



IU DOCS IN HAITI

The IU volunteers who answered the call in the wake of the recent disaster in Haiti has been inspiring. We in OB/GYN are proud of Dr. Bill Rutherford, Professor of Emergency Medicine at IU Hospital, who recently returned from helping the victims of the tragic earthquake. Dr. Rutherford was among the first Western physicians to respond to the disaster, and he delivered quite a few babies while there. The following is a portion of his blog.

Tuesday

And still they come . . .

This will be short tonight. After delivering another baby this morning (one of three born today, two of which were delivered by the Haitian doctor after she arrived), sedating a patient for the Navy oral surgeon, doing a gazillion casts, closing and splinting a lacerated Achilles' tendon, and trying to figure out why a 12 year old has a hemoglobin of 4.4, I'm beat and it's pushing midnight. The good news is that teams are still finding lots of patients in remote areas who've had little or no care.

The bad news is . . . they've had little or no care. Crushed pelves, bilateral arm fracture, you name it, and it's been broken. And we are now up to NINE babies that have born here! The command to "be fruitful and multiply has certainly been followed!

The Navy and USMC continue to be spectacular, although both the pediatrician AND the OB showed up 5 minutes AFTER I delivered the child!

Thanks to those who are emailing and texting - sorry I can't keep up. It's all those inconsiderate earthquake victims!

Still, all things considered, what a privilege it is to be here. Here's hoping I used enough propofol on the donkey next door! (Seriously - at least about the donkey!)

Bill Rutherford

And don't forget - GO COLTS!

Wednesday

Today started with a primipara I'd seen pacing in the clinic courtyard last night. Both Lt. Lawton (the GMO from the USS Fort McHenry) and I both felt she had a breech presentation and after several hours of failure to progress, she was evac'd by helo to the USS Bataan. She was accompanied by another woman with multiple open fractures and severe soft tissue injuries who'd had an initial splint and dressing, and who was terrified she would lose her foot - likely with good cause. Lt. Lawton accompanied both patients on the flight but left me three Navy corpsman who were a tremendous help for most of the day. These people voluntarily get up at 4am each morning to reach us by 10 or so, work most of the day, shuttle back to their ship by landing craft, resupply, attend a daily debriefing and get to bed by midnight, and yet are eager, cheerful and the only reason we are not completely overwhelmed.

Our lab is back up and running. The turn around times are short, since we can only check glucose, malaria, and hemoglobin. The humidity has been uncharacteristically high for this time of year and we are seeing malaria. We also have a bunch of kids with hemoglobins in the 4's and fevers. No, we don't even think about transfusion.

Life in the tent city is settling down to something of a routine. Several



NGOs have provided plastic sheeting so at least the Haitians

will be protected from the weather. The walk to the clinic is at least three times as long as usual because of having to detour around all the tents. The cool part is saying Bonjou to all the folks and giving high fives to literally dozens of kids on each trip. I love the hugs I get from people who are just happy to be alive. We have received meals from several sources, including 7000 MREs from the military today. All in all, several hundred thousand meals are on the way. They will be needed.

More to follow.

Wednesday night

Right Now I'm waiting to deliver another baby. I'm not really sure how many we've delivered this trip (got to be in double digits) or how I got into the OB business, since babies here are usually delivered by midwives. I can only recall delivering one baby in the previous 18 years. Perhaps it is just our presence that has changed the practice, and that begs the question of what will happen when there is no physician again. I suspect babies will be born just fine as they were before. Unfortunately it is the infant mortality rate that is astronomical here.

Just to let you know it's not all broken bones and babies here, a 50 year old woman was brought from several towns away with an acute middle cerebral artery stroke. There was nothing I could do

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Haiti

but give her some aspirin, but it was way too late. I am watching her in our "ward" tonight, though I'm not really sure why since there will be nothing I can do. I can't quite get the handle on the letting her die thing. Her family asked specifically if I would be here to watch her to night. We checked the blood pressure on her sister and son - both severely elevated.

Perhaps this event will help them by getting them treated before they end up like her.

Wow - for a sixth baby, this woman is sure progressing slowly. Anyway, it's time for the last round of meds in the ward.

The Navy came through again, evacuating four more patients including the urosepsis patient. They have integrated so well with us and are willing to help in any way they can.

They have also provided several sailors just to help with the labor necessary to get this place functional. It was my great privilege to treat a young sailor for a burned hand while the Navy doc was treating one of our Haitian workers for a seizure, and the Navy oral surgeon was evaluating a 12 year old with belly pain. Finally, our Doppler for fetal heart tones bit the dust today. It wasn't 2 minutes before we located a sailor who is an

electronics technician. He looked at it, shrugged and said it was a piece of cake and that he was excited to be able to help. He'll have it back to us tomorrow.

Bill Rutherford

We celebrate Dr. Rutherford's generosity as we also mourn for those affected by this terrible disaster. To read more about the wonderful work our IU docs have done in Haiti, please go to: <http://blogs.medicine.iu.edu/iu-docs-in-haiti>

NEW EXECUTIVE DIRECTOR

Deborah Stiffler, PhD, RN, has been named executive director of the [Indiana University National Center of Excellence in Women's Health](#). In this role, Dr. Stiffler will lead the operational and strategic efforts of the IU CoE and will work with an extensive network of advisory committees to improve the health of Indiana's women and make the state a positive leader of women's health in the nation.

Dr. Stiffler brings to the IU CoE over 27 years of nursing care for women

of all ages and socio-demographic backgrounds. Since 2000, Dr. Stiffler has served the IU School of Nursing in various capacities and is currently an assistant professor of nursing. Since 2004, she has served as coordinator for the women's health nurse practitioner major at the IU School of Nursing where she will continue to teach on a limited basis.

In addition to serving as a nurse educator, Dr. Stiffler has contributed to the women's health profession by practicing a multi-disciplinary

approach to care as a certified nurse-midwife, integrating social work, pharmacy, radiology, physical therapy, cyto-pathology, genetic counseling and much more into the clinical setting.

Dr. Stiffler received her doctorate in nursing from Indiana University, her master of science in nursing from the University of Kentucky, and her undergraduate nursing degree from Purdue University.

FEBRUARY IS HEART HEALTH MONTH



Hearth disease is the No. 1 killer of women and it can be prevented. In fact, research shows that 80 percent of cardiac events in women are linked to poor choices, involving diet, exercise and smoking. Right now, one in three women die of cardiovascular disease and 90 percent of women have one or more risk factors for developing heart disease in the future.

Did You Know:

- Worldwide, 8.6 million women die from heart disease each

year, accounting for a third of all deaths in women. Three million women die from stroke each year. Stroke account for more deaths among women than men (11% vs 8.4%) with additional risk for CHD unique to women, related to oral contraceptive use in combination with smoking.

- 8 million women in the US are currently living with heart disease; 35,000 are under age of 65. Four million suffer from angina.
- 435,000 American women have

heart attacks annually; 83,000 are under age 65; 35,000 are under 55. The average age is 70.4.

- 42% of women who have heart attacks die within 1 year, compared to 24% of men.
- Under age 50, women's heart attacks are twice as likely as men's to be fatal.
- 267,000 women die each year from heart attacks, which kill six

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STUDENT CRITICAL APPRAISAL TOPIC EVALUATION

Dr. Lee A. Learman, M.D., Ph.D., Chair, Department of Obstetrics and Gynecology offers six, 3rd year clerkship students training, guidance and mentorship in a critical appraisal project. The participants learn to formulate a clinical PICO question (i.e., patient/problem, intervention, comparison, and outcome) derived from their clinical experience, how to identify and evaluate the best evidence from the clinical research literature and then present a short summary of their findings to faculty, residents and medical students. These presentations have been well received and have allowed attendees to engage in a dialogue about evidence based recommendations, current practice, considerations for future studies, and methodology for evaluating both

the literature and research. To date, twenty-seven PICO questions have been examined and topics have included:

- In benign gynecological conditions, is subtotal hysterectomy superior to total hysterectomy long term with respect to outcomes of urinary, bowel, and sexual function?
- In overweight patients with PCOS, does the addition of Metformin to lifestyle modification programs improve menstrual and ovulatory irregularity as measured by an increase in the number of menstrual cycles/ovulatory episodes versus diet and exercise changes alone?
- Is chemotherapy plus radiation more effective in increasing sur-

vival and progression-free survival than radiation therapy alone for patients diagnosed with Stage Ib-II cervical cancer?

- In patients with gestational diabetes, does insulin treatment compared to glyburide treatment lead to a lower incidence of fetal macrosomia and/or neonatal hypoglycemia?
- In postpartum lactating women desiring contraception, is progestin only contraception superior to combination hormonal OCPs in terms of quality and quantity of breast milk?

The next set of presentations will be held on Tuesday, March 9, 2010 from 1-3 p.m. in Hunter Library. Mark your calendars and we hope to see you there!

NIH GRANTS

The IU OB/GYN Department has recently been awarded two prestigious NIH Research Network grants! IU will be joining powerhouse research institutions and the NIH to



Dr. David Haas

help tackle some of the most pressing and understudied areas in the field of obstetrics.

One Network is the Preterm Birth in Nulliparous Women: An Understudied Population at Great Risk. **Dr. David Haas**, the Principal Investigator, teamed with Dr. Tatiana Foroud in Genetics to propose the project: Dissecting the Genetic Etiology of Preterm Birth in Nulliparous Women. This project involves 8 sites across the country and will recruit 10,000 nulliparous women. It essentially is going to be a giant biorepository of specimens and

ultrasound images linked to robust clinical data that will be a resource for determining etiologies and biomarkers for adverse pregnancy outcomes for nulliparous women. Since most nulliparous women do not have the risk factor of having had a complication before, finding ways to ascertain risk and potentially modify that risk is very important. This resource, and our participation in it, will provide a wealth of opportunities for members of our Department to have access to the data for future projects. The grant runs for 3 years.

The other Network grant is the Obstetrics Pharmacology Research Units Network grant. This is made up of 3 other centers- Pittsburgh, UTMB-Galveston, and U of Washington in Seattle. Dr. David Flockhart, an adjunct OBGYN faculty member, is the PI with Dr. Haas serving as the Clinical Co-PI and Dr. Laura Haneline from Neona-

tology as the Basic Science Co-PI. This network extends the current work of PREGMED, The Indiana University Center for Pharmacogenetics and Therapeutics Research in Maternal and Child Health, and will study the way pregnant women handle medications which are needed in pregnancy. There is very little data on many commonly used medications in pregnancy. Consequently, clinicians have little to truly guide and individualize pharmacotherapy in pregnancy. The studies conducted by the OPRU Network will help pregnant women receive better pharmacotherapy and give clinicians much needed knowledge. The grant runs for 5 years.



The Leapfrog Group

(No, it is not a Rothenberg creation)

Ultimately someone pays for healthcare. Patients, who are lucky enough to have healthcare coverage, pay with co-pays and premiums. Hospitals pay by providing uncompensated care on a regular basis. Employers also pay by providing healthcare coverage for employees. In the late 1990s, the cost to employers for healthcare coverage for their employees was increasing rapidly. Add to that the monumental report by the Institute of Medicine, "To Err is Human" published in 1999 finding that 98,000 Americans die each year from preventable mistakes, led to the creation of the The Leapfrog Group. The Leapfrog Group is a group of large employers who came together in the late 1990's to positively impact the quality of healthcare and, according to the website, this report gave the group "focus"- patient safety. According to the Leapfrog website, "It is a voluntary program aimed at mo-

bilizing employer purchasing power to alert American's health industry that big leaps in health care safety, quality and customer value will be recognized and rewarded". Employers and organizations represented in the group include Toyota, IBM, FedEx, Chrysler, Goodwill Industries of Central Indiana, and Indiana Employers Quality of Health Alliance.

The Leapfrog Hospital Survey, the group's hallmark public reporting initiative was launched in 2001. The Survey assesses hospital performance based on four quality and safety "leaps" that are proven to reduce preventable medical mistakes. These four leaps include computer physician order entry, evidence-based hospital referral, ICU Physician staffing, and the Leapfrog Safe Practices score. The safe practices measures are taken from those endorsed by the National Quality Forum. Clarian participates in the Leapfrog survey each year and the results are publicly displayed on the Leapfrog website: www.leapfrog-group.org. The safe practices measures for the 2010 Leapfrog survey that impact Ob/Gyn include:

- Elective Deliveries Prior to 39 weeks
- Newborn Bilirubin Screening Prior to Discharge
- Appropriate DVT Prophylaxis in Women Undergoing Cesarean Section

The first of these three measures presents the most opportunity for improvement. In fact, both the Clarian Clinical Ob Practice Committee and the Best Practices Advisory Committee of the National IU Center of Excellence for Women's Health have endorsed the Elective Delivery Prior to 39 weeks as a 2010 Quality Improvement Project.

Next Month – Joint Commission

The Joint Commission:

- a. Is a felony committed by a husband and wife
- b. Is the admission of two friends to a psychiatric hospital
- c. Accredits and certifies healthcare organizations

KENYA OB/GYN FUNDRAISING UPDATE

Congratulations! The IU Foundation has confirmed that the Department of Obstetrics and Gynecology has raised \$2,020 for the "Kenya Ob/Gyn Humanitarian Fund" that will be used by Dr. Sierra Washington to purchase such things as medication for patients or pay for transportation from remote villages to the clinic and \$250 for the "Kenya Ob/Gyn Fund" to be used to buy equipment.

These accounts remain open so you can still make a 100% tax deductible donation that will benefit the Ob/Gyn efforts in Kenya. You can earmark

your donation (in the memo portion of your check) to one of two accounts, "Kenya Ob/Gyn Fund" or "Kenya Ob/Gyn Humanitarian Fund".

All checks should be made payable to "IU Foundation- Kenya Program" and sent to: IU Foundation- Kenya Program, PO Box 660245, Indianapolis, IN 46266-0245 and you will receive a letter at the end of the year that can



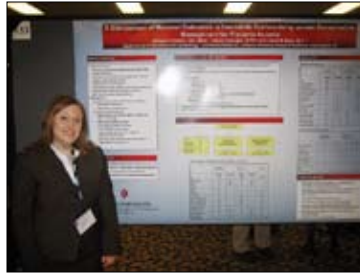
be used for tax purposes.

If you have any questions, concerns, ideas, or you would like your donation to be used for a specific piece of equipment or purpose please contact Dr. Mark Di Corcia at mdicorci@iupui.edu or 317-278-5967. For more information on the Indiana-Kenya Partnership please visit the following website.

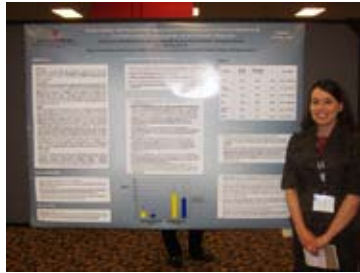
<http://www.medicine.iupui.edu/kenya/index.html>

MATERNAL-FETAL MEDICINE ANNUAL MEETING

The Department of OB/GYN, Maternal-Fetal Medicine was well represented at this year's Society for Maternal-Fetal Medicine Conference held in Chicago. **Dr. Rebecca Epstein**, PGY 4, and **Dr. Jennifer Jury**, PGY 3 both attended and presented posters. Dr. Jury's poster was entitled "Preterm Labor and Preterm Premature Rupture of Membranes of Patients Infected with Chorioamnionitis: Assessing Maternal and Neonatal Outcomes. Dr. Epstein's poster was entitled "A Comparison of Maternal Outcomes in Immediate Hysterectomy versus Conservative Management for Placenta Accreta."



Dr. Rebecca Epstein



Dr. Jennifer Jury

Also presenting posters were **Dr. Meredith Williams**, "Intrauterine Fetal heart Rate Detection Using UltraWide Band Radar", and **Dr. Frank Schubert**, "Does the Time from Corticosteroid Dosing to Delivery Affect

Neonatal Outcome?"

Joining our faculty and residents for dinner were former residents Dr. Sarah Richards, Class of 2009 and Dr.

Renee Bobrowski, Class of 1993.

Dr. Richards is currently doing a Fellowship in MFM at the University of Mississippi. Dr. Bobrowski, Class of 1993 is in practice at St. Alphonsus Maternal-Fetal Medicine Clinic in Boise, Idaho.



Left, front to back: Drs. Jennifer Weida, Mary Abernathy, Renee Bobrowski, Megan Schelling and Alan Golichowski

Right, front to back: Drs. David Haas, Frank Schubert, Sarah Richards, Jennifer Jury and Rebecca Epstein

THIS AND THAT



This month's Spotlight shines on **Kimberly Manuel**, Patient Care Technician and Phlebotomist.

Kim has been an IU employee for 17 years and an employee of OB/GYN in the Coleman Center for 16 years. She also works part time at Wishard as a lab tech.

Kim has 2 children, Brandi and Brandon, and 2 grandchildren, Kevin and Antwon. In her spare time she enjoys bowling and water aerobics. This year, Kim will be celebrating a milestone birthday when she turns 50 on March 26th!

Congratulations Kim, thanks for your years of service!

Heart

times as many women as breast cancer. Another 31,837 women die each year of congestive heart failure, representing 62.6% of all heart failure deaths.

Take action to reduce heart disease risk:

- Be physically active
- Don't smoke
- Eat healthy
- Maintain a normal weight
- Know your numbers (blood pressure, cholesterol, and triglycerides)

For more information, please go to:

[American Heart Association](http://www.AmericanHeartAssociation.org)



Total Deliveries January 2010

IU	57
Wishard	216
Methodist	255

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