40 Years of Leading Maternal and Fetal Care

OUR JOURNEY TOGETHER

ANTHONY C. SCISCIONE, DO

SOCIETY FOR MATERNAL-FETAL MEDICINE • Washington, DC

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Editorial Services: Publications Professionals LLC, Fairfax, VA
Design: Naylor Design, Inc., Washington, DC
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DEDICATION

I am dedicating this book to my mentors: Anthony Quartell, MD; Tim Johnson, MD; Karin Blakemore, MD; and Ron Wapner, MD. They believed in me when I didn't.

In addition, I wish to dedicate the book to the following:

- To my brothers and sister (Phil, Diane, and Steve)
- Especially to my mother and father, who never let me settle for less than they knew I was capable of.
- To my children, who will inherit this world and make it a much better place.
- To my partner for the past 26 years, my wife, Cheri.
- To my long-time friends (Steve, Greg, and Marie).
- To all of the health care providers who—through their tireless work and dedication, whether by performing research or clinical care—continue to improve outcomes for women and babies throughout the world.

Finally, I dedicate the book to all of the residents and fellows who do not yet realize the potential and importance of the career they have chosen. Read this book, see what we have done, and strive to do better!

ACKNOWLEDGMENTS

When accepting the task of editing a book that chronicles almost 20 years of an organization that has undergone significant evolutionary and revolutionary change, I knew that I must choose authors who not only were extremely dedicated to the society but also were simply "the best and the brightest." The finished product is a reflection of each author's hard work and creative flare. To each of them, I say with humility and with the deepest sense of gratitude, job well done!

I would like especially to thank Mary D'Alton, MD, who cut the path for me in the first book (the 20th anniversary) through her selfless dedication to the society, who reviewed the entire new book (the 40th anniversary) before publication, and who has shared her friendship with me throughout the past 20 years.

There is one person without whose tireless effort this book would not have been completed: Pat Stahr. Her hard work, ability to move things forward in an unassuming and gracious way, and can-do attitude were pivotal for our team to be successful. Pat was the engine of this book, and the essence of her soul is contained in its pages. To one of the most effective and positive people I have ever worked with, I simply say, "Thank you!"

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FOREWORD

M. KATHRYN (KATE) MENARD, MD, MPH

RETROSPECTIVE

The Society for Maternal-Fetal Medicine (SMFM) can be viewed by people in our profession as a quilt that has been carefully crafted by a membership rich in talent, passion, and a spirit of volunteerism. This commemorative book presents various pieces of the quilt to readers, whom we hope will join our celebration of the 40 years of our subspecialty.

As our subspecialty has advanced and our membership has grown, our society has evolved. This book is the second in a series of publications that document the evolution and contributions of a society that focuses on maternal-fetal medicine. In 1997, Mary E. D'Alton, Star Poole, and Rebecca D. Rinehart were authors of our first such publication: *Society of Perinatal Obstetricians: The First Two Decades.* SMFM is indebted to Tony Sciscione and Pat Stahr for their dedication and hard work in overseeing the creation of this second volume titled *40 Years of Leading Maternal and Fetal Care: Our Journey Together.*

In 1973—40 years ago—the American Board of Obstetrics and Gynecology (ABOG) first recognized the subspecialty of maternal-fetal medicine (MFM). Certification following completion of a written and oral examination was introduced in 1974. Then, in 1977, the newly certified MFM subspecialists were the founders of the Society of Perinatal Obstetricians (SPO). Those founding members established a society that was designed to advance education and research in MFM—and that continues to do so today.

The first scientific meeting was held in 1981 in San Antonio, with 100 members in attendance and Dr. Robert Sokol as program chair. By 1991, more than 1,000 attended the annual meeting, and more than 2,000 attended the 2011 annual meeting, now called "The Pregnancy Meeting." Our annual meetings have been, and continue to be, a place where great pregnancy-related science is shared and where friendships are made or rekindled.

As we now celebrate the 40th anniversary of the founding of the MFM specialty, we are reminded that we do, figuratively, stand on the shoulders of giants. Those visionaries had the wisdom and fortitude to organize our specialty so that we could grow to be the effective collective voice that we are today. SMFM began as a group dedicated to the education of members and fellows and has evolved into an organization with broad influence and accomplishments.

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One constant throughout the society's existence has been a very special woman: Pat Stahr. She has been with us through it all. Past president of SPO, Valerie Parisi, has shared this description of Pat's talents: "Pat Stahr—who works quietly, calmly, and efficiently while tending to the major administrative details of our meeting—is in a class by herself. Very few of us can remember how the SPO ever survived without her." And certainly SMFM is privileged to receive her continuing contributions.

ACCOMPLISHMENTS

The organizational advancements and accomplishments of SMFM since 1997 are vast. A sample of our accomplishments follows while the remainder of this book will discuss many of these advances in detail:

The Society for Maternal and Fetal Medicine established an identity and supported the functions of an evolving subspecialty.
As the practice of MFM moved beyond academic centers into community hospitals and private practice settings, we needed to establish a clear identity by defining the scope of MFM to the public, our professional colleagues, hospitals, and insurers. Much of that work was accomplished by Drs. Mary D'Alton and Peter VanDorsten. Their defining concepts were carried forward through the work of our members throughout the country and through the various publications and educational products of the society.

Throughout recent years, our subspecialty-specific clinical practice was supported by SMFM's leadership in the arena of practice management, coding, and reimbursement. In 2008, we established the Association for Maternal-Fetal Medicine Management (AMFMM). Moreover, in 2013, we created a branding initiative that will carry us into the next decade.

The society moved from its original core function of education and research to becoming a broad service organization for members and to having a strong voice for women's health.
We at SMFM expanded our influence by cooperating and collaborating with professional organizations that are involved in maternity care, such as these: American Academy of Family Physicians (AAFP); American Academy of Pediatrics (AAP); American College of Nurse-Midwives (ACNM); American College of Obstetricians and Gynecologists (ACOG); American College of Osteopathic Obstetricians and Gynecologists (ACOOG); American Institute of Ultrasound in Medicine (AIUM); and Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN).

Along with those professional organizations and the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD), we held a number of workshops about the following topics: (a) timing of indicated late-preterm and early-term birth, (b) preventing the first cesarean birth, (c) fetal imaging, and (d) caring for the periviable birth. In addition, we created joint publications that represent much-needed consensus about best practice. As an overarching goal, SMFM regularly strives to work together with such organizations toward a coordinated voice and toward achieving an optimal effect from our valuable shared resources.

SMFM and its members partnered with public health at the local, state, and national levels to improve the health of women and their infants. Keeping the "M" in MFM and the "M" in MCH is an emergent theme. By partnering with ABOG, ACOG, the Centers for Disease Control and Prevention (CDC), the U.S. Maternal and Child Health Bureau, and others, SMFM is continuing to ensure that professional training and health systems are designed to guarantee safety and high-quality maternity care.

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Over the years, our society has consistently expanded its member involvement, has accelerated the pace of productivity, and has extended its reach.

In a deliberate effort to expand inclusiveness and to tap the talent of our many gifted members, we have successfully expanded our committee structure. This action resulted in an exponential increase in members' involvement in society activities.

Furthermore, we are emphasizing diversity on our board, including the appointment of two fellows. By engaging junior fellows in all committees, we are gaining a valuable fresh perspective. In addition to our committee expansion, the appointment of an executive vice president has greatly enhanced the productivity of our society.

A few examples of committee products include the following:

- Coding Committee, which is responsible for supporting practice management
- Communications Committee, which is responsible for "Special Delivery"
- Fellowship Affairs Committee, which is responsible for these:
  - Implementation of electronic fellowship application (ERAS)
  - Web-based fellows lecture series
  - Resources on the web
  - First-Year Fellows Retreat
- Informatics Committee, which is responsible for these:
  - Web: education and practice management resources
  - Member communities
- Publications Committee, which is responsible for these:
  - *American Journal of Obstetrics and Gynecology*, which publishes meeting abstracts annually as well as SMFM guidelines
  - Contemporary ObGyn series
  - Joint documents with ACOG

FUTURE DIRECTION

As we at SMFM enter our next decade, we plan to continue to expand our collaboration and to pool our resources with those from other organizations that have a similar mission. We will regularly extend our hands of cooperation as we continue to focus our actions on what has always been of highest importance to our society: the highest-quality maternal and fetal care. And we will always remember that our talented members who give so much of themselves to SMFM are key to staying on target to fulfill our mission.

It has been an honor—for one short year—to serve as president of this vibrant and wonderfully mission-driven, action-oriented organization.

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STRENGTH IN PRESIDENTIAL LEADERSHIP

MICHAEL R. FOLEY, MD

RESPONSIBILITIES OF THE SMFM PRESIDENT

The president of the Society for Maternal-Fetal Medicine (SMFM) has the honor and ultimate accountability for leading the society into the future. The organization's bylaws assign the following documented duties to the president:

> The president shall be the principal executive officer of the organization and of the board of directors. He or she shall enforce all rules and regulations of the organization and shall control and manage the business affairs, properties, and facilities of the organization under general supervision of the board of directors. The president, with the secretary-treasurer, shall execute on behalf of the organization and board all contracts, deeds, mortgages, deeds of trust, notes, bonds, or other instruments when authorized by the board of directors, except in cases where in the signing and execution thereof shall be delegated expressly by the board or by these bylaws or by some statute to some other officer or agent of the organization. At each annual meeting of the organization, the president shall report to the membership the affairs, the activities, and the condition of the organization for the preceding year.

Without doubt, the real obligation of the president is to the membership of the organization. The president must—through a fair, inclusive, and transparent process—facilitate the members' sense of ownership of the organization's mission and vision. With a fundamental mission and an inspiring vision, the president appropriately and strategically delegates leadership to members of the board of directors regarding the development of the society's goals, objectives, and time lines concerning any actionable accountability.

To fully engage the talent of the organization's membership in a fair and transparent way, the composition of the SMFM board includes members who have dedicated themselves (a) to advancing the society and (b) to participating as team members who are focused on fulfilling the society's goals and objectives. The board of directors, under the president's leadership, holds the teams and committees accountable for accomplishing their stated objectives on behalf of the society.

EFFECTIVE PRESIDENTIAL LEADERSHIP

As an effective leader, the president must build trust with the members of the organization; embody actions that reveal fair, inclusive, and transparent leadership; and continually focus on demonstrating the three primary tenants of trust: sincerity, competence, and reliability.

An effective president exhibits sincerity through an unyielding focus on the concerns of the mem-

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bership. Competence and reliability, as well as appropriate human vulnerability, are all imperative to generating a loyal following among the members of the society. Inspiring action from the membership toward a common goal of fulfilling the vision of the society is a critical role of the president. Societal inspiration emanates from the leader's focus on the "why" as opposed to the "what" or "how" of given initiatives.

Members should be inspired by what the leader believes and the power of his or her message. Challenging the status quo is when the "why" of the mission and vision come to life. The members of the board of directors and the society will more easily reach an intended destination when the path to that destination has been effectively communicated to them. But good leaders and good communicators must first be outstanding listeners so that they understand the destination that is important to members. Intuitive verbal and nonverbal skills, along with content and contextual communication skills, are the most important attributes of strong presidential leadership.

Our history is rich with strong presidents whom we have trusted to take us to where we are today. Many of our destinations needed more than one president's leadership and stewardship to reach, and our path was often adjusted to flowing membership goals and the ever-changing role of the society in clinical, educational, and political endeavors.

PRESIDENTS OF THE SOCIETY FOR MATERNAL-FETAL MEDICINE

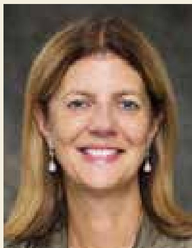
The society's leadership has evolved over the past two decades from valuing primarily those who are academic leaders in maternal-fetal medicine (MFM) to engaging those who are private-practice MFM leaders as the people who will occupy the office of president and will be members of the board of directors. This movement aptly reflects the evolving interest and composition of the society's membership.

The presidents of SMFM during the past two decades are listed next, along with a summary of important accomplishments that each has contributed. The society would not be the vibrant and versatile organization it is today if it did not have the valued leadership of such outstanding physicians and people. We, the Society for Maternal-Fetal Medicine, are truly indebted to our leaders.

SMFM PAST PRESIDENTS, 1997–2011

Steve Clark, 1997

- Served as the 1996 Scientific Program Chair
- Helped develop the society's freestanding postgraduate course series titled "High-Risk Pregnancy Updates"
- Proposed changing the name of the Society of Perinatal Obstetricians (SPO) to the current Society for Maternal-Fetal Medicine to better reflect who we are and what we do



Mary D'Alton, 1998

- Served as the 1997 Scientific Program Chair
- Received the 2006 Achievement Award
- Established the first-ever strategic planning session during SMFM's summer board meeting
- Worked to increase SMFM liaison representation on American College of Obstetricians and Gynecologists (ACOG) committees (Ob Practice and Genetics)
- Chaired the first two Fellows Retreats (1994 and 1995)

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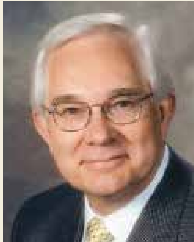
SMFM PAST PRESIDENTS, 1997–2011, *continued*

Peter VanDorsten, 1999

- Gained recognition of maternal-fetal medicine through crafting the "Defining the MFM Specialty" document, and defined topics and authors for position papers that validated the need for MFM services
- Championed hiring a government relations representative and developing the SMFM Government Relations Committee, which is active today; also expanded the board to include an ex officio slot for a government relations representative
- Hired the first government relations firm and organized the first lobbying effort
- Served as president during an expansion of committees that provide many membership services, including the Coding and Informatics Committee

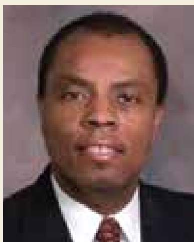
Mike Socol, 2000

- Served as the 2000 Scientific Program Chair
- Crafted the SMFM Code of Ethics
- Moved the concept of medical director position forward
- Ushered in the President's Awards Ceremony to replace the annual meeting banquet
- Initiated having incoming board members audit the annual board meeting



Jim Martin, 2001

- Served as the 1998 Scientific Program Chair; also introduced the luncheon roundtable sessions
- Expanded the annual board meeting time
- Suggested an increase in board size from 9 to 12 elected members
- Proposed carrying meeting cancellation insurance
- Established the first long-range strategic-planning summer retreat for the board with five previous presidents invited to participate
- Formalized the relationship between SMFM and ACOG by creating a place on the board for an ex officio ACOG representative
- Initiated the Joint Publications Committee and relationships between SMFM and ACOG
- Developed a profile for an executive vice president position and initiated the search



Haywood Brown, 2002

- Served as the 2001 Scientific Program Chair; also oversaw the process for SMFM's first electronic abstract submission
- Received the 2012 Achievement Award
- Oversaw the selection of the first executive vice president
- Helped develop guidelines for first formal corporate exhibit at the annual meeting
- Oversaw move of the foundation from being a committee to becoming a separate entity, the SMFM Foundation, which is now named "The Pregnancy Foundation"

Jay Iams, 2003

- Served as the 2002 Scientific Program Chair
- Revitalized the Government Relations Committee structure and oversaw selection of a government relations firm (CRD Associates)
- Introduced the concept of an executive session into the board's proceedings
- Formalized SMFM's relationship with the March of Dimes to support our society's annual meeting
- Received the 2007 Achievement Award

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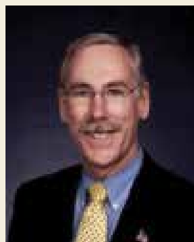
SMFM PAST PRESIDENTS, 1997–2011, *continued*



Jef Ferguson, 2004

- Moved development of SMFM's website forward when serving as a board member
- Chaired the committee appointed to look into SMFM's involvement with nuchal translucency (NT) credentialing
- Established a conflict of interest policy
- Helped develop a new process for electing board officers
- Coined "The Pregnancy Meeting" designation for the annual meeting

Mike Nageotte, 2005

- Served as the 2003 Scientific Program Chair; also ushered in an era of online registration
- Instituted a formal audit of society's finances
- Developed and formalized the exhibitor guidelines
- Introduced an initiative to increase international membership
- Served as president when the Maternal-Fetal Medicine Foundation (MFMF) was formally established to provide training and credentialing in NT

Roger Newman, 2006

- Served as the 2005 Scientific Program Chair; also expanded collaboration involving the Society for Obstetric Anesthesia and Perinatology and the North American Society for Obstetric Medicine
- Oversaw (a) transition of the SMFM Foundation's leadership and (b) creation of subcommittees for development and scholarly activities
- Restructured the Editorial and Review Committee
- Served as president when international member category formalized
- Oversaw efforts to help MFMF/NTQR (Nuchal Translucency Quality Review) achieve financial stability
- Expanded the SMFM office staff

Kathie Wenstrom, 2007

- Headed the first Publications Committee; also achieved the first SMFM–ACOG joint publication (*Higher Order Multiples*)
- Placed SMFM-branded papers in journals such as the *American Journal of Obstetrics and Gynecology, Obstetrics and Gynecology (The Green Journal)*, and *Contemporary Ob-Gyn*.
- While serving as a board member, developed the standardized criteria for judging abstracts
- Expanded SMFM's relationship with the Centers for Disease Control and Prevention
- Established system for SMFM members to volunteer for committee service
- Using ERAS for MFM Fellowship applications was initiated during her presidency

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SMFM PAST PRESIDENTS, 1997–2011, *continued*

Mike Foley, 2008

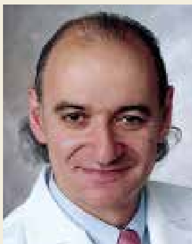
- Organized the first board meeting planning retreat to be held in the summer
- Using a membership survey, developed the new mission statement, goals, and vision for SMFM
- Advanced the committee structure by delegating responsibilities to committees
- Opened a broad involvement in committees to SMFM's general membership
- Helped institute the summit involving American Board of Obstetrics and Gynecology (ABOG), ACOG, and SMFM
- Instituted monthly conference calls for the executive team
- Supported online posting of plenary sessions as video streams

Sarah Kilpatrick, 2009

- Helped direct the search for a new financial management services company with the goal of expanding and diversifying SMFM's portfolio
- Helped establish the MFM Fellowship Program's Directors Workshop at the annual meeting
- Helped craft a revised job description for the executive vice president and oversaw the search effort for a second executive vice president
- Introduced the concept of an electronic board agenda book
- Developed and created a handbook for incoming board members

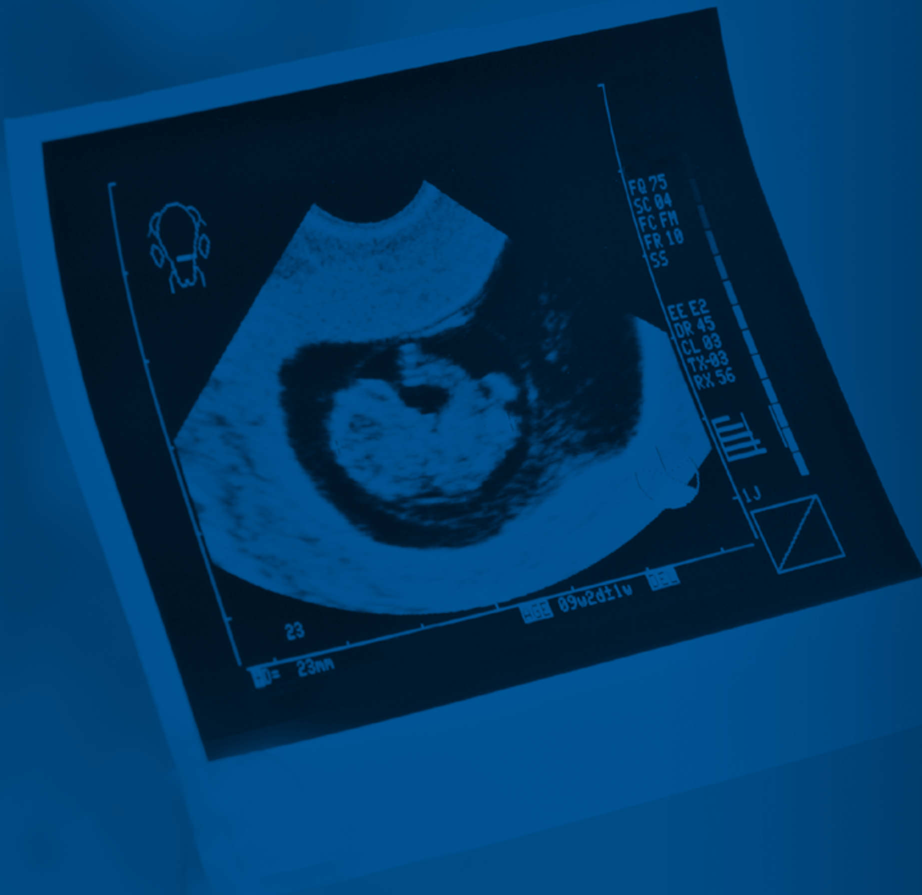
Josh Copel, 2010

- Supported the webcasting of meeting sessions
- During his presidency the exhibits and poster sessions were combined for the first time
- Initiated a new process for electing board members that gave SMFM's voting membership a larger role
- Supported the concept of a Fellows Retreat
- Proposed an SMFM-branded template for sending e-mails to members
- Brought in a facilitator for a board workshop titled "Best Practices"



George Saade, 2011

- Served as the 2006 Scientific Program Chair
- Pioneered the concept of a Fellows Lecture series
- Represented SMFM at the National Institute of Child Health and Human Development (NICHD) Vision Process
- Supported the formal recognition of SMFM's committee members
- Introduced the "Honorary Member" talk at the annual meeting
- Expanded SMFM's collaboration with ACOG (SMFM–ACOG Liaison Committee) and NICHD (invited Alan Guttmacher, NICHD director, to annual meeting); also approached the March of Dimes about involving more MFM leaders on its committees
- Supported having SMFM lead efforts to study the long-term outcomes of mothers with complicated pregnancies



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FROM SPO TO SMFM

A REVOLUTIONARY AND EVOLUTIONARY JOURNEY

DANIEL F. O'KEEFFE, MD, and BRIAN M. MERCER, MD

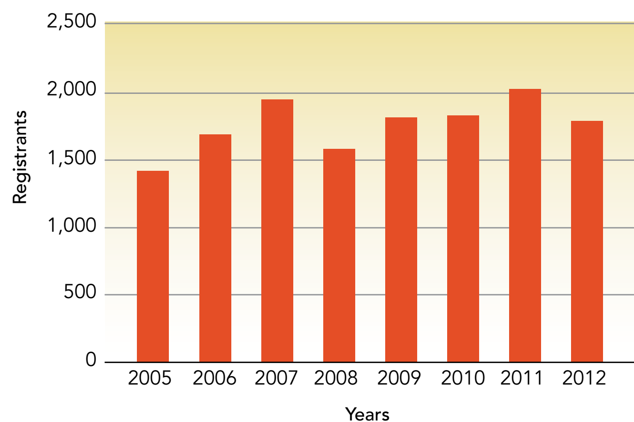
The original name of the organization was the Society of Perinatal Obstetricians (SPO), which served the society well, but over time the term "perinatal" became more commonly associated with neonatal care rather than care of the fetus and mother. Changing the society's name to incorporate maternal-fetal medicine (MFM) was first suggested in 1997 by then-president Dr. Steve Clark. During a 1998 retreat that the society's then-president, Mary D'Alton, held at the interim board meeting, members agreed that the society would be better served by a name that more clearly defined the scope of our specialty. Thus, "perinatal" was abandoned for the more descriptive term of "maternal-fetal medicine," which redefined how our specialty was perceived by both patients and other health care providers. Thus, we became the Society for Maternal-Fetal Medicine (SMFM).

THE PREGNANCY MEETING (ANNUAL MEETING)

The centerpiece of the society is its annual meeting. That gathering has grown to serve approximately 2,000 registrants each year (see figure 3.1). Although the general structure of the meeting had not changed in two decades (five days total with two postgraduate courses offered on Tuesday and Wednesday before the general meeting convened on Thursday), the educational appetite of our members seemed insatiable. Beginning in 2004, courses were added on Monday and Saturday; the next year an additional course was added on Monday.

In 1999, with a small staff, with growing attendance, and with higher expectations for the meeting, the society could not effectively oversee site selection and contract negotiations for the annual meeting, as well as the postgraduate courses conducted during the remainder of the year. Pat Stahr,

FIGURE 3.1 SMFM's Eight-Year Registrants at Annual Meetings, 2005–12



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the society's executive director, was charged with finding an established, world-class firm to assume this important function for the society. She spent many hours interviewing and researching firms, and finally the contract was awarded to Mary Louise Hall of HelmsBriscoe of Scottsdale, Arizona. Hall remains our liaison, performing site selection and negotiations while using her vast experience and the significant corporate weight of HelmsBriscoe to get the best venues for the society in a way that is mindful of our member's finances.

Because the best rates at the best venues are available when the society commits well in advance, we have planned meetings through 2021 (table 3.1). Although we recognize that some locations may not be the first choice of all SMFM members, when we balance the size of the venue with the cost and the location, the venues we have selected were clearly the best value for our members while additionally serving the educational needs of the meeting. We keep in mind that (a) we are a large meeting group with great demands for educational space, (b) we need to keep registration costs reasonable, and (c) we meet in the winter and members come from around the world.

Any scientific meeting can be deemed successful by several measures, but the most important measure is the number and quality of submitted abstracts that result among the best science being presented. The number of abstracts (see table 3.2 and figure 3.2) submitted to our annual meeting continues to grow, reaching 1,425 in 2012.

TABLE 3.1 Locations for Winter Meetings, 2013–21

YEAR	LOCATION	DATES
2013	Hilton San Francisco, Union Square, San Francisco, CA	February 11–16, 2013
2014	Hilton New Orleans, Riverside, New Orleans, LA	February 1–9, 2014
2015	Hilton San Diego Bayfront, San Diego, CA	January 31–February 6, 2015
2016	Hilton Atlanta, Atlanta, GA	January 30–February 6, 2016
2017	Caesars Palace, Las Vegas, NV	January 21–29, 2017
2018	Hilton Anatole, Dallas, TX	January 27–February 4, 2018
2019	Caesars Palace, Las Vegas, NV	February 9–17, 2019
2020	To Be Decided	
2021	Caesars Palace, Las Vegas, NV	January 23–31, 2021

FIGURE 3.2. Abstracts Submitted Annually to SMFM, 2001–12

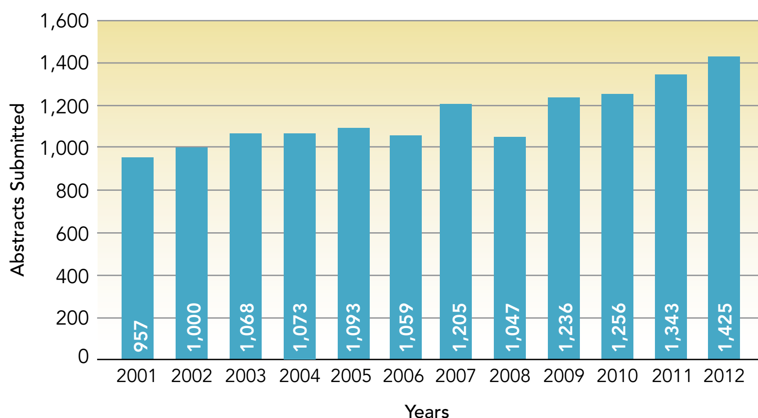

TABLE 3.2. Abstracts Submitted Annually, 2001–12

YEAR	ABSTRACTS SUBMITTED
2001	957
2002	1,000
2003	1,068
2004	1,073
2005	1,093
2006	1,059
2007	1,205
2008	1,047
2009	1,236
2010	1,256
2011	1,343
2012	1,425

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The tremendous effect of those presentations about pregnancy care is highlighted in chapter 13, "The Most Influential Presentations and Publications at SMFM's Annual Meetings, 1997 to 2010." Former president Dr. Jef Ferguson recognized the power of our members' scientific research to affect pregnancy care and seized the opportunity to name the annual meeting "The Pregnancy Meeting." This change further established the society and its members as leaders in research and clinical care for the pregnant woman.

Although the society appreciated the "hard core" science that was being presented in a formal, structured venue, it also knew that there was tremendous value to bringing small groups together to discuss specific clinical issues and to create fertile ground for new research ventures. The growth of the small-group forums is evidence of their value, as shown by the number of groups increasing from 9 special interest groups in 1998 to the following 17 such groups today:

1. Critical Care
2. Diabetes
3. Department of Defense (DoD) MFM Network
4. Fetal Cardiology
5. Genetics
6. Global Health
7. Hypertension
8. Infections and Inflammation in Pregnancy
9. International SPO
10. Maternal-Fetal Surgery
11. Pregnancy as a Window to Future Health
12. Preterm Labor
13. Perinatal Epidemiology
14. Research Support
15. Simulation in Pregnancy
16. Toxicology in Pregnancy
17. Ultrasound

There is no greater compliment to an organization than when another large and well-respected organization supports and partners with it. In 2004, the March of Dimes asked to be a sponsor of our meeting and to recognize the best research on prematurity through an award. The March of Dimes award for best research in prematurity exists today and is one of the highlights of our general meeting.

Recognizing the value of reaching the audience of SMFM, the National Institute of Child Health and Human Development (NICHD) partnered with the society in our first co-sponsored SMFM–NICHD workshop in 2011 on the two days before the general meeting. The first workshop was about the timely topic of "Timing of Indicated Late-Preterm and Early-Term Birth," and it resulted in a summary paper published in the journal *Obstetrics and Gynecology*, as well as a series of articles published that year in the journal *Seminars in Perinatology*. The SMFM–NICHD workshops have become a resource for obstetricians. Because the relationship has been so beneficial for each organization, the organizations decided to offer the "Prevention of the First Cesarean" workshop in 2012 as a joint effort among SMFM, NICHD, and the American College of Obstetricians and Gynecologists (ACOG). Such collaborations continue with preparations for a forthcoming workshop titled "Management of Periviable Birth," which will be sponsored jointly by SMFM, NICHD, ACOG, and the American Academy of Pediatrics (AAP).

The society's annual meeting dinner was discontinued in 2000 because of waning interest. The President's Award Ceremony, previously held during the dinner, was moved to Friday evening. Moreover, the Friday evening program has evolved to include "late breaking news," an event where research studies can be presented that will have a significant effect on pregnant women but that were completed after the abstract submission deadline. Immediately preceding the Award Ceremony, the honorary member is recognized and gives a presentation about his or her contributions to maternal and child health.

Before 2001, SMFM did not have a formal exhibit program. A few companies financially sponsored events such as the opening reception, but there were no dedicated exhibits for industry members to showcase their goods and services. As the annual meeting program grew in scientific presentations and attendance, industry's interest in the meeting grew as well. The society decided to for-

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malize its relationship with industry in a transparent manner, and an official exhibit program was begun in 2001 at the meeting in Reno, Nevada. The industry's exhibit program, titled the "Corporate Partner Program," was limited to 15 tabletop displays and resulted in additional revenue for the society.

In 2005, the society offered expanded booth space for exhibitors, thereby allowing them to purchase 10-foot by 20-foot spaces. In 2008, the society once again expanded space options, offering exhibitors the chance to purchase 20-foot by 20-foot spaces. The Corporate Partner Program has steadily grown since the 2001 meeting. Furthermore, SMFM reached out to industry for unrestricted educational grants to help with meeting expenses. However, in 2008, the Accreditation Council for Continuing Medical Education (ACCME) tightened its standards for commercial support of continuing medical education (CME) activities, and SMFM was prohibited from having corporate sponsors underwrite the costs of material items such as bags, pens, and lanyards.

At the 2011 annual meeting in San Francisco, the exhibit opening moved back from Thursday morning to Wednesday evening to coincide with the meeting's opening reception and the Pregnancy Foundation's silent auction. This change was well received, thereby giving exhibitors and attendees the ability to interact at the very beginning of the meeting in an informal atmosphere.

We at SMFM consider our industry exhibitors an essential and valued partner in the society's annual Pregnancy Meeting. The equipment and expertise that our exhibitor partners showcase are an integral part of the meeting's value to our attendees. As we move forward, the society will continue to expand our Corporate Partner Program and to work with our industry partners for opportunities at the meeting and throughout the year.

Because the soul of the annual meeting is the science that is presented, in 2001 the society introduced an electronic abstract submission process to simplify the process and to allow a longer time for submissions. A formalized and equitable review of abstract submissions was necessary to ensure that the best research was accepted and presented in the proper setting. The review includes the following steps:

- Because we receive so many abstracts, we have 120 general reviewers who participate in the process.
- Each abstract that is submitted is reviewed by 4 of the 120 reviewers, all of whom remain anonymous at this stage.
- At this point, the top 120 abstracts are identified and are presented to a pool of approximately 30 senior reviewers.
- Finally, each of the top 120 abstracts are then reviewed by 4 of the senior members and are placed in appropriate categories for oral presentations and posters.

Part of the growth and maturation of the society has been through its partnership with other organizations and societies. The following list outlines the prestige and breadth of our organizational partners and of collaborations with other societies at our meetings:

- **2006:** High-Risk Ob Anesthesia Workshop—with Society for Obstetric Anesthesia and Perinatology (SOAP)
- **2007:** Course of Guidelines for Evaluation and Management of High-Risk Pregnancy Conditions—with North American Society of Obstetric Medicine (NASOM). Also at the 2007 meeting, NASOM had its annual meeting (free to all our members) and then offered a Wednesday afternoon Scientific Forum on Obstetric Medicine, which NASOM organized along with SMFM and SOAP.
- **2008:** Course about Diagnosis and Management of Fetal Cardiovascular Disease in collaboration with American Society of Echocardiography (ASE) and a course on Obstetric Critical Care with SOAP. Also at the 2008 meeting, SMFM organized a Saturday course

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in conjunction with the American Society of Transplantation (AST) on the 50th anniversary of Pregnancy after Transplant.

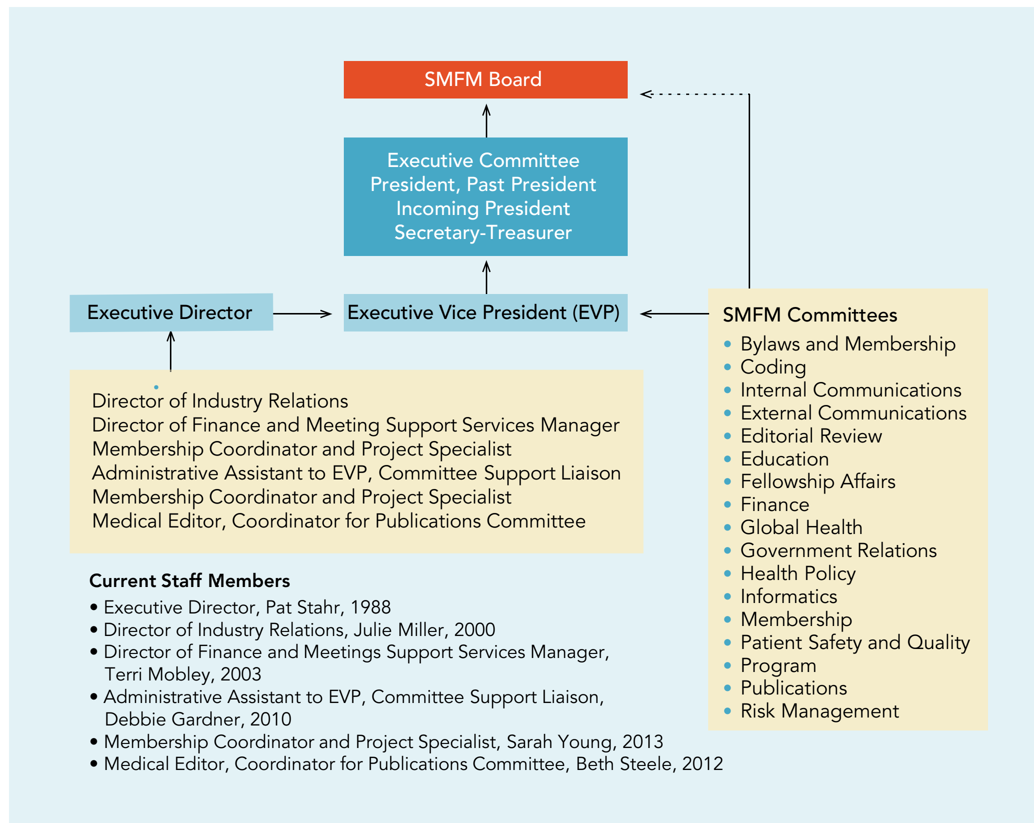
- **2009:** Course about Fetal Echo with ASE, a course about Type 2 Diabetes and Obesity in Pregnancy with NASOM, and a course about Critical Care in conjunction with SOAP.
- **2010:** Course about Maternity Mortality with leaders from the Centers for Disease Control and Prevention (CDC).

As the annual meeting grew in attendance, in competing educational events, and in scientific scope (thereby necessitating larger venues), the society realized that many of the members were becoming overwhelmed by the robust meeting schedule. Hence, the society developed "The Pregnancy Meeting" application (app) that is for smart phones and other devices and that allows members to review the program and to make a custom schedule for the meeting. Some major features and benefits of the application include (a) instant access to abstracts and to conference news and (b) the ability to tweet updates during the conference. The app has become a useful way for SMFM and its members to stay connected before, during, and after the annual meeting.

ORGANIZATION OF THE SOCIETY

As the society has grown in numbers of members and resources, the organizational structure has matured into that of a typical large service organization (see figure 3.3).

FIGURE 3.3. SMFM Organizational Structure



THE BOARD OF SMFM

Members of the board oversee the workings of SMFM. Some notable changes since the society became known as SMFM include the following:

- The board has added many ex-officio members:
  - Government Relations in 1999
  - ACOG in 2001
  - NICHD in 2002
  - The Pregnancy Foundation in 2004
  - The Perinatal Quality Foundation (formerly the Maternal-Fetal Medicine Foundation) in 2008
  - American Board of Obstetrics and Gynecologists (ABOG) in 2010
- SMFM also has the following liaison representatives to many societies and organizations:
  - AAP Section on Perinatal Pediatrics
  - ACOG Executive Board
  - ACOG Ethics Committee
  - ACOG Genetics Committee
  - ACOG's Ob-Gyn PAC Governing Committee
  - ACOG Ob Practice Committee
  - ACOG and SMFM Liaison Committee
  - American Institute of Ultrasound in Medicine (AIUM)
  - American College of Surgeons
  - American Thyroid Association
  - Liaison Council of Ob-Gyn (LCOG)
  - CDC
  - National Quality Foundation/Patient Quality Measures Committee
  - National Fetal and Infant Mortality Review (NFIMR) Committee
  - NICHD
  - Joint Commission

SMFM COMMITTEES

Through the hard work and diligence of its members, the society has performed all of its formative work through its committees. The selfless devotion of those volunteers cannot be overstated; they are the engine of the society, and without them we would merely sputter along.

There were originally the following four major committees for SMFM:

- The Coding Committee
- The Government Relations Committee
- The Informatics Committee
- The Publications Committee

Coding Committee

The Coding Committee, begun in 1999, has worked on developing 18 current procedural terminology (CPT) codes and 49 international statistical classifications of disease and related health problems (ICD-9) codes. The committee has written a coding manual (revised each year), has held two coding conferences a year, has worked with payers on obstetrical and ultrasound policies, has answered hundreds of questions yearly from members, and has written multiple white papers on coding and billing topics. This committee is one of the most prolific and resource-producing groups of the society.

Government Relations Committee

The Government Relations Committee was created in 1999. The intent of the committee was (a) to shape congressional language to facilitate research funds for pregnancy and (b) to begin collaboration with government agencies. Although SmithBucklin Corporation was our first lobbying partner, we have used Cavarocchi, Ruscio, Dennis Associates for the past seven years. The Government Relations Committee has evolved to focus its primary efforts on collaboration and coordination with government agencies and organizations. The society has learned that helping to shape governmental policy is an effective way to lead women's health care. SMFM has partnered with the following organizations:

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- Centers for Medicare and Medicaid Services (CMS)
- Center for Medicare and Medicaid Innovation (CMMI)
- Health Resources and Services Administration Maternal and Child Health Bureau (HRSA MCHB)
- *Eunice Kennedy Shriver* National Institute for Child Health and Human Development
- Food and Drug Administration (FDA
- Agency for Healthcare Research and Quality (AHRQ)
- CDC
- U.S. Department of Health and Human Services (HHS) Office of Women's Health
- United States Congress
- National Healthy Mothers/Healthy Babies Coalition
- National Quality Forum
- American Hospital Association
- March of Dimes
- American Congress of Obstetricians and Gynecologists
- Friends of NICHD Advocacy Coalition
- Friends of Maternal Child Health Coalition
- National Partnership for Women and Families

Informatics Committee

The society's original Informatics Committee was formed in 2000 with a small but productive group consisting of Drs. Dan O'Keeffe, Jef Ferguson, and Ken Moise. The committee selected a vendor, Data Harbor, to construct a static website for SMFM. The website evolved with the addition of the SMFM database in 2001, thereby allowing for an online, interactive opportunity so members could pay their dues, make donations to the foundation, select their areas of research interest, post questions, and more. As the technology improved and the database grew, so did the website's ability to function.

In 2003, SMFM became one of the first membership organizations to implement online meeting registration, thereby allowing members to easily preregister for the annual meeting and saving the society countless hours of data entry and administrative work. In 2008, we saw the Informatics Committee, chaired by Dr. Kate Menard, introduce a new website look and feel with updated graphics and functionality. Today, we at the society continue to update our information technology to help our interaction with members and others over the website and through mobile devices. Our online presence features analytics, social software, and commerce capabilities that will continue to help our society create dynamic and interactive web experiences for our members, patients, and others.

Publications Committee

The Publication Committee began in 2004 and has produced multiple resources for our membership. A complete list of the committee's accomplishments is outlined in chapter 4. The Publications Committee has written and edited numerous articles that have been published in a range of venues.

SMFM Contemporary Ob-Gyn MFM Consult Series. The MFM Consult Series consists of evidence-based manuscripts that are published every other month. The papers usually explore common obstetric topics and are aimed at the general ob-gyn practitioner. Please see chapter 4 for a list of MFM consult papers published since 2009.

American Journal of Obstetrics and Gynecology *SMFM Clinical Guideline Series.* The SMFM Clinical Guideline Series features evidence-based manuscripts that usually focus on more complex obstetric topics and that are aimed at the MFM practitioner. They are published about twice a year. See chapter 4 for a list of recent papers.

ACOG–SMFM Co-branded Manuscripts. SMFM collaborates with ACOG and other societies and colleges to develop and publish guidelines relevant to obstetric caregivers. See a more complete description in chapter 4.

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NIH–SMFM Manuscripts. SMFM also collaborates with the National Institutes of Health (NIH) in writing summary statements for joint NIH and SMFM state-of-the-art meetings. See chapter 4 for a further description.

Obstetrics and Gynecology *Manuscripts.* The Publications Committee has worked with *Obstetrics and Gynecology* to identify relevant MFM topics that are appropriate for publication in the journal. See chapter 4 for additional information.

State-of-Pregnancy Monograph. This monograph was published in 2010 under the leadership of Dr. Brian Mercer with participation by dozens of members. It aims to provide a clearer understanding of who MFM specialists are and what we do. See chapter 4 for more information.

Review of Several Other Documents. See chapter 4 for examples.

In summary, the Publications Committee is a prolific group that does state-of-the-art, evidence-based papers on topics important to both MFM specialists and general ob-gyns.

STRATEGIC PLANNING

In 2008, during Dr. Michael Foley's presidency, the first strategic planning session met. That first gathering allowed the board to focus on SMFM's mission, vision, and goals. A second strategic planning session met during the interim board meeting in 2011. Next are the description, mission, vision, and goals for the society

SMFM: DESCRIPTION, VISION, MISSION, AND GOALS

Description

SMFM is a society of physicians and scientists who are dedicated to the optimization of pregnancy and perinatal outcomes.

Vision

SMFM strives to lead the global advancement of women's and children's health through pregnancy care, research, advocacy, and education.

Mission

We dedicate ourselves to improving maternal and child outcomes and to raising the standards of prevention, diagnosis, and treatment of maternal and fetal disease through the following:

- Support for the clinical practice of maternal-fetal medicine
- Research
- Education and training
- Advocacy
- Health policy leadership

Goals

The goals of SMFM are to accomplish the following:

- Advance research.
- Advance education.
- Advance the practice and delivery of maternal and perinatal care.
- Advance member and administrative services.
- Advance health policy.

Since the first planning session, more committees have been added to make sure we can complete our mission. As noted earlier in figure 3.3, here are the current SMFM committees:

- Bylaws and Membership
- Coding
- Internal Communications
- External Communications
- Editorial Review
- Education
- Fellowship Affairs
- Finance
- Global Health
- Government Relations
- Health Policy
- Informatics
- Patient Safety and Quality
- Program
- Publications
- Risk Management

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MEMBERS

The society recognizes the vital role of our membership and recognizes that to stay meaningful SMFM must take its direction from its members. To better define the needs of our membership, we perform surveys every four to five years. Recognizing the value of different backgrounds of our members, we have expanded the membership categories to take advantage of members' talents that represent all aspects of women's health care.

Membership categories are as follows:

Regular Membership: A regular membership shall be available to (a) those physicians who are duly certified by the Division of Maternal-Fetal Medicine of ABOG or the American Osteopathic Board of Obstetrics and Gynecology (AOBOG) and (b) individuals who are duly certified in obstetrics and gynecology by ABOG or AOBOG and who have completed postgraduate education with certification in areas related to MFM, such as genetics, infectious disease, or critical care medicine. Regular memberships shall also be available to PhDs who are not otherwise eligible for certification in MFM and who are engaged primarily in research in perinatal medicine as evidenced by a record of publications or extramural funding or both.

To apply for regular membership, applicants must submit the following:

- A copy of the applicant's diploma of special competence in MFM by ABOG or AOBOG
  or
- A copy of the applicant's diploma of special competence in obstetrics and gynecology by ABOG or AOBOG and certification of completion of postgraduate education in an area related to MFM (e.g., genetics, infectious disease, or critical care medicine)
  or
- A copy of the applicant's diploma confirming successful completion of a PhD and evidence of research in perinatal medicine for PhDs not otherwise eligible for certification in MFM
  and
- The applicant's current curriculum vitae
- Letters of recommendation from two regular members of SMFM
- Dues payment

Associate Membership: An associate membership shall be available to (a) those physicians who have completed a fellowship training program approved by the Division of Maternal-Fetal Medicine in ABOG or AOBOG and (b) individuals who have completed training for general specialty certification in obstetrics and gynecology in an ABOG- or AOBOG-approved program and who are in a certified training program in an area related to MFM, such as genetics, infectious disease, or critical care medicine.

To apply for associate membership, applicants must submit the following:

- Documentation of successful completion of training for general specialty certification in obstetrics and gynecology in an ABOG- or AOBOG-approved program
- A current curriculum vitae
- Letters of recommendation from two regular members of SMFM
- Dues payment

Associate Fellow-in-Training Membership: This type of membership shall be available to those physicians who are currently enrolled in an MFM fellowship program that is approved by ABOG.

To apply for associate fellow-in-training membership, applicants must submit the following:

- Two letters of recommendation (one from the applicant's program director and one from a regular member of SMFM)
- A current curriculum vitae
- Dues payment

MEMBERS, *continued*

Affiliate Membership: An affiliate membership shall be available to investigators who have achieved a PhD or MS degree in fields such as physiology or pharmacology, or an MD or DO without further training for general specialty certification in obstetrics and gynecology in an ABOG- or AOBOG-approved program and who have worked with specific focus in maternal, fetal, or neonatal medicine.

To apply for an affiliate membership, applicants must submit the following:

- Documentation of successful completion of relevant training
- A current curriculum vitae
- Letters of recommendation from two regular members of SMFM
- Dues payment

International Regular Membership: This type of membership shall be available to MFM subspecialists who have successfully completed a residency in obstetrics and gynecology and a two-year fellowship or equivalent training in MFM and who practice MFM outside the United States, but who are not eligible to sit for certification of special competence in MFM by ABOG or AOBOG.

International regular members have the right to vote on SMFM business and to hold a position on SMFM committees including the board of directors.

To apply for international regular membership, applicants must submit the following:

- A copy of the applicant's diploma of special competence in obstetrics and gynecology, as well as documentation of successful completion of a two-year fellowship in MFM
- A copy of successful completion of a certification examination in MFM, where available to that individual
- A current curriculum vitae
- One letter of recommendation from a regular or international regular member of SMFM
- Dues payment

International Affiliate Membership: This type of membership shall be available to investigators residing outside the United States who have achieved a PhD or MS degree in fields such as physiology or pharmacology, or an MD or DO without further training for general specialty certification in an obstetrics and gynecology–approved program and who have worked with specific focus in maternal, fetal, or neonatal medicine.

To apply for international affiliate membership, applicants must submit the following:

- Documentation of successful completion of relevant training
- A current curriculum vitae
- One letter of recommendation from a regular or international regular member of SMFM
- Dues payment

Honorary Membership: This membership shall be available to other physicians and other health care personnel who are engaged in the practice, research, teaching, or administration of maternal, fetal, or neonatal medicine. Honorary membership shall be reserved for those few individuals whose activities are thought to influence maternal, fetal, or neonatal medicine in a significant and positive manner. Annual dues are waived.

Emeritus Membership: This membership shall be available to regular or associate members when they have retired from active practice and are 65 or older. Once emeritus status is approved, dues will be waived.

To apply for emeritus membership, an applicant must submit the following:

- A letter to the board of directors requesting emeritus status and documenting retirement from clinical or research activities or both, as well as documentation that the age requirement has been met

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MEMBERS, *continued*

Resident Membership: This membership is available to any resident who is in a residency in obstetrics and gynecology that is approved by ABOG or AOBOG or by the appropriate national organization of the country in which the resident is training.

Annual dues and fees to attend the Scientific Sessions (poster and oral presentations) at SMFM's annual meeting will be waived for residents who are active SMFM members at the time of registration.

To apply for resident membership, applicants must submit the following:

- Documentation of active participation in an approved residency in obstetrics and gynecology
- A current curriculum vitae
- A letter of recommendation from the applicant's residency program director

Medical Student or PhD Candidate Membership: This membership is available to students who are currently enrolled in a program leading to an MD, DO, MB, or equivalent or who are currently enrolled in a PhD program that is in good standing in the country in which they are training. Annual dues are waived.

To apply for medical student or PhD candidate membership, applicants must submit the following:

- Documentation of active participation at an approved medical school or DO school
- A current curriculum vitae
- One letter of recommendation

Coding Membership: This membership shall be available to MFM office managers, hospital coders, office coders, or consultants.

To apply for a coding membership, an applicant must submit the following:

- A coding application form
- Dues payment

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TABLE 3.3 SMFM Membership Trends, 2002–12

MEMBERSHIP TYPE	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Affiliate	41	52	56	63	68	73	76	83	85	91	93
International	7	7	7	7	7	8	8	8	8	8	9
International regular	19	19	19	19	20	20	21	22	31	43	83
Associate	64	78	101	122	158	184	198	235	256	263	267
Associate fellow	17	17	19	20	23	30	44	77	107	150	328
Regular MFM	1,265	1,321	1,389	1,447	1,477	1,494	1,503	1,510	1,517	1,525	1,528
Resident	7	7	7	7	7	7	7	8	17	29	80
Total members	1,420	1,501	1,598	1,685	1,760	1,816	1,857	1,943	2,021	2,109	2,388

Source: SMFM member database.

As demonstrated by the numbers in table 3.3, the membership of the society has been increasing in every membership category since 2002. In addition, the overall number of members has significantly increased since 2002. Although much of this growth has been from expanding the membership categories to be more inclusive, the society can do much to attract more PhD and international members, as well as expand membership to all who work to improve outcomes in high-risk pregnancies.

All meaningful societies must recognize that some initiatives or membership resources may grow in such a way that they are best served in a more autonomous structure. The Perinatal Quality Foundation (formally the Maternal-Fetal Medicine Foundation), where the Nuchal Translucency Quality Review Program was developed (see chapter 6), and the Association for Maternal-Fetal Medicine Management (see chapter 7) are two such foundations. Those two foundations are flourishing through the hard work of their members and support of SMFM.

MFM fellows are an active resource for the organization, and they bring a unique perspective to every aspect of the society. They also set the future direction of the society that they will inherit. Furthermore, the society can augment the fellows' experience outside of the often overwhelmed clinical and research agendas of their departments. Although the society provides continuing resources to the fellows through many avenues, the society also recognizes the efficiencies and harnessed benefits of bringing the fellows together annually. SMFM reinstituted the fellow retreat in 2010 after a 13-year hiatus. The buy-in from the programs and the fellows has been astounding with more than 95 percent of first-year fellows attending. This unique experience focuses on life skills and on research design, and it acquaints them with the society as well as other organizations in their specialty such as The Pregnancy Foundation, AIUM, and so forth. Last, and perhaps most important, is the shared community that is created with one another and with the society's leadership.

Increasing professional and public recognition of our specialty is an important part of being an influential society. To achieve recognition of SMFM as the world leader in caring for the high-risk pregnancy, the society hired Bendure Communications, a public relations firm in Washington, DC. Bendure examines the more than 1,000 presentations made each year at the annual meeting and matches them to the interests of multiple organizations and news sources. Because of the flowing nature of the science, the society releases much of its members and its organizational partners' news throughout the year.

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Website and electronic communication have become the most important communication tools for the society. We inform members through e-mail blasts on important topics or news, and we provide members with a newsletter four to six times a year. In addition, we offer an SMFM monograph outlining who we are, what we do, what we have done, what major research we participate in, and what our research agenda is.

Being good stewards of SMFM members' dues is of primary importance to the society because we recognize the hard work that went into every cent that was entrusted to the society. We also recognize the "no money, no mission" philosophy. To ensure that the society is financially stable, the Finance Committee oversees the budget and all investments. A financial policy statement was originally developed in 2008 and was revised in 2011. That statement determines the sound financial policies under which SMFM operates. Our present investment firm and adviser, TIAA–CREFF, has held the society in good financial stead over recent tumultuous times.

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4

EMPOWERMENT OF THE COMMITTEES

ANTHONY C. SCISCIONE, DO

Our members are critical to the success of the Society for Maternal-Fetal Medicine (SMFM). Without the input and hard work of members, the organization becomes unsustainable. Thus, creating definable member input that engages and takes advantage of the members' expertise is the function of the committee structure. The number of committees, the goals of those committees, and the accountability of the committees have grown dramatically in this millennium. In this chapter, each committee chair has written a committee summary that will, we hope, serve two purposes: (a) inform the members of their resources and (b) stimulate interest for involvement.

SMFM BYLAWS AND MEMBERSHIP COMMITTEE

Purpose

The purpose of the Bylaws and Membership Committee is to ensure adherence by the board to the bylaws, to make any proposed changes to the bylaws, to review membership credentials, and to maximize membership services. The committee has grown from two members to its present size and plans to add an international regular member.

Members, 2012

Kim Boggess, MD, *chair*
John Barton, MD
Henry Galan, MD
Mary Norton, MD
Daniel O'Keeffe, MD
George Saade, MD

The membership has grown since the society's inception 35 years ago. Although the first membership roster was meager, we are now 2,388 members strong. Current membership includes the following categories: regular, associate, associate fellow-in-training, affiliate, international regular, international affiliate, honorary, emeritus, resident, medical student or PhD candidate, and coding.

Over the past five years, the number of associate fellow and resident members has increased tenfold, which is testament to the success of the specialty and the organization. Because the young members are the future of our specialty and of our society, this increase ensures continued strength and growth in our society so we can continue to improve the health and well-being of women and children.

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The future of the Bylaws and Membership Committee will focus on increasing international and PhD members so that our society may continue to represent the depth and breadth that our specialty has to offer.

SMFM CODING COMMITTEE

Purpose

The Coding Committee provides the membership with practical information on managing a maternal-fetal medicine (MFM) practice and with solutions for coding problems through educational programs and representation on related external committees.

Members, 2012

Andrew Helfgott, MD, *chair*
Fadi Bsat, MD
James Christmas, MD
Arnold Cohen, MD
Joshua Copel, MD
William Cusik, MD
Anthony Johnson, DO
Pamela Kostantenaco, LPN, CPC, CMC
Mark Libertin, MD
Bradley Lucas, MD, MBA
Trisha Malisch, CCS-P, CPC
Betzaida Martinez, CPC
Daniel O'Keeffe, MD
Anthony Sciscione, DO
Michelle Smith-Levitin, MD
Steven Warsof, MD

Mission

The committee was established in 1999 by Dr. O'Keeffe and Ms. Pamela Kostantenaco. Through achievements and contributions to SMFM and its membership, the committee has been successful and has established SMFM as the source of expertise in obstetrical care and coding.

What Do We Do?

The committee is active all year long, answering online questions from SMFM's members and generating coding tips that are then distributed by e-mail and are available on the SMFM website. An important function of the committee is maintaining information in the coding section of the SMFM website. That section includes all the tips and white papers generated by the committee and contains a searchable archive of answers to all the coding questions previously asked.

Dr. Joshua Copel, who is a long-standing committee member and past president of SMFM, said, "The committee helped define the specialty with respect to expertise in ultrasound, moving from five ultrasound codes to the variety of codes we have today, including those for nuchal translucency and multifetal pregnancy." The committee has generated several white papers on controversial or new procedure codes, such as the ones for detailed fetal anatomy survey (76811) and first trimester screening (76813). It also helped correct the inappropriate supervision requirement initially assigned to that code. The committee leadership organizes educational conferences on coding twice yearly that are attended by SMFM members, fellows in training, coders, and representatives from payer organizations. Since 2001, the committee has published a yearly updated *Coding Handbook,* which is available to purchase at the annual SMFM meeting or on the SMFM website.

Questions about coding are submitted online, are promptly discussed by the committee members, and are then answered online in less than a month. The answers or opinions provided by the committee about controversial issues related to coding may not be popular sometimes. However, the committee has always tried to put forth the importance of practicing MFM based on evidence and, at the same time, has applied proper coding practices for fair reimbursement of time and effort.

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Who Are We?

Members are appointed by the committee chair and include physicians in academic, suburban, and private practices; coders; and educators and experts in coding. Members serve for three years, renewable for another term of three years. Some members have served more terms since the committee's inception, which was necessary for continuity, for experience, and for mentoring new members into the committee. Certain committee members have established connections with payer companies and with representatives from coding and other committees of other societies or organizations. Payer companies have nonvoting representation in the committee. Such representation is valuable in increasing partnerships and in understanding the industry's perspective on certain coding issues.

In 2012, the committee started to include a fellow-in-training position, which brings to the committee the perspectives and the needs of newly trained MFM specialists and the importance of coding training in their future practice. About the composition of the committee, long-standing member Dr. Arnold Cohen said, "It is a community of members devoted to helping obstetricians and maternal-fetal medicine specialists adopt correct and fair coding practices." The functions of the committee are aided by its coordinator, Terri Mobley.

First Coding Committee Members (1999)

Haywood Brown, MD
James Christmas, MD
T. Murphy Goodwin, MD
Susan Jo Johansen, C-CSP
Pamela Kostantenaco, LPN, CPC
Kenneth Moise Jr., MD
Robert Morrison
Daniel O'Keeffe, MD
Jill Rathbun
Ronald Wapner, MD

Obstetricians or Maternal-Fetal Medicine Specialists?

One of the main achievements of the coding committee was helping distinguish MFM specialists from "regular" obstetricians and introducing the specialty to the Centers for Medicare and Medicaid Services (CMS) and Health Care Financing Administration (HCFA). After four years of work, new taxonomy codes identifying perinatology as a separate subspecialty were created and included the following: Maternal-Fetal Medicine, Specialty Code = 112, Taxonomy Code = 207VM0101X.

Partnerships

From its inception, the committee recognized the importance of partnership with coders, payers, CMS, and the coding committees from other sister societies such as the American College of Obstetricians and Gynecologists (ACOG). The relationship with ACOG's coding committee was initially guarded, but the relationship improved significantly with the help of Dr. Ronald Wapner, who was the first liaison member with ACOG. Then Dr. James T. Christmas replaced Wapner and became the liaison with the influential RUC (American Medical Association/Specialty Society Relative Value Scale Update Committee) and the Current Procedural Terminology (CPT) Committee. Dr. Andrew Helfgott, the current chair of the Coding Committee, was recently appointed to ACOG's Coding and Nomenclature Advisory Committee. The committee's leadership maintains a strong web of communication channels with the different payer organizations.

All of the partnerships have contributed to several favorable decisions affecting coding and reimbursement. For example, the committee's work led to the favorable decisions by CMS and different payers on coding issues such as bundling services and payers adopting evidence-based indications for procedures pertaining to the specialty, including 76811, fetal echocardiography, and so forth.

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Future Directions and Statistics

The Coding Committee established the following goals:

- Continue the publication of white papers and coding tips.
- Maintain its resource role to the SMFM membership for education, both online and at conferences.
- Develop joint ventures with the Publications Committee, Risk Management Committee, and Executive Committee to develop evidenced-based policies for reimbursement.
- Continue to work closely with different payers, and increase nonvoting representation in the committee.
- Mentor new members.

For Coding Committee statistics, see table 4.1.

SMFM EDITORIAL REVIEW COMMITTEE

Purpose

The Editorial Review Committee is charged with facilitating the publication of high-quality research that has been presented at the SMFM's annual meetings. Committee members review author submissions and establish priorities for the research presented at those annual meetings so the committee can help move the selections to being published in peer-reviewed journals.

Members, 2012

Thomas Moore, MD, *chair*
Peter Bernstein, MD
Alison Cahill, MD
Jodi Dashe, MD
Michal A. Elovitz, MD
Sarah Kilpatrick, MD, PhD
Mary Norton, MD
George Saade, MD
Deborah Wing, MD
Jay Iams, MD *(AJOG representative)*
Kate Menard, MD *(Informatics liaison)*
Donna Stroud *(AJOG representative)*

TABLE 4.1. SMFM Coding Committee Statistics, 1999–2012

CODING COMMITTEE MILESTONES	YEAR OR TOTAL NUMBER
Year the committee was established	1999
Year the coding section on SMFM.org was created	2001
Year of the first introductory coding course	2000
Year of the first comprehensive coding course	2001
Total number of CPT codes created or modified	18
Total number of ICD-9-CM codes (600 series and V codes) created	49
Total number of CPT questions answered	1,139
Total number of ICD-9 questions answered	305
Total number of tips circulated	80
Total number of white papers generated	19
Coding Handbook first release (then yearly updates)	2001
Number of coding conferences organized	21

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Background and Mission

The Editorial Review Committee was originally organized as the Research Review Committee. Committee members are appointed as associate editors for the *American Journal of Obstetrics and Gynecology* (AJOG) for terms of six years. The associate editors, with the help of numerous society members, review and set priorities for the research manuscripts.

In 1986, when SMFM (then known as the Society of Perinatal Obstetricians [SPO]) officially began publishing in the *American Journal of Obstetrics and Gynecology*, only oral presentations were eligible for submission. In 1993, posters became eligible for submission. Many of the statistics about papers submitted in the early years of the AJOG are unavailable. They were stored as paper records in the barn of AJOG editor Dr. Fredrick Zuspan in Richwood, OH, and are now long gone.

Dr. John Read was the first editor to oversee managing the papers submitted from the meeting. He was followed in subsequent six-year terms each by Drs. Donald Coustan, Kenneth Moise, Roger Newman, and Thomas Moore.

A tabular summary of the activities of the Editorial Committee since 1986 is presented in table 4.2.

Of special note, the activities of the Editorial Committee have been overseen and nurtured through the years by Donna Stroud, managing editor of AJOG. Indeed, without Stroud's tireless work on behalf of the society and its scientific endeavors, the status of the society in academia would be far different from what it is today.

SMFM EDUCATION COMMITTEE

Purpose and Mission

The Education Committee was created in 2009 under the direction of Dr. Larry Platt as a vehicle for reaching out with educational initiatives to members and nonmembers. Its mission is to develop and maintain educational activities of the society to meet the needs of members, associate members, trainees, and the public at large.

Members, 2012

Helen Feltovich, MD, *chair*
Andy Satin, MD, *vice chair*
Yair Blumenfeld, MD
Shad Deering, MD
James Goldberg, MD
Michelle Kominiarek, MD
Dotun Ogunyemi, MD
Larry Platt, MD
Sigfried Rotmensch, MD
Hindi Stohl, MD
Nancy Chescheir, MD *(International Outreach liaison)*
Arnold Cohen, MD *(Risk Management liaison)*
Henry Galan, MD *(Fellowship liaison)*
Francis S. Nuthalapaty, MD *(Informatics liaison)*

Resources and Courses

For members, the committee has created web-based genetics resource modules that have been available on the SMFM website since 2011. The modules are brief reviews of certain topics (e.g., ambiguous genitalia) with resources for further exploration, and a group of modules is posted semiannually. In addition, the committee has organized freestanding postgraduate courses, which are also open to nonmembers.

The response to a simulations course in spring 2012 was particularly enthusiastic, and future efforts will be focused on that area. To connect with nonmember obstetrical providers, the committee surveyed providers within the Indian Health Service (IHS) about the need and desire for various high-risk obstetrical topics and preferred formats of education. As a result, a hands-on course and web-based educational modules are planned for the IHS in 2013. The committee intends to use lessons learned from this initial foray to modify and nurture this approach for other groups and regions of the United States.

For fellows, the committee contributes annually to the planning and execution of the First-Year Fellows Retreat, and the committee has explored means of providing contemporary educational

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TABLE 4.2. SPO and SMFM Editorial Committee Activities, 1986–2012

YEAR	NUMBER OF ARTICLES PUBLISHED	NUMBER OF PAGES PUBLISHED	NUMBER OF ARTICLES RECEIVED	NUMBER OF ARTICLES ACCEPTED	NUMBER OF ARTICLES DECLINED OR WITHDRAWN
1986[a]	9	47			
September 1987	31	155			
September 1988	35	157	37	35	2
September 1989	49	241	50	49	1
September 1990	59	285	59	59	0
October 1991	67	339	67	67	0
October 1992	55	287	55	55	0
October[b] 1993	55	331	160	55	105
October 1994	55	284	190	55	135
October 1995	67	342	173	67	106
October 1996	55	282	172	55	117
October and November 1997	62	333	121	62	59
October and November 1998	64	327	140	64	76
October and November 1999	59	308	107	59	48
October and November 2000	61	341	150	61	89
October and November 2001	59	306	155	59	96
October and November 2002	68	325	157	68	89
October and November 2003	68	327	181	68	113
October and November 2004	65	383	166	65	101
October and November 2005	65	365	180	65	115
October and November 2006	65	373	175	65	110
October and November 2007	66	[c]	184	66	118
October and November 2008	63	[c]	184	63	121
October and November 2009	45	[c]	143	45	98
October and November 2010	39	[c]	111	39	72
October and November 2011	36	[c]	115	36	79
October and November 2012	32	[c]	94	32	62

a Data are missing for unknown numbers processed in 1986 and 1987.
b Both orals and posters became eligible for submission.
c Because the official article versions are online, there is no page number count to report. Summaries are in print.

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format and networking for fellows through social media. For instance, Quora, a question-and-answer website, is being explored as a means to engage fellows in a discussion about ultrasound cases that are provided by key members. This effort is educational and establishes important camaraderie between junior and senior members in our field.

Finally, the committee is working with the External Communications Committee to develop a format for providing educational information to patients in the near future.

In summary, the Education Committee is off to a strong start, and it will continue to mature and change in response to the needs of members, trainees, and the public at large in upcoming decades.

SMFM FELLOWSHIP AFFAIRS COMMITTEE

Purpose

The purpose of the SMFM Fellowship Affairs Committee is to support, to expand, and to foster the education, administrative, and research issues relating to fellows in MFM.

Members, 2012

Suneet P. Chauhan, MD, *chair*
Cecilia Gambala, MD
Laura Goetzl, MD
Lexi Hill, MD
Heidi Leftwich, MD
Lisa Levine, MD
Deirdre Lyell, MD
Amen Ness, MD
Gayle Olson, MD
Bob Silver, MD
Mike Socol, MD
Veronique Tache, MD
Deborah Wing, MD
Henry Galan, MD, *immediate past chair, ex officio*
Daniel O'Keeffe, MD, *executive vice president, ex officio*
Laura Riley, MD, *secretary-treasurer 2012, ex officio*
Alfred Abuhamad, MD, *secretary-treasurer 2012, ex officio*
George Saade, MD, *past president 2011, ex officio*
Josh Copel, MD, *past president 2010, ex officio*
William Goodnight, MD *(Informatics liaison)*

Activities

The committee successfully fulfills its purpose by providing the following:

- Lecture series with core curriculum and recent emphasis on Putting the "M" Back into MFM
- Annual First-Year Fellows Retreat in October
- Tip of the Week, which provides e-mails of clinical and statistical "pearls"
- Mentor List, which is available on the website to all fellows
- Research Hotline, which helps fellows with design of their studies and which is still being developed

SMFM FINANCE COMMITTEE

Purpose

The Finance Committee monitors the society's budget, income, and expenses to facilitate ongoing financial planning. The committee is responsible for overseeing investment policies and strategies and for evaluating the performance of SMFM's professional finance managers.

Members, 2012

Laura Riley, MD, *chair*
Alfred Abuhamad, MD
John Barton, MD
Lorraine Dugoff, MD
William Grobman, MD
Kate Menard, MD
Daniel O'Keeffe, MD

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Structure

The Finance Committee is structured so that the secretary-treasurer, assistant secretary-treasurer, and president of the society are members of the committee, along with two current board members and two society nonboard members with expertise in finance. Meetings are monthly and are focused on reviewing the operating budget, expenses, and investment portfolio. The committee reviews the operating budget monthly, the investment portfolio, and the external auditor reports. The committee is also charged with monitoring the investment portfolio so that it mirrors the board's investment strategy outline to allow the society to accomplish its goals.

SMFM GLOBAL HEALTH COMMITTEE

Purpose

The Global Health Committee is committed to improving the health of women and children in underserved international communities. The purpose is to identify effective strategies to increase our contributions to international health care efforts and to engage members of SMFM to participate in key programs dedicated to maternal and infant health.

Members, 2012

Blair Wylie, MD, *chair*
Maria Small, MD, *vice chair*
Alfred Abuhamad, MD
Nancy Chescheir, MD
Josh Copel, MD
Washington Hill, MD
Urania Magriples, MD
John O'Brien, MD
Dotun Ogunyemi, MD
Asha Rijhsinghani, MD
Jorge Tolosa, MD
Yair Blumenfeld, MD *(Informatics liaison)*

A detailed summary of the purpose, mission and function of this committee is contained in chapter 8, Reaching Globally.

SMFM GOVERNMENT RELATIONS COMMITTEE

Purpose

The Government Relations Committee monitors the activities of Congress and other regulatory agencies with regard to legislation and regulations that affect the practice of MFM. The committee issues recommendations for SMFM positions about legislation and regulations, and it advocates on behalf of SMFM.

Members, 2012

Charles Brown, MD, *chair*
Byron Elliott, MD
William Grobman, MD
Kate Menard, MD
Daniel O'Keeffe, MD
Michelle Owens, MD
Michael Paglia, MD, PhD
John Queenan, MD
Melissa Rosenstein, MD
Orion Rust, MD
George Saade, MD
Michael Varner, MD
John Yeast, MD
Nick Cavarocchi, *ex officio*
Kathryn Schubert, MPP, *ex officio*
Rob Atlas, MD *(Informatics liaison)*

Advocacy and Public Policy

The committee was formed in 1999 to oversee and to implement the advocacy and public policy activities of the society. The membership was thoughtfully crafted to serve all members, including clinicians, educators, and researchers. Dr. O'Keeffe was the inaugural chair, and the other original committee members were Drs. Mary D'Alton, Jef Ferguson, Washington Hill, Elliott Main, David Nagey, Alan Peaceman, and Robert

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Stettler. O'Keeffe presented his initial report to the board in January 2000 with five goals: (a) obtain a designated specialty code from HCFA for MFM, (b) create and protect access to MFM specialists in insurance plans, (c) garner support for perinatal outcomes studies from the Agency for Healthcare Research and Policy (AHRQ), (d) expand federal biomedical research funding in the area of MFM, and (e) create a "Key Contact" network so our members can become advocates, as needed.

The society initially contracted with an association management firm, SmithBucklin Corporation, to assist in those lobbying activities. By the interim board meeting in August 2000, the first initiative had evolved into the Coding Committee, which has had significant success in developing many of the codes that MFM practitioners use to care for their patients. By 2004, the society changed management firms, contracting with Cavarocchi, Ruscio, Dennis Associates (CRD Associates), which is the firm the society still works with to advance the issues important to our members and their patients.

Over the years, the society has established many important relationships with legislators and agencies in Washington, DC, in matters related to the original goals outlined previously. An example of the success of this collaboration can be seen with the evolution of ultrasound coding. We have had several significant events in this area on behalf of our members. We joined the Imaging Coalition to ensure that our services for pregnant women would still be covered by payers. Also, the supervision level required for the current procedural terminology (CPT) codes for nuchal translucency screening was changed in 2010 in large part because of the advocacy work that the committee does for our members.

The committee and CRD Associates have helped the society increase visibility on both Capitol Hill and in government agencies, including the National Institutes of Health (NIH). The society was represented at the recent celebration of the 50th anniversary of the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD). Also, the "SMFM State of Pregnancy" monograph was published in 2010 and is used to educate policy leaders about our organization, about the work we do, and about how research is being applied to pregnant women. There has been a "Capitol Hill Day," which includes having members of the MFM Unit Network visit many key offices in Washington.

The "Key Contact" network proposed in 2000 was initiated in 2011, and many members have become involved in contacting their elected representatives about issues important to their patients and their practice. To help with this outreach, the committee started a government relations newsletter in 2012 to help keep our members abreast of important issues.

Plans for the Future

Future directions for the committee will be to find ways for the society to respond to the major changes on the horizon in the funding and structure of health care in the United States. The committee's goal is to continue to raise important medical and developmental issues that affect our patients and to help policy leaders recognize the critical window of opportunity to improve outcomes that are influenced by the care of the pregnant woman and her unborn child. All of this needs to be done in an environment now challenged by fiscal realities that have not been seen in the history of our society.

In anticipation of such challenges and the effect they will have on the next generation of MFM practitioners, the first fellow-in-training was invited to join the committee at the 2012 meeting of the society. She is Dr. Melissa Rosenstein, a fellow at the University of California at San Francisco. She has been asked to explore ways that the society can help members deal with advocacy issues at the state level. Such issues are increasingly important because the number of women on Medicaid has continually increased over the past decade.

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SMFM HEALTH POLICY COMMITTEE

Purpose

The Health Policy Committee works to establish the SMFM as an authoritative resource on health policy planning and delivery systems related to high-risk maternity care. The committee has an additional focus on forming collaborations with related organizations for research, publication, and decision analysis.

Members, 2012

George Saade, MD, *chair*
Joanne Armstrong, MD
Sean Blackwell, MD
Suneet Chauhan, MD
William Grobman, MD
Andy Helfgott, MD
Kate Menard, MD
Daniel O'Keeffe, MD
Carolina Reyes, MD
Katie Schubert, MPP
Catherine Spong, MD
Sindhu Srinivas, MD

Background

This committee was founded after the interim board meeting in July 2011. The Health Policy Committee works closely with the Government Relations Committee and Patient Safety and Quality Committee on combined objectives such as quality measures and improving outcomes.

The committee has built and will continue to build relationships with AHRQ, the Centers for Disease Control and Prevention, CMS, the Food and Drug Administration, the Department of Health and Human Services, and so forth. The committee also has become the resource that health policymakers go to for advice.

Goals

The committee's goals include the following:

- Develop decision and cost analysis studies and look at new ways of doing and reviewing OB research through Grading of Recommendations Assessment, Development, and Evaluation (GRADE) and through CONSORT.
- Formally propose research topics to AHRQ.
- Define the value of MFM practitioners.

The committee, while is in its infancy, is planning on more health policy initiatives. It is trying to be broadly inclusive of the topics it addresses, and it has an MFM provider who is the wife of a U.S. Congressman (Dr. Carolina Reyes) and one who is head of Women's Health for the payer Aetna (Dr. Joanne Armstrong).

SMFM INFORMATICS COMMITTEE

Purpose

The Informatics Committee is charged with providing planning, policy, and priority recommendations and with setting future direction for SMFM's web presence. It is further charged with examining strategies for making the most effective use of the SMFM website and for focusing on innovation, currency of application, and user satisfaction.

Members, 2012

Bill Goodnight, MD, *chair*
Rob Atlas, MD
Yair Blumenfeld, MD
Jude Crino, MD
Rizwana Fareeduddin, MD
Whitney Hoffman, *public member*
Kate Menard, MD
Francis Nuthalapaty, MD
Christopher Robinson, MD

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Human and Computer Interactions

Informatics is the academic field that studies and develops human and computer interactions to foster the optimal dissemination and ease of access to information that is available today. The field of MFM has experienced an explosion in knowledge and information in the past 30 years that has required innovative adaptions to keep SMFM members up to date on current research, on practice regulations, and on certifications necessary to maintain contemporary practice.

The SMFM Informatics Committee was founded in 2000 by members Drs. Ken Moise, Jef Ferguson, and Daniel O'Keeffe, as well as Julie Miller, the current SMFM director of industry relations, to meet those challenges. The primary focus of the Informatics Committee is to provide planning, policy, and priority recommendations and to set future direction for SMFM's web presence and member database. It is further charged with examining strategies for making the most effective use of the SMFM information infrastructure by focusing on innovation, currency of application, user satisfaction, and maximum support of the other SMFM committees.

SMFM Website

The primary work of the Informatics Committee is overseeing the SMFM website, http://www.smfm.org. The website was designed to be a central portal for society information for SMFM members and MFM Fellows in Training and as a resource for patients, women's health care providers, and policymakers in women's health. The site currently receives more than 200,000 annual visitors, with the most activity in the months surrounding the annual meeting. Site visitation peaks in January and February with between 24,000 and 27,000 visits a month.

The SMFM website is an important source of information for the annual meeting. The website is the portal for abstract submission; meeting and hotel reservations; and, most recently, access to online abstracts. Since 2010, the additional posting of recorded lectures from the annual meeting's Oral Plenary Session presentations has been a new feature. Finally, e-posters are available from the annual meeting at smfm.org.

In addition to annual meeting information, SMFM-sponsored publications including the *American Journal of Obstetrics and Gynecology, Contemporary OB/GYN*, and others created by the Publications Committee are archived on the SMFM website to help members maintain practice consistency with other society members.

Reflecting a goal of the Informatics Committee to foster dissemination of SMFM and high-risk pregnancy information outside the society, the next most frequently visited website pages include the "What Is Maternal Fetal Medicine" page and the MFM physician locator. Included there is the 2010 SMFM High-Risk Pregnancy Monograph that provides extensive background information on current major subjects in MFM. Patients can connect easily to MFM physicians in their area by using the physician locator. Finally, links to parental support groups can be found in the patient resources pages.

Other highlights of the website include a set of pages dedicated to coding for MFM, with serial updates on coding issues unique to MFM. Those pages are organized and presented by the members of the coding committee. This section allows searching for previous coding tips and white papers pertinent to MFM practice. SMFM.org includes links to the Association for Maternal-Fetal Medicine Management's website to access business management tools for society members.

Beyond the Website

The work of the Informatics Committee expands beyond the SMFM website as well. Working to meet the goal of informing the next generation of MFM physicians, the Informatics Committee, in conjunction with the Fellowship Affairs Committee, initiated the novel SMFM Fellow Lecture Series in 2008. The brainchild of Dr. Vincenzo Berghella, the Fellow Lecture Series is a twice-monthly, web-based, live lecture series with topics designed to

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meet the American Board of Obstetrics and Gynecology's learning objectives of the MFM Fellowship.

The first Wednesday of each month includes lectures that meet the core learning objectives for MFM Fellows, and the third Wednesday has a rotating series of lectures that includes topics in genetics, ultrasound, practice management, and research and that is designed over the course of the three-year fellowship. The lectures are presented by national experts in MFM, sonography, anesthesia, and neonatology. Following the lecture, the series provides a live question-and-answer period between the lecturer and the MFM Fellows.

The Informatics Committee has archived and posted the lectures on the SMFM website, including recorded lectures and slides sets about important MFM topics. As of July 2012, the series has offered 64 lectures, the majority of which are archived on the SMFM website. MFM Fellows report that the online lectures are valuable resources for preparing lectures, as well as for preparing for the board exam.

The lecture series has an average attendance each week of 30 sites with an estimated three to four individuals at each site. Thus, the lectures reach an estimated 100 to 120 fellows at each presentation site. The lecture series reaches international audiences with groups in Canada and Chile regularly joining the series. From July 1, 2011, to June 30, 2012, the Fellow Lecture Series had 17,790 views of the recorded lectures or slide sets through the society's website. The SMFM Fellow Lecture Series is unique in the United States for graduate medical education. Because imitation is the most sincere form of flattery, the American Urogynecologic Society has started a similar lecture series for its fellows. Future direction for the Fellow Lecture Series is to open attendance to the series to SMFM's general membership.

In another effort to open the communication channels among SMFM members while working in the Informatics Committee, Dr. Yair Blumenfeld has been the driving force behind the "SMFM Communities." That site is a set of online forums in which society members can share information and unique cases from across the country. Those online forums offer 18 groups including preterm birth, fetal surgery, international medicine, and multiple gestations. By 2012, the forums had 374 members. Members are able to pose questions to the groups about topics such as interesting ultrasound findings or management of challenging clinical issues; then members receive peer-based feedback. As momentum continues to build in the SMFM Communities, many topics do spark a lively exchange of information among members.

Since 2000, the Informatics Committee has been responsible for organizing and disseminating MFM practice-related information across the society and through the SMFM Communities, the website, and the Fellow Lecture Series by effectively using computer-based resources to foster the SMFM mission.

SMFM INTERNAL AND EXTERNAL COMMUNICATIONS COMMITTEES

Purpose

The Internal Communications Committee is charged with developing and implementing new processes to improve and enhance the SMFM's communication within the society. The External Communications Committee is charged with developing and implementing new processes to improve and enhance communication external to the society, including communication through social networking.

Internal Communications Members, 2012

Priya Rajan, MD, *chair*
Brian Iriye, MD, *vice chair*
Judy Chung, MD
Rizwana Fareeduddin, MD
Kim Gregory, MD
Christina Han, MD
James Keller, MD
David Lewis, MD
Carol Major, MD
Stephanie Martin, DO
Kate Menard, MD *(also Informatics liaison)*

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Laura Riley, MD
Devereux Saller Jr., MD
Alison Stuebe, MD
Chloe Zera, MD
Vicki Bendure, APR *(Bendure Communications)*
Charles Brown, MD *(Government Relations liaison)*

External Communications Members, 2012

Alison Stuebe, MD, *chair*
Josh Copel, MD
Brian Iriye, MD
Carol Major, MD
Priya Rajan, MD
Laura Riley, MD
Vicki Bendure, APR *(Bendure Communications)*

Enhanced Communication

The Communications Committee was initially created in 2008 with the goal of developing and implementing new processes to enhance communication within SMFM and to better convey to our members the society's activities and role. Additionally, it wanted to increase exposure of SMFM and MFM physicians to the public at large.

Initially, the committee focused on creating a quarterly newsletter, "Special Delivery." The newsletter gave the SMFM president an ongoing venue to share thoughts with SMFM members. Other features of the newsletter were "spotlights" on the various SMFM committees and updates about activities at the NIH and other government arenas that influence SMFM members. Each issue also featured a "Fellow's Corner" that encouraged our youngest members to stay connected with the society.

The committee then expanded into social media on Facebook and Twitter. The SMFM Facebook page has more than 3,000 "likes," and more than 500 people follow MySMFM on twitter. Both Twitter and Facebook now play prominent roles in the annual meeting. Twitter provides a forum for members to immediately share their thoughts in real time about new research. Facebook provides useful information about the meeting locale and a way to get last minute changes out to attendees.

In 2011, the committee split into two groups, internal and external. The Internal Committee currently focuses on producing "Special Delivery" and on sharing society information with SMFM members, while the External Committee works to increase the public's familiarity with SMFM, thereby recognizing the society and its members as leaders in advancing and improving obstetric care.

SMFM PATIENT SAFETY AND QUALITY COMMITTEE

Purpose

The Patient Safety and Quality Committee provides practice guidance to MFM physicians. The main areas of focus are (a) providing consensus-derived checklists about conditions that are commonly encountered in MFM practice and (b) evaluating the possibility of outcome reporting for procedures and practices specific to MFM-practice members.

Members, 2012

Thomas Benedetti, MD, *Chair*
Alfred Abuhamad, MD
Jennifer Bailit MD
Peter Bernstein, MD
Steve Clark, MD
Kim Gregory, MD
William Grobman, MD
Jennifer McNulty, MD
Peter Napolitano, MD
Daniel O'Keeffe, MD
Christian Pettker, MD
Larry Shields, MD

Measuring Quality

The method of measuring quality in the field of obstetrics and gynecology has evolved in recent years with a number of national organizations (Leapfrog, Joint Commission, the Agency for Healthcare Research and Quality) issuing reports on quality measures. In addition, in April 2012, the National Quality Forum issued a revised list of 14 quality measures that address a wide variety

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of care measures, including childbirth, pregnancy, postpartum care, and newborn care. Together the lists provide the basis for evaluating quality in the current area of perinatal practice.

Those measures relate to—but are not specific for—the practices of MFM specialists. With only a few exceptions, such measures cannot be used to evaluate the quality of an MFM specialist's care. How does one demonstrate the quality of an MFM physician? What can we measure to prove that we are vigilant about the quality and safety of our work and that the factors we measure add value to the care of patients? What role should the MFM specialist play in the ongoing quest for quality outcomes in the field of obstetrics? Answering those questions is the charge of the newly formed Patient Safety and Quality Committee.

The scope of practice of MFM varies. Some MFM specialists have exclusive outpatient practices with a focus on prenatal diagnosis and ultrasound. Others have significant numbers of high-risk patients for whom they provide varying amounts of consultative or ongoing care.

Is there a common set of practices or procedures that could be evaluated to begin to measure the quality of an MFM physician?

One approach to this question is to look at processes as a first step rather than to target the much more difficult issue of measuring outcomes. The Society of Gynecologic Oncology has chosen a different approach and has adopted a palette of process measures to monitor quality. Those measures need a chart audit of individual practitioners' operative reports and clinical notes in a number of clinical areas.

However, if we begin by measuring processes, we will need to measure outcomes because the idea of improving processes is to improve related outcomes. If we cannot show that one action leads to an outcome, we will have failed in our mission to improve quality. For reproductive medicine, the issue of quality measurement was legislatively mandated. The Society for Assisted Reproductive Technologies publicly reports all pregnancy outcomes from artificial reproductive technologies in 385 participating centers annually (see http://www.sart.org).

Two Products

Members of the Patient Safety and Quality Committee have reached a consensus that we will begin our work by developing two products. The first product is a series of audit instruments that can be used by MFM practitioners to monitor the quality of their practices. We are working on a Monochorionic Diamniotic Twin Quality Checklist as our first work product. Other topic candidates for development of audit instruments are type 1 diabetes, chronic hypertension, intrauterine growth restriction (IUGR), and prior preterm birth.

The committee's second product will be a road map for MFM physicians to participate in and lead quality initiatives in their hospitals and organizations. In 2010, ACOG revised its 2000 book titled *Quality Improvement in Women's Health Care*. The new publication titled *Quality and Safety in Women's Health Care* is a starting place to learn the skills necessary to be a leader in quality in obstetrics. Our committee hopes to supplement this 2010 ACOG publication with papers about specific ideas and tools for leadership development in the area.

A future consideration might encompass monitoring the procedural outcomes that would speak to the safety aspect of our practices. Amniocentesis and chorionic villus sampling (CVS) are candidates, but the expected abnormal outcomes have been shown to be quite small. With complication rates of 1 percent or less in such procedures, demonstrating quality or the lack thereof is statistically challenging. Monitoring the outcomes of amniocentesis and CVS might be an area of study for groups of individuals who share a practice or for large organizations with multiple providers. California has led the way in this arena.

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SMFM PROGRAM COMMITTEE

Purpose

The Program Committee plans and coordinates all aspects of the annual scientific meeting program, including the postgraduate courses, scientific forums, oral sessions, and poster sessions

Members, 2012

Donna Johnson, MD, *chair*
Sean Blackwell, MD
William Grobman, MD
Andrew Helfgott, MD
Daniel O'Keeffe, MD *(Exhibits liaison)*
Mary Norton, MD, *emeritus member*

Annual Meeting

The Program Committee organizes and hosts the annual meeting. The committee consists of four members, each of whom serves a four-year term. Members of this committee begin their term during their first year as a member of the SMFM's board of directors, and they work closely with the board, the executive vice president, and the staff of the society.

Although this committee works as a team, each member is responsible for specific events at the annual meeting. During his or her first year of service, the committee member is responsible for the special interest groups and scientific forums. The committee member works to help leaders of scientific groups organize the forums and has oversight of the logistics of the forums.

In the second year, the committee member becomes the chair of the postgraduate courses. The committee member is then responsible for all aspects of the courses including choosing the courses to be given as well as selecting the course directors. Moreover, the chair has oversight of course content and evaluation.

In the third year, the committee member becomes the poster chair. In this position, the committee member is responsible for resolving any issues with the poster sessions, for selecting the poster judges, and for presenting the awards for each poster sessions.

During the final year on the committee, the member serves as the program committee chair and oversees the work of the entire committee. The program chair determines which abstracts are accepted or rejected after reviewers submit their scores. Once the abstract is accepted, the program chair determines if the abstract is presented at an oral session or at a poster session. The program chair selects the moderators and judges for each oral session and then presents the awards for those sessions. The program chair also chooses the speakers and the topics for the round table discussions.

SMFM PUBLICATIONS COMMITTEE

Purpose

The Publications Committee is charged to develop and publish SMFM-branded, evidence-based papers in a variety of publications, including in particular *Contemporary OB/GYN* (MFM Consult Series) and the *American Journal of Obstetrics and Gynecology* (SMFM Clinical Guidelines). The Publications Committee will collaborate with other societies and colleges (e.g., ACOG) to develop joint statements and bulletins, as appropriate. The committee plans topics, selects authors, and reviews each completed paper before it is submitted for publication.

History

The Publications Committee was first formed in 2004, with Dr. Kathie Wenstrom as the first chair. Succeeding Wenstrom was Dr. Brian Mercer, chair from 2007–10, who was followed in that position by Dr. Vincenzo Berghella.

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Members, 2012

Vincenzo Berghella, MD, *chair*
Sean Blackwell, MD, *vice chair*
Kate Menard, MD, *president, SMFM*
George Saade, MD, *past-president, SMFM*
Breena Anderson, MD
Suneet Chauhan, MD
Jodi Dashe, MD
Cynthia Gyamfi, MD
Donna Johnson, MD
Mary Norton, MD
Neil Silverman, MD
Hyagriv Simhan, MD
Joanne Stone, MD
Alan Tita, MD
Michael Varner, MD
Sarah Little, MD *(Fellow representative)*

Liaisons

George Macones, MD *(ACOG Practice liaison)*
Priya Rajan, MD *(SMFM Communications liaison)*
Christopher Robinson, MD *(SMFM Informatics liaison)*

For a list of past—as well as for future—members, see http://www.smfm.org/pubs. Please also see the website for more information about the Publications Committee.

Products

The Publications Committee helps to publish evidence-based manuscripts about MFM topics, including the *Contemporary OB/GYN* MFM Consult Series, AJOG SMFM Clinical Opinion, and joint ACOG–SMFM Opinions (see figure 4.1). We also review other SMFM publications and white papers ad hoc. Those manuscripts are available to SMFM members at http://www.smfm.org/pubs. We encourage our members and others to visit us and to give us feedback. Our e-mail is pubs@smfm.org.

SMFM* Contemporary OB/GYN *MFM Consult Series. The MFM Consult Series manuscripts are evidence based and are published every other month. A partial list of papers published since 2009 follows:

2009

- "When a Normal Karyotype Accompanies Increased NT," Lynn Simpson, April 2009
- "Progesterone for the Prevention of Preterm Birth," Sarah Kilpatrick, June 2009
- "When to Use Fetal Fibronectin," Vincenzo Berghella, August 2009
- "What Are the New Electronic Fetal Monitoring Guidelines about?" George Macones, October 2009
- "The Finding of a Short Cervix in Low-Risk Women," William Grobman, December 2009
- "Evaluation of Fetal Death from Nongenetic Causes," Robert Silver, December 2009

2010

- "Evaluation of a Woman with a Third-Trimester Fetal Death," Robert Silver, February 2010
- "Using Oral Hypoglycemic in Pregnancy to Manage Type 2 Gestational Diabetes," Carol Major, April 2010
- "Cervical Cerclage for the Woman with Prior Adverse Pregnancy Outcome," Vincenzo Berghella, June 2010
- "VBAC Attempt: Induction and Augmentation of Labor," George Macones, August 2010
- "Single Umbilical Artery: What You Need to Know," Alicia Mandujuano and Isabelle Wilkins, October 2010
- "Evaluation and Management of Low-Lying Placenta or Placenta Previa on Second Trimester Ultrasound," Kolawole (Yinka) Oyelese, December 2010

2011

- "Early Severe Fetal Growth Restriction: Evaluation and Treatment," Ahmet Baschat, February 2011
- "Understanding Intrahepatic Cholestasis of Pregnancy," Sabrina Craigo, April 2011

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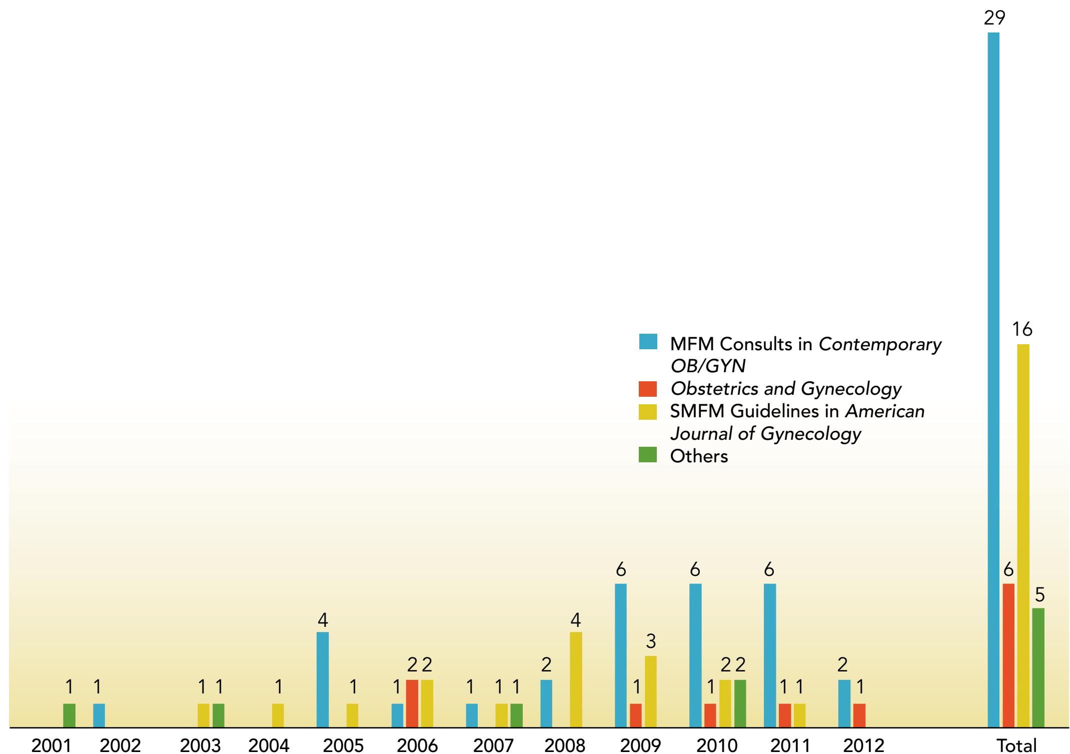
FIGURE 4.1. SMFM Manuscript and Publications, 2001–12



- "Thromboprophylaxis for Cesarean Delivery," Michael Varner, June 2011
- "Five Tips for a Successful Practice," Daniel O'Keeffe, October 2011
- "Isolated Echogenic Bowel Diagnosed on Second-Trimester Ultrasound," Anthony Odibo and Katherine Goetzinger, August 2011
- "Evaluation and Management of Isolated Renal Pelviectasis Diagnosed on Second Trimester Ultrasound," Mary Norton, December 2011

2012

- "Pregnancy in Women with Spinal Cord Injuries," Carolyn Signore, February 2012
- "Advanced Maternal Age and the Risk of Antepartum Stillbirth," Joanne Stone, April 2012
- "Women with Prior Classical Cesarean Delivery: Counseling and Management," Suneet Chauhan, June 2012
- "Cesarean Management in the Morbidly Obese Woman," Donna Johnson, October 2012

Future topics will include (a) perinatal oral health, (b) importance of determination of chorionicity in twin gestations, (c) choroid plexus cysts, (d) isolated intracardiac echogenic focus, (e) screening for CMV infection, (f) nutritional assessment in bariatric surgery–pregnant patients, (g) prior uterine rupture: when to plan the cesarean next pregnancy, and so forth. Topic ideas can be submitted to pubs@smfm.org.

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American Journal of Obstetrics and Gynecology *SMFM Clinical Guideline Series*

The manuscripts of the SMFM Clinical Guideline Series are evidence based and usually focus on complex obstetric topics that are aimed at the MFM practitioner. They are published about two times a year. The most recent manuscripts in this series are the following:

- "Placenta Accreta," Michael Belfort, November 2010
- "Evaluation and Management of Severe Preeclampsia," Baha Sibai, September 2011
- "Doppler Use for IUGR," Suneet Chauhan and Alfred Abuhamad, April 2012
- "Progesterone and Preterm Birth Prevention: Translating Clinical Trials Data into Clinical Practice," Vincenzo Berghella, May 2012
- "Twin–Twin Transfusion Syndrome," Lynn Simpson, in press 2012

Future topics for this series include (a) fetal sampling and transfusion, (b) fetal anemia, (c) obstetrical definitions, and others. Topic ideas can be submitted to pubs@smfm.org.

ACOG–SMFM Co-branded Manuscripts. SMFM regularly collaborates with ACOG and other societies and colleges to develop and publish guidelines that are relevant to obstetric caregivers. See http://www.smfm.org/pubs for a list of previously published guidelines. Several joint documents are in progress, including papers about the following topics:

- Practice Committee (committee opinions with ACOG–SMFM collaboration)
  - "Non-indicated Delivery before 39 Weeks" (Cynthia Gyamfi, MD)
  - "Indicated Late Preterm or Early-Term Births" (George Macones, MD)
  - "Assisted Reproductive Technology (ART) and Pregnancy Outcomes"
- Practice Bulletins (with ACOG–SMFM collaboration)
  - "Intrauterine Growth Restriction (IUGR)" (Henry Galan, MD)
  - "Multiple Gestation"

NIH–SMFM Manuscripts. SMFM collaborates with the National Institutes of Health (NIH) to write summary statements for NIH–SMFM state-of-the-art meetings. See http://www.smfm.org/pubs for a list of previously published summary statements. The most recent statements are the following:

- "Timing of Indicated Late-Preterm and Early-Term Birth," Catherine Y. Spong, Brian M. Mercer, Mary D'Alton, Sarah Kilpatrick, Sean Blackwell, and George Saade, *Obstetrics and Gynecology,* August 2011
- "Preventing the First Cesarean: Summary of a Joint SMFM, NICHD, ACOG Workshop," Catherine Y. Spong, Vincenzo Berghella, Katherine Wenstrom, Brian Mercer, and George Saade, *Obstetrics and Gynecology,* November 2012

Obstetrics and Gynecology *Manuscripts.* The Publications Committee has worked with *Obstetrics and Gynecology* to identify relevant MFM topics that are appropriate for publication in the journal. Committee members included Drs. Jim Scott, John Queenan, and Catherine Y. Spong. See http://www.smfm.org/pubs for a list of previously published topics.

State-of-Pregnancy Monograph. The State-of-Pregnancy Monograph, published in 2010 under the leadership of Dr. Brian Mercer with participation from dozens of SMFM members, was written to provide a clearer understanding of who MFM specialists are and what we do. The monograph offers examples of the kinds of patients cared for by MFM specialists and what is done for those patients. It highlights important research that has emerged to improve the medical outcomes of

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mothers and babies. It also describes the challenges that face MFM physicians as we strive to provide optimal pregnancy outcomes for mothers and their babies.

Review of Several Other Documents. See these as examples:

- Education Committee patient information manuscripts
- Insurance guidelines (several, usually submitted through Dr. Daniel O'Keeffe)
- Genetics document (Dr. Mary Norton)

Future Goals

The Publications Committee established the following goals:

- Continue to emphasize Level I evidence for SMFM publications.
- Increase the prominence and visibility of SMFM publications (see http://www.smfm.org/pubs for a list of more than 50 publications).
- Focus on MFM issues, and collaborate with ACOG and other organizations on generalist issues.
- Continue current work.

SMFM RISK MANAGEMENT COMMITTEE

Purpose

The charge of the Risk Management Committee is to review SMFM publications, white papers, and educational modules for specifics and content that may result in undue risk or liability to the primary author, clinicians, consultants, participating SMFM committee members, and the society. The committee is not charged to review for scientific content.

Members, 2012

Erol Amon, MD, JD, *chair*
Allan Bombard, MD
George Bronsky, MD
Arnold Cohen, MD
Gary Eglinton, MD
Washington Hill, MD
David McLean, MD
A. George Neubert, MD
Jeff Phelan, MD, JD
Julian Parer, MD
Howard Strassner, MD
Robert Stiller, MD
Jerome Yankowitz, MD

Responsibilities

The Risk Management Committee is asked to see if the paper establishes a standard of care that physicians should or must follow, and the committee is also asked to review the paper to see whether it establishes a procedure as not being experimental, thus indicating that insurers should or must pay for the service.

Furthermore, the committee plans to conduct surveys of the SMFM membership regarding professional liability, quality assurance, and other topics as they relate to risk and practice patterns. Also as requested, the committee may conduct at the SMFM annual meetings a round-table luncheon or longer educational sessions about medical and legal risk.

Founded by Dr. Arnie Cohen in 2005, the committee is quite collegial and encourages frank discussions about issues that may present undue risk. Members review manuscripts prepared for publication by SMFM and manuscripts prepared jointly with other professional organizations including NICHD and ACOG. Our committee includes two MD and JD credentialed MFM physicians and others with special expertise in genetics and quality assurance.

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5

THE PREGNANCY FOUNDATION

VISION-DRIVEN SUCCESS

THOMAS GARITE, MD; MARY D'ALTON, MD; EDWARD QUILLIGAN, MD;
AND JOHN QUEENAN, MD

The Pregnancy Foundation supports activities of the Society for Maternal-Fetal Medicine (SMFM), and our success depends on you—the SMFM members.

HISTORY OF OUR SOCIETY

The Society of Perinatal Obstetricians (SPO) was originated in 1977 with the intent to promote scientific excellence in our specialty and especially to encourage research among young investigators and fellows in training. This endeavor was initially accomplished through the presentation of abstracts at the annual meeting, and it continues to the present as the linchpin of our society. One of the original programs for promoting research among young investigators was the establishment of the Sam Seeds Fellowship, which was named for one of the original members of the society whose early demise was a tragic loss. In his memory, a one- to three-month fellowship was established for a fellow in training or for someone immediately following such training to study in the United States or abroad.

In 1988, the board of directors of the SPO decided to pursue establishing a scholarship for an individual to devote one year to scientific research following the completion of a new Maternal-Fetal Medicine (MFM) Fellowship. The SPO appointed a committee to explore development of such a fellowship, and in 1990, the society amended its bylaws to create the SPO Foundation Committee, which was chaired by Dr. Steven Gabbe.

The first recipient of the SPO Foundation Fellowship Award was Dr. Tracy Cowles, whose project was titled "The Association of Confined Placental Mosaicism with IUGR [Intrauterine Growth Restriction]." Initially, the fellow was supported with a grant of $45,000, as well as $15,000 in matching funds from the scholar's department. In 1999, the scholarship was expanded to two years. The initial funding for the SPO Foundation Award came from donations from the SPO board, and the society's membership began its fundraising. The society continued the award and structure until 2002. See table 5.1 for a list of recipients from 1992 to 2002.

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TABLE 5.1 Recipients of the Foundation Award, 1992–2002

The following received the SPO Foundation Award during the initial phase:

Name	Years
Tracy A. Cowles, MD	1992–93
Kee-Hak Lim, MD	1993–94
Susan Seligman, MD	1994–95
Stephen K. Hunter, MD	1995–96
Samuel Parry, MD	1996–97
Kim A. Boggess, MD	1997–98

After the society's name change, the following received the SMFM Foundation Award:

Name	Years
Lynda Hudon, MD	1998–99
M. Sean Esplin, MD	1999–2001
Michal Elovitz, MD	2000–02
Rodney Edwards, MD	2001–03
Rachel G. Humprey, MD	2002–04

In 2002, the society decided to join forces with the American Association of Obstetricians and Gynecologists Foundation (AAOGF), which is the foundation of the American Gynecologic and Obstetric Society (AGOS), to expand the award program to three years. Currently, the annual funding for the scholars is $120,000: both SMFM Foundation and AAOGF contribute $60,000, and matching funds of $30,000 come from the department where the fellow studies.

Initially, the fellowship program was run largely by a committee of the society and was supported by the society with the Scholars Program being the fellowship program's sole endeavor. But in 2002, the SMFM board decided to establish a separate tax-exempt foundation; thus, the SMFM Foundation was created. In 2003, after 12 years, Gabbe stepped down, and Dr. Robert Sokol took over as the SMFM Foundation chair. The foundation defined its mission as follows:

- To promote and expand education in maternal-fetal medicine among physicians
- To encourage the exchange of ideas and research about treatment for obstetrical problems
- To promote excellence in research, including clinical research, education, and care in the field of maternal-fetal medicine

Sokol asked Drs. John Queenan and Ted Quilligan to help the foundation raise funds. During this time, the corpus of the foundation, which was established to support the fellowship, began to grow to its current value of well over $2.5 million.

In 2007, Dr. Thomas Garite became the foundation's chair. Subsequently, changes were made in the manner scholars were chosen, monitored, and mentored; in the scope of the programs available; and in the approach to fundraising. (For the 2012 board members, see table 5.2.)

Major changes in the bylaws were made to facilitate the changes, and two standing committees were created. The first was the Scholarly Activities Committee, which manages the fellowship or, as it is also known, the Scholars Program. This committee is chaired by Dr. Mary D'Alton and is ably assisted by Michelle DiVito, who handles many of the day-to-day duties. D'Alton and the committee members work closely with the AAOGF committee to solicit and to select the program's fellow each year.

Fellows are required to submit their projects to the committee in the second year of their fellowship. Those fellows selected to be interviewed by the committee are asked to attend the AGOS annual meeting and to make a presentation supporting their work. The final selection is then made. (See tables 5.3 and 5.4 for lists of recent scholars.) During each year of the program, the fellows, their mentors, and their department chairs are required to submit progress reports. Often, members of the committee visit the research site to evaluate the fellows' progress. A detailed brochure explaining the fellowship program is on the foundation's website at http://www.pregnancyfoundation.org.

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TABLE 5.2 Pregnancy Foundation Board of Directors, 2012

Thomas Garite, MD, *Chair*

Kate Menard, MD, *President*
Brian Mercer, MD, *President-Elect*
George Saade, MD, *Immediate Past President*

Edward Quilligan, MD, *Development Committee Co-Chair*
John Queenan, MD, *Development Committee Co-Chair*
Mary D'Alton, MD, *Scholarly Committee Chair*
Meredith Cruz, MD, *Associate Member Representative*
Kim Boggess, MD
Brian Iriye, MD
Marie Pinizzotto, MD, MBA
Lawrence Platt, MD
Anthony Sciscione, DO
Lynn Simpson, MD
Tom Breitling
Vanessa Breitling

In addition to the Scholars Program, two more programs were added:

- *Mini-Sabbatical Grants.* In this age of rapid scientific and medical advances, new research methods, new clinical techniques, and new or advanced procedures and treatments frequently become available. Commonly, the best way to gain training and education is through hands-on experience. A good example is with chorionic villus sampling (CVS), a technique not performed in most fellowships. The mini-sabbatical program was developed to educate and to train a physician at an alternate site to learn a procedure or technique from an experienced physician. Because many other advances in medicine require education and clinical experience, the mini-sabbatical represents an extraordinarily valuable resource for our physicians.

TABLE 5.3. Pregnancy Foundation and AAOGF Scholars, 2003–08

Michael House, MD	2003–06
Donna Neale, MD	2004–07
Janet Andrews, MD	2005–08
Francine Einstein, MD	2006–09
Emily J. Su, MD	2007–10
Roy Mansano, MD	2008–11

TABLE 5.4. Pregnancy Foundation and AAOGF Scholars, 2009–12

Antonette T. Dulay, MD, 2009–12
Award: Pregnancy (SMFM) Foundation/AAOGF Scholar
Site of Research: Yale University, New Haven, CT
Title of Research: "A Role for Soluble Modulators of Innate Immunity in Regulating the Intra-Amniotic Inflammatory Response to Infection"

Jacob Larkin, MD, 2010–13
Award: Pregnancy (SMFM) Foundation/AAOGF Scholar
Site of Research: Magee Women's Hospital, Pittsburgh, PA
Title of Research: "The Role of NDRG1 in Placental Injury"

Joy Vink, MD, 2012–15
Award: Pregnancy (SMFM) Foundation/AAOGF Scholar
Site of Research: Columbia University, New York, NY
Title of Research: "Evaluating the Biochemical and Biomechanical Etiologies of Cervical Insufficiency"

The grant is intended for the full spectrum of SMFM regular members and fellows-in-training. Up to $25,000 is available for individuals who are awarded this grant. Those starting a career in MFM practice, as well as seasoned practitioners looking to expand their current practice or research skills, are eligible to apply for this grant.

The program was started in 2008. To date, 12 physicians have trained in sites that are equipped to have the volume and skills in those

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areas that the trainees identified as being needed for their practices or research programs. (See table 5.5.) As mentioned, most mini-sabbatical trainees have chosen to seek training in CVS. Therefore, special recognition goes to Dr. Laura Goetzl and Dr. Ron Wapner, who have so generously given their time and skill to train these individuals.

- *Literature Alert Series.* A second additional program has also been developed. As its name implies, the Literature Alert Series provides a valuable educational service to members of the society. Every month, four committees search 5–10 journals each—in all, more than 30 journals—to identify important developments in the MFM field. The identified articles are then culled to about 15 of the most important ones. The abstracts of those articles and the references are e-mailed to subscribing members who make a minimum donation of $250 a year to the foundation. The Literature Alert Series has been extremely popular and successful, and the program now has more than 200 members.

TABLE 5.5 Mini-Sabbatical Awardees, 2008–11

2008	
Camille Kanaan, MD	CVS
Lama Tolaymat, MD	CVS
2009	
Erika Werner, MD,	CVS
Daniel Katz, MD,	CVS
Gretchen L. Koontz, MD	CVS
Caroline Stella, MD,	CVS
2010	
Mary Vadnais, MD,	CVS
Hai-Lang Duong, MD	Fetal Echocardiography
J. Newton, MD, PhD	Advanced Research Techniques
2011	
Maureen P. Malee, MD, PhD	CVS
Michelle Silasi, MD	CVS
Lisa E. Moore, MD	CVS

ORIGINS OF THE DEVELOPMENT COMMITTEE

The Development Committee was established to diversify and enhance fundraising for the Pregnancy Foundation. Under the dedicated and capable guidance of Drs. Queenan and Quilligan, this committee dedicated itself not only to enhancing members' annual donations but also to developing programs to recruit and to recognize our most dedicated and generous members. Furthermore, the committee sought to expand donations from sources beyond the society members' donations.

The Development Committee members' vision included the following:

- Establishing a culture of giving, which is similar to cultures at successful university alumni associations
- Tracking donations over the length of a donor's career
- Initiating a "give-or-get policy" whereby members are credited for giving donations and for bringing in donations
- Recognizing senior members as an important and potential source for planned giving
- Realizing that flexibility and the need to continually seek new opportunities are critical in this changing world

Programs that have been developed include the following:

- *Member Annual Giving.* Members of the society are asked to consider annual giving in conjunction with their annual dues to the society. Each year approximately 15 percent of the society's membership generously donates with an annual average that totals $35,000.
- *Silent Auction.* The Development Committee began a silent auction at the SMFM annual meeting in 2008 and combined the auction with the welcome reception at the 2011 annual meeting. The auction—headed by committee

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members John Queenan, Haywood Brown, Larry Platt, and Ted Quilligan—has been a successful endeavor. Members have generously donated items for auction, and the committee has arranged for the Pacific Auction Company to substantially increase the number of items at the auction. In addition, certain auction items are available as raffle prizes. The proceeds of the silent auction have grown steadily since its inception starting with $6,000 in 2008 to becoming more than $21,000 this past year.

- T*he Founders Club.* The Founders Club was established to address three primary objectives: (a) to honor the MFM pioneers who are primarily responsible for the direction the specialty has taken, (b) to set up a forum to discuss problems and solutions within the specialty, and (c) to encourage significant financial participation in developing the foundation. The first 200 members who received their MFM certifications are eligible for membership in the Founders Club. Currently, the Founders Club has 34 members; each member pledged $10,000, which must be donated within five years. (See table 5.6.) Member names are listed on the honor board at the annual meeting and are listed in the meeting program. Moreover, members are honored by a cocktail reception at the annual meeting. Most of the founders continue to contribute after reaching their $10,000 pledge.

- *The Leaders Club.* The Leaders Club is composed of current and former officers and board members of the society. Those who choose to join the Leaders Club pledge $10,000. They are credited with $1,000 for each year of service up to $4,000. All officers and members of the society board and the foundation board make an annual gift of $1,000, and their previous donations count toward the $10,000 pledge. Currently, the Leaders Club has 17 members (see table 5.7).

TABLE 5.6. Founders Club Members, 2012

Kofi Amankwah, MD	Allen Killam, MD
Richard Berkowitz, MD	Jeffrey Lipshitz, MD
Frank H. Boehm, MD	David Luthy, MD
John Botti, MD	Irwin Merkatz, MD
Robert Carpenter Jr., MD	Frank Miller, MD
Robert Cefalo, MD*	Jennifer Niebyl, MD
Arnold Cohen, MD	Richard Paul, MD
Robert K. Creasy, MD	Richard Perkins, MD
Amelia Cruz, MD	Lawrence Platt, MD
F. Gary Cunningham, MD	John Queenan, MD
Richard Depp, MD	Edward Quilligan, MD
Roger Freeman, MD	Robert Resnik, MD
Steven Gabbe, MD	Michael Socol, MD
Stanley Gall, MD	Robert Sokol, MD
Thomas Garite, MD	William Spellacy, MD
Paul Hensleigh, MD*	Ronald Wapner, MD
Richard Kates, MD	Sze-Ya Yeh, MD
Tom Kerenyi, MD	Frederick Zuspan, MD*

* Deceased

TABLE 5.7. Leaders Club Members, 2012

Laxmi Baxi, MD	James N. Martin Jr., MD
Haywood Brown, MD	M. Kathryn Menard, MD
C. Andrew Combs, MD, PhD	Brian Mercer, MD
Joshua Copel, MD	Michael Nageotte, MD
Mary D'Alton, MD	Roger Newman, MD
Kimberly Gregory, MD	Dwight Rouse, MD
Brian Iriye, MD	Anthony Sciscione, DO
Helen Kay, MD	Catherine Spong, MD
Sarah Kilpatrick, MD, PhD	Katherine Wenstrom, MD
Mark B. Landon, MD	

CREATION OF THE CORPORATE COUNCIL

In 2007, the foundation board expanded its fundraising outside the boundaries of the membership to include many industry partners who have supported the society's annual meeting but not the foundation. The Corporate Council exemplifies a healthy and ethical cooperation between the corporate world and a medical society that will benefit the well-being of our patients by creating a relationship between the foundation and related industry sponsors. As a member of the Corporate Council, companies provide vital financial support to the foundation and its education and research programs, raise their profile through a commitment to an internationally prominent organization, and receive the benefits of recognition and acknowledgment. Toward this end, the council members are recognized, and links to the companies are provided on the foundation's website.

Corporate Council membership is open to all current and future industry sponsors from the society's Industry Exhibits Program. Each member of the foundation's Corporate Council designates one primary representative to the Corporate Council. The Corporate Council meets at an annual luncheon during SMFM's annual meeting. At that time, members learn about the foundation's progress and the current Corporate Council benefits, and they are invited to offer feedback about the value of the current benefits and about other benefits that the foundation might provide to industry partners. Each Corporate Council member is assigned a member of the society or foundation board to be a liaison for exchanging ideas and concerns and for enhancing the value of membership. Currently, there are 26 corporate members (see table 5.8).

TABLE 5.8. Corporate Council Members, 2012

Corporate Council Members
Advanced Practice Strategies
Alere
Ariosa
Bayer Health Care
Cerner Corporation
Cervilenz
CORD:USE Cord Blood Bank
GE Healthcare
Glenveigh Medical
Hologic
Integrated Genetics
Med Solutions
Medical Image Enhancement Techology
Natera
Neoventa
Norgenix
OB Hospitalist
Obstetrix Medical Group
Perigen
Perkin Elmer
Qiagen
Samsung Medison
Sera Prognostics
Sequenom
Verinata Health
Watson Pharmaceuticals

GRATEFUL PATIENT AND GRATEFUL FAMILIES

The Grateful Patient brochures, which are developed by Dr. Sara Poggi, outline the Grateful Patient and Grateful Families program and explain how to make donations to the foundation in recognition for care given by MFM physicians. The brochures have been mailed to MFM physicians' offices, and they are also offered on the SMFM website. Free copies are available to any physicians who request to display the brochures in their office space.

EXPANSION INTO THE PUBLIC SECTOR

Ultimately, we can improve outcomes for mothers and babies through our education and research efforts as we expand fundraising and increase our work's recognition in the public sector. Generous

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philanthropists, eager former patients, and others who are committed to enhancing this cause have the great potential for aiding the foundation develop and expand programs. Recognizing this reality, the foundation's board changed the bylaws and added three members to the board who are not in the society: Dr. Marie Pinizzotto, who is an obstetrician and gynecologist, a philanthropist, and a director of a separate foundation; and Vanessa and Tom Breitling, who are philanthropists and former MFM patients.

To appeal to the public sector and to gain recognition for our specialty's name that is often unfamiliar to the public, the foundation board decided to change its name from the SMFM Foundation to the Pregnancy Foundation. To magnify our exposure, a new website was created by a subcommittee headed by Dr. Tony Sciscione; in 2011 http://www.pregnancyfoundation.org rolled out. Validating our sense that it would appeal to the public, many women and men "like" the Pregnancy Foundation on our Facebook page each day.

The first major fundraising event in the public sector occurred this past year under the direction of Mr. and Mrs. Breitling and Dr. Brian Iriye, a member of the foundation board. A local chapter of the Pregnancy Foundation was formed in Las Vegas, and the members organized an event featuring entertainment by celebrities, talent from the casino, food and drink, and a silent auction—all generously donated. The event, along with a large in-kind donation from a local philanthropist, raised more than $200,000. The foundation is exceedingly grateful to all of those involved in this inaugural event. A repeat event is being planned, and the hope is that other foundation supporters in other cities will hold similar events.

HELP FROM MEMBERS

MFM health care has made remarkable strides over the four decades since the specialty's inception. But, of course, many challenges lie ahead, such as pregnancies affected by prematurity, low birthweight, pre-eclampsia, birth defects, diabetes, and infectious disease. We who are members of and who serve SMFM and the Pregnancy Foundation need all of the help we can get.

SMFM members can help in many ways. Serving on committees that help this effort is an excellent way to get involved. Mentoring college and medical students is an important aspect of developing the leaders of the future in this cause. Never underestimate your influence in helping to form careers. Your experience and knowledge can be very persuasive to young people searching for career direction. If you know of someone who shows signs of great promise, why not be part of our professional scouting effort. You could help identify and guide individuals who might make great contributions to future MFM health care. Such a legacy should make anyone very proud.

Of course, we know it takes money to create great advances in MFM care. We encourage you to join those who give annually to the foundation. We refer you to the Founders Club and the Leaders Club to see what some of your colleagues have done to help develop this effort. Members can help enormously by making an annual contribution in addition to their annual dues.

Individuals can also help our cause by spreading the word about SMFM and the Pregnancy Foundation. What better cause is there than helping mothers and babies have healthy pregnancies? Donations help carry on this work.

Foundations and charitable organizations have excellent opportunities to participate in improving the health care of mothers and babies through the Pregnancy Foundation. Support can be directed toward research, education, or patient care.

The Pregnancy Foundation is vital and is making great progress because of the countless hours of effort and energy of our members and public participants. The foundation relies on the experience of its members to provide the strategic planning and flexibility so necessary to adapt to the rapidly changing medical world.

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6

LEADING THE WAY ON SAFETY AND QUALITY FOR PREGNANT WOMEN

JAMES D. GOLDBERG, MD; THOMAS BENEDETTI, MD; and JEAN LEA SPITZ, MPH

The 1999 consensus report of the Institute of Medicine, "To Err Is Human: Building a Safer Health System," highlighted the importance of safety in health care. Although most of the focus has been on inpatient safety since the publication of that document, there has been a growing concern about the quality and safety of emerging technologies in health care and an ongoing quality review in both the inpatient and outpatient areas. When the Society for Maternal-Fetal Medicine (SMFM) recognized the need to develop programs and strategies so it could implement safety and quality initiatives for pregnant women and their fetuses, it then created the Patient Safety and Quality Committee and the Perinatal Quality Foundation.

PATIENT SAFETY AND QUALITY COMMITTEE

Measuring quality in the field of obstetrics and gynecology has evolved rapidly with a number of national organizations issuing reports about quality measures. For example, the National Quality Forum (NQF) has issued a revised list of 14 quality measures that address a wide variety of care measures, including childbirth, pregnancy, postpartum care, and newborn care (see table 6.1). Together, those measures provide the basis for evaluating quality in the current area of perinatal practice.

The University of Washington Medical Center has taken a unique approach by developing a balanced scorecard that encompasses all the major organizations' quality indicators in addition to some institutional-specific items (see figure 6.1).

Those measures relate to, but are not specific for, the practices of maternal-fetal medicine (MFM) specialists. With only a few exceptions, the measures cannot be used to evaluate the quality of care for an MFM specialist, which begs the question: How does one demonstrate the quality of an MFM physician? As the health care model changes, will we be expected to prove the quality and safety of our work and its added value to the care of patients? Specifically, what is the role of the MFM specialist in determining quality outcomes in the field of obstetrics? Answering such difficult questions is the charge of the SMFM Patient Safety and Quality Committee.

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TABLE 6.1. NQF-Endorsed Perinatal Measures

#0469	PC-01 Elective Delivery (Joint Commission)
#0470	Incidence of Episiotomy (Christiana Care Health System)
#0471	PC-02 Cesarean Section (Joint Commission)
#0472	Appropriate Prophylactic Antibiotic Received within One Hour Prior to Surgical Incision–Cesarean Section (Massachusetts General Hospital/Partners HealthCare System)
#0473	Appropriate Deep Venous Thrombosis (DVT) Prophylaxis in Women Undergoing Cesarean Delivery (Hospital Corporation of America)
#0475	Hepatitis B Vaccine Coverage among All Live Newborn Infants Prior to Hospital or Birthing Facility Discharge (Centers for Disease Control and Prevention)
#0476	PC-03 Antenatal Steroids (Joint Commission)
#1746	Intrapartum Antibiotic Prophylaxis for Group B Streptococcus (GBS) (Massachusetts General Hospital)
#0477	Under 1,500g Infant Not Delivered at Appropriate Level of Care (California Maternal Quality Care Collaborative)
#0478	Neonatal Blood Stream Infection Rate (NQI #3) (Agency for Healthcare Research and Quality)
#1731	Health Care-Associated Bloodstream Infections in Newborns (Joint Commission)
#0304	Late Sepsis or Meningitis in Very Low Birth Weight (VLBW) Neonates (Risk-Adjusted) (Vermont Oxford Network)
#0480	PC-05 Exclusive Breast Milk Feeding (Joint Commission)
#0483	Proportion of Infants 22 to 29 Weeks Gestation Screened for Retinopathy of Prematurity (Vermont Oxford Network)

The scope of practice of MFM varies among the members of our society. Members' practices run the gamut of clinical care from exclusively outpatient practices with a focus on prenatal diagnosis and ultrasound to practices that emphasize comprehensive obstetrical care and inpatient consultative care. Could we evaluate a common set of practices or procedures to measure the quality of an MFM physician?

One approach to the question would be to examine processes rather than to target the much more difficult issue of measuring outcomes. However, if we begin by measuring processes, eventually we will still need to measure outcomes. However, improving the process should lead to improved outcomes. If we cannot demonstrate that one leads to the other, we will have inevitably failed in our mission to improve quality.

How have other subspecialty societies in obstetrics and gynecology responded to this challenge? For reproductive medicine, the issue of quality measurement was legislatively mandated. The Society for Assisted Reproductive Technologies (SART) reports all pregnancy outcomes from artificial reproductive technologies in 385 participating centers. Those outcomes are then publicly reported every year (http://www.sart.org).

The Society of Gynecologic Oncology has chosen a different approach and has adopted a palette of process measures to monitor quality. Those measures necessitate a chart audit of individual practitioners' operative reports and clinical notes in a number of clinical areas.

The members of the SMFM Patient Safety and Quality Committee agreed to develop two products. The first product is a series of audit instruments that can be used by MFM practitioners to monitor the quality of their practices. Currently, we are developing a monochorionic and diamniotic twin quality checklist. Other prime candidates for

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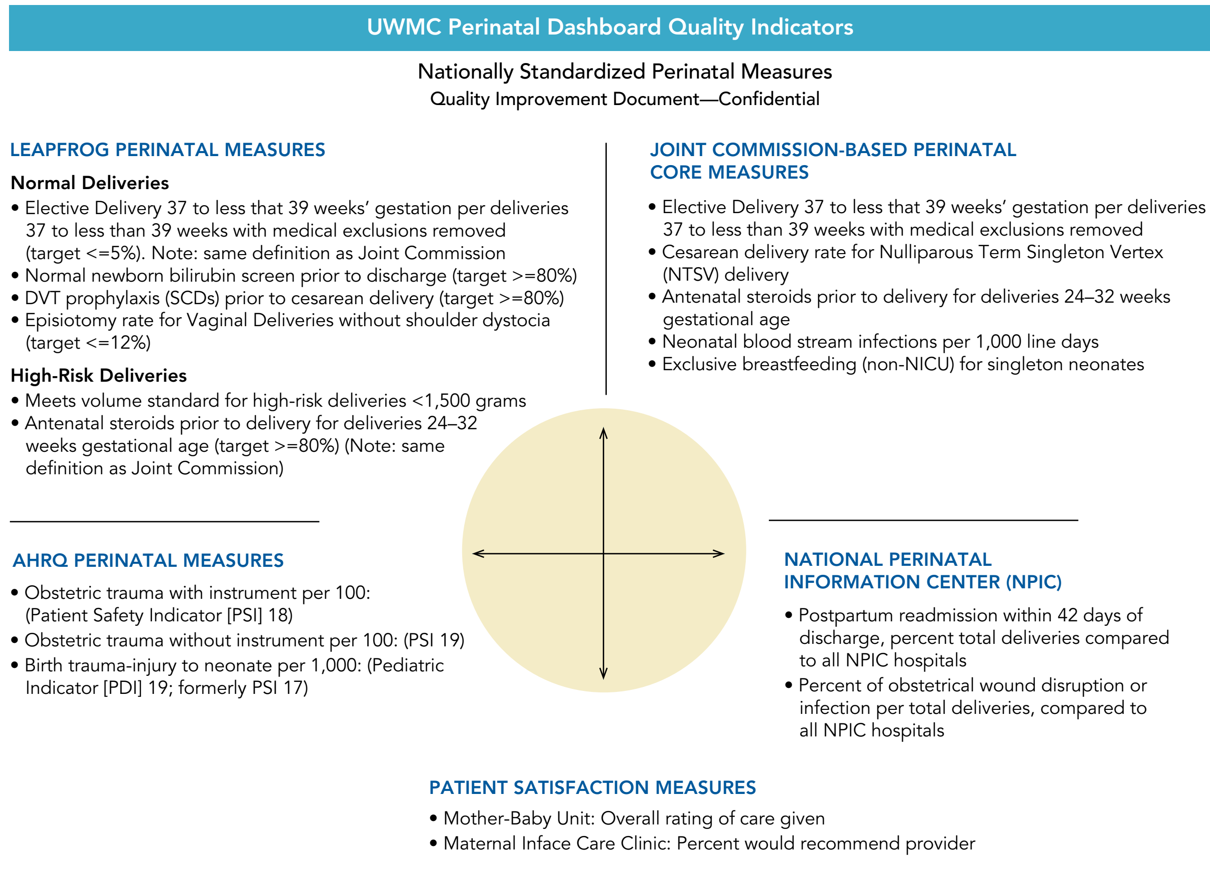
FIGURE 6.1. University of Washington Medical Center Perinatal Dashboard Quality Indicators



Source: Used with permission from the University of Washington Medical Center.

developing markers of quality are type 1 diabetes, chronic hypertension, intrauterine growth restriction (IUGR), and prior preterm birth.

The second work product will be a road map for MFM physicians to participate and to lead quality initiatives in their hospitals and organizations. In 2010, American College of Obstetrics and Gynecology (ACOG) revised its 2000 text, *Quality Improvement in Women's Health Care.* The new publication, *Quality and Safety in Women's Health Care,* 2nd edition, is a starting place to learn the skills that are necessary to be a leader in quality in obstetrics. Our committee hopes to supplement this document with specific ideas and tools for leadership development in this area.

DEVELOPMENT OF THE PERINATAL QUALITY FOUNDATION AND THE NUCHAL TRANSLUCENCY QUALITY REVIEW PROGRAM

By 2004, research in Great Britain and in the United States established the efficacy of first trimester screening for aneuploidy by combining a sonographic measurement of the fetal nuchal translucency (NT) with biochemical analytes from maternal serum. The research protocols required standardized training in NT measurement techniques and ongoing quality review to maintain a significant sensitivity and specificity. Research in Great Britain demonstrated that NT measurements performed without training did not demonstrate

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detection rates that were sufficient for use as a screening tool.

First trimester screening for aneuploidy and NT moved rapidly from the research environment into a variety of practice settings where the screening was offered to the general obstetric population. Because of concerns about quality and about maintaining quoted detection rates, a July 2004 ACOG committee opinion stated that NT ultrasound should be offered only if "appropriate ultrasound training and ongoing quality monitoring is developed." The Fetal Medicine Foundation, based in Great Britain, offered NT education, classroom or non-electronic training courses, and quality review in the United States, but there was no recognized program based in the United States.

Following recommendations from leading U.S. researchers about the subject, in 2004 SMFM supported developing a foundation to ease the transition of emerging technologies such as NT into clinical care. The Maternal-Fetal Medicine Foundation (MFMF) was created and incorporated in Washington, DC, in December 2004. The foundation's name was changed to the Perinatal Quality Foundation in January 2012.

The mission of the Perinatal Quality Foundation is to improve the quality of maternal-fetal medicine medical services by providing state-of-the-art educational programs and evidence-based, statistically valid monitoring systems that can evaluate current practices and can facilitate the transition of emerging technologies into clinical care.

The Nuchal Translucency Quality Review (NTQR) program was the initial focus of the Perinatal Quality Foundation. NTQR is the first U.S.-based national consensus program that provides physicians and sonographers with an epidemiologic review and a monitoring system by an independent body. NTQR received ongoing consultation with representatives from other professional societies through its governing board, the Nuchal Translucency Oversight Committee (NTOC), which developed national consensus criteria for educational content, exam content, proficiency evaluation, and ongoing monitoring.

From its inception, the SMFM board of the directors chose to provide both web-based and classroom-based education that would use standardized image review and epidemiologic statistical monitoring. In the summer and fall of 2004, contractors were interviewed, and DM-STAT, Inc., a Boston-based company, was hired to develop the program website and monitoring process. The website and course were introduced at the SMFM annual meeting in early 2005. The first image batch was reviewed in March 2005; by the end of the first year, more than 1,000 participants had registered with NTQR. By the end of 2006, the classroom-based and web-based courses were well accepted. Registration increased by about 1,000 people each year between 2006 and mid-2012 (see figure 6.2).

Quality monitoring and remediation were a greater challenge. The NTQR program depended on the laboratories to supply nuchal translucency and crown rump length (NT/CRL) data for statistical analysis. Initially, only five laboratories participated, thereby leading to few participants having data available for monitoring analysis. In early 2007, the first epidemiologic reports were sent to 386 participants, or 25 percent of the 1,500 NTQR-credentialed people. The second report (in July 2007) was sent to 35 percent of credentialed participants. In 2008, the report format was revised to report data from both sonographers and supervising sonologists. A form to provide self-reported data was added to the website. Full-time SMFM staff members worked with individuals, laboratories, and practices to improve data downloads.

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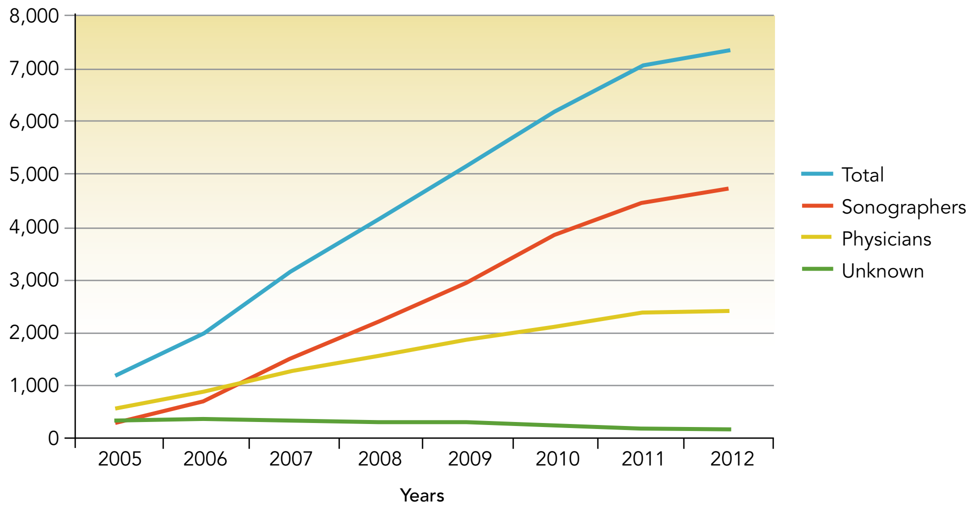
FIGURE 6.2. Number of Participants in NTQR Program, 2005 through mid-2012



Source: NTQR database.
Note: Figure 6.2 shows the number of participants registered with the NTQR program from 2005 through mid-2012. Sonographers, physicians, and unknowns are displayed as a portion of total registrants.

The number of quarterly reports sent to participants has increased from 486 in 2007 to 4,381 in 2012. The program currently has more than 20 laboratories that contribute data and more than 80 percent of credentialed participants who receive monitoring reports each quarter.

Development of a remediation process was assigned to a quality assessment committee of the NTQR and had membership composed of laboratory and clinician members. The committee developed and introduced Required Quality Maintenance (RQM) in mid-2010. Participants who are assigned to RQM must review educational material, pass an image-based test, submit images, and pass an image review. Sonographers placed in RQM must identify an NT-credentialed physician supervisor. Although the process has generated some resistance, analysis indicates that participants' measurements tend to move toward the referent curve after remediation.

With the continuing support of the SMFM and the efforts of more than 50 volunteers and committee members, the NTQR continues to thrive. The NTQR website provides web-based course work about first trimester risk assessment, credentialing examinations, image review for NT and nasal bone, voluntary and mandatory performance improvement modules, epidemiologic reports and explanations, a web-based NT-only calculator, and audio and written patient education resources in English and Spanish. More than 7,000 physicians and sonographers are registered in the program, and more than 5,500 physicians and sonographers are credentialed by the program.

EFFECT OF THE NTQR PROGRAM

By 2012, the NTQR database contained 2 million records. The database provides a powerful tool for analysis of clinical NT/CRL measurements in the United States. Furthermore, subsets of the data allow for analysis of NT changes with variables such as maternal weight and ethnicity.

The absence of outcome information prevents analysis of clinical sensitivity and specificity. In comparison to the research studies with known outcomes, the NTQR curve is somewhat lower, and the standard deviation is greater. Some sources have suggested that performance and quality of first trimester risk assessment in the United States

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may be negatively affected by undermeasurement of the nuchal translucency. Therefore, a goal of the NTQR program has been to bring participants closer to the research reference curves.

Between 2007 and 2012, the number of NTQR providers receiving "out-of-range to low" epidemiologic reports has decreased from 40.7 percent to 17.2 percent. It is unclear if the improvement is because of (a) regular feedback from NTQR, (b) required remediation activities, or (c) experience. Although evidence of improvements in measurements exists, there is no correlation between performance and outcome.

Ongoing studies that involve low-risk women and compare noninvasive blood tests and first trimester combined tests for risk assessment are providing data to the NTQR and may allow an analysis of provider performance related to outcomes.

The growth of the NTQR is evidence of increased availability of educated and monitored NT risk assessment providers in the United States and of improved access for women. Data indicate reductions in amniocentesis resulting from greater use of the combined test.

EXPANDED FOCUS OF THE PERINATAL QUALITY FOUNDATION

Although the initial focus of the NTQR program was the Perinatal Quality Foundation, the maturing program turned its attention toward a broader foundation mission and additional clinical initiatives that could be facilitated through foundation efforts.

In 2010, the Perinatal Quality Foundation formed a task force with a special interest in patient safety in obstetrics. After reviewing the structure of patient safety initiatives in other disciplines, the task force proposed to ACOG that a National Obstetric Patient Safety Foundation be developed. The task force then redirected its energy and focus of the task force to pending ACOG activities.

As evidence built to support a role for progesterone to prevent preterm birth in several subsets of patients with short cervical lengths, the task force identified an opportunity to standardize the measurement of the cervix so that the sensitivity and specificity of the testing remained robust—hence, the origin of the cervix education task force in November 2011. The task force developed a consensus education initiative that was accessible in a widely available format and that presented standard criteria for sonographic cervical measurements during pregnancy. Members of the task force included representatives from SMFM, ACOG, American Institute of Ultrasound in Medicine (AIUM), American College of Radiology (ACR), Society of Diagnostic Medical Sonography (SDMS), and the American College of Osteopathic Obstetricians and Gynecologists (ACOOG).

The Cervical Length Education and Review (CLEAR) program is a product of task force discussions. The CLEAR program provides educational lectures, optional examinations, and scored cervical image reviews. Those who complete the lectures and who pass the examination and the image review receive documents verifying that they completed the CLEAR program. They also qualify for continuing medical education (CME) units.

In 2012, the Perinatal Quality Foundation began to develop an exam to credential professionals on intrapartum electronic fetal monitoring. This examination was expected to be available in early 2013.

The Perinatal Quality Foundation is committed to the following in its programs and initiatives:

- Evidence-based education and recommendations
- Consensus decisions that include input from multiple specialties and interest
- Objective, fair, and credible monitoring and testing procedures

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- Ongoing research and analysis
- Ongoing development of databases pertinent to perinatal practice analysis
- Ways to bring together expertise and volunteers so they facilitate development and dissemination of clinical solutions and quality protocols

CONCLUSION

SMFM members are working diligently through the Patient Safety and Quality Committee and the Perinatal Quality Foundation to develop quality metric principles, processes, and products for MFM specialists. As the direction of health care practice continues to move toward greater accountability, SMFM is leading the way by providing support for its members.

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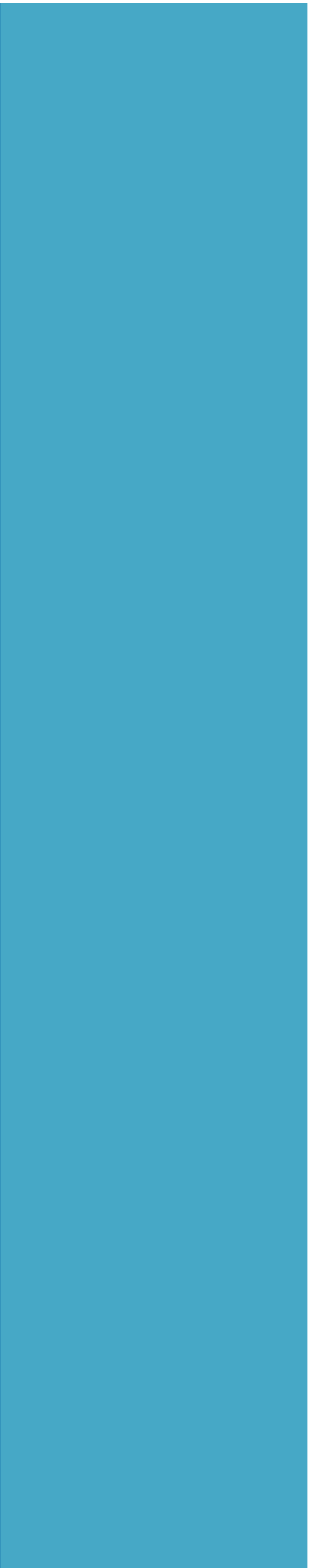

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7

THE CREATION OF THE ASSOCIATION FOR MATERNAL-FETAL MEDICINE MANAGEMENT

BRIAN IRIYE, MD

Over the past four decades, the Society for Maternal-Fetal Medicine (SMFM) has incrementally created and evolved into an enviable organizational structure that, initially, addressed resource allocation for research and education and then soon addressed governmental policy. As the specialty and the membership evolved, there was a clear call to provide resources for the practice of maternal-fetal medicine (MFM). Although people might conveniently dismiss this call as a self-serving initiative, it became apparent that—even in the most academic of settings—the complexities of practice were weighing down care. Practices needed a robust and efficient system for providing seamless care, improved patient outcomes, and employee satisfaction and retention. This need was reaffirmed in responses to surveys of SMFM members.

PRACTICE MANAGEMENT

Unlike other initiatives explored by the SMFM, few good models of practice management were available in other medical societies that we could call on. Information about subspecialty-specific practice management was, in a word, sparse. During the same time, the society was seeing a convergence of concerns about practice management between academic practices that existed in a hospital or university model and in freestanding private MFM groups. It looked as if no one could hide from the realities of modern health care economics in the new millennium. The member-driven and proactive SMFM decided to take this issue and to incrementally provide resources for our members.

SMFM's initial approach was to address the most apparent issue: coding in MFM. A Coding Committee was created to provide the membership with cogent and broad coding help. The committee accomplished this charge in many ways including (a) offering a forum for members to ask questions, (b) publishing white papers that addressed proper coding for different common issues, and (c) offering coding courses. The coding courses were intended to be an immersion in coding for physicians, practice managers, and anyone who was involved in the practice of MFM.

Although expectations were modest for the courses, it soon became apparent that they were needed and popular. As the courses evolved, they became more frequent and more comprehensive,

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and they provided written reference materials. Now there is no question that the Coding Committee is extremely active and has provided a much needed and frequently used resource for society members.

However, questions pertaining to human resources, collections, contracting, benchmarks, and other issues were becoming more common, which was outside the scope and meager resources of the Coding Committee. Under the direction and leadership of Dr. Dan O'Keeffe, the Coding Committee approached the SMFM board to create a practice management initiative. The board not only approved this cause but also gave the Coding Committee the nod to think creatively to meet the member's needs. Through the hard work of many people on the Coding Committee and their consultants, in 2008 the Association for Maternal-Fetal Medicine Management (AMFMM) was born.

The goals of AMFMM were summed up in the original mission statement, which is unchanged today:

> AMFMM's mission is to create an environment that facilitates individual and organizational learning between managers and physicians that enriches the MFM patient experience while enhancing the MFM business value. AMFMM is committed to the following:
>
> - Encouraging the exchange of ideas through networking and collaboration
> - Fostering cooperative relationships for the advancement of organizational learning
> - Developing vital, timely, and pertinent practice management guidance
> - Supporting continuous quality improvement by defining best practices through ongoing, community-based research
> - Developing best practices benchmark indicators
> - Offering continuing education and program development

The SMFM board generously supplied the AMFMM venture with a $5,000 grant meant to be a first-round investment. Through the fortuitous circumstance of having both Dan O'Keeffe, chair of the Coding Committee, and Dr. Mike Foley, SMFM president, from the same well-run practice in Phoenix, AZ, the venture began with their combined energy and experience, thus creating an excellent foundation for this new association. Both physicians were well aware of the practice management issues and the desperate need that most practices had for education to develop management skills and to help create professional networks. Initially, the goal was to use SMFM to launch the initiative and to soon reach the status of an independent organization through member recruitment and vendor engagement.

For any start-up organization, many questions must be answered, and AMFMM was similarly concerned: Would this new organization be able to respond to consumer preferences for content? Would membership trust the advice from this new organization? Could competition from other organizations such as the Medical Group Management Association (MGMA) be an issue for this new society? From a legal perspective, could participation in the health care arena present risks of Stark Law and other related liability? There were questions about federal and state regulations, privacy, insurance, and the practice of medicine. What would be the composition of the association's board? How many people would be required to run the organization? Last, how difficult would it be to accomplish a course on practice management? Would such a course generate sufficient attendance?

A CORE GROUP FOR MFM PRACTICE MANAGERS

AMFMM was created first and foremost for managers in MFM practices. In fact, the original name before its incorporation was the Association for Maternal-Fetal Medicine Managers. To that end,

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the board was initially composed of only the following practice managers from around the country:

- **Amy Berglund**—consultant, Trinity-Morgan Healthcare Consulting, Austin, TX
- **Debra Damian**—nurse and practice manager, Phoenix (AZ) Perinatal Associates
- **Barbara Manley-Smith**—practice manager, Medical College of Georgia, Augusta
- **Pam McClintock**—practice manager, Tri-State Maternal-Fetal Medicine Associates, Cincinnati, OH
- **Elizabeth Williams**—practice manager, Delaware Center for Maternal and Fetal Medicine of Christiana Care, Newark, DE
- **Pamela Young**—administrator, Phoenix (AZ) Perinatal Associates
- **Candace Zalick**—practice manager, Akron (OH) Children's Hospital Maternal Fetal Medicine Center

After some attrition of board members for professional reasons, Marsha Cannon of Washington University in St. Louis and Omen Safavi, a Nashville lawyer and practice manager, were added to the board. This core group implemented the original goals of AMFMM. They created an opening membership drive that incorporated approximately 35 practices around the United States, and they developed a website providing basic information about the association.

Most important, in 2009 the board created the first practice management meeting at the Gaylord Hotel in Washington, DC. That meeting was attended by approximately 35 practice managers and physicians representing MFM practices from around the country, and the gathering acted as a spring board to further development of the association.

As Dr. Daniel O'Keeffe transitioned into the role of executive vice president of SMFM, his duties were increased dramatically, thus making the day-to-day operations of the new AMFMM extremely difficult to manage. At the first AMFMM annual meeting, Dr. Brian Iriye was tapped to be O'Keeffe's successor. Iriye had run a private practice in the Las Vegas region for more than 12 years at that time. Barbara Manley-Smith, the first president of AMFMM, was key to the initial development and achievement of the association's goals.

Over the next several months, the structure put in place by the initial board acted as the critical catalyst that would set the organization in motion. Business tips started being produced monthly. A quarterly newsletter offered members articles about practice management strategies. A new and enhanced website established a forum for members to ask questions of the board and other members, thereby beginning to fulfill the promise of networking and collaborating outside the annual meeting.

As an added benefit to members, vendors were approached to provide discounts to members on the basis of group purchasing power for a large collaboration of practices. Alignments were made with General Electric and Philips Electronics for ultrasound pricing; with Medical Image Enhancement Technologies, Inc., for ultrasound reporting systems; with web vendors for appeals of claims; and with a group purchasing organization for practice supply discounts. Those discounts are still one of the little known but extremely valuable items of an AMFMM membership.

BENCHMARKING STANDARDS

The second course was held in Denver, CO, where attendance reached 75 individuals. At the Denver meeting, the group concluded that much of the "low-hanging fruit" had been picked, and it was time to tackle one of the hardest goals for the organization: benchmarking.

There was a dire need for this information because current benchmarking standards were based on extremely limited data that had been structured in ways that were hard to interpret

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and that rarely applied to MFM practices. So the association decided to gather information about physicians salaries, appropriate scheduling, ultrasonography scheduling and productivity, directorship payments, genetic counseling salaries, and provision of diabetic services.

During late 2010 and early 2011, data were collated from 50 member practices that represented more than 200 MFM physicians in the United States. (For further information about the data, see appendix C.) The survey gathered the largest amount of MFM-specific practice data ever collected and was a great achievement for the group. A practice benchmarking survey is scheduled to be performed every three to five years. The initial benchmarking information was released to practices participating in the survey and to attendees of the 2011 AMFMM Annual Meeting in San Diego. At the association's most recent gathering, the AMFMM Third Annual Meeting, 120 members and vendors attended, thus demonstrating the success of this initiative.

As the organization grew, it needed secretarial assistance and sought financial support. The association initated a vendor program that would offer benefits to selected vendors in return for financial remuneration. This program allowed vendors to have limited advertising contact with AMFMM members and to show their potential benefits to decisionmakers in MFM practices in a controlled environment. The organization's growth led to a proportional growth in the work load for the already overburdened board. To continue the aggressive agenda of AMFMM, the board expanded its membership.

VITAL ROLES FOR THE BOARD OF DIRECTORS

Several AMFMM board members have played vital roles in the growth and development of the assocation and deserve to be recognized. Elizabeth Williams, practice manager of an academic practice in Delaware, has been key to multiple accomplishments. She has chaired the membership committee during the growth of the society and has provided crucial insight to managerial practice skills because of her initial background as a sonographer. Pamela McClintock, a practice manager of a group in Cincinnati, has been crucial to the completion of many mission critical goals. With a background in law, Omen Safavi has provided key advice during the initial years of the organization's development. Dan Peterson, practice manager of a center in Nevada, has provided budget assurance and transparency in his role as treasurer.

The 2012 board consists of the following members:

Barbara Manley-Smith, BS, CPC—*president*

Brian K. Iriye, MD—*chair, High Risk Pregnancy Center, Las Vegas, NV*

Richard Broth, MD—*TLC Perinatal, MD*

Dan Peterson, BS, MBA—*treasurer, practice manager, High Risk Pregnancy Center*

Pam McClintock, BA

Elizabeth Williams—*membership chair*

Nubia Sandhu—*manager, High Risk Pregnancy Center*

Omen Safavi, ESQ

Leslie Protomastro, RN, MBA—*Maternal Fetal Medicine Associates, New York City*

Daniel O'Keeffe, MD—*executive vice president SMFM*

James Goldberg, MD—*ex officio, SMFM*

Frank Ciafone, MBA—*practice manager, Obstetrix, Phoenix, AZ*

James Keller, MD—*Advocate Healthcare, Chicago, IL*

Annette Perez-Delboy, MD, MBA—*Columbia University, New York City*

To get the organization formed as quickly as possible, AMFMM was first created as an LLC. However, the association then needed to go through the prolonged process of becoming a

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tax-exempt organization. Because AMFMM was formed as an association that would provide financial advocacy for members and because it identified itself as a 501(c)(6) organization, AMFMM was allowed to focus on the advancement of the conditions of a particular trade. This critical difference from a usual tax-exempt organization formed the basis of the decision to form the organization as a 501(c)(6) rather than a 501(c)(3) in 2011.

In 2012, the board has attempted to rectify some perceived weaknesses in AMFMM. Although most financial and human resource issues are similar in all practice environments, some critical differences exist. To address those issues, the board added physicians to the AMFMM board. Dr. Annette Perez-Delboy (an MBA and the director of labor and delivery at Columbia University Medical Center, New York City) took a seat on the board to give added advice for university settings. To address the growing role that hospitals are playing in employing MFM physicians to protect neonatal intensive care unit volumes, Dr. James Keller (Advocate Healthcare, Chicago) was added to the board.

The future of AMFMM appears bright with financial stability and continued growth. From the original grant of $5,000 from SMFM, AMFMM has stabilized financially to an account balance in excess of $100,000. Having a sound financial footing will allow the expansion of services and data collection.

We believe that with the impending changes in health care reimbursement and delivery, stormy times may be ahead for our membership. We at AMFMM intend to address those issues as a proactive association that is responsive to members, thereby giving our members a decided advantage in the new health care paradigm.

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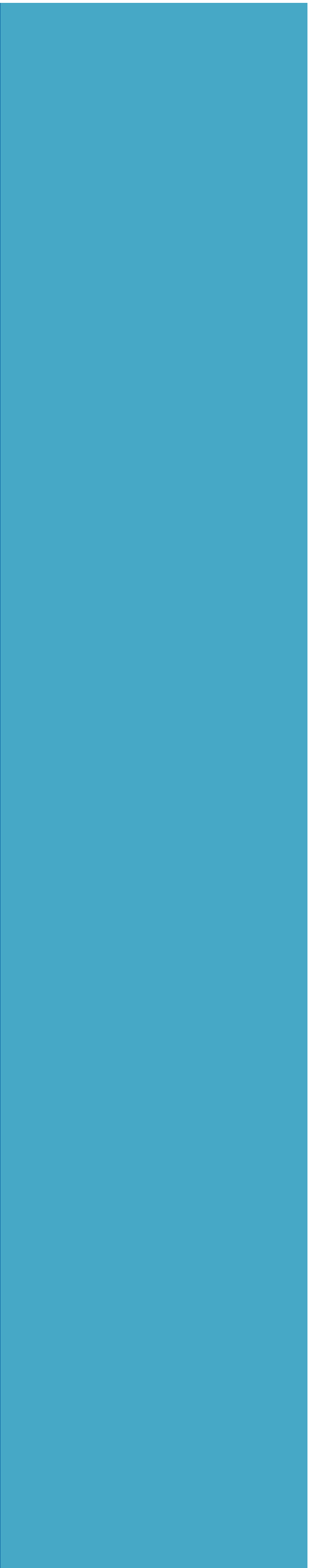

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8

REACHING GLOBALLY

ALFRED ABUHAMAD, MD; FERGAL MALONE, MD; and BLAIR WYLIE, MD

A GLOBAL SOCIETY

The SMFM Global Membership

One of the most striking features of the annual clinical meeting of the Society for Maternal-Fetal Medicine (SMFM)—particularly in recent years—is the participation of high-risk pregnancy specialists from outside the United States. For example, at the 2011 annual meeting, among the 1,343 abstracts submitted, almost 30 percent were from outside the United States.

One of the key reasons for the increased international presence at the annual meeting is the global recognition of the Pregnancy Meeting as one of the most prestigious forums for the presentation of cutting-edge research in the field of maternal-fetal medicine (MFM). Many international participants travel specifically to this meeting to gain insight into new techniques or approaches to clinical problems. The ability to export knowledge through attendees to their home countries around the world and positively to affect women's pregnancy care globally is a vital part of the mission for the society.

Evolution of a Global Membership over 15 Years

SMFM's annual clinical meeting has a history of attracting a global audience not only to learn about the latest advances in MFM from recognized leaders but also to participate in the exchange of research ideas to advance our field. Despite the increasing presence of international visitors, our global guests had no way to become members of the society. In fact, until recently there was no obvious pathway for society membership without having first completed an MFM fellowship training program approved by the American Board of Obstetrics and Gynecology (ABOG). This barrier to full participation in the society was seen by many international participants as an impediment to the inevitable sharing of research and learning opportunities beyond traditional borders.

Many SMFM members clearly saw that some of the most energetic and thought-provoking participants at the annual clinical meeting would not continue to attend nor to submit their research if they could not be fully engaged in the society. It also became apparent to many SMFM members that the only way for the society to move forward was to expand on its traditional base of ABOG-certified

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MFM specialists by opening the potential membership pool to a global audience.

Because there was no other international certifying body for the MFM specialty, some thought the only way that the society could represent the highest possible standards in MFM training and clinical practice was through the completion of an ABOG–MFM fellowship training program and subspecialty certification. Clearly, an impasse existed between the concept of retaining standards for membership that could be easily verified and the concept of further encouraging and supporting the dynamic international MFM community. This impasse was summarized in remarks to the membership given at the 2007 Annual Business Meeting by SMFM's past-president Dr. Roger Newman as follows:

> One of the tensions that always runs through the SMFM board on multiple issues is that which exists between the traditionalists and those more interested in growth of the society or other "progressive changes." A strongly held belief by many was that the strength of the SMFM and the major reason for its successful growth as a national society was its identity as the organization representative of the MFM physician. Virtually every MFM in the United States is a member, and a remarkable percentage attends the meeting each year. Per the bylaws, full membership in the SMFM required graduation from an ABOG-approved MFM Fellowship and subsequent ABOG certification.

The evolution in philosophy of the SMFM board of directors has been eloquently summarized during a meeting of the board by Dr. Brian Mercer, SMFM president-elect:

> In 2004, the board felt it important to recognize the significant contributions of "Affiliate Members" from outside the United States to the society but who were not eligible to sit for certification by the American Board of Obstetrics and Gynecology and proposed the new "International Member" category available to the society's membership. This was approved in early 2005. While this new membership category was a significant step forward in recognizing the international nature of our society, with over 300 participants at the annual meeting each year from outside the United States, it did not adequately reflect the importance of our international Maternal-Fetal Medicine subspecialist members.
>
> There was considerable discussion regarding the importance of formal training in Maternal-Fetal Medicine but also an understanding that training varied in different countries and that formal certification was not available to all formally trained Maternal-Fetal Medicine subspecialists. In February 2007, the membership approved a proposal that a new "International Regular Member" category be offered to Maternal-Fetal Medicine subspecialists who successfully completed fellowship or equivalent training in Maternal-Fetal Medicine but who practice outside the United States and are not eligible to sit for the ABOG subspecialty certification. A two-year training program was required, and International Regular Members were required to have successfully completed a certification examination if it was available to them, as those within the USA were required to do so in order to become Regular Members.
>
> Since that time, International Regular Members have had full voting rights and the right to stand for election to the board of directors of the society. Also in 2007, a separate "International Affiliate Membership category" was created for those who live outside the United States but who meet criteria for Affiliate or Associate Membership.

Other key members of the SMFM board of directors who actively championed the role of international members included Drs. George Saade and Michael Belfort, as well as SMFM member Dr. Federico Mariona.

Although the new category of international regular member has only recently been approved, there are currently 25 such members on the roster of the SMFM. They come from every continent and from countries ranging from Ireland to Israel, Chile to Canada, and Japan to Australia. Also, an additional 20 physicians in the regular member category no longer practice within the United States but instead practice internationally, principally in Canada. The next objective for the evolution of this aspect of the global reach of the society will be to actively canvass and encourage some of the hundreds of international participants at our annual meeting to become international regular mem-

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bers. SMFM's executive vice president, Dr. Daniel O'Keeffe, has taken up this challenge and has suggested several creative ways in which this category of membership can be used to further the global reach of the society.

Challenges for SMFM within a Global Society

Although increasing the global membership of our society is a clear challenge in the coming years, extending the reach of the society will be possible only if SMFM has visibility internationally. This change will require creative processes such as sponsoring dynamic young MFM investigators from international locations to spend time as observers within U.S. MFM clinical practices, as well as to attend the annual meetings. Spreading the word about opportunities for international membership will also result in SMFM ambassadors being seeded around the globe. Such individuals will be best placed to advise the board of directors about the local challenges in MFM that affect diverse locations.

In addition to bringing an international presence to our annual meeting, another challenge for the society is to support our own regular members who are currently in practice in the United States but who would like to volunteer overseas, particularly in times of international humanitarian crises. Developing a network of SMFM local representatives in diverse regions throughout the globe will be necessary for the effective deployment and hosting of U.S. volunteers.

A GLOBAL REACH

Background

Every day more than 1,500 women die from pregnancy-related complications. The great majority of deaths occurs in the developing world.[1] Huge discrepancies exist in maternal mortality rates between the rich and poor countries with rates varying from 3 in 100,000 pregnancies in Sweden to 1,800 in 100,000 pregnancies in Afghanistan.[2] Giving birth safely is clearly a privilege of the rich as the lifetime risk of dying from pregnancy-related complications is 1 in 47,600 pregnancies in Ireland compared to 1 in 8 pregnancies in some African countries such as Niger.[3]

The effect of maternal morbidity on women in the developing world is equally catastrophic. More than 300 million women in the developing world currently suffer from long-term or short-term illnesses related to pregnancy and childbirth.[4] It is also estimated that about 100,000 new cases of fistulas develop each year in Africa alone, and almost all are due to obstructed labor.[5] Many women with fistulas contemplate suicide as they get rejected by their families and society.

The irony of this issue is that more than 80 percent of maternal mortality could be prevented through timely interventions that are proven to be effective and affordable.[6] Interventions that have been shown to prevent postpartum hemorrhage—such as the active management of the third stage of labor[7] or the special ligatures that can slow or stop uterine bleeding[8]—are not commonly and widely practiced in the developing world. Those interventions require minimal resources and should be at the core of training for birth attendants in underserved communities. Because SMFM's main vision is to lead the global advancement of women's and children's health, reduction of maternal mortality worldwide should, therefore, be at the forefront of the society's activities and its mission.

Tackling maternal mortality and morbidity in the developing world is a complicated task because it is often a sensitive indicator of inequality and social development among countries. Extreme poverty, rampant discrimination against women, unrepresentative and unaccountable governments with often widespread corruption, and failure to protect human rights are core factors that add to the enormity of this problem.[9] Despite those serious obstacles, many of our SMFM members have dedicated significant time and efforts to this cause and have shown tremendous leadership in that regard.

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SMFM Members and Global Outreach

The spirit of SMFM is best exemplified by its members and the global reach of their commitment to this noble cause. In this section, we highlight a handful of members in order to give examples of the breadth and scope of global service of our membership. This representation is not intended to be an exhaustive list of the activities of our membership but rather an illustration of what is currently occurring in this field. Collectively, those activities have spanned from providing local care in clinics and hospitals across the developing world to providing educational training in the field of MFM. SMFM members typically have teamed up with other nongovernment organizations (NGOs) and societies to provide the services.

One aspect of global outreach has been intensive hands-on training in ultrasound, supported by essential theoretical knowledge in underserved regions of the world. This concept relies on the assumption that introducing ultrasound technology to prenatal care may have a significant effect on improving maternal and perinatal health in the developing world by identifying at-risk pregnancies and by directing deliveries to hospital settings.

Dr. Alfred Abuhamad, one of the authors of this chapter, has led the efforts in many countries such as Haiti, Ghana, and Somaliland primarily through the International Society of Ultrasound in Obstetrics and Gynecology's (ISUOG) outreach program. Other members have participated in similar activities including Dr. Washington Hill, who along with his wife, Pauline Hill, has spent many vacations in various countries in Africa. Focus on training in maternal medicine has also been at the core of many organized trips to the underdeveloped world by SMFM members, often through collaborations with local organizations and NGOs and with national or international institutions or universities. Drs. Nancy Chescheir, Haywood Brown, Urania Magriples, Kathy Reed,

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Asha Rijhsinghani, and Maria Small have been leaders in this regard.

Several of our members continue to focus significant efforts on research activities in global health. Of note, Dr. Blair Wylie, a co-author of this chapter, currently combines her clinical work with international research that addresses environmental exposures during pregnancy in low-income countries. Her previous work studied the obstetrical aspects of several malaria-in-pregnancy trials that were based in India, Malawi, and Tanzania. Other SMFM members—for example, Dr. Jorge Tolosa—have done significant work in low- and middle-income countries, especially in capacity building and in staff and faculty training. Tolosa's research work focuses on treatment approaches for pre-eclampsia in low-resource settings. As those examples demonstrate, there is tremendous interest and enduring global reach of our membership. This international effort is a clear priority for SMFM, which continues to provide support, vision, and guidance through its leadership and through the SMFM's Global Health Committee.

SMFM Global Health Committee

As highlighted earlier, there has been a long tradition of SMFM members' working in underserved international areas through direct outreach, research, and advocacy. It became apparent to the board of directors that there was a growing desire from the membership for SMFM to spread its influence on underserved areas across the world. Under Dr. Michael Foley's tenure as president, the society's commitment to global health was formalized by establishing the International and Underserved Care Committee in 2008, which was open for participation to the general membership. The committee was formed with a mission to improve the health of women and children in underserved international communities. From 2008 to 2010, Dr. Lynn Simpson served as the initial chairperson of the committee with these committee members: Drs. Nancy Chescheir, Joshua Copel, Alessandro Ghidini, Howard Minkoff, and Blair Wylie. This inaugural committee worked to define specific goals that would both increase the society's contributions to international maternal health care efforts and engage individual SMFM members to participate in global maternal health efforts.

One of the first accomplishments of the group was to establish an MFM chapter in iCons in Medicine in 2009. iCons in Medicine is a volunteer teleconsultation organization that links health care providers in remote or underserved areas with volunteer expert physicians to provide free advice on difficult cases through Internet exchange of information and images. The MFM chapter is chaired by Dr. Dotun Ogunyemi, who is joined by Dr. Asha Rijhsinghani, who serves as medical director; Dr. Nahla Khalek, who serves as secretary; and 10 other SMFM member volunteers. SMFM members with connections to providers and to facilities in resource-limited settings are encouraged to share this service with those colleagues (see http://www.iconsinmed.org).

In 2010, Drs. John O'Brien and Maria Small joined the committee, which was renamed the Global Health Committee. Emphasis during this year was placed on providing networking opportunities for SMFM members who are working abroad in underserved areas, as well as on increasing exposure of global health to the general membership. A web corner on the SMFM website was designed with links to volunteer opportunities, to the iCons in Medicine site, and to other useful information for SMFM members who were planning to work internationally. A global health group was created within SMFM Communities to serve as a more interactive social networking site. To date, approximately 50 SMFM members subscribe to this group and are connected online, thereby (a) sharing volunteer opportunities and experiences, (b) posting information about global health conferences, and (c) exchanging relevant articles. We invite you to join our online community and to become our partner in improving pregnancy care throughout the world.

The work of the Global Health Committee continued to expand during the course of 2011.

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Wylie became chair of the committee and six new members with extensive global health experience joined the group. They are Drs. Abuhamad, Hill, Magriples, Ogunyemi, Rijhsinghani, and Tolosa. An indication of the membership interest in this subject was demonstrated at the society's 2011 annual meeting, where the first formal conference on global MFM was placed in the curriculum and was one of the better attended continuing education events of the meeting. Learning objectives included (a) understanding the challenges confronting delivery of perinatal care in resource-limited settings, (b) examining the progress and defining future prospects for reducing maternal mortality worldwide, (c) reviewing parasitic and other tropical diseases that may be encountered by the practicing MFM in immigrant or world-traveling gravidas, and (d) appreciating the medical and ethical challenges of HIV care in the developing world.

The keynote speaker, Dr. Deborah Maine, who is an epidemiologist and anthropologist with decades of experience galvanizing the international community to focus on maternal deaths, provided evidence to challenge some of the most widely held assumptions about how to prevent maternal deaths, thereby sparking a lively debate among participants. The afternoon ended with a panel discussion about the practice of global health with an emphasis on how to avoid the pitfalls of medical tourism or of research colonialism. Taking advantage of Abuhamad's connections with ISUOG's, the committee also partnered with ISUOG Outreach during 2011 to expand ISUOG's outreach training trips beyond ultrasound so they include modules on postpartum hemorrhage and hypertension. Dr. Small traveled with Abuhamad and the ISUOG Outreach team to St. Damien's Hospital in Port-au-Prince, Haiti, to participate as a course instructor on behalf of SMFM.

SMFM's 2012 annual meeting in Dallas, TX, was full of global health–related activities sponsored by the committee to raise awareness that complications of pregnancy in the developing world should be considered an integral part of the field of MFM. A scientific forum on global health was established and will recur every year just before the annual meeting, along with other special interest groups. Organized by Drs. Ogunyemi and Tom Ivester, the inaugural forum at the 2012 annual meeting focused on maternal mortality. Obstetric colleagues from Ghana, Haiti, India, and Uganda were sponsored to attend and to present a case of a maternal death at their facility. Dr. Sarah Kilpatrick moderated the discussion, highlighting both the overlap and the gaps between resource-poor and resource-rich settings in preventing maternal deaths.

Also at the 2012 annual meeting, a round-table luncheon titled "Global Health: I'm Interested and Don't Know How to Start" drew 30 participants, thereby underscoring the interest in the topic and the need for academic mentorship in this area. A disaster-response workshop was also arranged and led by Dr. Susan Briggs, a trauma surgeon and first director of the International Medical Surgical Response Team (IMSuRT). The workshop focused on the effects of disasters on women's health with an emphasis on the challenges of caring for pregnant women in those situations. Participants learned the details on how to get involved at various levels ranging from federal response teams to volunteering opportunities with NGOs. Connections with the American College of Obstetricians and Gynecologists of and the American College of Nurse Midwives were forged to help advocate for women's health in disasters.

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9

NURTURING, MENTORING, AND ENGAGING OUR YOUNG MEMBERS

VINCENZO BERGHELLA, MD; LARRY PLATT, MD; HENRY GALAN, MD; SUNEET P. CHAUHAN, MD; and GEORGE MACONES MD

Don't wait for someone to take you under [his or her] wing. Find a good wing and climb up underneath it.

—FRANK C. BUCARO (motivational speaker)

WHY MFM FELLOWS ARE IMPORTANT TO THE SOCIETY

The quality of your students matters much more than that of your faculty.

—JAMES WATSON (discoverer of the structure of DNA)

During any given year, there are about 305 maternal-fetal medicine (MFM) fellows in the United States. Considering the number of board-certified MFM physicians who are in the United States, the fellows represent about 15 percent of all MFM physicians in the country. The MFM fellows are the very core, as well as the future, of the Society for Maternal-Fetal Medicine (SMFM). Because of SMFM's commitment to fellows, we have a dedicated Fellowship Affairs Committee and extensive coverage of fellowship activities at the SMFM's website, http://www.smfm.org.

The society is aware that MFM fellows are integral to all aspects of its tripartite mission of (a) direct clinical care of pregnant women, (b) advancement of clinical care through discovery-based clinical and translational research, and (c) education of other trainees such as students and residents.

Not only are the fellows clinicians, educators, and researchers, but also they represent the future global leaders in pregnancy care and health care advances. Aware of the fellows' paramount importance, SMFM has dozens of activities directly and indirectly designed for the development of MFM fellows. Moreover, SMFM directly supports fellowship programs and MFM fellows in several ways, including these:

- Oversight of the Association of American Medical Colleges (AAMC) and the National Residency Matching Program (NRMP), which involves general supervision of the match and management of special situations such as (a) accepting a fellow outside the match for new programs established after the match deadline and (b) monitoring acceptance into combined (e.g., MFM–genetics) programs.

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- Partnership with the American Board of Obstetrics and Gynecology (ABOG) involving the following:
  - Regular dialogue about the structure of fellowship training programs
  - Active engagement with ABOG in new educational opportunities for the fellows, such as the national fellow lecture series
  - Support for the dissemination of information to program directors at the annual meeting through workshops and postgraduate courses

SMFM also indirectly supports fellowship programs and fellows through the following:

- First-Year MFM Fellow Retreat
- Fellow lecture series
- Associate membership for fellows, including subscription to the *American Journal of Obstetrics and Gynecology*
- SMFM board representation (two associate member representatives)
- SMFM committee representation (one or more fellows on most committees)
- Website postings of these:
  - Fellowship description
  - Fellowship directory (information on each of the MFM fellowship programs)
  - MFM fellowship program matching information
  - MFM fellowship program directors' page
  - Links for fellows such as a resource list for finding additional mentors, sites of associations, academics' sites, and medical sites
  - Research funding opportunities
  - Career opportunities
  - Coding information
  - Annual meeting information
  - Fellowship Affairs community

BRIEF HISTORY OF THE SUBSPECIALTY AND CHANGES IN 1997–2012

Certification in the subspecialty of MFM was announced in 1973 and introduced in 1974 with a written and oral examination. At that time, requirements for fellowship education were also established, and the first fellowship programs started. Since the mid-1970s, no one has been grandfathered into being an MFM practitioner; everyone must complete an ABOG- and SMFM-approved MFM fellowship program before receiving ABOG certification of official specialty competence in MFM.

ABOG is responsible for accrediting and overseeing MFM fellowship programs, and the information about requirements and structure of MFM fellowships is available at http://www.abog.org. The AAMC NRMP Match has been in place since 1992. In that year, 70 programs participated, and 80 positions were filled.

Starting in July 1997, the length of the MFM fellowship was increased from two to three years to allow 18 months of protected research time. About 10 years later, MFM fellowship programs started using AAMC's electronic residency application service (ERAS) for applications, making the process much more efficient. This change was started by efforts of then-SMFM board member Dr. Vincenzo Berghella, who was chair of the Fellowship Committee. After several meetings and close collaborations with the AAMC, ERAS was approved by the SMFM board. The use of ERAS eliminated paper application for each program; saved time for fellows, program directors, and coordinators; and saved thousands of trees. Currently, all MFM programs participate in ERAS, and feedback in the first few years of use of ERAS for MFM fellowship applications has been uniformly positive.

In the past few years, ABOG and SMFM have offered combined programs with MFM and other specialties. The most popular has been MFM and genetics, with more than 10 programs offering

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the combined program over four years. Another combined option is the MFM–Critical Care fellowship, which can be completed in a minimum of 42 months.

In 2013, the structure of MFM fellowship is being changed to accommodate more "M" (for maternal) in MFM, by including at least one month in an adult intensive care unit and two months of clinical care in labor and delivery units.

MFM FELLOWS LECTURE SERIES

If I have seen further, it is by standing on the shoulder of giants.

—ISAAC NEWTON

In 2007 and 2008, the SMFM board discussed establishing a series of lectures that are specifically geared for MFM fellows. The lectures would be delivered live over the Internet and would feature question-and-answer (Q&A) sessions. Those lectures and sessions would be available later on the SMFM website for future use. This idea and effort was fostered by Berghella with support from Dr. George Saade, who had previously mentioned a similar idea, and from Dr. Kate Menard, who then was the chair of the Informatics Committee.

Dr. William Goodnight was essential in the technical and software support, and Dr. Jeanne Sheffield joined the team early to help invite speakers. This series highlights lectures prepared by internationally recognized experts about selected subjects that are important in fellow education. The first lecture was given June 25, 2008, by Saade about cesarean section on maternal request. Monthly lectures then started in December 2008 with Dr. Brian Mercer's talk on preterm birth.

The current lecture series includes core topics in MFM, ultrasound, and research. On the first and third Wednesday of each month, a live or taped lecture is presented, followed by a live Q&A session with the presenter. The fellows, who attend the lecture live in the comfort of their own division conference room or at their own desks, are able to ask questions concerning the lecture in a format with written or live conversation and with video over the Internet with an expert using Microsoft LiveMeeting™. The lecture usually lasts 45 minutes with an additional 15 minutes for Q&As. After the live meeting, the lectures and Q&A sessions are posted on the SMFM website. The lecture's slides can also be downloaded separately.

So far, more than 60 lectures have been given, and all are available at http://www.smfm.org. In general, more than 30 different MFM divisions log in to attend the lectures live. Figure 9.1 shows the website logs of visits for the lectures—now in the thousands per month.

FIRST-YEAR FELLOWS RETREAT

In him, in your great mentor, I cherish more the acts than the words, his life and his facts more than his speeches: the movements of his hand are more important than his opinions. I see his greatness not in his word, his thinking, but in his life, in his actions. . . .

—HERMAN HESSE, *Siddhartha*

The first MFM Fellows Retreat was held in 1994 in San Antonio, TX, and was organized by Dr. Mary D'Alton. Unfortunately, those successful retreats were phased out after a few years.

At the urgency of several board members including Drs. Berghella, Larry Platt, Bill Grobman, and several others (some of whom had great memories of the original retreats they had attended as fellows themselves), SMFM decided to restart the annual First-Year MFM Fellows Retreat. The renewed retreats have several aims, including providing fellows with education not often given at fellowship programs, such as (a) career advice on paths and success, (b) communication and lecture skills, (c) how to achieve work–life fulfillment, (d) how to find happiness in an MFM career, and (e) hands-on research interactive sessions. The retreat also allows fellows to interact directly with SMFM board members and leaders in the field of SMFM.

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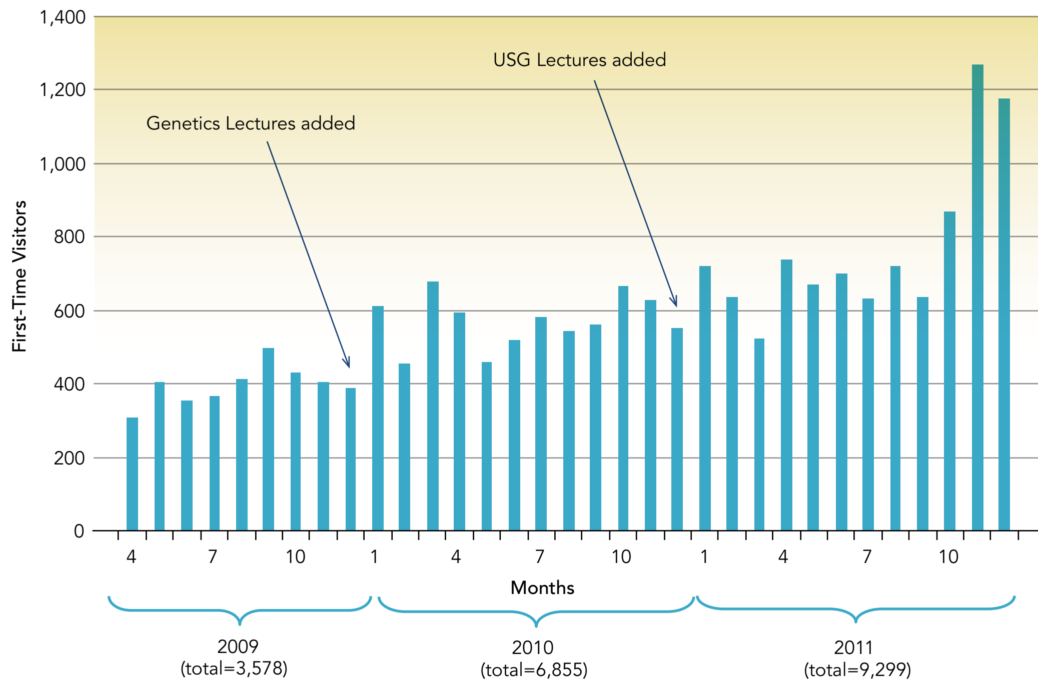
FIGURE 9.1. Individual Visits to SMFM Fellow Lecture Series Web Page, 2009–11



Note: Total first-time visitors = 19,732. Log-ins are counted as being a new visitor each time a person enters the website.

After dozens of conference calls and meetings, the new First-Year MFM Fellows Retreat met October 23–25, 2010. Participating faculty members were Drs. Alfred Abuhamad, Mary D'Alton, Vincenzo Berghella, Josh Copel, Mike Foley, Natie Fox, Henry Galan, Tom Garite, Bill Grobman, Brian Mercer, Daniel O'Keeffe, Larry Platt, John Queenan, Sue Ramin, Laura Riley, Ashley Roman, George Saade, Jeanne Sheffield, Cathy Spong, and Elizabeth Thom.

SMFM, the Pregnancy Foundation, and the Gottesfeld-Hohler Memorial Foundation have hosted two First-Year MFM Fellows Retreats at the IBM Palisades Conference Center and Dolce Palisades Hotel in Palisades, NY, during the autumns of 2010 and 2011. The 2012 First-Year MFM Fellows Retreat had to be rescheduled to March 2013 as a result of Hurricane Sandy.

In 2010, 66 of 76 first-year fellows (87 percent) attended the retreat. In 2011, 72 of 77 (94 percent) attended. We would like to thank each program director and department for their support of their fellows' attendance.

In 2010, 22 faculty members attended; in 2011, 25 faculty members came. Among the faculty present each year were MFM legends: in 2010, Dr. John Queenan; in 2011, Drs. John Hobbins and Irwin Merkatz; and in 2012, Dr. Ted Quilligan was scheduled to attend.

The following is just an example of the feedback from a fellow who attended the first retreat in 2010:

> I want to thank you all for making the SMFM Fellows Retreat such a wonderful experience for us first-year fellows. I really enjoyed the opportunity to form connections to the other fellows in my

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> class that served as the first step in building our professional community for the rest of our careers. The positive energy and enthusiasm that you all showed this weekend impressed upon me the commitment that you have for SMFM and made me truly feel that I have become part of a very special group. The extremely well-organized weekend was at the same time invigorating and relaxing; I have left feeling inspired and focused to embark on the first stages of my profession as an MFM. The program of community development, leadership building, career counseling, and research methodology was extremely helpful, but what affected me the most was your presence and participation and with it the understanding that you are invested in us as the incoming class. I hope that future classes will be able to benefit from this experience as I have. I am honored to be a member of SMFM. Thank you again for such a rewarding retreat.
>
> —Laura Vricella, MD

The retreat survey showed that first-year fellows gained significant knowledge in myriad areas including the following:

- Familiarity with professional organizations, the SMFM website, and the website's fellowship links
- General knowledge of (a) career path options, (b) academic success and promotion, (c) success in private practice, (d) how to teach and how to write, (e) research methodology, (f) funding opportunities,(g) how to balance work and life, (h) industry relationships, and (i) interactions with media
- Involvement with SMFM

Class reunions at the SMFM annual meeting of fellows attending the retreat have been organized since 2011. The reunions form a true feeling of belonging to each participating class of MFM fellows, and the reunions foster interaction and future collaboration and support. SMFM expects to collaborate with this year's class as well as with individuals for future projects and development initiatives.

CURRENT PROGRAMS AND STATISTICS

The MFM fellowship programs continue to thrive through SMFM and ABOG support. In the past few years, approximately 110–150 candidates have applied for MFM fellowships (see figure 9.2). Approximately 72 percent of them match (see figures 9.3 and 9.4) in one of the 92 positions offered at the 72 MFM fellowship-approved programs (see figures 9.5 and 9.6).

CONCLUSION

SMFM is well aware of the tremendous talent pool that exists in its young members, our MFM fellows. Their energy will be the engine for the continued rise of our society, causing it to climb to heights we can hardly imagine. However, harnessing and guiding that energy is the job of the society at present. SMFM remains committed to this mission and will create opportunities for all of its young members, but this is a two-way street. Thus, we encourage you to come to the society with new ideas, to volunteer to work with a committee, or to simply pick one of the many other ways to be involved—we ask only that you bring your enthusiasm!

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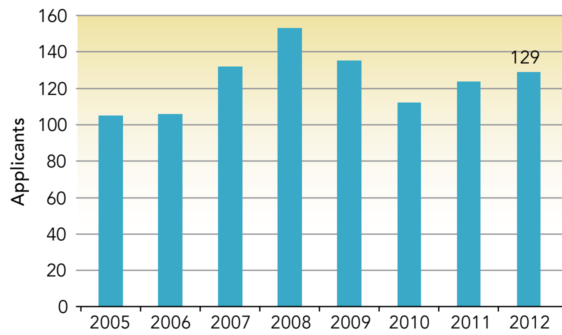
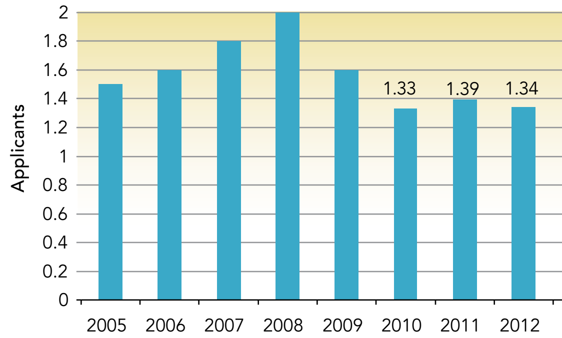
FIGURE 9.2. Fellowship Applicants, 2005–12



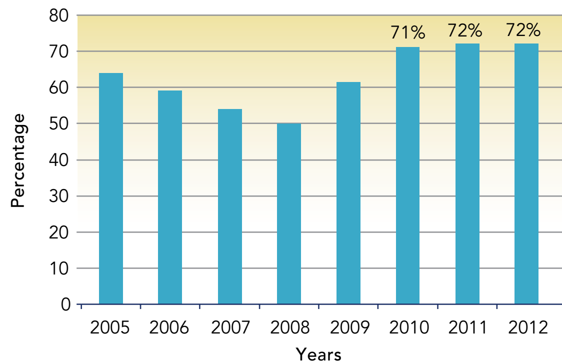
Source: NRMP/ERAS.

FIGURE 9.3. Number of Applicants for Each Fellowship Position, 2005–12



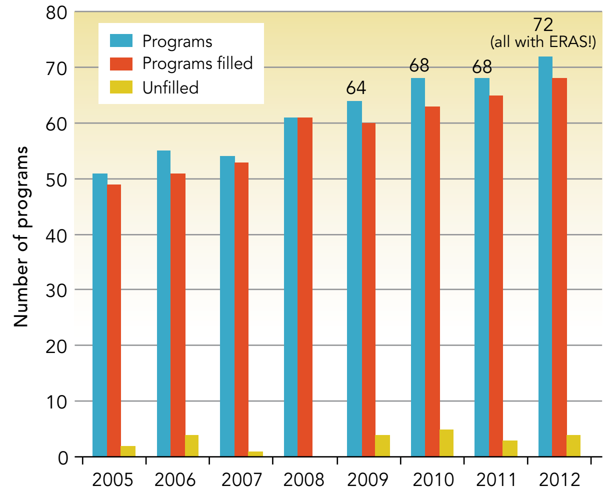
Source: NRMP data.

FIGURE 9.4. Percentage of Applicants Matched, 2005–12



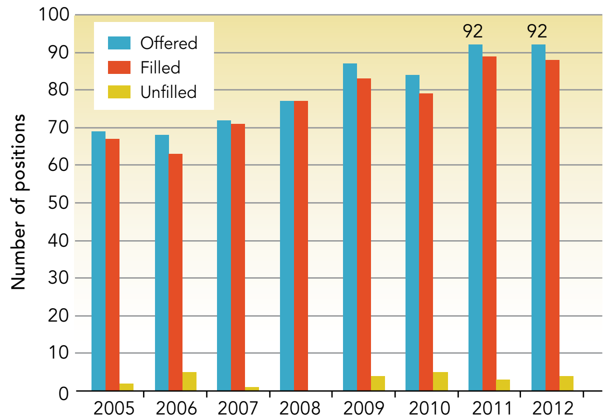
Source: NRMP data.

FIGURE 9.5. Number of Fellowship Programs, 2005–12



Source: NRMP data.

FIGURE 9.6. Number of Fellowship Positions, 2005–12



Source: NRMP data.

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Relaunching the First-Year Fellows Retreat, October 2010.

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10

MAINTAINING THE STEADY MISSION AND FUTURE DIRECTION OF THE SOCIETY

THE CREATION OF THE EXECUTIVE VICE PRESIDENT POSITION

DANIEL O'KEEFFE, MD; ROGER B. NEWMAN, MD; and RICHARD DEPP, MD

The history of the Society for Maternal-Fetal Medicine (SMFM—formerly the Society of Perinatal Obstetricians) is remarkable for its significant growth and development over what amounts to a single generation of maternal-fetal medicine (MFM) specialists. The society's humble beginnings in San Antonio, TX, have been previously recounted. However, the late 1980s and 1990s saw a tremendous growth in both the number and influence of MFM specialists. The specialty was moving beyond academic centers into community hospitals and private practice settings. Moreover, MFM specialists were adopting new practice models and, in doing so, were eager to establish a more defined professional identity that would be distinct from the general obstetrician and gynecologist and from other medical consultants. The society needed a proactive national leadership to foster the rapid ascendancy of our subspecialty.

A major issue confronting MFM was defining our scope of practice to the public, to private insurers, to the American College of Obstetricians and Gynecologists (ACOG), and to the American Board of Obstetrics and Gynecology (ABOG). For example, the MFM specialist was challenged (a) with defending vital practice activities from the Centers for Medicare and Medicaid Services (CMS) reimbursement cuts, (b) with creating new billing codes and improved relative value units (RVU) reimbursement for MFM-specific procedures, and (c) with enhancing public and payer perception of the value brought to obstetrical medicine by our subspecialty. Clearly, the destiny of the society needed to change from simply sponsoring an annual educational meeting to becoming a broad service organization for its members.

ESTABLISHING THE EXECUTIVE VICE PRESIDENT POSITION

The society's board of directors began considering the need for an executive vice president (EVP) at its strategic planning session, which was held in conjunction with the interim board meeting in August 1998. The leadership thought the society needed to assert its identity and to take a more proactive role on behalf of its members. Previously, the executive functions were managed by the

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society's president, essentially a chief executive officer (CEO) who holds the office for a year, and by Ms. Pat Stahr, the society's executive director, who has managed the day-to-day operations of the society since 1988. The society's board includes members who are elected to three-year terms and who meet semiannually to discharge the administrative duties of the society. Each society president brings a slightly different set of priorities, type of interests, set of skills, and amount of time to devote to the job. Although effective, the board was not organized in a way that lended itself to long-term planning and program development.

The results of a 1999 survey that assessed member needs further validated the importance of an EVP. The survey showed that the members gave the highest priority score to having the society take a more active role in providing products and services geared toward practice management, insurance billing, and legislative issues. The pros and cons of hiring an EVP continued to be a top issue for discussion at subsequent meetings of the board of directors.

At the interim board meeting and long-range planning retreat in August 2001, an entire session was devoted to this subject. A task force was appointed to determine the usefulness of such a leadership position for the society. The task force was chaired by Dr. Mary D'Alton and included Drs. Dan O'Keeffe, Tom Moore, and Mike Socol. Reporting at the 2002 annual board of director's meeting, the task force recommended hiring an EVP who could provide the oversight and guidance necessary to help the society achieve the goals identified by the membership. The task force advocated creating a search committee to identify top candidates and to present a list of qualifications (table 10.1) and a job description (table 10.2).

The organization's immediate past president, Dr. Haywood Brown, summarized the board's opinion: "Because that person will be a representative of the society to any other person or party, she or he should personify who and what we are—professionals who are MFM—ob-gyns who are educators, practitioners, and researchers . . . someone who has walked that walk and can talk that talk with genuine understanding and experience. He or she should be respected by colleagues as someone who is representing them whether they are in academics, practice-only, or mixed."

A search committee that was chaired by Dr. Donald Coustan and that included Drs. Haywood Brown, Nancy Chescheir, James Martin, Tom

TABLE 10.1. Executive Vice President (EVP) Qualifications

Significant past administrative experience, preferably including interaction with the American College of Obstetricians and Gynecologists
Past experience in interacting with governmental and other public agencies desirable but not a prerequisite
Appreciation for the importance of research
Familiarity with, and acceptance of, the "servant relationship concept" between the board and t he EVP
Leadership and mentoring skills
Reputation of integrity and fairness
Business and management skills

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TABLE 10. 2. Executive Vice President (EVP) Job Description

Implement and carry forth policies set by the board of directors and executive committee.
Promote the growth and visibility of the Society for Maternal-Fetal Medicine (SMFM) and maintain its integrity.
Serve as a professional liaison to government or other public agencies.
Work with various committees of SMFM and direct its functions.
Be responsible for the organization, development, and administration of practice-related activities and educational programs.
Oversee SMFM's website.
Coordinate the financial activities of SMFM, including corporate fundraising and development of the operations budget.
Be responsible for the relationships developed between industry and the SMFM.
Develop innovative ideas, and implement new programs.
Oversee other responsibilities as assigned by the board of directors.

Moore, and Ron Wapner was formed, and a request for applications was published in March 2002. Fortunately, SMFM received numerous outstanding applications, and 11 candidates were interviewed. Dr. Richard Depp was chosen to be the society's first EVP. Depp had been one of a group of co-founders of the society and had founded the MFM program at Northwestern University in Evanston, IL. Depp assumed the office in January 2003 at the society's annual meeting in San Francisco. At its inception, the job was a half-time position, with Depp hired as a consultant with no line authority. At the time, having an EVP in a consultant relationship with was thought to be the best operational strategy, thereby providing the greatest flexibility for the organization.

Depp brought the necessary "servant–leader" mentality to the EVP role. As he reported,

> My view was that I was to serve as a continuity support resource. My EVP role was to bridge the implementation of the society's philosophy, objectives, strategies, initiatives, and actions across the multiple terms of successive presidents. My objectives included identifying issues, reinforcing issues raised by others, developing and presenting the details of new strategies, and helping to facilitate and promote the development of a finished product by the president that could be presented to the board in conjunction with the president. Functionally, my goal was to decrease the turn-around interval for new program development. In essence, the EVP would serve to facilitate the efforts of the president as well as various SMFM committees and the board.

The board never intended for the EVP to usurp or to alter the authority of SMFM's president. In fact, the relationship is quite the opposite. The president is the clearly defined leader of the society and sets the agenda for the board meetings. The EVP role is to serve as an extender of the president. The EVP did not reduce the responsibility or work load of the president. Meanwhile, as the pace of change increased with the enlarged activity of the EVP, it became axiomatic that the work load of each succeeding president would increase as well.

Depp attributes the success he experienced as EVP to the strong leadership support he received from a series of SMFM presidents and executive board members. The immediate past president at

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the time of his recruitment was Brown, and the incoming president was Dr. Jef Ferguson. Those leaders, along with Dr. Jay Iams, provided insight, encouragement, and support for Depp as he assumed his new responsibilities. Ferguson, as the then–SMFM president, was accepting of the new EVP position and allowed Depp significant independence while remaining available for constructive feedback. In succeeding years, Depp also relied heavily on future presidents Drs. Mike Foley, Sarah Kilpatrick, Mike Nageotte, and Roger Newman, among others. The EVP role depends on support from the society's strong tradition of well-informed and hard-working leaders. Once the EVP, the president, and the board members agreed on a decision, they committed to its implementation.

SETTING EARLY EVP PRIORITIES

By creating the EVP position, the society could become more ambitious and effective. The society was able to provide the necessary continuity, commitment, and energy needed to implement new initiatives that were not previously in the society's wheelhouse. Those initiatives represent some of the society's most significant achievements, all of which were facilitated by the EVP position.

Three primary goals that Depp established during his initial year were (a) to facilitate the creation of a new independent organization to house a recently conceived nuchal translucency quality review program; (b) to improve the financial status, vendor relationships, and investment strategies of the society; and (c) to explore strategies to expand the footprint and clout of SMFM.

ESTABLISHING MFMF AND THE NTQR

The EVP led the effort to establish the Maternal-Fetal Medicine Foundation (MFMF) as an independent organization. MFMF was to be the home of the Nuchal Translucency Quality Review (NTQR) program, which the society thought was essential to ensure the quality and safety of first trimester aneuploidy screening. Establishing the NTQR program was one of the most ambitious and expensive projects ever undertaken by the society. The NTQR remains one of the few examples of a professional society that initiated an education, credentialing, and quality review program for a new diagnostic procedure.

Initially, the NTQR program was to be run by a committee within the society, but for a variety of reasons, the society decided to create an independent foundation that would include the NTQR organization. The details of MFMF are described elsewhere in this book; however, the conception, the development of bylaws, the selection of membership, and the initiation was a process that lasted several years and that required the guidance, wisdom, and leadership of the EVP. As president of the new MFMF board, the EVP reported all the details of the new foundation's evolving plans and concerns to the society's board, which maintained an arm's length relationship with the new foundation. The required financial support for the NTQR would prove to be quite significant. Eventually, MFMF was funded by a formal loan from the society, which MFMF is now repaying.

The society and MFMF faced a new political reality: they were entering new spheres of influence. ABOG had been the exclusive provider of certification. MFMF, through its NTQR program, was now proposing to credential not only MFM specialists, but also generalists, sonographers, radiologists, and geneticists who performed nuchal translucency (NT) measurements. Managing those political considerations would not have been possible without the deft leadership of the EVP, supportive society presidents, and influential MFMF

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board members such as Drs. Mary D'Alton, Larry Platt, and Ron Wapner. All offered their expertise, their reputation, and their time. They were instrumental in maintaining open communication and in building personal relationships with other professional organizations such as ABOG, ACOG, the American College of Radiology (ACR), and the American Institute of Ultrasound in Medicine (AIUM).

SMFM and MFMF were also entering areas that were exclusively reserved for ACOG, which had been the major source of educational materials for both generalists and subspecialists in MFM. Consistent with precedents established by the American Society for Reproductive Medicine (ASRM) and the Society of Gynecologic Oncology (SGO), SMFM and MFMF needed greater autonomy to meet their strategic needs. At its core, the NTQR program will always be an educational endeavor. It is now a nationally recognized program accepted by laboratories, insurers, and providers as a critical component of a quality first trimester aneuploidy screening program.

ADDRESSING THE FINANCIAL REALITIES OF SMFM

The society's board is charged with financial responsibility, thus guarding against unnecessary expenditures that might jeopardize the society's financial status or result in raising society dues. The board must successfully balance its limited financial resources with the need to finance a broad range of potential and ongoing programs, most notably funding MFMF fellowships and supporting the NTQR program.

In early 2003, SMFM and MFMF were under particular financial strain because the investment portfolio of each organization had performed poorly over the preceding years. The years 2001 and 2002 had bridged the stock market bubble with dramatic downturns in the value of tech stocks in particular and had affected the value of the society's core holdings and earnings from its investments. Although financially secure, the organization functioned with a small full-time staff and relatively few discretionary dollars.

Nonetheless, the society's leadership had decided to support two initiatives: (a) maintain a half-time EVP position and (b) ensure the quality and safety of first trimester aneuploidy screening. Both initiatives would prove expensive. The society would need to address strategies to increase revenues.

The primary revenue sources for the society are member dues and revenues generated from the annual meeting. An element of the EVP's responsibilities is to coordinate the financial activities of the society. Depp established early objectives to develop a revised investment policy for the society while identifying new sources of revenue and potential opportunities to trim expenses. The society's board and its leadership never views increasing membership dues as a desirable strategy. Therefore, Depp decided to make meeting-related revenues the early target.

O'Keeffe and Depp visited extensively with the vendors, thus identifying significant vendor concerns and exploring a range of options that the exhibitors and vendors would like the society to consider. A corporate council was established that would include our most significant exhibitors and vendors and would provide regular interaction between council members and the EVP and society leadership. This corporate council proved to be a powerful bridge to meaningful discussion with our corporate partners. The society's leadership acknowledged that there would be some political resistance to modifying the existing vendor–exhibitor strategy. However, Depp and others believed we could improve the experience of our members, meeting attendees, and vendors while significantly expanding our annual meeting revenues. The vendors and exhibitors expressed a need for added space, a desire to compete for space location, and a request to exhibit during the poster sessions.

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Space allocations increased significantly with each successive annual meeting. The number of vendors at each annual meeting doubled from 30 in 2003 to 60 in 2006. The meeting drew 76 vendors in both 2008 and 2009. Revenues from exhibitors increased significantly in a near parallel manner. If we use 2003 as a baseline, the relative revenues increased four times the baseline from 2004 through 2012.

With exhibitor revenues and advertisement income increasing, the society could expand its mission while keeping annual dues as low as possible. Dr. Tom Garite would later become the president of the SMFM Foundation (now the Pregnancy Foundation) and would expand initial efforts to improve relations with the vendors and member donors significantly. Garite proposed that the society and the foundation share annual meeting revenues as a means to support the SMFM Foundation Scholars Program, a research award described in chapter 5.

INCREASING SMFM'S FOOTPRINT

Depp's third goal for the society was to expand its reach and influence in maternal and child health. Depp explored multiple opportunities to develop a broader-based pregnancy-related meeting that would draw other organizations and professionals beyond just the ABOG-credentialed MFM subspecialists who commonly attended. As a result, the board considered changing the name of our annual meeting so that it would be more inclusive. Ultimately, our annual meeting was renamed the Pregnancy Meeting. Subsequently, SMFM actively pursued closer links with other professional groups, holding combined meetings over the next several years with American College of Osteopathic Obstetricians and Gynecologists (ACOOG), North American Society of Obstetric Medicine (NASOM), and Society for Obstetric Anesthesia and Perinatology (SOAP).

Other steps taken to expand the reach of the society included broadening our membership base. Under Depp's leadership, the society modified its bylaws to establish new membership categories for osteopathic-trained MFM physicians, for international perinatologists with equivalent MFM training, and for PhDs with a record of research contributions to the field of perinatology or related areas. The society's members believed that greater inclusiveness would be on the organization's pathway to increased strength.

BRINGING IN NEW EVP LEADERSHIP

After Depp stepped down as EVP in 2008, the board reassessed the position to make sure the EVP's role was what the society wanted and needed.

Because the board members wanted to be impartial, they hired Association Strategies, Inc., an executive search and management transition firm. The firm's president, Ms. Pamela Kaul, conducted an organizational assessment and structural review of the EVP position. After the review, the board reaffirmed that an EVP was critical to providing both continuity and ongoing, high-quality leadership for key activities and programs of the society. The job description was rewritten, and measurable results were defined.

To ensure that the selection process for a new EVP was unbiased, transparent, and without conflict, the society hired Association Strategies to conduct the search. The firm and the society reviewed applications, interviewed candidates, and chose Dr. Daniel O'Keeffe as the society's second EVP in July 2009. O'Keeffe had founded the Phoenix Perinatal Associates in 1980 and oversaw its growth to 20 physicians. He was part of the development and oversight of the maternity levels of care for hospitals in Arizona, thus creating the largest maternal transport service in the United States.

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As the new EVP, O'Keeffe was hired to work 50 percent of a full-time position for the society and 10 percent for the Pregnancy Foundation. Reporting to SMFM's board of directors, O'Keeffe would be responsible for implementing strategies and tactics approved by the board to support our mission, maintain our values, and realize our vision. Like Depp before him, O'Keeffe would be responsible for (a) communicating the society's issues to external groups and leaders; (b) mobilizing the energy and expertise of our professional staffers, volunteer members, and leaders; (c) managing staff resources; and (d) overseeing financial performance. O'Keeffe's overarching mission was to provide vision, creativity, and leadership as well as serve as a public advocate for the society and the specialty of MFM.

O'Keeffe came on board as an EVP who brought years of experience with the society as a board member, an ex officio board member, and a committee chair. Also, O'Keeffe had been intimately involved in the birth and growth of both the NTQR and MFMF. During his years of work for the society, O'Keeffe developed a keen understanding of regulatory and governmental affairs and was known for his ability to organize and motivate successful committee activity. O'Keeffe leads by example with a tireless work ethic and a composed, commanding personality.

SETTING NEW SMFM INITIATIVES

Under O'Keeffe's leadership, SMFM has initiated cooperation and collaboration with other organizations and agencies with mutual interests. The society has become a member of the National Quality Forum (NQF) and has a representative on the NQF's Perinatal Quality Measures Committee. Additionally, SMFM has a member on the National Patient Priorities (NPP) Maternity Action team. SMFM is working with Dr. Michael Lu at the Maternal-Child Health Bureau of the U.S. Department of Health and Human Services to help develop the maternity hospital levels of care. SMFM has also established liaison committees with the U.S. Food and Drug Administration (FDA), the Centers for Disease Control and Prevention (CDC), and the Center for Medicare and Medicaid Innovations (CMMI), which meet regularly and plan activities around maternity care.

O'Keeffe continues to strive to improve the society's relationships with other maternity provider organizations including ABOG; the American Academy of Family Physicians (AAFP); the American College of Nurse-Midwives (ACNM); ACOG; ACOOG; and the Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN). Those groups have worked collaboratively on several projects, one of which resulted in the first-ever joint document called "Quality Patient Care in Labor and Delivery: A Call to Action." This collaborative group worked with VitalSmarts, a research and consultation company, to study the barriers to patient safety during labor and delivery. Two papers defining this patient safety initiative will come from this endeavor.

As part of a continuing effort to define the MFM specialist's scope of practice, SMFM and ACOG established a liaison committee to work on this issue. As part of its continuing efforts, the committee published a Joint Obstetrical Care Consensus paper using a novel format and process. Furthermore, SMFM collaborates with the National Institute of Child Health and Human Development (NICHD) to hold one or two workshops a year on topics in obstetrics; the initial workshop included a prescientific meeting format. The goal of the workshops is to publish an evidence-based document that addresses important practice issues. The first workshop titled "Timing of Indicated Late-Preterm and Early-Term Birth" convened at the society's February 2011 annual meeting, and an article using the same name was published by Catherine Y. Spong et al. in the August 2011 issue of *Obstetrics and Gynecology.*

Recognizing the importance of leadership in the medical field, SMFM, under the leadership of

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O'Keeffe and Foley, instituted an academy for leadership and development. Although MFM subspecialists are often asked to assume leadership positions in their practices and hospitals, they have often had little training in leadership skills. The academy was established to give the membership the option to develop or to hone leadership skills. Recognizing that leadership is infectious, O'Keeffe also helped launch the Association for Maternal-Fetal Medicine Management, an affiliate of SMFM for the business leadership side of the MFM practice.

Other achievements fostered by O'Keeffe include those accomplished by the various SMFM committees that he chaired, most notably Coding and Governmental Affairs. Establishing new procedural billing codes or new RVUs is agonizingly complex and slow. Through O'Keeffe's leadership and the work of a dedicated committee under his direction, the new subspecialty "code" changes for our membership have been introduced successfully. Included among those were the 76811 detailed ultrasound code. That code's procedural description clearly depicted an advanced level of sonography directly supervised by a sonologist such as an MFM subspecialist. SMFM's Coding Committee also led the effort to achieve the necessary billing codes and reimbursement for first trimester NT screening.

Although political efforts are inherently frustrating, any hope for success requires establishing personal relationships with key legislators on Capitol Hill, with staff members of the administration, with decisionmakers in regulatory agencies, and with leaders of other vital partners such as ABOG, ACOG, the American Hospital Association (AHA), AIUM, CDC, FDA, and so forth. O'Keeffe has demonstrated the ability to build political relationships and coalitions. The society's political successes are difficult to measure because they are always incremental. However, one notable success in 2011 was excluding office-based obstetrical ultrasound from cuts imposed by the CMS on most imaging studies. Now, the society's input is regularly sought about significant legislative or regulatory actions involving obstetrical care.

To a large degree, the effectiveness of the society depends on the effectiveness of its multiple committees. The committees require continuous work between the regularly scheduled board meetings. Whereas the committees can be self-starting, they function much better with the addition of the EVP as an ad hoc member. The EVP can make sure that each committee has an effective leader and committed members.

The EVP also confirms that each committee focuses on the long-term strategic planning set by the board. In addition to the Coding and Governmental Affairs committee successes noted earlier, other committee activities include (a) continued updating of SMFM's website (Informatics committee); (b) publishing articles by the society's members in the Green Journal (*Obstetrics and Gynecology*), the Gray Journal *(American Journal of Obstetrics and Gynecology*), and *Contemporary OB/GYN* (Publications committee); (c) making oral and poster presentations available online for members who are unable to attend the annual meeting; (d) collaborating with ABOG to put the "M" back into MFM (Education committee); and (e) reaffirming that the care of women with medically complicated pregnancies is elemental to the depth and breadth of our subspecialty. O'Keeffe is always attuned to finding opportunities for all members to contribute to the society through committee service.

With everything that the society had achieved and wanted to do in the future, the board decided that a half-time EVP was not sufficient. As of October 2011, the board increased the EVP position to 90 percent of full-time employment.

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THANKING THE HEART AND SOUL

Any discussion of the EVP position and of maintaining the steady mission and future direction of the society needs to end the same way that every society board meeting and every annual meeting ends. That is, with an acknowledgment and heartfelt "thank you" to Ms. Pat Stahr and the core staff of SMFM. The productivity of the society and the success of the EVP is largely the result of the unselfish and tireless service of a superb staff, led by Stahr, who has been the executive director since 1988.

Stahr, Ms. Julie Miller, and Ms. Terri Mobley have been making sure that all the puzzle pieces fit together for many years. Stahr has her finger on the pulse of the organization and oversees all operations and the annual meeting. She represents the organization's collective memory, conscience, and character. Miller manages the website and exhibitors at the annual meeting. She is an ambitious, resourceful, and independent worker who is primarily responsible for the remarkable increase that SMFM has seen in exhibition revenue. Mobley manages the bookkeeping and has proven to be an invaluable resource in restructuring the financial reporting system and in developing an investment policy for SMFM and MFMF. In more recent years, Ms. Debbie Gardner has joined the staff as O'Keeffe's executive assistant. In that role, she oversees numerous committees including Government Relations, Education, and Communications.

Together, those four SMFM staff members provide the wisdom, the energy, and the attention to detail that is necessary to translate the dreams and plans developed by the board and its committees into reality. Those four individuals and the rest of SMFM's staff are the heart and soul of our organization. Every member who has ever served the society in a leadership role shares the same appreciation for the dedicated, professional, and high-quality work that our staff delivers each and every day. Every SMFM member owes those individuals a great debt of gratitude.

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11

THE ROAD AHEAD

HOW TO MAINTAIN SMFM AS A MEANINGFUL SOCIETY

DANIEL F. O'KEEFFE, MD, and GEORGE SAADE, MD

There are three basic tenets of any successful organization: (a) it must understand the basic principles on which the organization was created; (b) it must recognize the path in front of it; and, most important, (c) it must know whom it serves.

Although the specialty of maternal-fetal medicine began 40 years ago (as this book celebrates), the organization that would eventually be called the Society for Maternal-Fetal Medicine (SMFM) was begun 35 years ago. Initially titled the Society of Perinatal Obstetricians (SPO), the society's main function was to organize an annual meeting to bring our specialists together so it could encourage, foster, and disseminate research in obstetrics. This goal remained the primary focus of the society for its first 25 years and is chronicled in Dr. Mary D'Alton's book titled *The Society of Perinatal Obstetricians: The First Two Decades*.

It soon became clear to SPO members that they and their leadership had, for the most part, achieved the goal of creating a rigorous scientific forum for the exchange of information that would move the care of high-risk pregnancies forward. At this point, the leaders were at a crossroads; they could continue to refine the transmittal of important scientific work to their community through the annual meeting or could have a larger vision that would increase the scope of the societal mission to positively affect high-risk pregnancy outcomes in ways yet to be determined. They chose the latter.

A realignment of the vision began in 1998 when D'Alton organized a planning retreat to determine the perceptions of the society. Understanding that the information that was gleaned might be unpleasant, the board members knew, however, that the question must be asked if they were to move forward. Board members heard what they had feared the most: there was a chasm between what they thought they were portraying to the membership and other stakeholders and the perception of those people. It became clear that SPO needed to reach out to both members and other stakeholders and to get a consistent brand and identity.

First and foremost, the society needed to understand what were the priorities of its members. A member survey helped determine who our members were and what their priorities were, and it established goals and objectives of the society that were realigned to meet those needs. Second, the

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society had to make potentially aligned organizations, agencies, and payers aware of what the society and its members did and of how a symbiotic relationship could be formed. Taking advantage of an engaged and energetic membership, the society established a multifaceted approach by forming very specific committees: Government Relations, Coding, Informatics (website development), Membership and Benefits, and Communications. As in every large endeavor, things evolved slowly, but the committees worked hard; ultimately, the society began to be known as the primary resource to find the experts in the field of obstetrics.

In 2008, the society (by now known as SMFM) hit the acceleration phase and increased the scope and effect of the society and its members under the leadership of its president, Dr. Michael Foley. Quickly getting to work, Foley organized a strategic planning retreat with the board and invited guests. The society developed a new mission statement, a new vision, and a new set of goals and objectives. New committees were formed and a new committee structure was developed that was more inclusive and goal driven and that had a direct pipeline to the board.

Since then, the committee structure has been strengthened and has become the engine of the society's activities. SMFM had completely moved from an organization that worked on one meeting a year to a society that worked all year long on public policy, practice management, coding, global women's health, education, patient safety, publications, and collaborations with industry and other organizations. Furthermore, and perhaps most important, the society changed the leadership structure from one that was exclusionary to one that became inclusionary. All members, regardless of practice type, not only were encouraged to be involved but also were solicited for involvement. This open encouragement continues today, and many of the chapters in this book provide a path for members to become further involved in the society.

As the society evolves, it must continually ask itself this question: "What is the future of the society, and how do we continue to be a meaningful society?" Of course, this is a primary question for the board and executive team, which has taken up the task with vigor. They have formative and constructive conversations about how to find the path forward as they solicit input from every resource available—but, most important, from members. Making this task an effort of our members is especially important for a small society such as ours that has a limited staff and that must be good stewards of limited financial capabilities.

Because meaningful and sustainable societies serve their members, SMFM will continue to conduct surveys of the members to determine priorities and directions. Critically, determining priorities and directions must be a two-way street, and the society needs feedback to adjust strategies. Finally, our society must mentor and be available for our future members and leaders—those who are in training. The society and the Pregnancy Foundation will continue to support the fellows retreat and the fellow lecture series.

One key component of the current plan is to establish members of SMFM as the leaders in defining our specialty. If we do not, someone else certainly will—and likely not to our satisfaction.

With that goal in mind, the society is making major connections with agencies such as the Food and Drug Administration (FDA), the Centers for Disease Control and Prevention (CDC), the U.S. Department of Health and Human Services (HHS), the U.S. Maternal and Child Health Bureau (MCHB), the American Hospital Association (AHA), the National Quality Forum (NQF), the National Priorities Partnership (NPP), and the Joint Commission.

We are connecting with other societies such as the American College of Obstetricians and Gynecologists (ACOG); the Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN); the American College of Nurse-Midwives (ACNM); and the American Academy of Family Physicians (AAFP). In addition, we are con-

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necting with women's health organizations such as the March of Dimes (MOD), the National Healthy Mothers Healthy Babies Coalition (HMHB), and Text4Baby as well as with third-party payers such as Aetna, United, and Centene. And we continue to seek to connect and collaborate with all organizations that fit with our mission.

The society has long been recognized for its annual meeting that presents cutting-edge obstetrical research. In the society's early years, this meeting was the organization's primary focus. However, the society has broadened its mission to include guiding research areas in obstetrics and encouraging research careers. The society has fostered and continues to expand its ties with the National Institute of Child Health and Human Development (NICHD) and other research networks to advocate for priorities in obstetrical research. Furthermore, through the Government Relations Committee and Health Policy Committee, the society works with Congress to advocate for more funding for pregnancy research. Along with the Pregnancy Foundation, the society began a scholars program that continues to provide funding support and mentorship for young investigators interested in a research career.

SMFM should be the think tank and idea incubator for our specialty—a society where innovative ideas and new programs are fostered. The society should be leading educational initiatives of obstetricians, fellows, residents, nurses, nurse midwives, and women. Developing new educational initiatives including simulation, techniques of team management, and collaborative care will be important strategies for the future. Clearly, the focus of health care in the United States will be on outcomes, quality, and safety. This focus presents a unique opportunity for SMFM to advocate and to help determine those measures for pregnant women.

The past couple of decades have been exciting in the development of fetal care and genetics. Significant improvements have been made in fetal imaging, fetal procedures, and fetal therapies. Prenatal diagnosis understandably created an emphasis on this aspect of maternal-fetal medicine (MFM) care, thereby shifting many practioners to emphasize an outpatient model that is focused on prenatal diagnosis. However, this shift appeared to be at the expense of physician training and expertise in caring for the mother with medical diseases.

The trends in maternal mortality and severe morbidity that have been seen in the United States during the past 20 years are concerning. Although maternal medicine was an important part of the creation of the specialty and the society, in recent years the emphasis had switched to prenatal diagnosis. Combined with the trend to increasing maternal comorbidities, this trend was alarming to the society. So the society leadership in 2011 began an initiative titled "Let's put the 'M' back in Maternal-Fetal Medicine." To help achieve this goal, the society will be working with federal and state agencies to set levels of maternal care throughout the United States that will be similar to the very successful neonatal intensive care unit (NICU) model.

The society recognizes that many of its members are asked to lead various teams; to lead quality and safety initiatives; and to run clinical divisions, departments, and research projects. But without critical leadership tools, the members are often poorly prepared to lead teams and initiatives or to run departments and projects. In an effort to promote successful leaders in our specialty and to provide members with a vital resource, the society established the SMFM Academy for Leadership and Development, where attendees will learn the skills to become an effective leader.

The management of an MFM practice—whether using the traditional academic model, the university or nonuniversity-based model, or a private practice model—is challenging. Throughout medical training, few curriculums or other resources provide formal education in this aspect of medical practice, thereby leaving physicians to "learn as you go." The society, with its affiliate, the Association for Maternal-Fetal Medicine Management (AMFMM), has created a resource for members by organizing an annual meeting about practice man-

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agement, by developing white papers about key issues, and by creating a robust blog. The society is available to help members manage their practices, and it developed a key resource—benchmarks for members' practices that included salary ranges and numbers of patients seen in various aspects of practice. The society is prepared to begin to address health care changes that its members will likely face such as working in accountable care organizations (ACOs), patient medical homes, and pregnancy medical homes.

HOW CAN MEMBERS MAKE THE SOCIETY BETTER?

The society fully recognizes the importance of its members and the privilege it has to serve them. The support that the members grant the society through dues and through attending the annual meeting has allowed the society to be financially strong. The society has always been a good steward of its finances and, along with the help of our members, has allowed the organization to be built for the long haul.

The society is well aware that the only way to continue to be successful is to listen to its members. Members can voice their ideas and criticisms passively by participating in frequent surveys or actively by going directly to the society's leaders through the board and staff directory on the SMFM website. Furthermore, name badges identify all board members, executive members, and staff members at the annual meeting. Members are encouraged to discuss concerns or suggestions for improvements to the society with those individuals. Or if members have specific suggestions for a committee, they can e-mail the committee chair, who is listed on the society's website under SMFM Committees.

We recognize that our members are leaders in research, education, and administration at the local, regional, state, and national levels. Moreover, we encourage our members to be the spokespersons for SMFM, to keep the society informed about what they are doing, and to ask for help if they need it. It is always important that our members let people know they are an MFM specialist and part of SMFM. The only way the society will be perceived as the experts in obstetrical health will be if we make our "brand" known.

Volunteerism is the foundation of the society. Through the hard work of members, goals and objectives are set for SMFM and its committees. The society mandates involvement at all levels on its committees—from fellows to new MFMs, to those who are recently out of fellowship, to seasoned MFMs who mentor MFMs new to the specialty. This balance is critical to ensure that all perspectives are considered and that there is a legacy of vision in the committees.

Finally, members should consider the society as a vehicle through which they can practice effective, evidence-based, affordable, collaborative, and outcomes-based medicine.

WHAT IS THE FUTURE OF THE SOCIETY?

Research, education, clinical practice, and advocacy form the core of the society. For SMFM to remain relevant in the future, we must concentrate on all four components.

Research

Research was the foundation of the society, and our annual meeting traditionally had been the most visible of the society's activities. Although we should widen our focus beyond research, the society should not ignore its roots. SMFM runs the most prestigious and most reputable obstetrical annual meeting. We must not become complacent, and we must continue to maintain the high quality of the meeting and to improve on the offerings. We should embrace and recognize the contributions of attendees who are not the traditional society members, such as international attendees and non-MDs. We should also keep up to date with technological advances in meeting organization and presentations. The annual meeting, now a

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weeklong affair, offers a variety of sessions. We should continue to refine the program and attract the best scientists, clinicians, and presenters.

Education

The number of courses offered at the annual meeting has increased from 1 or 2 courses in the early years to more than 12 at the most recent annual meeting. This expansion of courses has provided our members with opportunities to stay current about the various aspects of MFM. However, the society must move beyond providing just the courses at the annual meeting; SMFM needs to extend its focus to nontraditional stakeholders. In the fall of 2013, for the fourth year in a row, SMFM will host a retreat for the first-year MFM fellows to help start them on the right footing. SMFM should also be involved in educating non-MFM clinical providers, government agencies, and the lay public.

Clinical Practice

SMFM has significantly affected clinical practice by promoting evidence-based practice through publications, courses, and dissemination of evidence through our partners and to patients through the media. It has also improved coding, billing, and reimbursement for MFM procedures. SMFM's future should focus on developing patient safety and quality of care benchmarks and monitoring.

Advocacy

Advocacy is the most recently added portfolio. Without advocacy, the other three cornerstones cannot be supported. SMFM should advocate for improved access to health care and for better-quality care for pregnant women, as well as for more resources for education and research. Advocacy should be targeted toward all stakeholders. That includes non-MFM providers, government and nongovernment agencies, patients, and society in general. The most efficient method to advocate is to improve the visibility and relevance of SMFM to all stakeholders. This method means obtaining and disseminating data and evidence about such relevance.

SMFM should be the first thought of any of the stakeholders when they need help. Advocating for our members and patients is easier when we have the attention of the stakeholders. The society should educate all the stakeholders about the importance of pregnancy as follows:

- *Pregnancy as a window to future health.* A number of long-term chronic conditions, such as cardiovascular and metabolic diseases, seem to have a fetal origin. Women who have adverse pregnancy outcomes are at risk for similar long-term chronic conditions. MFM specialists should be at the forefront of this direction of health care.
- *Infant mortality.* The majority of the conditions contributing to the infant mortality have their origin in pregnancy. MFM specialists must lead the efforts to reduce infant mortality.
- *Benefits for two individuals.* As compared to other conditions such as cancer and cardiovascular diseases, the effect of any improvement in pregnancy outcomes is magnified by the benefits for two individuals rather than one, as well as by the longer life expectancy of the mother and child.

When we position pregnancy as a major determinant of the health of society, we make it central to any push to improve health care. Pregnancy deserves the same resource level as, if not more than, other conditions receive, including cancer and cardiovascular diseases. The goal of increasing awareness about the relevance of pregnancy to the health of society is to attract the necessary resources to improve research, education, and clinical care. Without this relevance, the effects of advocacy efforts will be limited.

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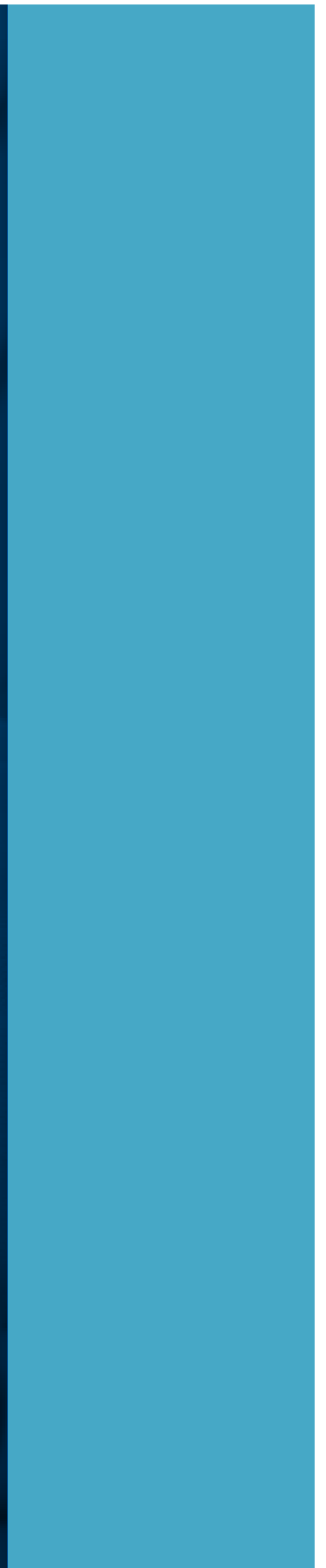

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12

SMFM AND YOU

HOW AND WHY YOU SHOULD GET INVOLVED

LAURA E. RILEY, MD, and SARAH J. KILPATRICK, MD, PHD

The Society for Maternal-Fetal Medicine (SMFM) is an organization that relies on its members to energize and run the society with the help of a small but dedicated full-time staff. The SMFM corporate structure purely relies on the hard work of its members not only to provide a vision for the organization but also to perform several critical tasks. To continue to improve and to provide important resources for the SMFM membership, we need members who are engaged and responsive. In this chapter, we describe what the recently more inclusive membership guidelines are and how members can roll up their sleeves to have a positive effect on the society's direction.

MEMBERSHIP CATEGORIES

As described more completely in chapter 3, SMFM has a variety of membership categories.

Regular Membership

Regular membership is available to physicians who are certified by the Division of Maternal-Fetal Medicine of the American Board of Obstetrics and Gynecology (ABOG) or the American Osteopathic Board of Obstetrics and Gynecology (AOBOG). This category of membership is also available to individuals who are certified in obstetrics and gynecology by the ABOG or AOBOG and who have completed postgraduate education with certification in areas related to maternal-fetal medicine (MFM), such as genetics, infectious disease, or critical care medicine. Regular memberships are also available to PhDs who are not otherwise eligible for certification in MFM and who are primarily engaged in research in perinatal medicine as evidenced by a record of publications or extramural funding.

Associate Membership

Associate membership is available to physicians who are currently in, or who have completed, a fellowship training program approved by the Division of MFM in the ABOG or AOBOG. This membership category is also available to individuals who have completed training for general specialty certification in obstetrics and gynecology in an ABOG- or AOBOG-approved program and who are in a certified training program in an area related to MFM, such as genetics, infectious disease, and critical care medicine.

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Associate Fellow-in-Training Membership

The associate fellow-in-training membership is available to physicians who are currently enrolled in an MFM fellowship program that is approved by ABOG.

Affiliate Membership

The affiliate membership is available to investigators who have achieved a PhD or MS degree in fields such as physiology or pharmacology. This category is also available to an MD or DO without further training for general specialty certification in obstetrics and gynecology in an ABOG- or AOBOG-approved program and who has worked with specific focus in maternal, fetal, or neonatal medicine.

International Regular Membership

The international regular membership is available to MFM subspecialists who have successfully completed a residency in obstetrics and gynecology and a two-year fellowship or equivalent training in MFM, and who practice MFM outside the United States but who are not eligible to sit for certification of special competence in MFM by the ABOG or AOBOG. International regular members have the right to vote on SMFM business and to hold a position on SMFM committees including the board of directors.

International Affiliate Membership

The international affiliate membership is available to investigators who reside outside the United States and who have achieved a PhD or MS degree in fields such as physiology or pharmacology. This category of membership is also available to an MD or DO who does not have further training for general specialty certification in obstetrics and gynecology in an approved program and who has worked with specific focus in maternal, fetal, or neonatal medicine.

Honorary Membership

The honorary membership is available to physicians and other health care personnel who are engaged in the practice, research, teaching, or administration of maternal, fetal, or neonatal medicine. Honorary membership shall be reserved for those few individuals whose activities are thought to influence maternal, fetal, or neonatal medicine in a significant and positive manner.

Emeritus Membership

The emeritus membership is available to regular or associate members when they have retired from active practice and are 65 or older. Once emeritus status is approved, dues will be waived.

Resident Membership

Resident membership is available to any physicians in a residency in obstetrics and gynecology that is approved by ABOG or AOBOG or by the appropriate national organization of the country in which they are training.

Medical Student or PhD Candidate Membership

The medical student or PhD candidate membership is available to students currently enrolled in a program leading to an MD, DO, MB, or equivalent, or to students who are currently enrolled in a PhD program that is in good standing in the country in which they are training.

Coding Membership

The coding membership is available to MFM office managers, hospital coders, office coders, or consultants.

MEMBERSHIP BENEFITS

One of the many membership benefits for all categories is access to the following:

- *American Journal of Obstetrics and Gynecology,* the official journal of the society
- Clinical opinions and guidelines in *Obstetrics and Gynecology.*

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- MFM expert series in *Contemporary OB/GYN*, which is part of the Consult Series
- Annual meeting discount
- SMFM website access with physician locator, job search capabilities, and more
- Coding advice available on the website and e-mail access to coding experts
- Clinical discussion through online SMFM Communities
- Twitter and Facebook pages (open to the public)
- "Special Delivery" newsletter
- "Government Relations" newsletter
- MFM employment guide
- MFM monograph

SOCIETY PARTICIPATION

Every member can have an increased involvement and influence in several areas of the society. Member involvement often leads to improvement in maternal and perinatal outcomes through education, standard setting, or policymaking. All levels require interest, time, and energy. Participation in the society's annual meeting, called the Pregnancy Meeting, by actively attending, submitting abstracts, and attending the business meeting is the first step to becoming familiar with the society's goals. The Pregnancy Meeting is the ideal opportunity to interact with general members, committee members, and board members.

Committee Members

Committee member responsibilities include a willingness to work with other members on the committee goals that support the SMFM mission. Being a committee member generally requires the following:

- Commitment to serve the minimum term of the committee (varies by committee)
- Participation in committee teleconference calls (meeting frequency varies by committee)
- Availability for committee communication including phone and e-mail
- Attendance in at least one face-to-face committee meeting annually (typically in conjunction with the Pregnancy Meeting)
- Writing or reviewing documents

The SMFM has multiple committees—each with a chair, vice chair, and members with differing terms of service that are based on a rotating schedule. The society thinks that the effectiveness of a committee is strengthened by having members with diverse interests, backgrounds, geographic locations, and types of practice. The policy of having members rotate on and off committees allows fresh perspectives and the opportunity for many members to be involved. Potential committee membership begins with identifying what committee or committees interest you by reviewing the SMFM website: scroll over "MySMFM," and click on "SMFM Committees." The committees are listed with the e-mail of each chair. You simply e-mail the chairs to express an interest. Although SMFM tries to keep a list of those members who have expressed an interest in a committee, it is important to reconnect with committee chairs if you remain interested. Under each committee is a list of members who participate in the Pregnancy Meeting. By identifying yourself to current committee members, you will enhance your likelihood of becoming a member of that committee. Finally, having specific experience in the committee's area will also enhance your chances of becoming a member.

Committees

For a complete description of the various committees, see chapter 4. We are presenting a brief description of specific committees here so you may gauge your interest:

- ***Bylaws and Membership Committee.*** The purpose is to ensure adherence by the board to the bylaws, to make proposed changes to the bylaws, and to review membership credentials.
- ***Coding Committee.*** The purpose is to provide the SMFM membership with practical informa-

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tion for solutions to coding problems through educational programs and representation on related external committees. The committee answers online questions from members and generates coding tips.

- *Education Committee.* The purpose is to develop and maintain educational activities of the society so we can focus on the needs of members, associate members, and trainees.
- *External Communications Committee.* The purpose is to increase public awareness (which includes patients, referring providers, payers, and government agencies) of the services and expertise provided by MFM specialists.
- *Fellowship Affairs Committee*. The purpose is to support administrative issues and to expand and foster education and research relating to fellows in MFM.
- *Finance Committee*. The purpose is to implement and monitor activities in relation to the society's investment philosophy, goals, and objectives. The committee is also responsible for monitoring the society's operating budget.
- *Global Health Committee*. The purpose is to identify effective strategies to increase SMFM's contributions to international health care efforts and to engage members of our society to participate in research and in programs dedicated to maternal and infant health in underserved, resource-limited settings around the world.
- *Informatics Committee*. The purpose is to provide planning, policy, and priority recommendations that set future direction for SMFM's web presence and member database. The committee also examines strategies for making effective use of the SMFM information infrastructure by focusing on innovation, currency of application, user satisfaction, and maximum support of the other SMFM committees.
- *Internal Communications Committee.* The purpose is to develop and to implement new processes such as social media to enhance communication within SMFM. The committee publishes the newsletter "Special Delivery" six times a year to better convey to members the society's activities.
- *Patient Safety and Quality Committee.* The purpose is to establish metrics to evaluate quality and safety in MFM practice and to develop materials to assist MFM specialists in providing leadership in quality and safety initiatives at hospital and organizational levels.
- *Publications Committee*. The purpose is to develop and publish SMFM-branded papers in a variety of publications, including *Contemporary Obstetrics and Gynecology* (MFM Consult Series) and the *American Journal of Obstetrics and Gynecology* (SMFM Clinical Guidelines). The publications committee also collaborates with other societies (e.g., ACOG) in the development of joint statements and bulletins.
- *Risk Management Committee*. The purpose is to review SMFM scientific papers for content that is related to language and that could result in undue risk or liability to the primary author, clinicians, consultants, participating SMFM committee members, and SMFM.

Members of the following committees are appointed by the president of the society, and those selected typically are members of the board:

- *Editorial Review Committee.* The purpose is to review and prioritize research manuscripts presented at the Pregnancy Meeting and to facilitate publication in the *American Journal of Obstetrics and Gynecology.*
- *Program Committee.* The purpose is to organize all aspects of the Pregnancy Meeting.

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- *Nominating Committee .* The purpose is to determine the slate of candidates for open board member seats and to present those to the general membership for vote.

Board of Directors Members

Once you have participated on a committee or played a significant role in the Pregnancy Meeting, you may be interested in joining the board of directors. Board members are volunteers, and they are legally, fiscally, and morally responsible for the overall activities of SMFM. Board members maintain and promote the society's mission to the members, to private and public donors, and to the public. Board members are elected by SMFM's members from a slate of candidates. The criteria that the nominating committee evaluates to choose candidates include (a) evidence of service to the society, (b) ability to effectively work with society members, and (c) genuine interest in the mission of the society. A slate of candidates is decided upon by the Nominating Committee, and all regular members of the society vote.

SMFM board members are expected to do the following:

- Become familiar with board structure and responsibilities through review of the bylaws.
- Be familiar with the SMFM website, logging onto the member site monthly.
- Attend the two annual meetings of the board of directors (generally held for two to three days at the Pregnancy Meeting in February and again in late July or early August).
- Arrive prepared to actively participate in each board meeting.
- Review e-mail material provided by society staff members to stay aware of society activities.
- Read preparation materials provided before each board meeting.
- Provide advice, constructive criticism, and feedback during meetings.
- Approve election of officers and committee members (as stated in bylaws).
- Serve on at least one committee, and participate in regular committee conference calls.
- Donate (invest) a minimum of $1,000 to the Pregnancy Foundation for each year served as board member. (Board members should realize that fundraising is a major activity of the SMFM, and they are expected to take an active role in fundraising and in seeking donations.)

Executive Committee Members

Executive board committee members (president, president-elect, secretary-treasurer, assistant secretary-treasurer) are chosen by the board of directors. All nominees have been on the board within five years of election. Those members have shown prolonged dedication to the society through involvement in multiple committees and opportunities to represent SMFM over many years.

As you can see, there are many opportunities to become involved in SMFM. You can start small and grow over time or can jump right in. Talk with committee members, board members, and officers to get a sense of how your talents and interests would be best used.

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THE MOST INFLUENTIAL PRESENTATIONS AND PUBLICATIONS AT SMFM'S ANNUAL MEETINGS, 1997 TO 2010

SUNEET P. CHAUHAN, MD, and the SMFM PUBLICATIONS COMMITTEE

The vision statement of the Society for Maternal-Fetal Medicine (SMFM) in part states, "Improving pregnancy outcomes by advancing the science. . . ." The annual meeting of SMFM exemplifies the advancements in obstetric science. Every year at the meeting, numerous scientific presentations are made; from 1997 to 2010, approximately 1,050 oral and 8,900 poster presentations were given. For clinicians and researchers alike, it is an important and valuable exercise to deliberate over and to recognize the most influential scientific presentations given at the annual meetings.

17 INFLUENTIAL STUDIES FIRST PRESENTED AT SMFM MEETINGS

There are many purposes for writing a book that chronicles the recent history of our society, but one of the most important is to celebrate and remember studies that were first presented at our annual meeting and that have changed and improved the care of pregnant women. The SMFM Publications Committee reviewed the proceedings of the SMFM annual meetings from 1997 to 2010 and identified presented abstracts (and their subsequent manuscripts) that substantially changed clinical practice or had a significant effect on or advanced scientific understanding of an important condition or disease states.

Admittedly, there are no objective criteria to define or distinguish such presentations. Moreover, the determination is being made now after the benefit of time, rather than at the time of the presentation. Reasonable and thoughtful experts certainly could opine that important presentations were excluded, and their arguments would most likely have validity. Thus, we recognize the limitations of making such a list, and we prospectively apologize for any gross omissions.

An annotated bibliography of the 17 publications identified next is notable for several things. The majority (59 percent, or 10 of 17) of those articles were published in the *New England Journal of Medicine*. The median number of authors was 18 (range of 3 to 23), and the sample size of the studies ranged from 110 to 62,415, with a median of 1,785 women. Seven (41 percent) of them were randomized clinical trials. All but 2 (88 percent) were multicentered studies, and 15 of 17 (another 88 percent) had external funding.

ANNOTATED BIBLIOGRAPHY

The articles in this bibliography are listed in the year in which they were presented at the SMFM annual meeting. However, the year they were published may not coincide with the year of the annual meeting.

1997

Levine RJ, Hauth JC, Curet LB, Sibai BM, Catalano PM, Morris CD, DerSimonian R, Esterlitz JR, Raymond EG, Bild DE, Clemens JD, Cutler JA. **Trial of calcium to prevent preeclampsia.** N Engl J Med. 1997;337:69–76.

Before this study, several randomized control trials (RCTs) and meta-analyses suggested that calcium supplementation was associated with a lower risk for pre-eclampsia. Given the low cost and relative safety of calcium, there was strong enthusiasm to initiate therapy as a routine part of pregnancy care. This study was a placebo-controlled RCT of 4,589 healthy nulliparous women who received either 2 grams elemental calcium or placebo starting between 13 and 21 weeks. It was conducted at five different U.S. centers and was called the Calcium for Preeclampsia Prevention (CPEP) Trial. The findings of the study showed no differences in the incidence, severity, or timing of onset of pre-eclampsia (or any other obstetrical outcomes) between groups. Despite having different findings compared to prior studies, clinical practice followed the conclusions of the CPEP Trial because of its sample size, its use of U.S. population, and its methodological rigor. Efforts to prevent pre-eclampsia have shifted to research of other interventions, and calcium supplementation has largely been abandoned in the United States.

In a randomized trial, more than 4,500 healthy nulliparous women either received 2 grams of calcium supplement or placebo. The supplementation did not prevent pre-eclampsia, pregnancy associated hypertension, or other adverse pregnancy outcomes.

1998

Rouse DJ, Owen J, Hauth JC. **Active-phase labor arrest: Oxytocin augmentation for at least 4 hours.** Obstet Gynecol. 1999;93:323–28.

As part of a new protocol for in gravidas with spontaneous labor, the investigators deferred cesarean delivery for active-phase labor arrest for at least four hours of oxytocin augmentation. They reported that extending the minimum period of oxytocin augmentation for active-phase labor arrest from two to at least four hours was effective and safe. Their work has been cited by the American College of Obstetrics and Gynecology (ACOG) practice bulletin titled "Dystocia and augmentation of labor," and it changed clinical practice.

2000

Mari G, Deter RL, Carpenter RL, Rahman F, Zimmerman R, Moise KJ Jr, Dorman KF, Ludomirsky A, Gonzalez R, Gomez R, Oz U, Detti L, Copel JA, Bahado-Singh R, Berry S, Martinez-Poyer J, Blackwell SC. **Noninvasive diagnosis by Doppler ultrasonography of fetal anemia due to maternal red-cell alloimmunization.** Collaborative Group for Doppler Assessment of the Blood Velocity in Anemic Fetuses. N Engl J Med. 2000;342:9–14.

This multicenter study involved 111 pregnancies at risk of fetal anemia secondary to maternal red cell alloimmunization, and it compared fetal Middle Cerebral Artery (MCA) Doppler waveform patterns to actual fetal hemoglobin values at the time of fetal blood sampling. Cited in the ACOG practice bulletin titled "Management of alloimmunization during pregnancy," the publication changed clinical care in that it showed that noninvasive surveillance through MCA Doppler assessment was safe and was an acceptable alternative to amniocentesis or cordocentesis in affected pregnancies. This study also provided an often-used nomogram of the relationship of fetal hemoglobin to fetal MCA across gestational age ranges.

2001

Macones GA, Parry S, Elkousy M, Clothier B, Ural SH, Strauss JF 3rd. **A polymorphism in the promoter region of TNF and bacterial vaginosis: Preliminary evidence of gene-environment interaction in the etiology of spontaneous preterm birth.** Am J Obstet Gynecol. 2004;190:1504–8; discussion 3A.

A case-control study provided evidence of an interaction between genetic susceptibilities (i.e., TNF-2 carriers) and environmental factors (i.e., bacterial vaginosis), which increases the risk of spontaneous preterm birth.

2002

Zhang J, Troendle JF, Yancey MK. **Reassessing the labor curve in nulliparous women.** Am J Obstet Gynecol. 2002;187:824–28.

This important paper by Zhang and colleagues initiated a change in the standard dogma surrounding labor progress first proposed by Friedman in the 1950s. They found that nulliparous women who were destined to deliver vaginally had longer normal labor curves than originally suggested. This discovery led to work by the Safe Labor Consortium, which confirmed their findings.

2003

Meis PJ, Klebanoff M, Thom E, Dombrowski MP, Sibai B, Moawad AH, Spong CY, Hauth JC, Miodovnik M, Varner MW, Leveno KJ, Caritis SN, Iams JD, Wapner RJ, Conway D, O'Sullivan MJ, Carpenter M, Mercer B, Ramin SM, Thorp JM, Peaceman AM, Gabbe S; National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network. **Prevention of recurrent preterm delivery by 17 alpha-hydroxyprogesterone caproate.** N Engl J Med. 2003 Jun 12;348(24):2379–85. Erratum in: N Engl J Med. 2003;349:1299.

This multicenter, randomized trial sponsored by the National Institute of Child Health and Human Development (NICHD) showed that 17 alpha-hydroxyprogesterone caproate (17P) 250mg IM weekly started at 16–20 weeks is associated with about a 30 percent reduction in preterm births in women with singleton gestations and a prior spontaneous preterm birth at 20–36 weeks gestation, and it is associated with some neonatal benefits. On the basis of this trial and the ACOG Committee Opinion, which shortly followed, clinical management has changed, and this intervention has become the standard of care in the United States.

2004

Landon MB, Hauth JC, Leveno KJ, Spong CY, Leindecker S, Varner MW, Moawad AH, Caritis SN, Harper M, Wapner RJ, Sorokin Y, Miodovnik M, Carpenter M, Peaceman AM, O'Sullivan MJ, Sibai B, Langer O, Thorp JM, Ramin SM, Mercer BM, Gabbe SG; National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network. **Maternal and perinatal outcomes associated with a trial of labor after prior cesarean delivery.** N Engl J Med. 2004;351:2581–89.

The NICHD-sponsored study at 19 centers prospectively followed almost 18,000 women who underwent trial of labor after cesarean (TOLAC) and 15,000 women who had elective repeat cesarean delivery (ERCD). The authors' nuanced analysis provided granular details on the peripartum complications associated with TOLAC versus ERCD and spawned more than 35 publications.

Malone FD, Canick JA, Ball RH, Nyberg DA, Comstock CH, Bukowski R, Berkowitz RL, Gross SJ, Dugoff L, Craigo SD, Timor-Tritsch IE, Carr SR, Wolfe HM, Dukes K, Bianchi DW, Rudnicka AR, Hackshaw AK, Lambert-Messerlian G, Wald NJ, D'Alton ME; First- and Second-Trimester Evaluation of Risk (FASTER) Research Consortium. **First-trimester or second-trimester screening, or both, for Down syndrome.** N Engl J Med. 2005;353:2001–11.

This landmark NICHD-sponsored study changed prenatal diagnosis for all of obstetrics. Malone et al. were able to show that first trimester screening could be performed consistently and with more accurate results than noninvasive methods to date. This work helped to move screening and diagnosis of aneuploidy into the first trimester. An ACOG practice bulletin incorporated first trimester screening into one of several options that are standard of care.

Wapner RJ, Sorokin Y, Thom EA, Johnson F, Dudley DJ, Spong CY, Peaceman AM, Leveno KJ, Harper M, Caritis SN, Miodovnik M, Mercer B, Thorp JM, Moawad A, O'Sullivan MJ, Ramin S, Carpenter MW, Rouse DJ, Sibai B, Gabbe SG; National Institute of Child Health and Human Development Maternal Fetal Medicine Units Network. **Single versus weekly courses of antenatal corticosteroids: evaluation of safety and efficacy.** Am J Obstet Gynecol. 2006;195:633–42.

This multicenter, NICHD-sponsored, randomized trial showed that although weekly courses of betamethasone could improve specific neonatal outcomes, this practice was also associated with a decrease in fetal birthweight and small-for-gestational-age infants. This work essentially ended the practice of weekly antenatal corticosteroid administration worldwide.

2006

Bloom SL, Spong CY, Thom E, Varner MW, Rouse DJ, Weininger S, Ramin SM, Caritis SN, Peaceman A, Sorokin Y, Sciscione A, Carpenter M, Mercer B, Thorp J, Malone F, Harper M, Iams J, Anderson G; National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network. **Fetal pulse oximetry and cesarean delivery.** N Engl J Med. 2006;355:2195–202.

This is the largest RCT on this intervention (i.e., fetal pulse oximetry in labor). Unfortunately, it showed that knowledge of the fetal oxygen saturation is not associated with a reduction in the rate of cesarean delivery or with improvement in the condition of the newborn, so this intervention is not used anymore in labor and delivery units in the United States.

2007

Rouse DJ, Caritis SN, Peaceman AM, Sciscione A, Thom EA, Spong CY, Varner M, Malone F, Iams JD, Mercer BM, Thorp J, Sorokin Y, Carpenter M, Lo J, Ramin S, Harper M, Anderson G; National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network. **A trial of 17 alpha-hydroxyprogesterone caproate to prevent prematurity in twins.** N Engl J Med. 2007;357:454–61.

This NICHD-sponsored RCT showed that treatment with 17 alpha-hydroxyprogesterone caproate did not reduce the rate of preterm birth in women with twin gestations. Therefore, current clinical practice does not include this intervention.

2008

Harper M, Thom E, Klebanoff MA, Thorp J Jr, Sorokin Y, Varner MW, Wapner RJ, Caritis SN, Iams JD, Carpenter MW, Peaceman AM, Mercer BM, Sciscione A, Rouse DJ, Ramin SM, Anderson GD; *Eunice Kennedy Shriver* National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network. **Omega-3 fatty acid supplementation to prevent recurrent preterm birth: a randomized controlled trial.** Obstet Gynecol. 2010;115:234–42.

This multicenter trial studied 852 women with a prior spontaneous preterm birth (<37 weeks) and compared the effects of daily omega-3 supplementation plus 17-alpha hydroxyprogesterone versus a matching placebo plus 17-alpha hydroxyprogesterone on the risk of recurrent preterm birth. The trial was one of the fastest completed by the maternal-fetal medicine units (MFMU) network (all subjects enrolled over 22 months) and had no subjects lost to follow up. There were no differences in the rate of recurrent preterm birth (PTB), and the rates of PTB (omega-3 37.8 percent vs. placebo 41.6 percent) were similar to the treatment group in the original MFMU network 17-alpha hydroxyprogesterone trial (presented at SMFM 2003, Meis et al.).

Rouse DJ, Hirtz DG, Thom E, Varner MW, Spong CY, Mercer BM, Iams JD, Wapner RJ, Sorokin Y, Alexander JM, Harper M, Thorp JM Jr, Ramin SM, Malone FD, Carpenter M, Miodovnik M, Moawad A, O'Sullivan MJ, Peaceman AM, Hankins GD, Langer O, Caritis SN, Roberts JM; *Eunice Kennedy Shriver* NICHD Maternal-Fetal Medicine Units Network. **A randomized, controlled trial of magnesium sulfate for the prevention of cerebral palsy.** N Engl J Med. 2008;359:895–905.

A multicenter, placebo-controlled, double-blind trial assigned women who were at imminent risk of delivery at 24 to 31 weeks to magnesium sulfate versus placebo. Although the fetal exposure to

magnesium sulfate did not reduce the combined risk of moderate or severe cerebral palsy (CP) or death, it did significantly decrease the rate of CP among survivors.

Tita AT, Landon MB, Spong CY, Lai Y, Leveno KJ, Varner MW, Moawad AH, Caritis SN, Meis PJ, Wapner RJ, Sorokin Y, Miodovnik M, Carpenter M, Peaceman AM, O'Sullivan MJ, Sibai BM, Langer O, Thorp JM, Ramin SM, Mercer BM; *Eunice Kennedy Shriver* NICHD Maternal-Fetal Medicine Units Network. **Timing of elective repeat cesarean delivery at term and neonatal outcomes.** N Engl J Med. 2009;360:111–20.

This was a secondary analysis of the MFMU cesarean registry with more than 13,000 elective repeat cesarean deliveries (CD). The investigators noted that elective repeat CD before 39 weeks happens often (36 percent), and with deliveries at 37 or 38 weeks, there is significantly higher neonatal morbidity when compared to births at 39 weeks. The report confirmed and reinforced that elective delivery should not done before 39 weeks.

2009

Roberts JM, Myatt L, Spong CY, Thom EA, Hauth JC, Leveno KJ, Pearson GD, Wapner RJ, Varner MW, Thorp JM Jr, Mercer BM, Peaceman AM, Ramin SM, Carpenter MW, Samuels P, Sciscione A, Harper M, Smith WJ, Saade G, Sorokin Y, Anderson GB; *Eunice Kennedy Shriver* National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network. **Vitamins C and E to prevent complications of pregnancy-associated hypertension.** N Engl J Med. 2010;362:1282–91.

This multicenter study randomized (n = 10,154) low-risk nulliparous women to receive either vitamin C and E or placebo. The rates of adverse maternal or perinatal outcomes related to pregnancy-associated hypertension were similar in both groups.

Zhang J, Troendle J, Reddy UM, Laughon SK, Branch DW, Burkman R, Landy HJ, Hibbard JU, Haberman S, Ramirez MM, Bailit JL, Hoffman MK, Gregory KD, Gonzalez-Quintero VH, Kominiarek M, Learman LA, Hatjis CG, van Veldhuisen P; Consortium on Safe Labor. **Contemporary cesarean delivery practice in the United States.** Am J Obstet Gynecol. 2010;203:326.e1–326.e10.

The Safe Labor Consortium provided needed data on contemporary labor progress across 19 hospitals in the United States. The consortium found that normal labor started the acceleration phase at 6cm, rather than at 4cm. This finding changed the previously set "norms" of labor progress and has the potential to affect cesarean delivery rates as practice patterns change.

2010

Donovan EF, Lannon C, Bailit J, Rose B, Iams JD, Byczkowski T; Ohio Perinatal Quality Collaborative Writing Committee. **A statewide initiative to reduce inappropriate scheduled births at 36(0/7)–38(6/7) weeks' gestation.** Am J Obstet Gynecol. 2010 Mar;202(3):243.e1–8. Erratum in: Am J Obstet Gynecol. 2010;202:603.

In this pre- and post-intervention Ohio State initiative, appropriate Institute for Healthcare Improvement Breakthrough Series interventions to reduce the incidence of scheduled births at 36–38 (6/7) weeks were the interventions studied to decrease the local incidence of PTB. This statewide quality collaborative was associated with fewer scheduled births lacking a documented medical indication. This study is important because we now have significant knowledge of several interventions on how to decrease preterm and early term births, and implementation strategies such as this one are needed to truly affect the global PTB rate.

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14

A FELLOW'S PERSPECTIVE

CECILIA GAMBALA, MD, and NICK BEHRENDT, MD

We find it hard to believe that the Society for Maternal-Fetal Medicine (SMFM), originally named the Society of Perinatal Obstetricians (SPO), began before a structured and sustainable fellowship program had been widely recognized. The SPO was established by a small but dedicated group that created a vision for high-risk obstetrics that included formalized training in the specialty. Over time, the vision and role of the society has expanded in areas that the original trailblazers could have only imagined. For the fellows, it has been an exciting time to be part of the society as it develops fellowships and provides numerous resources. Although the society's influence on the fellow experience continues to expand, we will focus in this chapter on three main aspects: Fellowship Obtainment, Fellow Education, and Fellow Integration into the SMFM Community.

FELLOWSHIP OBTAINMENT

The most obvious connection between the society and fellows is the involvement in fellowship programs. Most of this history is detailed elsewhere in this book, but the following are a few of the highlights specific to the education and interests of the fellows in training.

The original maternal-fetal medicine (MFM) specialists were a group of perinatal obstetricians who specialized in pregnancy. The availability of subspecialty certification in MFM was first announced by the American Board of Obstetrics and Gynecology (ABOG) in 1973 and, shortly thereafter, true "fellowships" started. As the number of fellowships increased, the society needed to have a standard process for physicians to apply for and to be placed in fellowships. Under the guidance of ABOG, the society's board of directors collaborated with fellowship program directors to assess the fairness of how the fellows were matched with institutions and of the length of the fellows' education.

The Society for Maternal-Fetal Medicine has long endorsed the National Residency Matching Program (NRMP) fellowship match as a process that facilitates fairness to both the applicants and the programs as a whole. Over time, however, several programs started to accept candidates outside the match. As a result, the society implemented the MFM Fellowship Match Policies in 1999, thereby endorsing the NRMP fellowship match process and sanctioning any program that selects a fellow outside the match without getting prior approval from the society. By implementing the match policies, the society has been integral to helping young physicians obtain the right fellowship, thereby relieving the pressure of making on-the-spot decisions and allowing both sides to investigate as many programs and applicants as possible.

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Originally and as with most other specialty fellowships, the MFM fellowship required two years of post-residency training. In 1997, the fellowship was increased to three years, a move that not only increased the clinical exposure but also specifically added dedicated research time. Initially, applications for MFM fellowships decreased, thereby resulting in unfilled positions at excellent programs. Nevertheless, the demonstrated improvement in the fellowship experience and education became clear; the move to three-year fellowships resulted in a much more competitive environment with a little more than 50 percent of applicants matching in a fellowship.

FELLOW EDUCATION

Education has been a centerpiece of the society, but it initially focused on disseminating new research and providing educational courses for all of its members. The society quickly expanded into fellowship curricular development as described previously. Along with that expansion, the society continued to include protected research time in its education focus, and it added training about maternal disease management.

The society's recent emphasis on maternal disease management includes the initiative "Putting the 'M' Back into Maternal-Fetal Medicine." In addition, the society recognized that the research interests of fellows might be beyond the scope or expertise of the training program, and thus it created a network to expand a fellow's research realm. SMFM has a current list of research mentors available at multiple institutions for fellows. Fellows can connect with mentors through the SMFM website at the Education and Research tab, which leads to the MFM Fellowship and Links for Fellows tabs, as well as through the SMFM fellows-in-training resource list. Those connections have fostered increased collaboration and mentorship across institutions and internationally.

In addition to the research support, SMFM provides funding support through research grants that are available for recent fellowship graduates and fellows who are in their last two years of training. Because of the generosity of the Pregnancy Foundation, formerly named the SMFM Foundation, and of the American Association of Obstetricians and Gynecologists Foundation, the research grants continue to be funded and to support promising young research scholars. The innovative research that the society supports continues to evolve, and the scholarship award boasts an impressive list of former scholars who are currently practicing and performing research in the MFM field. A detailed description of the fellowship program, including how to apply and who the participants have been, is found in chapter 5.

One of the most recent and most used educational initiatives by SMFM is the Fellows Lecture Series. Hour-long lectures offered online through the SMFM website feature experts in the field discussing topics chosen specifically with the fellows' educational objectives in mind. In this format, fellows from across the nation gather to take advantage of this exceptional educational opportunity. Each session provides time for participants to ask questions. Fellows learn from leaders in the field, and, most important, they learn from their home institutions. The amount of energy and volunteer teaching provided by the members and committee leaders of SMFM demonstrates the dedication and strong commitment the society has for the fellows' education and training experience. Of course, many other educational opportunities offered by the society allow all members, including fellows, to be continuous learners.

The society recognizes the importance of professional balance and provides resources to help encourage this balance for fellows. Through the Association for Maternal-Fetal Medicine Management (AMFMM), courses on billing, practice management, and life–work balance have given fellows and the SMFM community the opportunity to become successful beyond just clinical knowledge. Although not a required educational objective, the importance of the skills that are necessary in everyday practice as an MFM specialist cannot be emphasized enough to the fellows in training. As such and with the support of SMFM, AMFMM provides free membership to the fellows in training.

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FELLOW INTEGRATION INTO THE SMFM COMMUNITY

This category incorporates the previous two sections discussed as well as other unique opportunities that SMFM has supported to nurture the fellows. SMFM recognizes the importance of integrating fellows into our society. In 2010, the First-Year MFM Fellows Retreat was reinstituted. Since then, almost all first-year fellows have spent three days together at a conference center in Palisades, NY. Leaders in the field act as "counselors" at the retreat and educate the fellows through a combination of lectures, small-group sessions, and recreational activities.

The retreat focuses primarily on helping participants become successful fellows in training and, ultimately, high-risk practitioners. Lectures on work–life balance are some of the most popular at the retreat. Most important, the retreat allows the first-year fellows to get to know each other and to get to know leaders in the field. The fellows' reviews of the retreat have been resoundingly positive, and this meeting is considered a highlight of fellowship training. The amount of collaboration and teamwork that comes from this meeting is immense, and it fosters a sense of community among the fellows. By the time this book is published, a fourth straight retreat will be in the planning phase, and we hope retreats will continue for many years to come.

Continuing the theme of community and teamwork, SMFM has prioritized fellow participation at the annual meeting. Each fellow has the opportunity to submit research to the meeting, and fellows present a large portion of the posters and oral presentations. Also, the society now holds retreat reunions as well as a fellowship forum. The forum features a speaker and reception, and it once again brings the fellows together to catch up and work together. This event is one of the most anticipated and enjoyable parts of the annual meeting. SMFM's commitment to building a community among our youngest members should increase society participation and enthusiasm in the future.

The final highlight of SMFM's commitment to the fellows is in the opportunities that fellows, who are considered associate members, have to participate in SMFM. Traditionally, associate members and regular members have been able to participate in the many committees that are made up of SMFM members who are working to advance the field. Each committee requires at least one fellow-in-training representative to ensure that the important opinions of the younger generation are heard.

More recently, to further integrate those opinions into the society, SMFM has created two nonvoting positions for associate member representatives on the board of directors. The role of associate member representatives is to participate in board and committee meetings and to offer the opinions of the youngest members of our society. This new role has further opened communications between the board and its associate members.

As the current associate member representatives, we have been given the unique opportunity to write this chapter with a goal of explaining what the society means to fellows. As you have probably noticed, the common theme is "community." A society is only as strong as its members; by stressing the importance of community, this society continues to become stronger.

SMFM has given the fellows the educational and resource support to make scientific contributions to this specialty. Through the open recruitment of committee membership and the associate member representative positions, multiple ways are available for fellows to voice opinions about fellowship training and the goals and interests of this field. The ability to be heard and to actively participate in the society gives the fellows a community in which we are proud to belong. The past three years have been especially integral to the fellows' sense of community, largely because of the retreat.

As this activity continues, we expect increased involvement, excitement, and support from all members of SMFM. Along with the fellows forum, educational opportunities, and associate member representative positions, we believe the society will continue to grow stronger by incorporating members at the beginning of their career.

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