



# Ob/Gyn Inside Story

## CHAIR'S CORNER

### OBSTETRICS IN UGANDA: COMMITMENT IN THE FACE OF LIMITED RESOURCES



Labor and Delivery

She lay on the cold gyn table fully dilated and pushing. No sheet. No anesthesia. Only our visiting team of obstetricians, one of their University midwives, and a warmer constructed of a flat board above which were four light bulbs awaiting the birth of the newborn. This was my introduction to obstetrics at the Mbarara University of Science and Technology (MUST), Uganda. They have restricted resources, but heroic commitment.

Uganda is a poor, third world country of 30 million with 90% being

Christian. There are 10 million cell phones and a rapidly expanding internet system. It is about the size of Oregon and English is spoken widely. So what brought me to Uganda? Global long-distance learning in obstetrics.

My motivation was to create obstetric learning centers in Uganda for Peri-FACTs, my 20 year old internet journal. We had already established physician and nurse users in over 600 hospitals in the U.S., and a small cadre of users in Ethiopia, Saudi Arabia and the Seychelles Islands where I reunited with Leo Lagasse, past chief of Gyn Oncology at UCLA and his six physician and nurse team. Dr. Lagasse for fifteen years has been president of Medicine for Humanity, a non-profit organization committed to advancing health of mothers and babies. Their activities had taken them to many third world countries, but lately have focused on Uganda. Why? Training residents in Fistula repairs. Several years back a UCLA resident chose to go to Mbarara to learn to do fistula repairs. Since over 60% of all obstetric deliveries in the western region of Uganda occur at the hands of a family member at home,

*(continued on page 2)*



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### UPCOMING EVENTS

The first Women's Health Golf Classic will take place on June 3, 2011. See page 6 for all the details!

If you have something you'd like to add to our next edition, a comment or a concern, please email Rebecca Rowley at [rebecca\\_rowley@urmc.rochester.edu](mailto:rebecca_rowley@urmc.rochester.edu)

## CHAIR'S CORNER (CON'T)

sometimes two or three days travel from a hospital, obstructed labor or fetal malposition often produce not only fetal distress or death, but also maternal vesicovaginal fistulas, resulting in constant urine loss and smell, leading to social ostracism. It's no surprise that when the word got out an American team of gyn surgeons was coming for a couple of weeks to repair fistulas, families would travel for days to be evaluated, hoping to be chosen to be one of the lucky surgical patients. Six surgeries were held in each operating room, day after day. However, if the fistulas required more extensive repair including placement of a mesh, the patient was turned away.



Postpartum and Antepartum Ward

My role as a perinatologist was more as a teacher of how Peri-FACTs might provide sustainable obstetric education for their faculty, nurses and residents. Toward that end, I met Dr. Ivan Bonet, perinatologist and chairman of the University Ob/Gyn program. He is one of four Cubans who rotate that position every two years. He immediately recognized peri-FACTs as a valued addition to his resident education curriculum. The 7 faculty consist largely of graduates of their residency and they currently have 11 residents.

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*“In communities like Mbarara, the families bear much of the responsibility for the clinical outcomes.”*

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In communities like Mbarara, the families bear much of the responsibility for the clinical outcomes. Some medications



Dr. Woods performing an ultrasound.

are available in the hospital such as oxytocin. For most other medications, families must go to a pharmacy, buy the medications, and bring them to the hospital.

At the University hospital there are over 7000 babies delivered each year with 75% being performed by their 16 midwives. The hospital quotes a 30% cesarean section rate. An old ultrasound machine is available, signifying evidence of a more modern obstetric era. One fetal monitor is present but, with 7000 deliveries, is seldom used. One bed is used for obstetric postpartum ICU patients and IV poles are available to hang bags of IV fluid into which medications are injected through the plastic outer walls. Limited medical resources at the University mandate a level of clinical care resembling a U.S. level circa 1973. Absent the availability of equipment on a predictable daily level, there is no place for laparoscopic or robotic equipment or for genetic procedures. Respiratory support equipment for the very premature newborn is absent.

## CHAIR'S CORNER (CON'T)

If a baby delivers before 35 weeks gestation, he or she needs to be hardy, because there are no means to support the ventilator challenges of a more premature baby. Cesarean sections therefore are seldom done before 35 weeks because of the lack of newborn support systems. In the next building where gyn surgery is going on all day, a scalpel, clamps, scissors and suture are all that can be counted on to be available. Electricity is usually available. However, one day all the electricity went out, a not unusual occurrence I later learned, and generators were not working. Elective gyn surgery was cancelled but cesarean sections were still being done upstairs in one of the surgical theaters by the light of a window.

The greatest maternal risks are eclampsia, hemorrhage, ruptured uterus and infection. Eclamptic seizures and ruptured uteri in large part occur at home before the patients are able to get to the hospital. Maternal deaths were common in the past decade, even at this University hospital. However, with better education of families, encouraging them to travel to the hospital for their deliveries, maternal mortality was reduced to 56 deaths two years ago, and 32 deaths last year. More significantly, no maternal deaths occurred last year if a patient was able to reach the University hospital prior to delivery. Clearly, educating families about the value of hospital care, and reducing the cultural obstacles which create fear of institutional medicine have made a difference.



The simulation lab.

The woman lucky enough to have a hospital delivery literally moves with her family onto the hospital grounds a couple of weeks before her due date to camp out on a small rug. When labor starts, the woman remains outside the obstetric building until she is deemed to be at least 4 cm dilated. She then is allowed into the antepartum unit. When she is fully dilated, she is brought into the two table delivery room where, if she does not deliver inside of 30 minutes, a large mediolateral episiotomy is cut and the baby is delivered either spontaneously or by vacuum. Why the rush? Because of the large number of women waiting either just outside the building or inside in the antepartum section.

I was impressed by the clinical knowledge demonstrated by the University faculty and residents.

Each morning, faculty and residents review all obstetric and gynecology cases occurring through the night, after which clinical assignments are handed out. One night, we conducted journal club with their faculty and residents, discussing two articles regarding IUD contraception from a recent issue of *Obstetrics and Gynecology*. Their use of statistics, and clinical concepts meshed with our own. The next day, we taught their medical students, who by sheer exposure and practice, were comfortable to discuss procedures, complications and Ob/Gyn risks. The medical student teaching session was held in the University simulation skills lab where, with a manikin, we reviewed shoulder dystocia, breech delivery and observed one instructor using a beef heart as a simulated uterus to demonstrate how to perform and repair a transverse uterine incision. Since these University students are often thrown into many clinical situations not available to our own students, it is no surprise that these students on practical issues were confident and well prepared.

What were my thoughts as I reflected back on my trip? My goal to establish Peri-FACTs learning centers was successful. But what truly stayed with me was my utter respect for these medical colleagues, working with such limited resources, never complaining, and yet driven to offer the best medical care that they could. I also could not ignore the question that kept running around in my mind. Since 1973, with all the increased dollars that we spend on health care in the U.S., has this spending spree brought a proportional increase in our health care outcomes?

*James R. Woods, Jr., M.D.*

*Mark your calendar!*

## RESIDENT RESEARCH DAY

The Resident Research Day will be held on Thursday, May 5, in the Class of 1962 Auditorium in the Arthur Kornberg Medical Research Building. The Research Day will begin with a continental breakfast at 7:15 a.m. followed by The Jerome H. Rudolph Memorial Lecture at 8:00 a.m. This year's guest speaker is Charles J. Lockwood, MD, MHCM. Dr. Lockwood is the Anita O'Keeffe Young Professor of Women's Health, Chair, Department of Obstetrics, Gynecology & Reproductive Sciences at Yale University School of Medicine, and Chief of Obstetrics & Gynecology at Yale – New Haven Hospital. Dr. Lockwood's lecture is entitled, "Maternal and Fetal Consequences of Inherited Thrombophilias." Resident research presentations will follow.

## CONGRATULATIONS!

### PAPERS, PRESENTATIONS, AND ABSTRACTS

Jody Stevens presented a workshop entitled "College Students' Perceptions of Egg Donation" at the ART of Donor Oocytes and Third Party Reproduction Conference in Charleston.

Germaine Santoriello, Dawn Holden and Kriston Ward presented a poster at the Nursing Research and Leadership Conference entitled "So You Think You Can Do An Injection: Comparison Of Group vs. Individual IVF Medication Teaching."

Shawn Murphy and his lab presented "Epigenetic Control of IFN-gamma Responses in Trophoblast Cells" at the Society for Gynecological Investigation in Miami, FL.

Erin Lemcke-Berno, David Hackney, Chris Glantz, James Dolan, and Ann Dozier presented their poster "Evaluation of the Presence of a Subchorionic Hematoma on a 1st Trimester Ultrasound and Midtrimester Cervical Length: A Retrospective Cohort" at the American Institute of Ultrasound in Medicine's annual conference in New York, NY.

Chris Glantz published, "Rates of labor induction and primary cesarean delivery do not correlate with rates of adverse neonatal outcome in level I hospitals" in *The Journal of Maternal-Fetal and Neonatal Medicine*.

Joycelyn Vardo, Lorelei Thornburg and Chris Glantz published, "Maternal and Neonatal Morbidity Among Nulliparous Women Undergoing Elective Induction of Labor" in *The Journal of Reproductive Medicine*.

Rich Miller published, "Circulating Human Antibody-Secreting Cells during Vaccinations and Respiratory Viral Infections Are Characterized by High

Specificity and Lack of Bystander Effect." in *the Journal of Immunology*.

Rich Miller, Amber Rinderknecht, Chris Stodgell, and Amulya Penmetsa published their abstract, "Comparative placentology, placental models and the next generation of therapies" in *Repro. Tox.*

Chris Stodgell and Rich Miller published their abstract, "Diabetic embryopathy: The Role of hyperglycemia, oxidative stress and copper deficiency in the induction of genetic and epigenetic changes" in *Repro. Tox.*

Chris Stodgell, Rich Miller and Linda Salamone published their abstract, "Gene expression in a rat model of Type II diabetes mellitus: Effects of Environmental and gene influences on fetal development." in *Repro. Tox.*

Rich Miller presented "Comparative placentology, placental models and the next generation of therapies" at the ENTI-OTIS International Conference in Jerusalem, Israel.

Rich Miller spoke on "Placental Transport of Drugs - Implications for Fetal Exposure" at the Meeting of Society of Toxicology in Washington DC.

Shanna Swan, Fan Liu and Rick Stahlhut published "Shorter Anogenital Distance Predicts Poorer Semen Quality in Young Men in Rochester, New York" in *Environmental Health Perspectives*.

Lauren Parlett will present a poster at the Society for Epidemiological Research meeting entitled, "Women's exposure to low molecular weight phthalates in relation to use of personal care products".

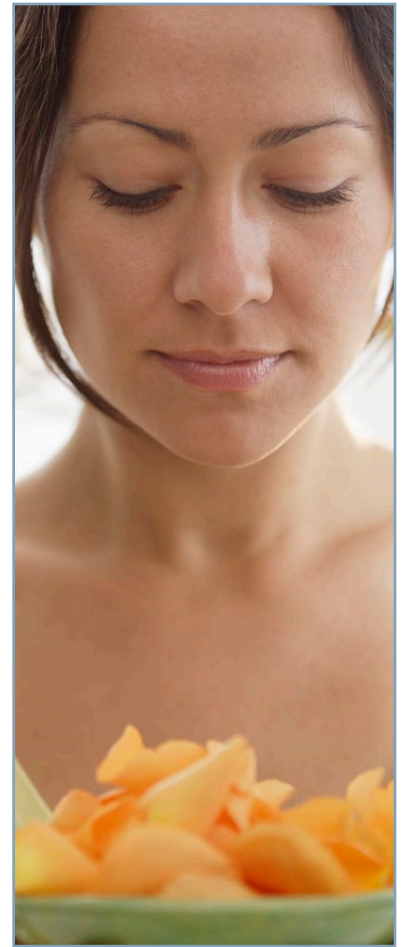
## ORA FLASH: CLINICAL TRIALS POLICY

The University of Rochester recently released a Clinical Research Billing Policy and Clinical Research Standard Operating Procedures Regarding Financial Oversight and Billing Compliance in January. These new policies and procedures will govern how the entire University responds to industry requests for clinical trials from a financial standpoint. All staff and faculty involved in clinical trials will need to complete training in the new policy.

The policy comes out of a months long study of current URMC procedures and procedures followed by peer institutions. The committee also looked at how best to minimize audit risks and ensure that the trials are not a drain on institutional resources. Following this study, the committee made recommendations to the senior leadership resulting in the policy.

As part of this change, ORA will be working closely with all faculty as they begin to negotiate trials with industry representatives. The department will also be charging a mandatory non-refundable start up fee on all new industry sponsored clinical trials. It is our policy that if there are surplus funds at the close-out of that trial ORA will recover a portion of the surplus to make up for the start up costs.

More information on the policy and a link to the training can be found here: [http://www.rochester.edu/ORPA/Clinical\\_Trial\\_Resources/index.html](http://www.rochester.edu/ORPA/Clinical_Trial_Resources/index.html).



*“Congratulations to our newest grant recipients!”*

## ORA FLASH: NEW GRANTS IN OB/GYN

Congratulations to the newest Ob/Gyn grant award recipients! The Richard W. and Mae Stone Goode Foundation awarded:

Shanna Swan and Lauren Parlett \$15,000 for “The Association Between Prenatal Phthalate Exposure and Childhood Asthma Symptoms.”

Adam Griffin \$15,000 for “Effects of exogenous antioxidants on cyclophosphamide-induced ovarian toxicity.”

Rick Stahlhut \$15,000 for “The effects of bariatric surgery on levels of persistent organic pollutants in women of childbearing age.”

David Foster’s subcontract to the University of Tennessee entitled “A Controlled Trial of Gabapentin in Vulvodynia: Biological Correlates of Response” was recently funded.

Emily Barrett was accepted as a BIRCWH Scholar in the WHEEL Program. Her research will focus on how early environmental exposures affect female reproductive development



## PATIENT SAFETY

In 2002, new safety initiatives instituted by the Obstetrics Leadership Team resulted in dramatic improvements within the department. Thanks to the leadership of Chair James R. Woods and Associate Director of Nursing Deborah Phillips, team education, orientation and debriefings are now the norm, as is developing a common language competency for electronic fetal monitoring. The creation of the Simulation Lab has not only benefited hospital staff, but provides community emergency medical workers with much-needed hands-on training. Another added benefit: insurance claims have dropped by 26 percent.

## SHOULDER DYSTOCIA WORKSHOP



Through a Finger lakes Regional Perinatal Forum mini-grant obtained by Dr. Lorelei Thornburg MD and Christine Arnold BSN, URMC held a workshop on shoulder dystocia best practices and simulation drills for staff training to maternal and child professionals on March 17, 2011. Prior to the workshop, the participants viewed a URMC created webinar on current shoulder dystocia best practices, review of shoulder dystocia skills, newborn outcomes and legal liability.

Twenty-one perinatal MCH professionals from 7 community hospitals in the Finger Lakes region participated in the workshop. The 5 hour workshop included the introduction of a shoulder dystocia toolkit, and practical skills to create low fidelity shoulder dystocia drills for their own staff. Rita Dadiz, DO, presented “Program Development Strategies to Bring Simulation to Staff”. The program ended with a networking luncheon and lots of discussion. Follow up surveys to identify if and how participants may be using the information gained and a presentation to the Regional Perinatal Forum board are being scheduled.

*Christine Arnold, RN, BSN*

*“...URMC held a workshop on shoulder dystocia best practices and simulation drills...”*

*Save the Date!*

## WOMEN'S HEALTH GOLF CLASSIC VICTOR HILLS GOLF CLUB | JUNE 3, 2011

- 9:00AM** Registration
- 10:00AM** Shotgun Start on the South course (best ball format) with Lunch on the Turn
- 4:00PM** Hors d'Oeuvres, Program and Prizes

Chronic pelvic pain affects one in every fourteen women in the United States. Yet it is one of the most private, and therefore, least discussed health conditions affecting women. Minimally invasive laparoscopic and robotic surgery have improved women's lives. Yet much more needs to be done. Help us advance new and more effective treatments for women with chronic pelvic pain by supporting the Women's Health Golf Classic.

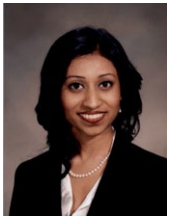
For more information, contact  
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## EDUCATION CORNER: NEW 2011 - 2012 RESIDENTS

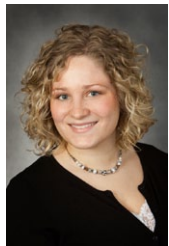
Residency Match Day was held on Thursday, March 17. The Ob/Gyn Residency is pleased to introduce the 2011-2012 intern class who bring to the program a diverse set of experience and talents. They will be joining us on June 20, 2011.



Pakeeza Alam, B.S. – Biomedical Science, The Sophie Davis School of Biomedical Education at the City College of New York M.D., School of Medicine at Stony Brook Univ. Medical Center  
Hobbies & Interests: Enjoys aerobics and yoga. Enjoys singing and dancing, and participated in the Sophie Davis School SING theatrical competitions in 2005, 2006, & 2007 as a singer, choreographer and producer. Also speaks Bengali.



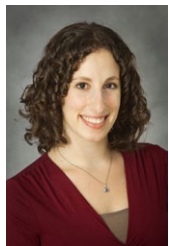
Charisse Loder, B.S. – Biological Sciences, Cornell University M.D., Pennsylvania State University College of Medicine  
Hobbies & Interests: Cooking, knitting, independent film, & travel (studied abroad at Kings College London in 2002).



Kristen Burhans, B.S. – Biochemistry, Virginia Polytechnic Institute & State University M.D., Univ. at Buffalo SUNY of Medicine & Biomedical Sciences  
Hobbies & Interests: Enjoys cooking and baking, particularly decorating cookies and cakes. Also likes to sail, kayak, ski and play tennis. Kristen is certified to belay and lead “Adventure Based Learning Experiences” on a high ropes course.



Jaclyn Morrison, B.S. – Biomedical Science, University at Buffalo M.D., Univ. at Buffalo SUNY of Medicine & Biomedical Sciences  
Hobbies & Interests: Competitive swimming, classical ballet, hip hop dance troupe, acapella vocal group/Mixed Nuts of Buffalo (college vocalist), vocal jazz, musical theatre (participant in school & community sponsored shows including The Secret Garden, Joseph and the Amazing Technicolor Dreamcoat, The Sound of Music).



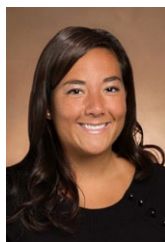
Rachel Flink, B.S. – Biology, Lehigh University M.D., Univ. at Buffalo SUNY of Medicine & Biomedical Sciences  
Hobbies & Interests: Loves to read literature and memoirs. Enjoys writing and has maintained a journal recording her experiences throughout medical school. Hopes to someday publish her writings. Active pursuits include: running, playing tennis, skiing, snowboarding, & waterskiing. Was on crew teams as a rower & coxswain in high school & college.



Emily Thompson, B.S. – Chemistry North Carolina State University M.D., University of Colorado Denver School of Medicine  
Hobbies & Interests: Yoga, cycling, cooking, gardening, backpacking, & flamenco dancing. Speaks and writes Spanish proficiently.



Katina Foster, B.S. – Biochemistry and Molecular Genetics, Bucknell University M.D., Univ. at Buffalo SUNY of Medicine & Biomedical Sciences  
Hobbies & Interests: Music, gourmet cooking and baking, knitting, swimming, running, & horticulture.



Jill Uyenishi, B.A. – Molecular, Cellular, and Developmental Biology & Psychology, University of Colorado M.D., University of Colorado Denver School of Medicine  
Hobbies & Interests: Running, swimming, cycling, hiking, soccer, reading, farmers’ markets, & travel.

## OB/GYN @ URM

The Department of Obstetrics and Gynecology at the University of Rochester School of Medicine and Dentistry is a leader in patient care, investigative research, and obstetric education. The Faculty is dedicated to promoting excellence in all areas that support women's health. The Department is proud to offer care to our patients by physicians who were ranked among the nation's best in U.S. News & World Report's America's Best Hospitals list.



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## COMMUNITY UPDATES

### NEW FACULTY APPOINTMENTS

Beth M. Cerrito, Ph.D., Clinical Senior Instructor in Psychiatry, was given a secondary appointment in OB/GYN effective January 1, 2011 to work with The Women's Lifestyle Center/PCOS Clinic.

### FACULTY PROMOTIONS AND CONGRATULATIONS

Kathleen Hoeger, M.D. was promoted to Professor of Obstetrics and Gynecology effective January 1, 2011.

Adam Griffin passed his oral boards and is our newest board certified Reproductive Endocrinologist.

### FACULTY DEPARTURES

Shanna Swan, Ph.D. has accepted a position at Mt. Sinai School of Medicine effective April 1, 2011.

### STAFF PROMOTIONS

Kriston Ward has accepted the promotion of Practice Manager for REI.

Rebecca Rowley has accepted the position of Research Administrator for Ob/Gyn.

### BIRTHS

Danielle and Craig Durie welcomed another daughter to their family, Brenna Margaret, on March 1, 2011!

Olivia Grace Nicandri was born on 3/30/11 at 11:01 pm! She weighed 7.8 lbs (exact weight of her big sister Lilly). Congratulations to Katrina and Gregg!

### NEW STUDENTS

Shawn Murphy had a new Ph.D. student, Tanya Cruz-Luna, officially join his lab.

Pamela Garcia Pulido, a medical student from University of Bristol (UK) has recently begun her research on Bisphenol A with Richard Miller and the Placenta Research Team. When she returns to the UK she will be beginning her residency training in Cardiff, Wales.



The faculty and staff of the Department of Obstetrics and Gynecology at the University of Rochester Medical Center are proud of the work we do in caring for women throughout the lifespan. Your tax deductible contribution advances our mission of excellence in patient care, research and education.

Make a secure transaction with your Visa, MasterCard, Discover or AMEX at <http://www.rochester.edu/advancement/>

Make sure you specify in the comments that you wish you to direct your gift to Ob/Gyn and the specific program within the Department.

*Thank you for your generosity!*