

PREGMED CONFERENCE

The Third International Conference for Individualized Pharmacotherapy in Pregnancy will be held June 7 - 8, 2010 at the University Place Conference Center and Hotel. This conference is held in conjunction with the Department of Medicine, Division of Clinical Pharmacology and the Division of Continuing Medical Education.

This conference will highlight the expanding field of Individualized Medicine as it relates to pregnancy.

Individualized Pharmacotherapy in pregnancy is meant to maximize effectiveness of drug therapy for pregnant women while minimizing both the side effects for her and the potential adverse effects on the fetus.

Many researchers are performing studies aimed at improving pharmacotherapy for pregnant women.

This conference brings together representatives and researchers from academic research centers including the Obstetric Pharmacology Research Units, governmental agencies, and industry to discuss the current state of research, barriers and concerns regarding this type of research, and to help plan for the future development of Individualized Pharmacotherapy in Pregnancy.

At the conclusion of this program, participants should be able to:

- Examine available drugs and predict their effect in pregnancy;
- Forecast which drugs can be

safely used in pregnancy for various conditions and describe how to use them;

- Investigate mechanisms currently used to better understand drug effects on pregnant women and their children;
- Assess some of the barriers to Individualized Pharmacotherapy in Pregnancy; and
- Envision the future of research and practice in Individualized Pharmacotherapy in Pregnancy.

For more information and to register please visit the [Division of Continuing Medical Education](#) or for registration questions, please call (317) 274-0104.

ACOG's CONGRESSIONAL LEADERSHIP CONFERENCE

Four members of the Department, **Drs. Abigail Litwiller, Jane Lau, Deb Kirkpatrick and Megan Schellinger** attended ACOG's 28th Congressional Leadership Conference in Washington DC in March.

After a refresher course on the basics of the legislative process and how congress works, these four intrepid souls, met with their House Representatives from both home and work districts and both Senators. The goal



was to talk to these legislators about the two main goals of ACOG in this legislative session:

1. Medicare Payment reform for physicians
2. More research dollars for women's health

The meetings were interesting and educational for these novice politicians. They even managed to do a tad of sightseeing.

Did you know....

The Indiana University Medical School is located at 9 sites throughout Indiana and include Indianapolis, Evansville, Gary, Terre Haute, West Lafayette, Muncie, Fort Wayne, Bloomington and South Bend. And.....approximately half of all Indiana physicians received all or some of their education at the IU School of Medicine.



INDIANA UNIVERSITY

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY
School of Medicine

INDIANA ACOG SPRING CONFERENCE

In April the department teamed up with the Indiana Section of ACOG for the Huber Lecture and a meeting on "Obstetrics...New Approaches to Old Problems". Over 300 people were in attendance, again making this one of the largest section meetings in the country.

Speakers included:

Charles Lockwood, MD, the chairman of OB/GYN at Yale who was the Huber Lecturer*.

Dr. Lockwood gave an excellent evidence based presentation on the evaluation and management of early pregnancy loss and forced us all to reconsider what many do routinely after encountering this clinical scenario.

Aaron Caughey, MD who is currently at UCSF but has accepted the chair of Oregon Health and Science University.

He gave two wonderful talks on "Gestational Diabetes" and "How to Decrease the C/S rate." We were also lucky to have him spend several days meeting with people from the department and university.

Men-Jean Lee, MD, the new Director of Maternal-Fetal Medicine here at IU.

Dr. Lee delivered a talk on "The Use of Corticosteroids for Pulmonary Maturity and Other Indications."



Men-Jean Lee, MD

After receiving a BS from the Honors Program in Medical Education at Northwestern University, Dr. Lee earned her MD and completed her residency in Obstetrics and Gynecology at Northwestern University School of Medicine. Dr. Lee completed her fellowship training in Maternal-Fetal Medicine at Strong Memorial Hospital, University of Rochester, and a postdoctoral research fellowship through the Reproductive Scientist Development Program in the Department of Microbiology at the NYU School of Medicine. From 2005-2007 Dr. Lee served as the Residency Program Director and Clerkship Director for OB/GYN at the Yale University School of Medicine. In addition to her passion for medical education and the practice of perinatal medicine Dr. Lee has maintained an active research program exploring maternal stress during pregnancy, glucocor-

ticoid effects on fetal development, immigrant healthcare, fetal programming and epigenetics, and placental biology. We look forward to Dr. Lee's arrival.

Haywood Brown, MD, our department friend and former colleague, now the chair of Duke.

Dr. Brown gave a wonderful review of Indiana specific perinatal morbidity and mortality and how we can use that information to provide better care.

James Sumners, MD presented a talk on cerclages and concentrated on stratifying approaches for different clinical situations.

We had two presentations dealing with midwifery.

Mary Blackburn, CNM gave an interesting talk on the centering model and how it can be beneficial for prenatal care and **Thaddeus Weghorst, MD** and his colleague **Stephanie Vanderhorst, CNM** from Auburn, discussed the working relationships between physicians & midwives.

**Dr. Carl P. Huber was the first Chairman of OB/GYN at IU. He held that position from 1948 to 1969.*

DID YOU KNOW

Vasomotor symptoms are a consequence of menopause and are the primary complaint of many menopausal women. They are characterized by hot flashes and night sweats. Hot flashes may last for less than a minute or for several minutes, and they can occur several times per day or as often as every hour. The time period in which hot flashes are most experienced is 1 to 7 years, although some women have reported

symptoms for as many as 10-20 years or even longer!!!!!!!

For women who need relief of mild vasomotor symptoms, NAMS (The North American Menopause Society) recommends lifestyle modifications as a potential approach.

Use fans or air conditioning, dress in layers of lightweight cotton clothing and consume cold food & beverages while avoiding hot ones. Smoking

increases the relative risk of hot flashes so in addition to the other benefits of stopping smoking you now have one more to consider. Slow deep breathing exercises were shown to reduce the frequency of hot flashes and exercise in an observational study demonstrated fewer flashes, although it may trigger hot flashes in already symptomatic women.



Elective Delivery Prior to 39 Weeks:

A Quality Performance Measure

Last month's question in the Quality Corner was the following:

Elective Delivery:

- Is when you and your doctor decide on a specific day for the delivery of your baby (and to be absolutely correct, we should have added without a medical indication).
- Is when you are voted to deliver the Residents Day "commencement" speech
- Is when the postman decides to deliver your mail on the weekend

Those of you who answered "a" are correct. A scheduled delivery is when a patient and a healthcare provider select a specific day for a cesarean section (often a repeat cesarean) or an induction of labor. Most of the time a scheduled delivery is due to a medical reason involving either the mother (e.g. high blood pressure) or the baby (e.g. a congenital heart defect).

In the last few years, however, more scheduled deliveries have been occurring without a medical indication. These deliveries are considered "elective" deliveries. The American College, now Congress, of Obstetri-

cians and Gynecologists has long recommended that elective deliveries be scheduled at, or after, 39 weeks gestation. Babies born between 36 – 38 weeks of gestation are more likely to be admitted to the Neonatal Intensive Care Unit (NICU), have respiratory difficulties, or have difficulties maintaining their body temperature. Thus, one potential obstetrical quality performance measure is the percentage of "elective" deliveries (those without a medical indication) that occur before 39 weeks gestation. Indeed, the Joint Commission (see the March 2010 Quality Corner for information about Joint Commission), Leapfrog (see February 2010 Quality Corner for information about Leapfrog), and Anthem have chosen the percentage of elective deliveries prior to 39 weeks as a quality measure. Joint Commission is expecting only an improvement (i.e. a decrease in the rate) in the percentage over time. Leapfrog, on the other hand, is targeting a rate of < in 2010 and < 5% in 2011.

The department has initiated efforts to improve Clarian's performance on this quality measure. The Clarian Obstetrics Practice Committee (with representatives from Clarian West, Clarian North, Clarian Arnett, Bloomington, Ball Memorial, as well as University and Methodist Hospitals) has just endorsed a Clarian-wide policy on elective deliveries prior to 39 weeks gestation. The Clarian Women's Health

Quality Improvement Team here at University Hospital is developing a list of medically indicated reasons for scheduled deliveries to prior to 39 weeks to assist in the implementation of this new policy.

In addition to helping to improve Clarian's performance on this measure, the IU National Center of Excellence in Women's Health Best Practices Committee is reaching out to all obstetrical hospitals in the state by developing a "toolkit" to assist the hospitals in the implementation of a policy on elective deliveries prior to 39 weeks. The toolkit will include such things as a sample policy, information for providers and patients, and "case scenarios" from both an urban and rural hospital regarding the barriers and successes in implementation of the policy. In addition, the Best Practices Committee has sent a survey to all of the obstetrical hospitals in the state regarding the elective delivery prior to 39 weeks issue. Results of the survey will be presented in a future Quality Corner.

Next Month – Peer Review

Peer Review is:

- A way to evaluate boat docks
- A way to evaluate types of stares
- A process used for checking the work performed by one's equals (peers) to ensure it meets specific criteria.

Clinical Pearl

Did you know that Mary's Magic Mouthwash formulations can be used for numerous indications, including chemotherapy induced mucositis, canker sores, mouth pain, etc.? Although many different formulations exist we currently have 2 formulations available on formulary at Clarian with or without tetracycline.

Mary's Magic Mouthwash: "shake well and keep REFRIDGERATED - ingredients per 240 ml:

Nystatin 100,000 units/ml	60ml
Diphenhydramine 12.5 mg/5ml	180ml
Tetracycline HCl powder	1.5 gram (optional)
Hydrocortisone Powder	60mg

THIS AND THAT

The employee spotlight for May is shining on **Jennifer Smith**, Administrative Assistant for Drs. Greg Raff, Kelly Kasper, Peter Marcus and the physicians of MFM.



Jen started with the department in

August of 2007 as a file clerk and was promoted to Administrative Assistant in 2008.

Jen has a beautiful 6 year old daughter who keeps her very busy. Jen enjoys cooking, gardening, Xbox360 and spending time with family and friends.

Thanks Jen for all your hard work!

The office of the IU National Center for Excellence in Women's Health has moved from Long Hospital to the Ambulatory Outpatient Center. **Dr. Deb Stiffler**, Director, **Tina Darling**, Associate Director and **Mechele Hodge**, Project Coordinator are now located in AOC 2001 across from the Coleman Center.

Congratulations to **Dr. David Haas** for receiving the IU Trustees Teaching Award for 2010. Congratulations also to **Dr. Jeffrey Rothenberg** for being selected the Clinical Teacher of the Year in OB/GYN by the Medical School Class of 2010. Dr. Rothenberg was also honored by being selected to give the keynote address at the Medical School Graduation Banquet. His address was

entitled "If you see a turtle on the fencepost....."

Call for District V Junior Fellow Papers! The deadline for submission is June 30, 2010. Submission can be done online at: <http://www.acog.org/district-abstract-submission>

Former resident, **Dr. Britte Smith**, Class of 2002 gave birth to twins, via c-section on April 15, 2010. Lily Ruth Shakes was born at 0821 and weighed 6 lbs. 13 oz., and was 18 1/2 inches long. Luke Ryan Shakes made his entrance at 0822 and weighed 5 lbs., 7 oz and was 17 3/4 inches long. Mother and babies are doing great! Congratulations to Britte and her family!

RESIDENTS' DAY 2010

June 18th is the date set for Residents' Day 2010, and will take place in Joseph Walther Hall (R3) room 203.

Presenting research projects this year are: 3rd year residents, **Drs. Sarah Amo, Lauren Callahan, Melissa Baer, Jennifer Jury, Jana Seitz, Julie Tillman, Donna Tisch, and Jennifer Weida.**

Dr. Colleen McDermott, the graduating Fellow in the Female Pelvic Medicine and Reconstructive Surgery

Program will also be presenting a lecture entitled "Laparoscopic Sacral Colpopexy: Does an Abdominal-Vaginal Approach with Posterior Mesh Extension to the Perineal Body Make a Difference?"

Serving as judges for this year's resident presentations are: **Dr. Denise Jamieson**, Division of Reproductive Health, Centers of Disease Control & Prevention, **Dr. Stephen Coats**, who is in private practice in Fort Wayne, IN and **Dr. Daniel Sunkel**, a former resi-

dent Class of 1990, who is in private practice in Lafayette, IN.

Dr. Jamieson will also present the 29th Annual Hunter Lecture*. Her topic is "Pandemic influenza and pregnancy: A perspective from the CDC." (please note the Hunter Lecture will be presented at **1:00 p.m.**)

**Charles A. Hunter, Jr., MD served as chair of OB/GYN from 1969 until 1981*



Total Deliveries

April 2010

IU	79
Wishard	195
Methodist	203

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