities possible that life in the US could offer,” Dr. Rodriguez said. “She knew another future pregnancy would jeopardize these dreams.”

When Dr. Rodriguez found out that the woman was only covered by Emergency Medicaid, her heart sank. For the first five years of legal immigrants’ residency in the US, they are only eligible for coverage under Medicaid in emergency situations. For pregnant women, this covers delivery, but does not cover any prenatal or postpartum care, including contraception.

Dr. Rodriguez knew this meant she couldn’t offer the woman any contraceptive services. Even worse, faced with escalating financial losses, the hospital had recently announced it could no longer offer sterilization to Emergency Medicaid patients who delivered a baby vaginally.

Dr. Rodriguez couldn’t make economic sense of the hospital’s new policy. “Contraception is well established as a cost-effective means of spending public dollars,” Dr. Rodriguez said. “Denying a woman the opportunity to plan her family not only seemed unjust, but in the long run it would cost the hospital more because the hospital would pay for obstetric care.”

Dr. Rodriguez spent hours trying to get permission to perform a tubal ligation for the woman. Everyone she talked to, from social workers to hospital management, was sympathetic but inflexible. Ultimately, she realized that if she could prove the policy change was actually costing the hospital more money, a real change might be made.

Using database information from before and after the policy change took effect, Dr. Rodriguez determined that, post-policy, 70 fewer Emergency Medicaid patients out of a hypothetical 1,000 would have received their desired postpartum tubal ligation. She did research and proved the hospital would be losing more money in uncollected charges with the policy change in place. After presenting her research to the hospital, the policy was reversed.

Since her experience at OHSU, Dr. Rodriguez has concentrated her career on using research to affect change in policy, particularly focusing on immigrant access to contraceptive services. Currently, she is in Geneva, Switzerland, with the World Health Organization where she is learning about incorporating equity into economic evaluations of policy.

“Policy should promote and protect the common good,” Dr. Rodriguez said.
MAKING the Rounds

Practice Bulletin

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Special Resources

Clinical Review
- **Health Care Reform and Your Practice** (December 2010, Supplement)
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- **2011**
  - **FEBRUARY 8** ACOG Webcast: Coding for Office-based OB/GYN Procedures
  - **FEBRUARY 24–26** Practical Obstetrics and Gynecology, Miami, FL
  - **FEBRUARY 25–27** Coding Workshop, Lake Buena Vista, FL
  - **MARCH 10–12** Practical Ob-Gyn Ultrasound: Preoperative Assessment of Patients, Scottsdale, AZ
  - **MARCH 11–13** Coding Workshop, Phoenix, AZ
  - **APRIL 1–3** Coding Workshop, Atlanta, GA
  - **APRIL 12** ACOG Webcast: Coding for Consultation Services
  - **MAY 5–7** Coding Workshop, Washington, DC
  - **MAY 10** ACOG Webcast: The ACOG VRQC Program: Using Standardized Worksheets for Peer Review
  - **JUNE 9–11** Quality and Safety for Leaders in Women’s Health Care, Chicago, IL
  - **JUNE 10–12** Coding Workshop, Indianapolis, IN
  - **JUNE 14** ACOG Webcast: Coding for Wound Repair—Postoperative and Postpartum
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