The importance of empowering women

My primary themes during my presidential year have been the essentialness of contraceptive access for all women and the importance of having women in leadership roles. My President’s Program at this year’s Annual Clinical Meeting, which will be held May 4–8 in New Orleans, will focus on these themes.

Eight years ago, I heard Malcolm Potts, MD, chair of population and family planning at the University of California Berkeley’s School of Public Health, give an inspiring talk that showed how women’s freedom was the key to better societies. Dr. Potts will show us that when women are able to control their reproduction good things happen: more education, less poverty and crime, and an improved economy. On page 6, learn more about his presentation, “Sex, Ideology, and Religion: How Family Planning Frees Women and Changes the World.”

Following Dr. Potts, Sandra A. Carson, MD, and Barbara S. Levy, MD, will present “Your Personal Path to Leadership: The Road Less Traveled.” Both are vice presidents at ACOG. What better way to showcase women in leadership than through these two extraordinary College leaders?

I’m also delighted to have as one of my President’s Program presenters Gary Chapman, PhD, a minister, counselor, and author. Dr. Chapman is the bestselling author of The Five Love Languages. For this audience of ob-gyns, he will focus on the power of apology and its nuances.

THE EXECUTIVE DESK

Join us in New Orleans!

The new year always feels like “back to school time,” doesn’t it? Time for new projects, strategic planning, and more meetings. It’s no different at ACOG, where we’re in high gear planning for a superb Annual Clinical Meeting just a few short months away.

The 61st ACM will be held May 4–8 in New Orleans. You can now browse the Preliminary Program and register online at acog.org/acm. Please start making your travel plans so you don’t miss out on informative and important sessions, networking and fellowship opportunities, and evenings of entertainment.

New Orleans is a special place, and not only because I was born there! I still have family members and good friends there, and I’ve made many trips back.

This issue of ACOG Today showcases a sampling of the educational sessions, while also showing you what to see and do—and eat!—while in New Orleans.

Our ACM happens to fall at the end of the famous New Orleans Jazz and Heritage Festival, April 26–May 5. You can learn more about places to visit in New Orleans at our special website neworleanscvb.com/acog2013. The Big Easy is rolling out the red carpet for ob-gyns, and I hope to see you there!
Why should I attend the ACM?

“The ACM is such an exciting opportunity because it combines the best of both worlds: great science and great location! Each day offers so many choices. Combine this with a location like New Orleans, and you cannot go wrong.”

JEANNE A. CONRY, MD, PhD
ACOG president elect

“The academic and scientific content of the ACM has been superior and is an amazing value for Fellows and Junior Fellows. I have found both the induction of new ACOG Fellows and the inauguration of the next ACOG president during the convocation ceremony to be very moving.”

RICHARD W. HENDERSON, MD
District III chair

“All Fellows and Junior Fellows can find value in the ACM. It’s a comprehensive meeting covering all areas of ob-gyn care. Additionally, it’s a wonderful opportunity to network and meet some of the leaders in our field. I always come home from the ACM energized and with new ideas for practice, teaching, and/or research.”

SARAH W. PRAGER, MD
Washington Section treasurer

“In this environment of constant health care policy changes, coming to the ACM gives you the opportunity to learn how these will affect your practice and how to improve your delivery of care and comply with new regulations.”

EDUARDO LARA-TORRE, MD
ACOG young physician at-large

Connect with ACOG at the ACM

Social media will be everywhere at this year’s ACM. Join us and interact with your colleagues through our social media platforms.

- twitter.com/acognews
  Be sure to use the official meeting hashtag: #ACM13
- facebook.com/acognational
- youtube.com/acognews
- acogpresident.org
  Our weekly president’s blog

Look for social media updates in our on-site ACM News newspaper. New this year: an electronic newsletter version of the ACM News.
ACOG Today asked Fellows who were raised or live in New Orleans to rave about their favorite places to eat. You can thank us later by sharing your beignets with us.

“My favorite restaurant is Clancy’s Uptown. I’ve had unexpected conversations with celebrities there, not to mention it has killer good food. I also love Rivershack Tavern on River Road near Ochsner. I found it riding my bike on the levee many years ago. It has great po-boys, and it’s very, very non-fancy.”

LEWIS W. HILL, MD, Lafayette, LA

Food you must try

- Po-boys
- Beignets
- Bananas Foster
  (Brennan’s, Commander’s Palace)
- Muffuletta
  (Central Grocery, Napoleon House)
- Gumbo
- Red beans and rice
- Etouffee
- Oysters (ACME or Borgne)
- Turtle Soup (Galatoire’s)

“In the French Quarter, Galatoire’s food is fantastic, and the atmosphere is terrific. They accept reservations for upstairs only, but downstairs is the best. We also love Arnaud’s, Antoine’s, Mr. B’s Bistro, and GW Fins.”

ACOG VICE PRESIDENT FOR PRACTICE ACTIVITIES GERALD F. JOSEPH JR, MD, and his wife, Helen, native Louisianans and long-time New Orleans residents

New Orleans Sightseeing

What are you looking forward to the most about New Orleans?

- Check out the ACM website from the New Orleans Convention & Visitors Bureau for ideas: neworleanscvb.com/acog2013
- Request your free New Orleans Guidebook, available in print, online, and for iPads: neworleanscvb.com/visit/request-vg
- Download the Go NOLA app for iPhone and Android
- Stay updated with these New Orleans Facebook pages: facebook.com/NewOrleansOnline and facebook.com/NewOrleansCVB

You won’t go hungry in New Orleans!
One of the best restaurants in New Orleans is Commander’s Palace. Arnaud’s is also fantastic and located in the French Quarter. Try the shrimp Arnaud and the baked oysters, then give the pompano a try.”

RANDALL L. BROWN, MD, Baton Rouge, LA

Drago’s is great for seafood and the originator of charbroiled oysters. Brennan’s is famous for breakfast but also good for evening meals. Try the eggs sardou, a unique blend of seafood for your breakfast.”

VINCENT “VAN” A. CULOTTA JR, MD, Metairie, LA, and his weekly New Orleans physician lunch crew

“ When I was in medical school in New Orleans I ate breakfast almost every day at the Camellia Grill. It is true old New Orleans-style diner with great service. Have a pecan waffle and a real chocolate ice cream shake, and you won’t leave New Orleans.”

RANDALL L. BROWN, MD, Baton Rouge, LA

When I was in medical school in New Orleans I ate breakfast almost every day at the Camellia Grill. It is true old New Orleans-style diner with great service. Have a pecan waffle and a real chocolate ice cream shake, and you won’t leave New Orleans.”

RANDALL L. BROWN, MD, Baton Rouge, LA

LSU faves

This list was compiled by Stacey L. Holman, MD, with the residents and faculty at the Louisiana State University ob-gyn program.

Restaurants that always serve a fabulous meal:
- Sylvain—a cozy spot in the French Quarter with amazing food
- Jacque-Imo’s Café—spirited atmosphere and a large menu of Louisiana food
- Borgne—a John Besh restaurant
- Coquette—excellent service and amazing dishes that will leave you satisfied but not exhausted! Great for a nice night out on the town
- Lilette—dubbed “the sexiest dining room in New Orleans”

Brunch is a separate meal in NOLA:
- Dante’s Kitchen
- Patois
- The Ruby Slipper
- Stanley—“We discovered Stanley at the back end of Jackson Square while being tourists in our own city. It is our go-to for visiting family and friends,” Dr. Holman said.

Shrimp po’boy/po-boy/po boy/poor boy:

Louisiana’s answer to the sub sandwich, served on French bread

Where to find a great po’boy:

“ Mother’s Restaurant on Poydras”
LEWIS W. HILL, MD

“ GW Fins (French Quarter), order the lobster po’boy”
RANDALL L. BROWN, MD

“ Parkway Bakery & Tavern or Domilise’s Po-Boy & Bar”
DR. HOLMAN AND LSU OB-GYNS

“ Mahoney’s, order the shrimp and fried green tomatoes with remoulade”
WILLIAM D. BINDER, MD

“ Gattuso’s (Gretna, LA), order the roast beef drenched in gravy”
RANDALL L. BROWN, MD

po’boy/po-boy/po boy/poor boy:
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“ Gattuso’s (Gretna, LA), order the roast beef drenched in gravy”
RANDALL L. BROWN, MD

bei•gnet (ben-yey):

Square French-style doughnuts, lavishly covered with powdered sugar

The most popular place to grab beignets is the original Café du Monde, which is near Jackson Square and a short walk from the convention center, most ACM hotels, and the French Quarter.

beignets
Ob-gyns’ power to change civilization

In 1974, Malcolm Potts, MD, started the first community distribution of oral contraceptives in Thailand’s villages. Very quickly, women went from having an average of six children each to fewer than two. It’s no coincidence, he said, that when women began to have access to birth control, Thailand became richer, better educated, and more democratic.

It’s a story Dr. Potts, now chair of population and family planning at the University of California Berkeley’s School of Public Health, has seen over and over. Anywhere you introduce family planning, you not only see a drop in birth rates and maternal mortality, but you also get a smaller youth bulge 20 years later. That means fewer unemployed young men susceptible to extremism.

Dr. Potts recalled a general once telling him, “If you want peace in Africa, if you want to get rid of failed states, if you don’t want crazy people cutting the hands off of thieves, you must involve women and give them choices.”

This connection between healthier women, children, and societies will be at the heart of Dr. Potts’ Samuel A. Cosgrove Memorial Lecture, which will kick off the 61st Annual Clinical Meeting on Monday, May 6, at 8:30 am. All part of the President’s Program, Dr. Potts will be followed by ACOG vice presidents Sandra A. Carson, MD, and Barbara S. Levy, MD, who will present the Anna Marie D’Amico Lecture, “Your Personal Path to Leadership: The Road Less Traveled.” Following that will be Gary Chapman, PhD, a minister, counselor, and author. In the Jim and Midge Breeden Lecture, Dr. Chapman will talk about the power of apology and the many ways to apologize to build trust and improve outcomes.

Contraception and global warming

Dr. Potts, the first medical director of International Planned Parenthood and former CEO of Family Health International, sees the potential of family planning to reduce the suffering caused by global warming. He has been studying birth rates and family planning in the Sahel, an area that separates the Sahara from more southerly savannas. There, temperatures are projected to rise by three to five degrees by 2050. That’s enough to destroy most crops and to force tens of millions of people into involuntary migration. And it’s enough to drive up death rates, especially among women and children. But if women are given the chance to decouple sex and childbirth, fewer people would be subject to the suffering caused by climate change.

It’s heady stuff, and Dr. Potts hopes ob-gyns will continue to claim their place as advocates. Simply by giving women options, society makes it possible for women to choose health, wealth, and stability, he said.

Learning how to apologize

Rounding out the President’s Program, Dr. Chapman—author of the bestselling *The Five Love Languages*—will focus not on love but on contrition. He has spent his career counseling and speaking about communication.

“Traditionally, physicians have been told by attorneys, ‘Don’t ever apologize,’ because it can be used against you in a lawsuit,” he said. “But research shows that if a physician does apologize, he’s actually less likely to be sued.”

How to apologize requires nuance, something Dr. Chapman is particularly well suited to discuss. Another of his books is *The Five Languages of Apology*, soon to be reissued under the title *When Sorry Is Not Enough*. Admitting wrongdoing is not the only way to apologize. Someone can apologize by acknowledging that he or she has unintentionally hurt the trust in a relationship or by acknowledging that the outcome is not what anyone had hoped for.

“The concept of apology is central to having a good relationship, and the reason that’s true is that none of us are perfect,” Dr. Chapman said. “That’s true between doctors and patients, but it’s also true between physicians or in family relationships.”
How environmental toxins may affect your patients

Around 1986, Linda C. Giudice, MD, Phd, MSc, had a conversation that changed the course of her career. “It was when I was at Stanford, and a patient in my practice called,” said Dr. Giudice, now an endowed professor and chair of reproductive sciences at University of California, San Francisco. “She asked me whether I thought her recurrent miscarriages had anything to do with growing up near a Superfund site.”

Nearly 30 years after that conversation, Dr. Giudice wouldn’t say she’s resolved whether miscarriages are related to living near pollution, but she has been a pioneer in an emerging field: reproductive and environmental health. In recent years, the field—which posits that environmental hazards such as pesticides can affect health—has transitioned from a theory of the fringe left to a topic of serious scientific inquiry. In 2011, a presidential panel reported that 80% of cancers are caused by the environment.

In Dr. Giudice’s Donald F. Richardson Memorial Lecture at the Annual Clinical Meeting, she’ll explore the state of the science and show clinicians how to be an advocate for their patients. The symposium session will be held on Monday, May 6, from 2:50 to 3:50 pm.

“It is definitely an emerging area,” said Dr. Giudice, who co-authored a paper in the September 2012 issue of the American Journal of Obstetrics and Gynecology with ACOG President Elect Jeanne A. Conry, MD, PhD, that calls on ob-gyns to help patients avoid chemical exposure.

Effects across the lifespan

Nowhere has the issue of environmental toxins been as publically discussed as in the debate over bisphenol A, or BPA, a chemical used in plastics since the 1960s. In 2006, The New York Times reported that parents were avoiding products containing BPA. Soon, research showed that BPA appeared in women’s breast milk and umbilical cord blood and that BPA might accelerate puberty and increase cancer risk. By 2012, the US Food and Drug Administration had banned it for use in baby bottles and sippy cups.

BPA, like many chemicals, is estrogenic in nature—that is, it mimics estrogen, which can trigger growth in estrogen-receptive cancers. Many environmental toxins are either estrogenic or anti-androgenic, blocking androgen. Both of these, emerging evidence seems to suggest, can not only increase a mother’s risk for cancers, but can also alter the expression of a fetus’s genes.

“All the emerging evidence suggests that fetal exposure to a variety of things in pregnancy can alter not only anatomic development but also alter the susceptibility to disease later in life,” Dr. Giudice said. “It doesn’t change the genes, but nutrition and environmental changes can change the pattern of the DNA and its expression.”

Call to action

Given the evidence, Dr. Giudice is hopeful that ob-gyns will start to address environmental toxicity with their patients. Some already have. She was part a team that surveyed 20,000 ob-gyns to ask if they talk to their patients about chemical exposure. The results are still being studied, but preliminary results found that a fraction do. She also hopes for a new subspeciality in reproductive environmental health.

Dr. Giudice hopes all of this work will help raise awareness without creating undo alarm. “We don’t want people to go crazy and be afraid of living in the world,” she said. “But we do want to give them the opportunity to minimize risk.”
Keep informed with Clinical Seminars

- New Pap test guidelines
- Preterm birth
- Social media for your practice
- Contraception in 2013
- Endometriosis
- Medical management of spontaneous and elective abortion
- Induction of labor
- Uterine fibroids
- Postmenopausal osteoporosis
- Effects of military service on women’s reproductive health
- Perinatal infections
- Managing infertility without IVF
- Selecting a urinary incontinence procedure
- Update from the ACOG Brachial Plexus Task Force
- and many more

Tickets are required. Register for Clinical Seminars when you register for the ACM.

New surgery tutorials

New to this year’s ACM are three interactive surgical tutorials. They will be demonstrated via DVD, and participants will have an opportunity to interact with surgeons. Tickets are required. Register when you register for the ACM.

All will be held on Tuesday, May 7:

1. Pearls of Pelvic Anatomy—8:15 to 9:30 am
2. Techniques in Abnormal Wound Closure, Including the Obese Patient—9:40 to 10:55 am
3. Robotics/Laparoscopic Surgery—11:05 am to 12:20 pm

Junior Fellows will attempt to Stump the Professors

Follow the clues and guess the obscure or surprising diagnoses in the always hilarious and fun Gerald and Barbara Holzman Stump the Professors session during the ACM. Four Junior Fellows are selected to present unique, real-life clinical cases they experienced in an attempt to stump a panel of professors. The session is held on Tuesday, May 7, from 9:30 to 11 am.

The event will be moderated by Christopher M. Zahn, MD; and the professors will be Haywood L. Brown, MD; Melissa H. Fries, MD; David S. Miller, MD; and Russell R. Snyder, MD.

Audience members enjoy the 2012 Stump the Professors session.
CHOICE Project showcases benefits of long-acting contraception

If there were a medication to treat heart disease or diabetes that was 20-fold more effective than all of the other methods available, wouldn’t that be offered as the first-line treatment of choice?

When it comes to contraception, there is such an option: long-acting reversible contraception (LARC), such as intrauterine devices (IUDs) and hormonal implants, said Jeffrey Peipert, MD, vice chair for clinical research at Washington University School of Medicine in St. Louis. Dr. Peipert will present “Updates in Contraception from the CHOICE Project,” the Morton and Diane Stenchever Lecture, Tuesday, May 7, from 4 to 5 pm. Since 2007, the CHOICE Project has provided more than 9,000 women with free contraception of their choice.

Women in the CHOICE Project—who do not face the daunting $1,000 up-front cost usually required to buy and insert LARCs—choose long-acting methods of contraception about 75% of the time. Specifically, they choose IUDs about half the time, compared with only 8.5% of US women using contraception who choose IUDs.

“Our data quantifies the enormous difference between LARC effectiveness and other methods such as the pill, the patch, and the ring,” said Dr. Peipert. The project showed a failure rate of just 0.27 per 100 participant-years with LARC methods vs. 4.55 with more traditional methods. Results of the CHOICE Project were published in the May 24, 2012, issue of The New England Journal of Medicine and the December 2012 issue of ACOG’s Obstetrics & Gynecology.

“Women who chose LARC methods also tended to continue these methods longer than women using non-LARC methods,” Dr. Peipert said. “We also saw lower rates of teen births, abortion rates, and repeat abortion rates.” The Green Journal article illustrates the dramatic difference: Women in the CHOICE Project had abortion rates less than half the regional and national rate, and teen births in the CHOICE cohort occurred at a rate of 6.3 per 1,000—compared with a national teen birth rate of 34.3 per 1,000 teens.

Does LARC equal more sex?

Some have argued that women, especially teens, who are provided with free long-acting contraception will engage in more sexual activity, but Dr. Peipert said that is not the case. “Although we have not published this data yet, I will present findings at the meeting showing that women’s sexual activity when enrolled, and then six months later, is not significantly different.”

Dr. Peipert believes that the Affordable Care Act, which requires all health plans issued on or after August 1, 2012, to provide no-cost access to all methods of contraception—including LARCs—may finally lead to a significant reduction in the US unintended pregnancy rate. “Teen births have come down in the United States, but the rates of unintended pregnancy and teen births in the CHOICE Project are still far lower than what we see nationally,” he said. “We are already paying $11 billion annually for unintended pregnancies, and each dollar spent on family planning will save us close to four dollars down the road.”

Clinicians are encouraged to implement The College’s LARC recommendations—see Practice Bulletin #121, published in July 2011, and Committee Opinion #539, published in October 2012. “LARC methods should be first-line recommendations for all women and adolescents,” the Committee Opinion states. “Health care providers should consider LARC methods for adolescents and help make these methods accessible to them.”

“In many European countries, contraception is universally available; there are not the same access barriers that we have; and it’s not taboo to talk about sex,” said Dr. Peipert. “They emphasize protection and prevention. If we can provide access and education and empower young people, removing the barriers we currently have in the US, we can dramatically reduce our unintended pregnancy rate.”

Teaching women about contraception via the web

Can new technologies and online educational materials improve contraceptive care and ob-gyn practice efficiency? At an ACM Clinical Seminar, you can hear preliminary results from four outstanding projects assessing the use of the Bedsider.org contraceptive support website to improve contraceptive care. Researchers will describe their projects and present outcomes assessing how Bedsider can help ob-gyn practices meet the contraceptive needs of patients while simultaneously saving practice time and resources. The Clinical Seminar (CMA08) will be held on Monday, May 6, from 10:45 to 11:45 am.
Approximately 12% of babies born in the US are premature. This fact lands the US as the 54th country with the highest preterm birth rate in the world, according to Born Too Soon: The Global Action Report on Preterm Birth. The report was released in May 2012 by the March of Dimes and the World Health Organization.

“In most developed countries, the rate of preterm birth ranges from 7–9%,” said Yoel Sadovsky, MD, director and Elsie Hilliard Hillman Chair of Women’s Health Research at the Magee-Womens Research Institute in Pittsburgh. “It’s amazing that in the US, our preterm birth rate is comparable to many developing nations, such as those in central and sub-Saharan Africa.”

Dr. Sadovsky will present the March of Dimes Annual Lecture, “Preterm Birth: Knowledge, Gaps, and Opportunities,” at the Annual Clinical Meeting on Monday, May 6, from 4 to 5 pm.

The US is not uniform when it comes to preterm births. Some states, such as Vermont and Oregon, have the below-9.6% rate of premature births that qualifies for an “A” on the March of Dimes report card, while states like Mississippi and Alabama, with well-known gaps in access to health care, earn a March of Dimes “F” with premature birth rates of more than 14.6%.

The picture has actually improved in recent years, Dr. Sadovsky said, noting that new figures released by the March of Dimes in November put the US preterm birth rate for 2011 at 11.7%. That figure—the lowest in a decade—represents five straight years that the rate has dropped.

However, Dr. Sadovsky said, “The main reasons for this reduction are provider-related and not related to the disease itself. Examples include reduced rates of non-medically indicated preterm induction of labor and cesarean sections, reduced rate of multi-fetal gestation stemming from assisted reproductive technologies (ART), and more appropriate management of ART pregnancies.” He continued, “For example, in the past, providers might deliver ART pregnancies early, considering them high risk and wanting to get the baby out before ‘something bad happens.’ But that’s not necessarily safer.”

Education—for both patients and clinicians—must move forward to make sure these gains continue, but Dr. Sadovsky said that these factors probably only represent 20% or fewer of preterm births. Another 30% or so, he said, can be traced to indicated early deliveries due to serious medical problems, such as worsening preeclampsia, intrauterine growth restriction, and maternal health factors such as severe diabetes or heart or lung disease.

“From a medical point of view, many indicated early deliveries represent a positive trend, because in the past, women with certain severe medical diseases were advised not to get pregnant at all, or they had miscarriages or had to undergo medically indicated termination,” Dr. Sadovsky said. “Nowadays, because of major advances in medical treatment, these conditions are better managed, but as you get to the second half of the pregnancy when underlying medical conditions may pose a greater physiological stress, it’s not surprising that these become a significant cause of preterm birth.”

But that still leaves about half of all premature births with no identified cause—it’s that mystery that Dr. Sadovsky will focus on in the March of Dimes lecture. “Our treatments have made a relatively small impact over the past 20 to 30 years,” he said. “Scientists around the world have made great efforts into trying to decipher previously unexplored mechanisms that lead to preterm birth.”

One area he will discuss is the mechanisms that regulate uterine quiescence. “It’s a fascinating question: What allows the uterus, a muscle, to stretch without contracting over a long period of time, and then start contracting at the right time? There is evidence suggesting that there are active mechanisms that allow the uterus to stretch while remaining relaxed—proteins that may not be functioning properly in preterm births.” There is also new information that microRNAs may play a role in uterine relaxation, he said.

Dr. Sadovsky will also address the importance of understanding regional differences in preterm birth rates within the US and how these pathways might have a different impact in certain populations based on genetic background. “The US population is very diverse, and the factors that affect preterm birth in this country are heterogeneous.”
Help ACOG rebuild New Orleans

It’s been nearly eight years since Hurricane Katrina devastated New Orleans, but the city and its residents still need your help. Please join Mrs. Midge Breeden, spouse of ACOG President James T. Breeden, MD, and the spouses of the ACOG Executive Board members for a service project on Friday, May 3, from 8:30 am to 3 pm in New Orleans.

More than 36,000 volunteers have helped rebuild more than 425 families’ homes in the city. Become a part of this effort and help rebuild homes and lives as part of the St. Bernard Project. In just one day, volunteers without previous construction experience can spackle several rooms, install a new floor, and paint a house. Imagine the impact if you gather some friends or colleagues to come with you. All participants will be trained on site.

Shuttles will depart at 8 am from the Hilton Riverside Hotel New Orleans. The cost is $100 per person, which includes lunch, a T-shirt, and transportation. A portion of the fee will be donated to the St. Bernard Project.

Volunteers must sign up in advance and be 18 or older. Register when you register for your ACM. Space is limited, and you must register by April 2. If you cannot participate, you can still support the volunteer effort through a monetary contribution.

Spouse/Guest Tours

Bring along your partner or guest to the ACM, and he or she can explore the city while you’re exploring the ACM. Register now or register on site if tickets are still available.

Saturday: New Orleans Highlights motorcoach city tour; and/or Moonlight on the Mississippi jazz cruise and dinner
Sunday: Louisiana flatboat swamp tour; or Perspectives on antebellum life: Laura and Oak Alley plantations; or Hollywood of the South
Monday: New Orleans Highlights motorcoach city tour; and/or Tour of M.S. Rau Antique and Art Gallery
Tuesday: Deep South cuisine cooking demo and lunch; and/or Houmas House Plantation
Wednesday: Sacred and mysterious churches and cemeteries; or Garden District tour with Elms Mansion
In Memoriam

Fred C. Ballard, MD
Anniston, AL
10/12

Robert J. Bowles, MD
Palm Coast, FL
8/12

Charles R. Christopher, MD
Troy, OH
9/12

George R. Cole, MD
Johnson, AR

Joseph L. Des Rosiers, MD
Old Saybrook, CT

Ira J. Friedman, MD
Van Nuys, CA
4/12

Seiichiro Fujimoto, MD
Minami-ku Sapporo, Japan
11/12

Brent Raddon Livingston, MD
Rancho Santa Fe, CA

Kenneth G. Millar, MD
Kingston, ON
10/12

William A. Mooney, MD
Saint Petersburg, FL
11/12

Joseph Bijan Motamed, MD
Rancho Santa Fe, CA

Robert F. Porges, MD
New York, NY

Martin L. Stone, MD
Southampton, NY
11/12

Charles A. Stump, MD
Ormond Beach, FL
12/12

Nelson M. Tart, MD
McLean, VA
11/12

Reinhold A. Ullrich, MD
Rolling Hills, CA
10/12

Mitchell Lee Willens, MD
Tyler, TX
9/12
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New Orleans
May 4–8, 2013