

Society of Perinatal Obstetricians

The First Two Decades

Mary E. D'Alton
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Rebecca D. Rinehart

Society of Perinatal Obstetricians

Founded 1977

EDUCATION • SERVICE • RESEARCH

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This history is dedicated to Roy H. Petrie, MD, ScD, 1940–1995.

“The final test of a leader is that he leaves behind him in others the conviction and the will to carry on.”

—An anonymous quote Dr. Petrie posted in his office.

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FOREWORD

It is an honor and a pleasure, as well as a challenge, to serve as the 20th president of the Society of Perinatal Obstetricians (SPO). Over the past 20 years we have seen the organization grow from a small “club” of less than 100 members to a large and vibrant professional organization with more than 1,500 members. The SPO’s organizational development has paralleled that of the subspecialty. The evolution of the annual meeting, the increasing popularity and sophistication of the postgraduate courses, the development of a semiannual retreat for fellows in training, and the continued excellence of the annual SPO issue of the *American Journal of Obstetrics and Gynecology* are all chronicled in *The Society for Perinatal Obstetricians: The First Two Decades*, which the SPO officers and Board of Directors are pleased to pass on to the future membership as a more or less permanent record of our organization.

The 1990s is a decade of great challenges and opportunities for medicine as a whole in our country and for subspecialties in particular. We face an increasing clamor for more primary care providers and fewer subspecialists.

Paradoxically, advances in our field over the past 20 years have been tremendous, presenting unprecedented opportunities for us to contribute to our patients’ well being. Ultrasound was in its childhood when the SPO was formed; it is now a mature “30-something” capable of detecting subtle problems in fetal anatomy and in physiology. Genetics and prenatal diagnosis have evolved from amniocentesis for maternal age indications to highly sophisticated approaches to unraveling the most intimate fetal secrets, earlier and earlier in gestation. The Human Genome Project offers the promise of even greater diagnostic and therapeutic potential. During the SPO’s lifetime it has become possible to prevent some birth defects by improving metabolic control in pregnant women with diabetes and by administering folic acid dietary supplements to all women of childbearing age. More and more is being learned about the management of medical complications in pregnancy. These advances are tremendous challenges for us as individual maternal–fetal medicine specialists and for the SPO as a professional organization.

Over the years the SPO has continued to pursue the missions outlined by its founders: the advancement of education, service, and research in maternal–fetal medicine. However, the interpretation of that mission has broadened and diversified. As an example, our original educational efforts were primarily directed at our colleagues in maternal–fetal medicine and fellows in training. It is now clear that we must also participate in the education of residents in general obstetrics and gynecology and in continuing medical education of our colleagues in obstetrics. Our educational mission must extend to third parties such as managed care organizations, to politicians and government officials, and to the public at large. We have seen the SPO’s research mission extend from the presentation of primarily clinical research to the encouragement of basic science research through the SPO Foundation and now to the promotion of more sophisticated clinical outcomes research in our specialty.

I am particularly proud of the fact that the SPO has always tried to be *inclusive* rather than *exclusive*. The early decision to admit community-based maternal–fetal medicine specialists as well as academicians has allowed the organization to serve as an interface between these two “branches” of our field, which are coming to resemble each other more and more as the health care system changes. We have benefitted greatly as a professional society from the input of representatives of both “town” and “gown,” and it has become quite apparent that each has a lot to offer to the other. The SPO has also included internists, geneticists, basic scientists, and other nonphysician researchers, the most important qualification being a dedication to the interests of mothers and their fetuses. In the past few years we have seen the SPO grow to become the most important professional organization on the international maternal–fetal medicine scene, with more than 10% of attendees at the 1996 meeting being from outside the United States.

The SPO has thrived on its inclusivity and flexibility. I can’t remember a time in my professional life when I didn’t think massive change was occurring, and the second half of the 1990s is certainly no exception. I would like to assure the membership that the officers and Board of Directors will continue to pursue the three ideals of education, service, and research and will do our best to help the organization and the specialty rise to the challenges we now face. It is my belief that this volume, encompassing SPO’s first 20 years, will be the prologue to a multivolume serial.

Donald R. Coustan, MD
1997 President

PREFACE

The Society of Perinatal Obstetricians (SPO) began for me when its Board of Directors and its membership gave me to the opportunity to be involved in the society. My respect for its aims and activities led me to greater participation over the years. Former President Don Sherline expressed the opinion that for each term every officer should undertake a major project. Accordingly, when I assumed the office of assistant secretary–treasurer, I organized the Fellows Retreat.

Because the 20-year anniversary of the organization would coincide with my term as secretary–treasurer and program chair, it occurred to me to compile a history of the SPO to document its growth and achievements. After past presidents and others involved in the founding of the society agreed that it was a good idea, I embarked on the project by sending letters to former officers, program chairs, members, associates, affiliates, and others, requesting pertinent historical information, including photographs and anecdotes.

One month before he died, the official SPO historian, Dr. Roy Petrie, forwarded to me a copy of the slides he had presented at the banquet of the SPO's 10th annual meeting. This presentation, entitled "The History of the Society of Perinatal Obstetricians," became the template for my own presentation at the 1995 Fellows Retreat. In turn, that presentation formed the foundation for *The Society of Perinatal Obstetricians: The First Two Decades*.

At a point when, for many of us, time has been in even shorter supply than usual, a great many individuals in and connected with the society shared with me their recollections of the society's early days and the course of its development to date. This book could not have been written without them.

My coauthors carried out and refined my conception of the project. A comprehensive rough draft was compiled by Star Poole, who was the prime mover behind the project in its early stages and continued to serve in an editorial and research capacity throughout its development. The publication owes its structure, cohesiveness, and literary polish to Rebecca Rinehart. Close to the roots of this highly collective effort was the SPO Executive Administrator, Patricia Stahr,

who endowed the project with her diligence, patience, and level-headed, much appreciated sense of humor.

As this undertaking to construct the origins and development of the SPO unfolded, it became apparent that some inaccuracies and omissions would be an associated risk. In the absence of definitive documentation we elected to include rather than eliminate some contradictions that arose among various contributors' recollections.

I especially want to thank those who reviewed the manuscript: Richard Berkowitz, Steve Clark, Don Coustan, Tom Garite, Larry Gilstrap, Gary Hankins, Ed Horger, Dick Paul, and Peter VanDorsten. Many others have contributed to this history, both directly and indirectly, as sources of information. These contributions are too numerous to list but nonetheless are gratefully acknowledged. Those involved in the society over the years, in their various capacities, are contributors as well and are acknowledged in the index of names.

This project was a labor of love for me. It taught me a great deal about how our remarkable organization became what it is today. I hope you enjoy reading it.

Mary E. D'Alton, MD
1997 Secretary-Treasurer and Program Chair

A CURRENT PROFILE

The Society of Perinatal Obstetricians (SPO) was founded in 1977 amid an explosion of advances in the field of perinatology. Organized by a group of newly certified physicians in the fledgling maternal–fetal medicine subspecialty, the society was dedicated to service, education, and research. It remains true to those values today, having grown at an amazing rate of 10–20% a year to become a major influence in the care of women and their infants.

... expansion of education...exchange of new ideas and research...improved perinatal care...

Excerpts from the SPO Mission Statement

EVOLUTION OF THE SUBSPECIALTY

Many specialties and subspecialties are built on clinical activity. Maternal–fetal medicine was built on research interests. During the 1950s and 1960s, there was a cadre of physicians whose primary research interests were the psychology and pathology of the pregnant woman and her fetus. These researchers lent strength to the movement to develop a subspecialty devoted to maternal–fetal medicine.

In the mid-1970s new knowledge and technology were changing the practice of obstetrics and gynecology, particularly as it related to perinatology. According to a survey conducted in 1972 by the American Board of Obstetrics and Gynecology, Inc (ABOG), an increasing number of certified obstetricians–gynecologists were limiting their practice to maternal–fetal medicine. In addition to the traditional focus on management of high-risk pregnancies and assessment of the fetus, perinatologists were confronted with evolving techniques for antenatal fetal assessment such as ultrasound, genetic diagnosis, and molecular biology. Meanwhile, new information was emerging on the prevention of preterm birth, maternal critical care, and infectious diseases. These advances were both challenging and exciting, opening the way for new approaches to patient care as well as educational opportunities. More than ever it became clear that the management of the mother’s condition could dramatically affect the health and well-being of her infant. With this knowledge came increasing emphasis on fetal diagnosis and therapy.

On the basis of its 1972 survey, ABOG concluded that “the developing provisions for certification of special competence in limited

areas within obstetrics–gynecology are a desirable response to practice patterns already well established in obstetrics–gynecology at this time.” Thus, certification in the subspecialty of maternal–fetal medicine was introduced in 1974 with a written and oral examination and delineation of the requirements for graduate training programs.

“A subspecialty develops for three primary reasons. First, there is a large body of knowledge in the area. Second, there are individuals within the specialty who have limited their practice to that subspecialty area. Third, a major certifying body such as a board either develops a subspecialty board or gives a certificate of special competence in the material. All three were at work in the development of the subspecialty of maternal–fetal medicine.”

— Edward J. Quilligan, MD, 1995 SPO Fellows Retreat

Each team of examiners for the oral examination comprised two obstetrician–gynecologists and one neonatologist. Among those newly certified maternal–fetal medicine subspecialists were the founders of the SPO. In 1977, they established a society designed to promote education and research in maternal–fetal medicine and foster new talent toward that end. These goals were outlined in the mission statement, which remains virtually unchanged 20 years later:

“The major objectives of the organization shall be the promotion and expansion of education in obstetrical perinatology and the exchange of new ideas and research in the field of perinatology. The organization shall also be concerned with the promotion of the delivery of improved perinatal care.”

Article III, Objectives, SPO Constitution

SERVICE, EDUCATION, RESEARCH

The new society was designed to reach out to those professionals directly involved in maternal–fetal medicine as well as those in related fields. It is this inclusive attitude that has enabled the SPO to remain at the forefront of scientific advances as well as to serve as a forum for the many specialized, sometimes controversial, issues encompassed within the subspecialty. Through various levels of membership, the society represents a broad and diverse constituency, united in the goal of providing better care for mothers and babies.

THE SOCIETY OF PERINATAL OBSTETRICIANS TODAY

From its humble beginnings in 1977, the SPO now boasts national and international acclaim, with a thriving membership, a full array

of programs, and a strong fiscal and administrative structure. Following is a capsule view of the SPO:

Membership: As of 1996, there were 1,648 members (dues-paying and nominated) in five categories of membership:

- **Regular (870 members):** Physicians board certified in maternal–fetal medicine and board-certified obstetrician–gynecologists who have completed postgraduate training with certification in areas related to maternal–fetal medicine such as genetics, infectious disease, and critical care medicine
- **Associate (592 members):** Physicians who are in or have completed fellowship training in maternal–fetal medicine and obstetrician–gynecologists who are training in certified training programs in areas related to maternal–fetal medicine such as genetics, infectious disease, and critical care medicine
- **Affiliate (149 members):** Investigators with MD, PhD, or MS degrees in fields such as physiology and pharmacology who have worked with specific focus in perinatal medicine or maternal–fetal medicine specialists trained in or practicing in other countries who are not eligible for certification in maternal–fetal medicine
- **Honorary (22 members):** Physicians and other health care personnel who are engaged in the practice, research, teaching, or administration of perinatology whose activities are thought to influence perinatology in a significant and positive manner
- **Emeritus (15 members):** Regular or associate members who have retired from active practice

Dues: Annual dues are \$100 for regular, associate, and affiliate members and \$50 for fellow-in-training members.

Annual Meeting: Scientific advances are presented in a variety of formats:

- Abstracts
- Poster presentations
- Oral presentations
- Postgraduate courses

Awards: Achievements are acknowledged and educational opportunities are created:

- Awards for high-quality poster and oral presentations are presented at the annual meeting.
- SPO Fellowship Foundation Award funds additional training in maternal–fetal medicine for the purpose of increasing the quality

of research and encouraging young physicians to remain in the research field.

- SPO Achievement Award recognizes and honors individuals who have contributed significantly to the SPO and its mission.

Fellows Retreat: An opportunity is created for junior members of the society to interact with—and learn from—leaders in the field on an informal basis at the biennial retreat.

Fellowship Match: Fellowship candidates and available programs are linked by computer at a national level.

Publications: Information on the science and the subspecialty, as well as opportunities in the field, are conveyed to the membership:

- *American Journal of Obstetrics and Gynecology*—the official SPO journal—publishes abstracts and papers presented at the meeting, following peer review.
- *SPO Newsletter* contains news about the society, highlights of the annual meeting, and classified advertising of available positions.
- *Directory of Fellowship Programs in Maternal–Fetal Medicine* lists all fellowship programs and available vacancies and is updated and sent to program chairs and department heads annually.

Liaison Activities: To represent its constituents and be a voice for the subspecialty of maternal–fetal medicine, SPO interacts formally and informally with other groups:

- ABOG
- American College of Obstetricians and Gynecologists (ACOG)
- Liaison Committee for Obstetrics and Gynecology (LCOG)
- National Perinatal Association

Funding: The annual meeting is totally supported by registration fees. Financial support of various programs and awards, particularly the SPO Foundation Fellowship Award, is generously provided by corporate sponsors defined as Friends, Benefactors, and Patrons of the SPO.

Administrative Structure: The society is governed by a Board of Directors and elected officers—president, vice president, secretary–treasurer, and assistant secretary–treasurer. Various functions are performed by individuals appointed to committees who report to the Board of Directors. The organization is supported administratively by Ms. Patricia Stahr, Executive Administrator, in offices located at 409 12th Street, SW, Washington, DC 20024 (telephone: 202-863-2476).

CHAPTER 2

IN THE BEGINNING

The SPO was founded soon after board certification in maternal–fetal medicine was introduced. Its founders, newly certified in the subspecialty, proposed the formation of a society devoted to promoting high standards of education, research, and service in perinatal medicine. The formation of this new society was not without its detractors. Nevertheless, the organization was launched, the opposition was co-opted to become a part of the effort, and the new society went on to become a phenomenal success in terms of influence, accomplishments, and support by the diverse group of professionals it originally embraced. This success is largely due to the foresight of the founding members.

We had no idea that the society would be as big and successful as it has become.

—Richard Depp, MD

A NEW SUBSPECIALTY

The availability of subspecialty certification in maternal–fetal medicine was first announced by ABOG in 1973. Both the examiners and the examinees had mixed feelings about the process. The former were not personally certified in the subspecialty and experienced some discomfort in confronting their colleagues to examine them. The latter were not quite sure why they needed to be certified. Eventually, however, the examiners themselves were board certified and the benefits of such certification became apparent to all.

“A lot of ...people had a fear of being embarrassed on a national level. I was much too busy setting up a division and seeing patients to worry about something as mundane as actually preparing. I will never forget the embarrassment that we all felt, both examiner and examinee, in those original oral exams.”

—Richard Depp, MD

In the early days of certification, none of those certified had actually completed a fellowship training program in maternal–fetal medicine. They were “grandfathered” in, after taking an oral and a written examination. With the introduction of the first subspecialty in obstetrics and gynecology, gynecologic oncology, there was strong opposition, bordering on the threat of court injunctions, to the



Richard Depp, MD



Julian T. Parer, MD

policy of requiring all individuals to undergo certain approved training programs in order to qualify for the examinations. Learning a lesson from this experience, ABOG wisely decided that all individuals who felt they were subspecialists could take the initial examinations.

“The whole attitude toward the SPO in the early 1980s reminded me of the attitude toward subspecialty boards in maternal–fetal medicine in the mid-1970s. I have distinct memories of many now-distinguished perinatologists saying at that time ‘Why do I need subspecialty boards; I’m a perfectly good perinatologist without needing to go through that.’ “

—Julian T. Parer, MD, PhD

The first fellowship programs were at University of Southern California–Los Angeles County, Duke University, Yale University, Washington University, Nassau County Hospital in New York, Westchester County Hospital, Children’s Hospital at State University of New York at Buffalo, Hospital of the University of Pennsylvania, and the University of Virginia. Since the beginning of certification, there have been approximately 101 training programs in maternal–fetal medicine. Jamie Bale, subspecialties coordinator for ABOG, spent hours of research shuffling through records to help assemble and verify information regarding those first certified; her assistance is gratefully acknowledged.

In November 1974, the following physicians were certified for special competence in maternal–fetal medicine by ABOG:



Richard H. Aubry
 Ronald J. Bolognese
 S. Edward Davis III
 Robert C. Goodlin
 Clark M. Hinkley
 Edgar O. Horger III
 John W. C. Johnson
 Wayne L. Johnson

Allen P. Killam
 Irwin R. Merkatz
 James A. O’Leary
 Roy M. Pitkin
 Mortimer G. Rosen
 Richard H. Schwarz
 Asa E. Seeds, Jr
 James P. Thompson



Among those certified were the founders of the SPO. Most went on to a career of involvement in the specialty and the society.

Founding members included (clockwise from top left) Robert C. Goodlin, MD, Irwin R. Merkatz, MD, Bruce K. Young, MD, and Tom P. Barden, MD, each of whom played a major role in shaping the society.

THE FORMATION OF A SOCIETY

Most organizations evolve over time instead of emerging at a specific point, and such was the case with the SPO. James A. O’Leary, MD, who can be considered the founder of the SPO, recalls having an idea for a society of perinatal obstetricians while walking on the beach in Naples, Florida, after having recently passed the board examination. Various recollections from early founders are admittedly unclear and at times contradictory. Reminiscences vary widely with regard to who met where. The initial planning meeting has been dated to 1974, 1975, and 1976 and timed to coincide with the ACOG Annual Clinical Meeting, the Association of Professors of Gynecology and Obstetrics meeting, and the Society for Gynecologic Investigation (SGI) meeting, and even ABOG meetings. Recall also varies regarding attendance, with numbers ranging from the original “disciples” to approximately 20 individuals.

No doubt there were several meetings held in a variety of settings to plan the new society. One of the most notable ones, however, was held in an upstairs room at Brennan’s restaurant in New Orleans in February 1976. Interestingly, the exact location is the one fact that is recalled consistently, perhaps made more memorable by the undisputed excellence of the cuisine. The meeting was convened and moderated by Dr. O’Leary, and attendees included Richard Depp, MD, Robert C. Goodlin, MD, Edgar O. Horger III, MD, Clark M. Hinkley, MD, Irwin R. Merkatz, MD, Mortimer G. Rosen, MD, Richard H. Schwarz, MD, Bruce K. Young, MD, and Bruce A. Work, MD. Also attending were notables in the specialty such as Frederick P. Zuspan, MD, and Edward J. Quilligan, MD, as well as detractors such as William N. Spellacy, MD, Roy M. Pitkin, MD, and Sam Seeds, MD, who were opposed to the new society and were there with the express purpose of preventing its formation.

Dr. Zuspan recalls that shortly after the first board examinations were given, those who passed invited him to meet with them to discuss the possibility of starting a new society. He patiently listened to their aspirations because “they felt it was important and had the foresight to identify the need for another society.” His response, echoing those of others, was to the effect “We have plenty of societies, why do we need another?” These early founders persisted, however, banding together under the purview of a new organization that ultimately was named the Society of Perinatal Obstetricians.

“They were instrumental in guiding the development of the society, which grew beyond the expectations of everyone to the present premier society in the world for perinatal obstetricians.”

—Frederick P. Zuspan, MD

The discussions centered around whether a new society should be formed and, if so, who should be members. It was concluded that full members should be limited to those with board certification. There was strong feeling, however, that others should have relatively easy access to the SPO, in contrast to what was perceived at the time as the rather restrictive access to the SGI.

“At an organizational level ... a general philosophy was espoused that an inclusive attitude would be extended to members as well as persons wishing to attend [the meetings]. This concept has served the organization well and has given preeminence to the SPO.”

—Richard H. Paul, MD

In spite of the controversies, after some discussion it was decided to move forward and several committees were appointed. A committee chaired by Clark M. Hinkley, MD, was organized to draft a constitution and bylaws. There was also a nominating committee, chaired by Dr. O’Leary, and a committee to select an appropriate name for the group. In 1977, a constitution was adopted, the name was approved, and a president and Board of Directors were elected. Dr. Hinkley was able to convince a corporate sponsor—Mead Johnson, he recalls—to contribute \$500 to the society for its incorporation in Texas.

Clark M. Hinkley, MD, a graduate of the medical school of the University of North Carolina, was the first secretary-treasurer of the SPO and a member of the group charged with writing the society’s original constitution. Most of his career has been spent at Baylor College of Medicine, with a brief intervening period at the University of Alabama.

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DEPARTMENT OF OBSTETRICS & GYNECOLOGY
J. A. O’LEARY, M.D., PROFESSOR AND CHIEF

J. R. TRAVIS, M.D., DIRECTOR
J. A. O’LEARY, M.D., CO-DIRECTOR
W. ANTONIO, M.D., CONSULTANT
N. HEN, M.D., CONSULTANT
MARCH 12, 1977

SUBJECT: "SOCIETY OF PERINATAL OBSTETRICIANS"

DEAR COLLEAGUES,

ENCLOSED IS THE CONSTITUTION AND BY-LAWS PREPARED BY YOUR COMMITTEE (DR. CLARK M. HINKLEY, O. RICHARD DEPP, EDGAR O. HORNES JR., AND BRUCE S. OREN). I BELIEVE THEY WOULD DO AN EXCELLENT JOB.

I WOULD LIKE YOU TO CHECKLIST RETURN THIS DOCUMENT SO THAT WE MIGHT APPROVE IT DURING OUR THIRY ORGANIZATIONAL MEETING TO BE HELD ON THE EVENING OF MARCH 20TH.

VERY TRULY,
SINCERELY YOURS,

JAMES A. O’LEARY, M.D.

JOL:m
HAK:l

*EMERGENCY PHONE -- 312-530-3300



“...I was one of the many who felt ‘Why the heck do we need another society?’ I think the reason I finally joined the society was because it was so cheap! I believe it was only \$25, and membership fattened my curriculum vitae.”

—Julian T. Parer, MD, PhD

THE OPPOSITION

Although the organizing meetings have been described as small, informal, and “fun,” there was opposition to establishing the society. Concerns centered around competition with other groups, the need to attend still another meeting when most academicians already felt they spent “too much time in the air,” and how the relationship of practitioners to subspecialists would be affected.

“I remember thinking at the time ‘Just what we need, another society.’ While I could see some value to having such a society, I envisioned it as a subgroup to the SGI. How wrong I was!”

—Edward J. Quilligan, MD

In addition to the hot debate about whether to establish a society at all, there was discussion about how many of the “new breed” of subspecialists would be needed. This topic was the subject of much debate, both by ABOG and the SPO.

“I don’t think we settled the issue [of how many subspecialists would be needed] that night, except that we all seemed to agree that we were far from saturation with 20.”

—Richard H. Schwarz, MD

At the time the SPO was founded, three other organizations held meetings to present perinatal research by maternal–fetal medicine specialists: ACOG, SGI, and the Perinatal Research Society. The Perinatal Research Society had a fixed membership size and therefore did not provide a forum large enough for young investigators to present their research. As a result, most of the research was channeled through the other groups. There was concern that the new society would interfere with the number and quality of abstracts being submitted to the SGI and decrease attendance at that organization’s meetings.

“One of the debates during the society’s evolution was ‘Why do we need another society?’ The major components of societies such as the SGI boycotted the attendance of the SPO during early years and felt that the emergence of this upstart society was an affront to the sacrosanct areas of interest. Many aca-



Richard H. Schwarz, MD, is Distinguished Service Professor at the State University of New York Health Science Center, where he has also held such key administrative positions as department chair, dean, vice president for academic affairs, provost and vice president for clinical affairs, and interim president. Dr. Schwarz was one of the first physicians certified in maternal-fetal medicine and was a founding member of the SPO. He is a graduate of the Jefferson Medical College.

demic notables chose not to attend early SPO meetings. This soon changed, particularly as certain persons from academia assumed specific responsibilities within the new organization.”

—Richard H. Paul, MD

From its early stages of development, a guiding philosophy of the SPO was to reach out to others in support of its goals. Nowhere was this better demonstrated than in its selection of William N. Spellacy, MD, as the first president and Roy M. Pitkin, MD, as president-elect. As two of its major detractors, they had planned to unify opposition against the formation of the society and instead found themselves its first leaders. Dr. Pitkin notes that he learned a lesson from the maneuver and has successfully repeated it many times during his career.

A MODEST BEGINNING

After the society was launched at the 1977 meeting, it did not meet again until 1978. This meeting was planned as a special interest group during the ACOG meeting in Anaheim. Most of the members were reluctant to attend another separate meeting and were satisfied to remain a special interest group. At that meeting, Edgar O. Horger III, MD, was named chair of the nominating committee, which recommended that James A. O’Leary, MD, be the next president (for the 1979–1980 term).

“I doubt if any of our original group anticipated the overwhelming success of the society.”

—Edgar O. Horger III, MD

In the early days, the meetings were very low key and largely organizational. In 1978, Dr. Spellacy arranged (and is rumored to have paid for) a luncheon meeting of the Board of Directors to coincide with the ACOG meeting. Dr. Pitkin followed suit during his presidency in 1979, at which time the first business meeting was held. Soon the group gained momentum and began to take on more life.

The first scientific session sponsored by SPO was held in New Orleans, May 2, 1980. *Tocolytic Agents: Proceedings of a Symposium on Tocolytic Therapy* was published by the SPO and supported by an educational grant from Merrell-National Laboratories in Cincinnati, Ohio, which also paid for the air fare for any maternal–fetal medicine fellow to attend the meeting. The symposium was held as a service to physicians in anticipation of the probable availability of ritodrine hydrochloride as the first agent developed, and specifically indicated, for the treatment of preterm labor in the United States.



Edgar O. Horger III, MD, currently E. J. Dennis professor and department chair at the University of South Carolina School of Medicine, served on the first SPO Board of Directors. He has published widely on medical complications of pregnancies and has done pioneering work in prenatal diagnosis and treatment of fetal disorders. He introduced obstetric ultrasonography in South Carolina in 1972. Dr. Horger received his medical degree from the Medical University of South Carolina.

Papers were not submitted in advance of the meeting, for which there were seven panelists: Tom P. Barden, MD, Ronald A. Chez, MD, Robert K. Creasy, MD, Juan Esteban-Altirriba, MD, Gabor Huszar, MD, Jeffrey Lipshitz, MB, and Irwin R. Merkatz, MD. The participants represented investigators of international status who had studied the basic science and clinical application of tocolytic agents. The program was designed to promote the free exchange of ideas among the panelists and the audience, and by all reports it was successful in generating much good interchange.

Following the success of this meeting, the decision was made to launch a separate annual scientific session for the presentation of research. That meeting was held in May 1981 and marked the true takeoff of the society as it skyrocketed to success.

“Although sporadic meetings were held...the society lay dormant until the decade of the 1980s...The development and organization of high-quality scientific annual meetings were the impetus for the success of the society.”

—Richard H. Paul, MD



Proceedings of the first meeting.

CHAPTER 3

MEETINGS AND GREETINGS

In 1981, the SPO had its first annual scientific meeting. The meeting was held at the Hilton Palacio del Rio in San Antonio, Texas, January 22–24, and it launched the society into a new era. The first annual meeting was designed to promote science and present original research, establishing the SPO as a forum for scientific advances in perinatology. Abstracts were submitted in advance, and—as one early member remembers—all those submitted were accepted. The meeting was held during the tenure of the fourth president, Donald M. Sherline, MD. Robert J. Sokol, MD, served as program chair.

The society began to germinate and sprout as a direct result of specific individual efforts which focused on the development of an annual scientific program.

—Richard H. Paul, MD

“I felt the society had enough of a future that we should have a separate meeting. Therefore, the members present selected me to be president.

—Donald M. Sherline, MD

Other early developers of the annual scientific program were Frank C. Miller, MD, Richard H. Paul, MD, Roy H. Petrie, MD, and Bruce A. Work, MD. Dr. Robert H. Hayashi was the first local arrangements chair. The last weekend in January was



RELATION OF AMNIOTIC FLUID (AF) PORCELAIN LEVELS TO ONSET OF PARTURITION IN AT-RISK NULLIGRAVIDAS

Elmer H. Fudd, Ph.D., Snoopy S. Sniffer, M.D. and Harris D. Academician, M.D. with the technical assistance of Erla Myer-Flask (Department of Obstetrics and Gynecology, Division of Psychosomatic Perinatology, University of Southern North Dakota at Hoople)

Risk for preterm delivery of the at-risk nulligravida has not received the attention it deserves. The use of AF porcelain levels to predict ...

The example at left for formatting abstracts appeared in the syllabus of the first annual meeting, in which authors were encouraged to “use a fresh ribbon so that the type will be dark and even” before submitting the abstract to Robert J. Sokol, MD, chair of the Program Committee.



The San Antonio Hilton Palacio del Rio hosted the first several meetings.

chosen for the meeting because ABOG had just abandoned that weekend for the second half of its oral examinations. San Antonio was selected because it was expected to be warm and was considered convenient to all parts of the United States. Unfortunately, San Antonio turned out to be very expensive to reach by air and not always as warm as hoped. In fact, since several attendees of the 1983 meeting described the weather as “freezing” that year, it could be said to be sometimes decidedly cold. Despite these minor drawbacks, San Antonio served as the site of the first several meetings.

“I see that you have 7 boats reserved for the evening of Friday, January 23. The average temperature during January is 46°. If you find that this is a little too nippy for your guests, you may reconsider and have a Mexican Fiesta in our Corte Real Room... There you have a view of the city in three directions and the lights ... are lovely in the evening! With decoration, Mexican dancers for entertainment, and sumptuous food, this turns into a very festive evening always enjoyed by our guests.”

Letter to Donald M. Sherline, MD, from Annie Smith, catering sales representative at the Hilton Palacio del Rio

The implosion of Stowers Furniture Co. building at Houston Street and Main Avenue in San Antonio was a major attraction during the 1982 meeting.

As local arrangements chair, Dr. Hayashi took care of everything. Some things took care of themselves, however. During the 1982 meeting, a building in downtown San Antonio was imploded. This occurred in the middle of a Friday morning presentation with about 35 attendees, all of whom interrupted their scientific pursuits to look

Going going gone!



1 Stowers building at Houston Street and Main Avenue stands ready to be sent into history.



2 250 pounds of explosives split the 10-story structure in halves early Sunday with two soft booms.



3 Taking only 6 seconds to destroy the building, the implosion did not damage surrounding structures.

out the window and watch the show. Although Dr. Hayashi actually had nothing to do with this display, it did create a diversion for which he was given credit.

The proceedings issued that first meeting was printed incorrectly and had to be reprinted by the erring print shop. This did not turn out to be an ill omen, however, and the meeting was well received by the 100 attendees. The banquet was a hit (Dr. Sherline collected tickets, in keeping with the importance of the role of president at that time), and the small, informal aspect of the meeting was conducive to good interaction and the establishment of long-lasting friendships.

Early meetings are remembered as having a warm, intimate atmosphere that evokes fond memories coupled with some nostalgia. Many hours were passed along the River Walk in San Antonio, sharing refreshment, camaraderie, and scientific interchanges. Although the vigor of those meetings has remained unchanged, the atmosphere now is much different.

“The flavor of the society has changed from a close-knit group of perinatologists to a much larger group of maternal–fetal medicine specialists...These are not bad changes. I can still remember walking into one of our meetings and knowing almost everyone there or at least having heard of them. In those days, we were more of a perinatology “club” than what we have grown to be, which is a well-respected society of perinatologists. These changes have all been for the good.”

—Washington C. Hill, MD

Since the first meeting, the SPO has experienced a logarithmic rise in the quality of its submissions and its importance as the leading perinatal force in North America. The field of perinatology has enjoyed an explosion in knowledge that continues today, and the proceedings of scientific sessions of subsequent annual meetings chronicle these advances. To keep pace with this growth and the increasingly diverse interests of SPO constituents, the meeting has expanded to include a variety of forums for scientific presentations and special interests as well as social activities and an administrative support structure.

“There was a pioneering spirit in the early days...to get things going. Many people spent a lot of extra time and effort to establish the society and organize the meeting.”

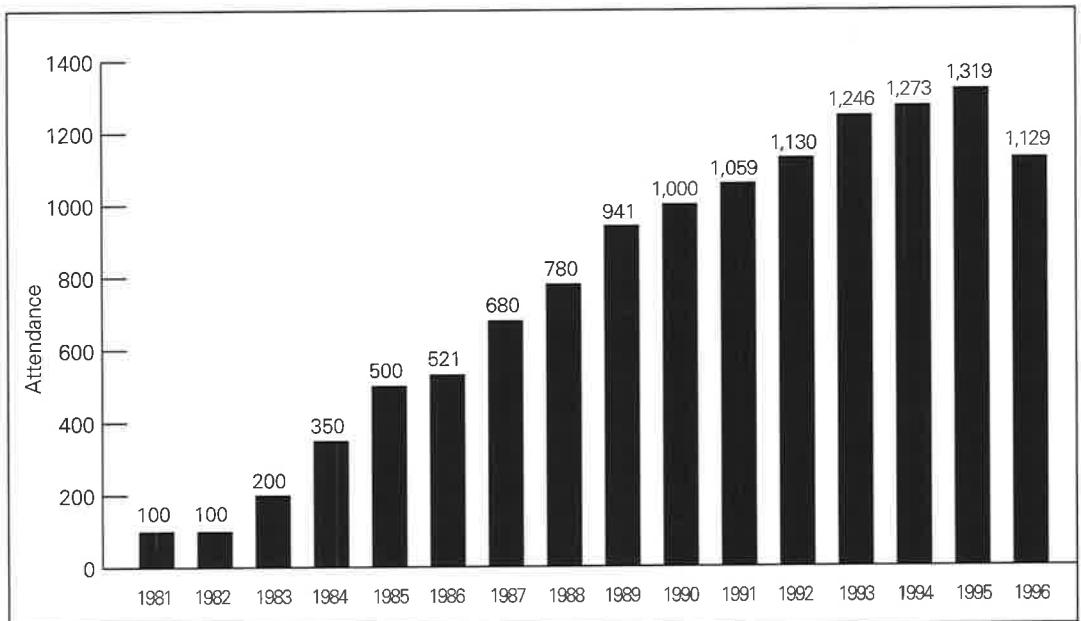
—Sze-ya Yeh, MD

A GATHERING OF THE WORLD'S PERINATOLOGISTS

The SPO annual meeting is now held at a different site each year. Attendance has climbed steadily, with attendance in 1985 more than double what it had been in 1983; in 1995 more than 1,300 attended the meeting. The number of papers presented also has increased yearly. The meeting format is designed to encourage young researchers to present original work in the forms of poster and oral presentations. In fact, one of the plenary sessions is now devoted entirely to presentations by fellows. Organizing the meeting is a year-long effort undertaken by volunteer physicians who serve on committees devoted to the various functions. In addition to the scientific program, there are postgraduate courses, social activities, administrative and business meetings, and gatherings of affiliated groups with specialized interests.

“Our society has allowed would-be perinatologists, fellows, and junior and senior perinatologists to gather together and share our experience, our work, our studies, and—oh yes—our lives and lies. Many friendships have been made at our meetings and others rekindled. The SPO has been a source of pride for all of us and is well respected around the country.”

—Washington C. Hill, MD



Attendance at the annual meeting

The Scientific Program

“The first few meetings did not include much science and were mostly made up of retrospective studies and a few case reports, but the interaction of people was most important in identifying this new specialty,” recalls Dr. Frederick P. Zuspan. He attended the first two SPO annual meetings and, in view of their “deplorable quality,” determined not to return. He stayed away for 3 years, at which point Dr. Richard H. Paul, in what came to be a time-honored tradition of the SPO of not taking “no” for an answer, asked him to become an honorary member. At the time, the high-caliber research in the field was presented elsewhere. All this began to change, however, as the number of fellowships and trained fellows increased and research efforts expanded.

“The work of the fellows basically helped improve the quality of the annual meeting agenda, and people began to feel better and better about the Society of Perinatal Obstetricians.”

—Frederick P. Zuspan, MD

In 1983, the annual meeting was structured as a one and one-half day meeting that allowed attendees to return late Saturday afternoon or to extend their visit. The overall scientific program included four sessions with six 10-minute presentations during each period. Each presentation was followed by a 5-minute open question-and-answer period, which often was lively. There were two poster sessions, which accommodated a maximum of 45 presentations per 2-hour session. For the 1984 meeting, Program Chair John C. Morrison, MD, notes that “as usual, the moderators will be equipped with electric cattle prods to ensure that each speaker meets the time constraints allotted...”

For the first several years, a formal discussion was held by an invited discussant after the presentation of each paper. In 1982, Dr. Donald Coustan presented a paper on calcium metabolism in pregnancy. It was the last scheduled presentation on the Saturday that ended the meeting, and attendance was waning.

“I was quite disappointed to see that there were only about 15 members still present when my turn came. Dwight Cruikshank was the discussant, and he immediately lifted me from my depression by expressing his delight that so many people had stayed for this paper since, as far as he knew, he and I and perhaps Roy Pitkin were the only MFMs who really grooved on calcium metabolism.”

—Donald R. Coustan, MD



Poster sessions generate lively discussion.

Oral presentations and plenary sessions are selected from the highest ranking abstracts. Posters are chosen from the remaining abstracts for presentation. Those papers that receive the highest marks are eligible for one of the numerous awards presented at the meeting (see Chapter 4). Scientific papers presented are considered for publication in the *American Journal of Obstetrics and Gynecology*.

In the early meetings, sessions did not overlap, allowing the meeting-goers to attend all sessions. In 1987, the format was changed to include more oral presentations and to have overlap between oral presentations and posters. With 472 papers submitted, it was not possible to fit everyone into the program otherwise. Although concurrent sessions had been controversial because they dictated that members choose one session over another, concurrent sessions were held for the first time at the 1993 meeting. This change was instituted somewhat reluctantly as a way to increase the number of oral presentations. In addition to the plenary sessions, three concurrent sessions with eight oral presentations each were added on Thursday and Friday afternoons, thereby increasing the total number of oral presentations from 44 to 78.

“I believe that the Society of Perinatal Obstetricians has absolutely flourished. The papers presented...are for the most part outstanding. It is also perhaps the most enjoyable meeting I attend at present.”

—Edward J. Quilligan, MD

Postgraduate Courses

Postgraduate courses were introduced to the program by Dr. Sze-ya Yeh, an early and dedicated member of the society. In 1984, Dr. Yeh's proposal to hold a postgraduate course on computer applications in perinatal medicine was rejected, although Dr. Yeh was invited to give the course without official endorsement. The day of the course, Dr. Yeh was negotiating for a room in which to hold it. Attendance was to be limited to 100 persons, but more than 120 persons showed up (including Dr. Edward J. Quilligan). After that surprising experience, the Board of Directors decided to make postgraduate courses an official part of the meeting. Dr. Yeh's computer course turned out to be the forerunner of an immensely successful aspect of the meeting.

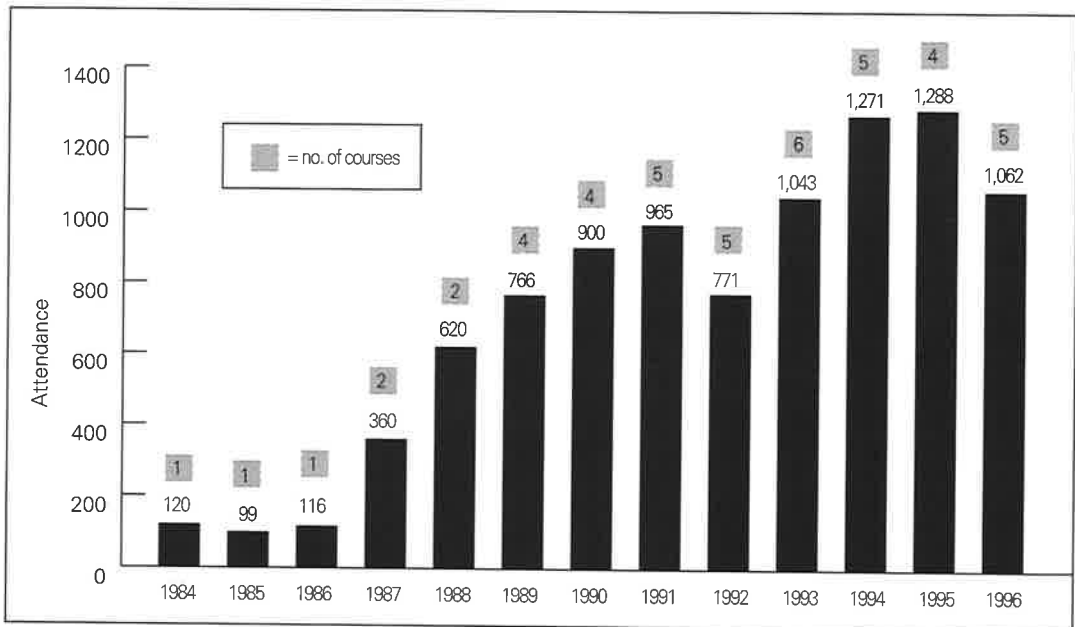


Dr. Robert Hayashi is certifiably computer literate after participating in the first postgraduate course.

“My first experience with any kind of computers was at Sze-ya Yeh’s postgraduate course in 1984. Dr. Yeh so inspired me (and I believe the other attendees) that I immediately bought my first computer, an Apple floppy disk machine (really floppy), which now has been recycled to a friend in Belarus and I believe is running a hospital. No continuing medical education I have ever taken has influenced my life more profoundly, and I know the other attendees would join me in publicly thanking Sze-ya for bringing us into the modern age.”

—Donald R. Coustan, MD

The first “official” course was given the following year by Dr. Frank C. Miller. The topic of the one and one-half day course was medical–legal issues. On the second day of the course, a mock trial was held with members serving as defendants and expert witnesses. In 1986, Dr. Yeh gave the course “The Art of Medical Communication,” in which attendees learned how to write papers, prepare slides, and give presentations. In 1987, two courses were held, and in 1988, courses “took off,” according to Dr. Yeh, with 620 attendees. Eventually, more courses were added, and it became necessary to limit course registration. A complete listing of courses and faculty is in Appendix A.



Postgraduate courses became a popular feature of the meeting, as attendance and the number of courses offered (shown in the box) grew.



Skaters take to the ice at the Galleria in Houston.

The Mariachi Tradition

During the early days of the meeting, it became traditional to have a Tex-Mex motif, complete with mariachi band. This entertainment was organized by Dr. Hayashi, who has assembled a wealth of information giving insights into the early days of the SPO, as indicated by the following receipt:

"Mariachi band, 3 men to wander around, \$100, for 1 hour during dinner. 20 Mexican dancers for \$300/hr."

The Streets of San Francisco

The traditional Wednesday evening opening reception created an opportunity not only to socialize but also to taste the many distinctive cuisines for which San Francisco is famous. The Yosemite Ballroom was transformed into the "Streets of San Francisco" with theme stations offering, among other things, dim sum from Chinatown, seafood empanadas from the Mission District, shrimp scampi from North Beach, and gallons of chocolate fondue for dipping at the Ghiradelli Square station.

*"1993 SPO Annual Meeting Highlights"
SPO Newsletter, June 1993*

The Lighter Side— Social Activities

Each meeting has featured an opening reception for casual, informal meeting and greeting, and a more formal banquet where awards are presented, presidents inducted, and honorary members welcomed. In the early days, the banquet was a Mexican buffet with a mariachi band, arranged by Robert H. Hayashi, MD. Texas grits is remembered with varying degrees of fondness as a menu item.

When the meeting moved to other locations, the themes of the banquets changed, although the Mexican tradition was reinstated at least once as a "Tex-Mex" motif. In 1985, the entertainment was a string quartet, and for the first time the banquet was oversubscribed. Other social events have adopted the theme of the location, such as an SPO version of the Ice Follies held in 1990 in the Galleria's famed ice skating rink in Houston and the "Streets of San Francisco" reception of 1993.

Walt Disney World was a big draw at the 7th Annual Meeting, as Dr. Bruce K. Young, program chair, recalls. He finally "grabbed some time" at the end of the meeting to visit the amusement park. As soon as he followed his wife through the entrance gate, sirens went off, bells started ringing, and lights began flashing.

"I had no idea what had happened until someone approached me and congratulated me and told me that I had free admission to the park because I was the 10,000th visitor. I was given a Mickey Mouse hat with flashing lights on the front...[which]...I wore all the way home..."

—Bruce K. Young, MD

Presentations have been a regular feature at the banquets. In 1987, there was a special presentation by Dr. Petrie of the society's history. According to Dr. Young, "Roy Petrie's review of the history of the

society in his own inimitable style was all the entertainment we needed.”

In 1989 Dr. Alan H. DeCherney gave a talk entitled “REs are Smarter than MFs: Pluperfect.” For the 1990 banquet, an after-dinner program featured slides and anecdotes charting the remarkable growth of the SPO Annual Meeting, put together by those who know best: former program chairs.

Members also were able to participate in a “fun run” sponsored for several years by Genetrix. This was just one of the many ways in which industry supported early meetings.

RELATED INTERESTS

The broad base of its constituency gives the SPO a strong foundation. The society reaches out to special interest groups as well as industry in an effort to achieve its goals and meet the needs of those committed to them.

Special interest groups were created in 1985 and have become a valuable part of the meeting. The issues discussed are shared with the membership, and recommendations are referred to the Board of Directors for action. More information about the activities of these groups is included in Chapter 4.

Corporate sponsors played a role in promoting the goals of the society as well. They funded prizes, contributed to fellowships, defrayed printing and publishing costs, and supported activities.

“From the beginning, the liberal support provided by our corporate sponsors greatly aided the growth and development of the society and the success of its annual clinical meetings. Fortunately, this support is provided without strings attached and without the fanfare and circus atmosphere which frequently accompanies commercial exhibits and the entertainment philosophy. Our society will maintain the low profile of involvement of our corporate sponsors who have been most generous. Of interest, these sponsors also feel that the format for interacting with our society members is of an extremely beneficial and positive nature.”

— Richard H. Paul, MD
 “From Your President”
SPO Newsletter, December 1989

The Fun Run

For the 1988 meeting in Las Vegas, a “Fun Run” was planned, as described by Mary Jo O’Sullivan, MD, in the December 1987 *SPO Newsletter*:

“...there will be a Fun Run 2-mile course for all you exercise buffs. The fee will be minimal (\$5.00), you will get a “T” shirt souvenir, and you will have to sign a release form. Since you are all familiar with our legalistic world, this should come as no surprise.”

It was a low-key event, and participants could choose their own speed, either walking or running. The event was very popular, even in light of the early morning rising it entailed, and was repeated in subsequent years, compliments of Genetrix.



On-Site Child Care

As an organization dedicated to the promotion of healthy families, it was appropriate that the SPO be at the forefront in incorporating an on-site child care service into its annual meeting format. In response to a growing need on the part of the membership, an on-site child care service was provided in 1993 at the San Francisco meeting for the first time. For many members, a lack of child care had meant missing all or part of the annual meeting. Now children could have a stimulating, structured program of activities rather than spending 8 hours in a hotel room with a sitter. This action was enacted on the recommendation of the special interest group, "Women in Perinatology," and was due in large part to the efforts of Valerie M. Parisi, MD.



Larry C. Gilstrap III, MD,
champions financial
independence.

In 1985, the possibility of including scientific exhibits was explored and rejected. There was a corporate presence at the meeting, however. In 1992, the Board of Directors formulated a corporate policy (see Chapter 7), and in 1994, all corporate support was redirected away from the meeting. The meeting is now financially self-sufficient, supported by registration fees. Much of the credit for this move goes to Larry C. Gilstrap III, MD, who during his presidency showed his confidence in the society by championing its financial independence.

As the meeting grew, so did the cost of the increasingly complex logistics. In 1989, several members of the Board of Directors urged an increase in registration fees, in part due to the "increased cost of putting on the annual clinical gathering" but also to "the administrative problems brought on by late registration on the part of participants." It was suggested that registration fees be raised to \$75 if received by a certain early date, \$90 if received within

4 weeks of the meeting, and \$125 for "on-site" registration. Registration fees were tiered by category—fellows in training, members, and guests. This system remains in effect today.

THE BUSINESS END

Many individuals are involved both officially and unofficially in the management and organization of the numerous activities related to the meeting. The Board of Directors conducts its business during the annual meeting, and since 1993, associate members have had a separate business meeting.

The workings of the meetings are driven by the Education, Communication, and Program Committee. Various individuals are responsible for poster presentations, postgraduate courses, special interest groups, and fundraising. Responsibilities are rotated during members' 3-year tenure on the committee. A volunteer is designated as a local resource to provide guidance regarding things to do, sights to see, and places to eat. A site selection committee determines where the meetings will be held.

In the beginning, the annual meetings were handled entirely through the secretary-treasurer of the organization, an office held by Dr. Roy H. Petrie. He assumed the primary responsibility for registration, membership rosters, and all fiscal details, which he had laboriously taken care of within his office at no expense to the soci-

ety. Eventually, all of that changed with the broadening of responsibilities of committee members and the hiring of Patricia Stahr as Executive Administrator of the SPO in 1988.

“Pat Stahr, who works quietly, calmly, and efficiently 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.”

—Valerie M. Parisi, MD

The remarkable growth of the organization has made the task of program chair both easier and more difficult. It was easier because of the enormous amount of material to draw from and the generous support of the members, officers, and friends who were willing to share responsibility for making the meeting a success. It was more difficult because the scope of the task exceeded all previous experience in terms of size, numbers of abstracts, level of sophistication, and broad participation (both nationally and internationally). It had become “a very big job.” In 1986, Dr. Sze-ya Yeh organized the scientific program as well as local arrangements, in addition to redesigning the syllabus and introducing an author index, which he created. In 1987, responsibilities were delegated, and for the first time an associate program chair (Dr. Mary Jo O’Sullivan) was designated to assist that meeting’s program chair, Dr. Bruce K. Young.

SITE SELECTION

A steering committee devoted to long-range planning for meeting sites was established in 1989. Geographic neutrality was becoming a factor in site selection, and alternating between east and west coast selections was considered desirable. The committee composition was designed to provide continuity and to take advantage of the experience and corporate memory of those organizing the meetings. The committee consists of the immediate past program chairs and the two future program chairs.

Dr. Bruce K. Young was responsible for site selection just after the 1987 meeting. In that capacity he negotiated contracts with various hotels that would meet all the criteria.

“I was able to negotiate a contract with the Hilton hotel chain, which provided for six years and possibly seven of meetings with very favorable terms. All went well, and except for the year that the SPO withdrew from the New Orleans Hilton because of the stance of Louisiana on abortion, everything was mutually satisfactory. The Hilton chain was very understand-

Thanks!

Some of those who gave early direction to the society had the benefit of the “unseen assistance” of their spouses who made a gift of their time in banquet menu selection, facility planning, and direct supportive presence at fiscal and registration functions. Following are some of the acknowledgements that appeared through the years in the syllabi:

- Dr. John C. Morrison thanks his wife Rita for “not leaving me during this hectic year.”
- Dr. Bruce K. Young thanks his “wonderful wife Phyllis for her help, her ideas, her understanding; for being there and for forgiving me all those times when I am not.”
- Dr. Sze-ya Yeh thanks his “dearest wife Grace for her full-hearted support in every aspect of this meeting.”
- Dr. Robert J. Sokol thanks “Roberta, my wife, for bookkeeping, the scoring and ranking of the abstracts, and for organizing the proceedings.”
- Dr. Frank C. Miller “would like to acknowledge the efforts of ... my wife Pat...who spent many long days and a few weekends planning and working on all aspects of this meeting.”

As more women became involved in the SPO, spouse support also was provided by husbands. Dr. Denise Main, program chair of the 1995 meeting, states in the abstracts volume “I would especially like to thank my husband and fellow SPO member, Elliott K. Main, MD, who, as the computer savvy member of our team, devoted at least as many hours as I did to program planning and organization.”

Others working “behind the scenes” include the very able assistants mentioned with gratitude:

- Ms. Wanda Cockrell is thanked by Dr. Morrison for being “responsible for all of the organizational aspects of the meeting and the majority of the work involved.”



The supporting cast played a key role in arranging the annual meeting: From left, Alta Jean Paul, Roberta Sokol, Grace Yeh, Phyllis Young, and Patricia Miller.

- Dr. Young gives special thanks to Andrea Lavix who “spent countless extra hours, nights, and weekends to ensure the success of this meeting. Without her help it would never have happened.”
- Larry C. Gilstrap III, MD, gives “very special thanks and gratitude” to Lynne McDonnell “for her skillful organization and hundreds of hours of work that went into preparing this syllabus.”
- Valerie M. Parisi, MD, says “Carole Durham stepped in cold 10 days before the abstracts arrived and has cheerfully and enthusiastically worked endless days, nights, and weekends. Fortunately for me, Carole, and the SPO, Lynne McDonnell and Laurie Daniels gave up one week of their lives and countless hours of telephone consultation to teach us everything we ever wanted to know about computer programming and meeting planning. These three women have my eternal gratitude and earnest admiration.”
- Robert J. Sokol, MD, thanks “Ms. Norma Brown...for managing all correspondence and for preparing the Proceedings for printing.”
- Dr. Mary Jo O’Sullivan thanks “Grace Alfonso, whose drive, initiative, and skill is really what put this program together; Carla Gonzalez, her right and left hand, who was constantly supportive of both of us; JoNell Efantis, who doesn’t care if she never sees another set of numbers again and...Diana Palov who took up a lot of the office slack.”

Many others played a supporting role in the meeting and are thanked accordingly. Some thanked their institutions for being supportive, whereas others extended gratitude to their colleagues. Through the years appreciation has been expressed repeatedly to the Board of Directors and committee members for their unfailing service to the SPO.



ing about the withdrawal and no penalties were assessed. The only problem was that in 1993 I was no longer in that capacity [in charge of site selection] but the entire bill for the 1993 meeting came to my office addressed to me!”

—Bruce K. Young, MD

In 1991, the officers and Board of Directors of the SPO voted unanimously to cancel the contracts for the planned 1993 and 1995 annual meetings, previously scheduled to be held in New Orleans, Louisiana. This action was taken in response to very restrictive anti-abortion laws which had recently been adopted by that state. Letters were sent to the mayor of New Orleans and the governor of Louisiana describing the SPO's reasons for this action. Initially, the SPO was threatened with litigation for canceling these contracts. The entire membership was polled before proceeding with the decision and risking substantial assets.

“Due to the diligence and diplomatic skills of Dr. Larry Gilstrap ... we were able to successfully negotiate for alternative Hilton sites, with a promise to return to New Orleans should the law be repealed...Preliminary polls of the ACOG fellowship indicate that 85% have supported the College's resolution not to hold a meeting in any states which, by legislation, 'significantly limit access to abortion or reproductive services, or require patient counseling or referral which does not present a balanced viewpoint on the range of options in pregnancy care.'”

—Thomas J. Garite, MD

There was, over the years, ongoing discussion about the continuing growth of the SPO affecting the selection of meeting sites. The one constant theme in these discussions was the desire to keep the meeting under the roof of one hotel rather than go to a convention center setting. Other limitations are imposed by the fact that the meeting is held during the winter, necessitating a Sunbelt location. A Hilton hotel in a sunny locale that is large enough to accommodate the meeting currently limits the meeting to a few cities.

As the meeting grew, concerns centered around a number of issues. Many sites and facilities were no longer able to accommodate the SPO meeting. Within the membership, focused interests and interest groups were emerging that wanted to have their own separate meetings within the SPO's meeting or contiguous with it. There was consideration of the SGI and the SPO working together toward a common meeting site and time to make it easier to attend both meetings, and the concept of concurrent sessions was being considered. Finally, corporate sponsors were petitioning for new, increased

opportunities to show and discuss their products. How could all these concerns be addressed and still maintain a scientific atmosphere? By listening to its members and being flexible and responsive to their needs, the SPO has been able to deal with these issues and at the same time retain the scientific basis that is key to its meetings.

HISTORICAL HIGHLIGHTS

All the annual meetings are listed in Appendix B. Here are some highlights of each meeting and the events that surrounded them.

1981

1st Annual Meeting, San Antonio, Texas
Robert J. Sokol, MD, Program Chair

- The first program is printed incorrectly and has to be reprinted, so two versions exist.
- There are 100 attendees.
- The mariachi tradition is born.

1982

2nd Annual Meeting, San Antonio, Texas
Robert J. Sokol, MD, Program Chair

- Attendance remains stable at 100.
- The number of abstracts increases from 70 to 105.
- Three prize paper awards are given.

1983

3rd Annual Meeting, San Antonio, Texas
Richard H. Paul, MD, Program Chair

- Honorary membership is established in recognition of the four physicians (aka “Silver Tips”) who were originators of the Maternal–Fetal Medicine division of ABOG.
- Honorary members chair a scientific session to lend an aura of distinction (and credibility) to the meeting.
- The first poster session is established to accommodate most of the 115 abstracts submitted.
- Four prize awards are presented at the beginning of each scientific session.

Hostages Released

During the first annual meeting, the release of 52 hostages held by Iran was negotiated in the last hours of the Carter administration. After 444 days in captivity, during which they were subjected to brutal treatment, the hostages were flying home to be reunited with their families at about the same time as the New Orleans meeting ended.

Texas Style

Dr. John C. Morrison attempted to have the 1983 president, Dr. Robert H. Hayashi, transported with his wife and children from the airport to the hotel in San Antonio. He engaged a Texas limo, complete with a sunroof and horns on the front of the car. It was driven by a male chauffeur wearing knee socks and a highly abbreviated version of a tuxedo who was accompanied by a hostess from one of the local clubs who was wearing a tuxedo jacket and little else. “Bob, Toni, and the kids missed the limo ride and instead got to converse in Spanish with the cab driver. The real challenge came in explaining my American Express bill to my wife...”

1984

4th Annual Meeting, San Antonio, Texas
John C. Morrison, MD, Program Chair

- The number of oral presentations increases from 24 to 28.
- Three additional awards are created.
- Affiliate membership is considered.
- A new meeting format is explored.

“Soon the capacity of the society to continue to handle abstracts and presentations in the current manner will be severely limited.”

—Roy H. Petrie, MD
SPO Newsletter, December 1984

1985

5th Annual Meeting, Las Vegas, Nevada
Frank C. Miller, MD, Program Chair

- A new site and theme for the banquet are selected.
- Membership doubles since 1983.
- The cost of the syllabi—now \$7 per copy plus postage—becomes a concern.
- The first postgraduate course is held.
- The first special interest group is created (community hospital-based perinatology).

1986

6th Annual Meeting, San Antonio, Texas
Sze-ya Yeh, MD, Program Chair

- SPO enters the computer age with creation of the syllabus.
- The syllabus has a new look and a new feature—an index.

The 1986 meeting was marked by investigations into the cause of the explosion of the space shuttle Challenger, history's worst space disaster. Earlier that week, the entire crew was lost as the space shuttle exploded before a large crowd gathered to watch its launch.



- *American Journal of Obstetrics and Gynecology* is selected as the society's journal.
- Special interest groups grow to eight.
- The abstract process is refined to be more selective.
- Affiliate membership is approved.

1987

7th Annual Meeting, Orlando, Florida

Bruce K. Young, MD, Program Chair

- Position of associate program chair is created.
- Guidelines are drawn up for reviewing and rating abstracts.
- Meeting format is changed to allow overlapping oral and poster presentations.

1988

8th Annual Meeting, Las Vegas, Nevada

Mary Jo O'Sullivan, MD, Program Chair

- The program is expanded by one-half day.
- Discussion sessions are instituted.
- Postgraduate course registration is limited because of overcrowding.

"Things are getting awfully hectic with a 2-day limit."

—Robert J. Sokol, MD



1989

9th Annual Meeting, New Orleans, Louisiana

Thomas J. Garite, MD, Program Chair

- The program chair's duties are divided to extend over a 3-year period.
- A site selection steering committee is established.
- The scientific session is extended by one-half day, and the number of postgraduate courses is increased from two to four.

"We had set up the meeting so that the last session was in the afternoon, when all of a sudden we realized that if we didn't get out of there by noon we would not be able to get to the airport. It was Mardi Gras, and the Endymion float would be filling the streets. As it was, we had to work around the Mardi Gras krewe, who were using the hotel ballrooms at night. After this meeting, ending the last session at noon became a tradition."

—Charles M. Stedman, MD

1990

10th Annual Meeting, Houston, Texas

John C. Hauth, MD, Program Chair

- The mariachi tradition returns, joined by SPO's version of Ice Follies.
- Attendance sets a record, with 1,000 meeting-goers.

1991

11th Annual Meeting, San Francisco, California

Julian T. Parer, MD, Program Chair

- The meeting is extended to two and one-half days.
- There are five postgraduate courses—two new and three repeats.
- Abstracts are published in the *American Journal of Obstetrics and Gynecology*.

“The Persian Gulf crisis made travel for our international colleagues difficult, if not impossible, and preempted the participation of many of our members serving in the military.”

SPO Newsletter, July 1991



The 1991 meeting was held while the Persian Gulf war was being waged. Among those called to serve was Gary D. V. Hankins, MD, who was then a colonel in the Air Force. He was sent to England to establish a contingency hospital, awaiting the casualties that fortunately never arrived. The 1,000-bed hospital was literally boxed away 10 years earlier to be uncrated later should the need arise. Dr. Hankins supervised the assembly of

the hospital, which within 9 days was in a state of full preparedness. His British colleagues were impressed with the caliber of the facilities, despite their age. Dr. Hankins admits to never having read the instructions (or finding them, for that matter). He must have demonstrated some aptitude, however, because he applied his surgical skill to making bombs in his spare time.

1992

12th Annual Meeting, Orlando, Florida
Larry C. Gilstrap III, MD, Program Chair

- Special interest groups are given the option to expand their meetings.
- A record number of abstracts (69) were submitted from outside the continental United States.
- Corporate policy is established.

1993

13th Annual Meeting, San Francisco, California
Valerie M. Parisi, MD, Program Chair

- The abstracts are formatted according to the style of the *American Journal of Obstetrics and Gynecology*.
- Concurrent oral presentations are instituted.
- The first associate members meeting is held.
- Child care is introduced.

1994

14th Annual Meeting, Las Vegas, Nevada
Gary D.V. Hankins, MD, Program Chair

- The Achievement Award is established and presented to its first recipient, Sze-ya Yeh, MD.
- Abstracts are accompanied by a statement affirming that the submitted work had not been previously presented or published.
- Posters remain on display all day, but authors are stationed at them for either morning or afternoon sessions.

1995

15th Annual Meeting, Atlanta, Georgia
Denise M. Main, MD, Program Chair

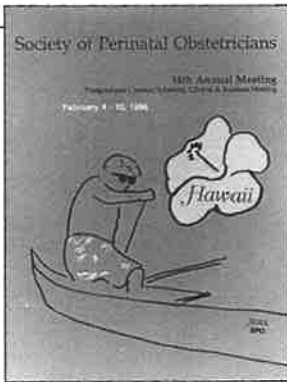
- Review process is expanded to enable processing of increasing number of papers submitted.
- A separate plenary session is established devoted to fellows' research.
- Abstracts submitted by associate members are eligible for publication in the *American Journal of Obstetrics and Gynecology*.
- The meeting is financially independent of corporate support.
- On-site judging of oral sessions is instituted.

Health Care in the News

During the 1992 meeting, health care was a front page story. In the February 3 issue of the *New York Times* the headline read, "Bush Health Plan Would Be Financed By Medicare Curb: Less Money for Hospitals." Sounding an alarm for health care, the article went on to note that the plan would reduce special allowances paid to teaching hospitals and those that serve many low-income patients—a harbinger of things to come.

The SPO Goes Native

The 16th Annual Meeting was held February 4–10, 1996, in Kamuela, Hawaii. In recognition of the tropical setting, dress was casual, but the intensity of the scientific program, organized by Steven L. Clark, MD, continued unabated. There were five postgraduate courses and 1,058 abstracts submitted. Attendance was a bit lower than usual, which was not unexpected given the combined influence of distance and the economic climate. Registrants and their guests were greeted with an “Aloha” reception, setting the stage for a stimulating meeting.



TODAY'S MEETING

In 1995, the Board of Directors instituted a number of changes, “largely in response to suggestions from various SPO members, and because this was the first SPO meeting without direct corporate sponsorship of specific prizes or social events.” The leadership of the SPO constantly strives to listen to its members and respond to the changing needs of the future.

Meetings are scheduled for the next 7 years:

- 1997 Anaheim, California, January 20–25
- 1998 Miami Beach, Florida, February 2–7
- 1999 San Francisco, California, January 18–23
- 2000 Miami Beach, Florida,
January 31–February 5
- 2001 Reno, Nevada, February 5–10
- 2002 New Orleans, January 14–19
- 2003 San Francisco, January 20–25

PROMOTING THE SCIENCE

First and foremost, the SPO is dedicated to the promotion of science. It was founded on that basis and has, from the beginning, cultivated and recognized talent in the specialty in a variety of ways. The society has created a forum for the brightest and best professionals in the field to present their research and has fostered the dissemination of that research to areas where it can improve the care of pregnant women and their babies.

Initially contributions were recognized through awards for presentations and posters at the annual meeting. These awards were broadened to acknowledge advances in specific areas, such as genetic research and ultrasound. Other awards evolved to provide educational opportunities in maternal–fetal medicine and to reward achievements in the field. Eventually, these awards were consolidated under the umbrella of the SPO Fellowship Foundation.

Awards are only one way in which the SPO stimulates research in perinatology. Other vehicles that have played an important role in cultivating and motivating researchers have been a fellowship matching program and a retreat that gives fellows one-on-one exposure to leaders in the field. The SPO has taken a strong advocacy role on behalf of those beginning their careers in maternal–fetal medicine. In 1995, for the first time an entire scientific session at the annual meeting was devoted to research by fellows.

The SPO has cultivated a tradition of reaching out to others, exchanging information, and welcoming the involvement of other groups. This philosophy has enabled SPO to benefit from special interest groups—an informal network of 12 groups directed to a specific area of research or interest. It has also created an atmosphere of liaison in which other groups and societies have formal links with the SPO.

All of these activities have unified the SPO's goal of promoting the scientific integrity of perinatal medicine. In so doing, the organization has benefited the providers as well as the recipients of such care.

The founding members of SPO felt that the aegis of the organization should be directed toward scientific excellence. One has only to compare the quality and quantity of material presented at each year's meeting to confirm the scientific success of the organization.

—John C. Morrison, MD
SPO Newsletter,
June 1985

Accreditation

The question was raised in 1988 about obtaining independent accreditation for awarding continuing medical education. There was little enthusiasm for undergoing the site visit required by the Accreditation Council for Continuing Medical Education. The Board of Directors considered it preferable to obtain accreditation through ACOG as a part of an impending move under consideration. This became a reality in 1989, when ACOG established a joint sponsorship program with SPO.

AWARDS

Awards for scientific presentations were instituted with the 3rd Annual Meeting in 1983 and continue to this day. That same year the Sam Seeds Fellowship was established by Perinatal Resources, Inc. Other awards, given at the meeting but not linked to presentations there, followed in subsequent years. They included the Humana Award, the SPO Academic Enrichment Award, and the SPO Achievement Award. Many of these awards were made possible through the support of donors. Thanks to the generosity of these organizations, the SPO was able to offer awards when the organization was in its infancy. As it has grown, the SPO no longer relies on such support but nonetheless is grateful to those that helped start the tradition. A complete list of award-winning presentations is in Appendix C.

Annual Meeting

At the 1983 meeting, awards were given for the most outstanding paper presented (\$1,000) and for two significantly outstanding papers (\$500 each). An award also was given for the most outstanding paper presented by a fellow in training (\$1,000). The award winners were selected on the basis of the abstract submitted (see Chapter 5).

In 1984, the awards instituted in the previous year were presented, and three new awards were added. Two awards were given for the best poster presentation (\$500 each), and an award was presented for the best research idea (\$500). In 1985, in addition to these honors, an award was given for the best genetics paper in the field of perinatal research (\$500). In 1987, an award was established for the best ultrasound research in perinatal medicine (\$500), and in 1988 there was an award for the best Doppler research (\$500). An award for outstanding research by a community-based perinatologist was instituted in 1992.

Gradually, awards for posters and presentations increased with the number of sessions. Effective with the 1995 meeting, one award was presented for each oral session (plenary and concurrent), except for the fellows' session. Special awards spotlight research done by fellows in a separate fellows' plenary session. Two prizes are awarded to the fellows who give the best clinical and basic science research presentations.

Judging the value of a presentation based on an abstract has limitations. However, waiting to hear the presentation or see the poster posed difficulties in preparing prize checks and certificates to be awarded at the meeting. In 1995, that obstacle was overcome, and plaques instead of cash awards were presented on site.

Sam Seeds Fellowship

The Sam Seeds Fellowship in Maternal–Fetal Medicine was established in memory of Professor Asa E. Seeds in 1981 and funded by Perinatal Resources, Inc. The goal of the award was to provide opportunities for young individuals of academic promise to broaden their education and experience in preparation for a career in maternal–fetal medicine. It was intended specifically to permit the fellow to spend a period of 1–3 months during or immediately following subspecialty training at an institution, in the United States or abroad, other than the primary training site. At the time of application, candidates must have been accepted or enrolled in a fellowship program in maternal–fetal medicine approved by ABOG. Originally, one award, consisting of \$2,000 plus a certificate, was made annually. The funds were intended to defray travel and living expenses, not to support the fellow’s salary or in direct support of research.

The first winner of the fellowship was John W. Seeds, MD, brother of the award’s namesake. He was followed by Dr. John G. Gianopoulos, currently head of the maternal–fetal medicine division of Loyola University. Dr. Gianopoulos used the funds to study fetal physiology at the Nuffield Institute for Fetal Research at Oxford University in England under the direction of Professor Jeffrey Dawes, known as the father of fetal physiology. The results of his research on the effects of uterine contractility on fetal oxygenation were eventually published in the *American Journal of Obstetrics and Gynecology*. According to Dr. Gianopoulos, this was the opportunity of a lifetime that he otherwise could not have afforded:

“I was always interested in fetal physiology. When the award was announced my chair encouraged me to write a description of my proposed work, and it was accepted. The experience of training and learning from the ‘father of fetal physiology’ helped shape my career.”

Dr. F. Gary Cunningham was placed in charge of evaluating the applications for the fellowship, which were coordinated through the office of Dr. Frederick P. Zuspan. Characteristically, he was not reticent in expressing his views regarding the honors that should be accorded to the 1985 winner, Dr. Angela L. Scioscia:

“... Julie [Zuspan] tells me that there is no certificate for the recipient of the fellowship. There is a plaque at the University of Cincinnati to which her name will be added. I think this should be rectified [and] that the fellow receiving the award should receive some sort of ‘permanent recognition’ (there is no doubt that the \$2,000 is certainly a temporary honor!).”

In Memoriam

ASA E. SEEDS, JR, MD (1934–1980)

Born in Baltimore's Johns Hopkins Hospital, Asa E. "Sam" Seeds, Jr, returned to his birthplace to pursue part of his distinguished, though regrettably short, career in maternal–fetal medicine.

After receiving an undergraduate degree from Stanford University, he went on to graduate from medical school there in 1958. It was at Stanford that Dr. Seeds acquired the nickname "Sam," by which he came to be known. After a rotating internship at the University of Oregon Health Sciences Center, Dr. Seeds returned to Baltimore. Following internship, residency, and fellowship at Johns Hopkins University School of Medicine, he was appointed to the faculty. Dr. Seeds went on to serve as professor of obstetrics and gynecology at the Georgetown University School of Medicine and University of Minnesota, and finally in 1975 was appointed chair of the Department of Obstetrics and Gynecology at the University of Cincinnati College of Medicine.

At the time of his unexpected death on May 12, 1980, Dr. Seeds was the author of well over 50 articles and chapters and the coauthor of two books. His contributions to the understanding of maternal–fetal physiology, including acid–base balance, are well known.

His death, at age 46, undoubtedly preempted a multitude of future contributions to his patients and the profession that can only be imagined. He is missed by his family, his patients, and his colleagues.



Sam Seeds, MD

The 1986 Sam Seeds Fellowship winner was Dr. Nancy C. Chescheir. During her fellowship, Dr. Chescheir spent a month with Dr. Kenneth Clark at the University of Cincinnati learning mechanical techniques of animal research. Dr. Chescheir brought the award full circle, returning to the namesake's laboratory to learn techniques to use in work with his brother, John W. Seeds, MD, at the University of North Carolina.

In 1988, the amount of the fellowship was increased to \$3,000. Following are some excerpts of a letter from W. Kim Brady, MD, recipient of the award in 1988:

"...I spent six weeks in Westmead, Australia, with Dr. Brian J. Trudinger learning the technique of performing and interpreting umbilical artery flow Doppler velocity waveforms. This

valuable hands-on training experience greatly contributed to furthering my daily educational experience...I was able to participate with Drs. Trudinger and Giles on a joint project looking at placental pathology in patients treated with aspirin during pregnancy compared to control patients, and comparing pathological findings with the patients' respective Doppler flow studies...I am truly grateful to have represented the SPO in my capacity as the recipient of this prestigious award and hope that other maternal-fetal medicine fellows will continue to enjoy the same educational opportunity."

Today, the Sam Seeds Fellowship continues, along with other endeavors, to fund educational opportunities and create new horizons for young researchers. Funding from the Sam Seeds Fellowship is now used to support the SPO Fellows Retreat, thus benefiting all the maternal-fetal medicine fellows who attend that educational event.

Academic Enrichment Award

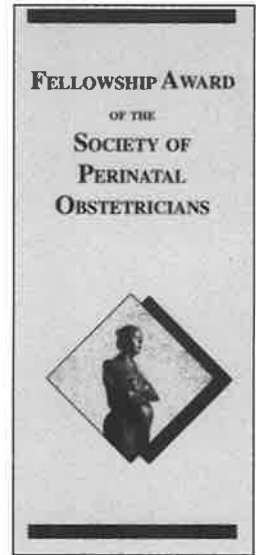
Encouraged by the caliber and number of applicants for the Sam Seeds Fellowship, the SPO announced the establishment of the Academic Enrichment Award in 1988. Patterned after its predecessor fellowship, this award had the same intent of supporting off-site rotations. The \$2,500 was intended for travel and living expenses, not for salary support.

SPO Fellowship Foundation

In 1988, the Board of Directors recognized the need to support young investigators in maternal-fetal medicine through a scholarship program or an additional fellowship year devoted to research. It decided to accomplish this by means of a foundation. Drs. Steven G. Gabbe, John C. Morrison, and Bruce K. Young agreed to investigate the best way to set up the foundation. The Board of Directors was to decide the base monetary support at the interim Board of Directors meeting after the current year's meeting expenses had been determined.

At the 1990 annual business meeting, the SPO membership voted to approve a change in the bylaws to allow for the creation of the SPO Foundation Committee. The standing committee consisted of three members at large plus the officers of the Board of Directors. The establishment of the SPO Foundation gave the society the flexibility to develop scholarships, educational grants, and other mechanisms to promote research and the advancement of perinatal care.

The SPO Foundation fellowship was designed to enhance the



The Fellowship Award was created to encourage young educators.

quality of research work done by those entering maternal–fetal medicine, to facilitate the retention of fellows who have elected to pursue a career in academic medicine, and to improve the health care of pregnant women and their infants through these research programs. As stated in a brochure describing the program:

“Through its foundation, the SPO seeks to identify potential leaders in our subspecialty and to support their research efforts through the funding of fellowship awards. The fellowship is to be used to provide research experience and training in a division of maternal–fetal medicine in an academic department of obstetrics and gynecology for an individual who has demonstrated through past accomplishments and the application process that she or he is committed to a career of research and academic excellence.

The award includes \$45,000 for one year and must be matched by an institutional commitment of no less than \$15,000 by the department in which the fellow will train. The recipient will be invited to present a paper summarizing the research work at the annual meeting of the SPO following the completion of the fellowship award.”

In addition to the financial support, the fellowship recipient also receives support in the form of two senior members of the society who are appointed to act as research mentors for the duration of the fellowship. The fellowship is closely monitored to ensure that 75% of time is devoted to research and 25% of time to clinical activities.

Dr. Steven G. Gabbe, president of the SPO in 1987, was instrumental in the creation of the foundation and describes his rationale:

“It became increasingly clear to me that the future of our specialty and of our subspecialty demanded support of young investigators in the embryonic years of their careers. As I spoke to promising senior residents and attempted to recruit junior faculty, I realized that there were great pressures for them to leave university medical centers and enter private practice. We were losing the ideas and creativity of the best and brightest young women and men finishing our training programs. It was my hope that the creation of a fellowship program would excite some of these individuals and, with continuing mentoring and support, they could contribute significantly in research. The idea of the foundation fellowship was to provide a bridge from the completion of the required maternal–fetal medicine fellowship training until other grant support could be secured. The Board of Directors was extremely enthusiastic and recep-

tive, as demonstrated by the commitment of a significant amount of funds from our organization to the Foundation Fellowship. We also initiated a fundraising program and were able to obtain contributions of many of our corporate sponsors. Each past president of the SPO also pledged \$2,000 toward the Foundation Fellowship. Throughout this process, the enthusiastic support of the Board of Directors, our membership, and the division directors of maternal–fetal medicine fellowship programs, our corporate sponsors, and Pat Stahr have been invaluable.”

The first recipient of the SPO Foundation Fellowship Award was Tracy A. Cowles, MD, whose research, “Association of Confined Placental Mosaicism with Intrauterine Growth Restriction,” was presented at the 1994 annual meeting. Subsequent winners went on to develop reputations in the specialty, consistent with the intent of the award to recognize those who would be “movers and shakers.”

“A goal of the SPO Foundation Fellowship is to encourage careers in research and academic medicine. We are pleased to report that several past recipients are continuing to win support for their research projects. Dr. Kee-Hak Lim, the second SPO Foundation Fellow, has received a Kennedy–Dannreuther Fellowship from the American Gynecological and Obstetrical Society’s Foundation, and 1994–95 recipient Dr. Susan Seligman was recently awarded a Healthdyne Perinatal Fellowship.”

SPO Newsletter, June 1995

The Board of Directors designated \$150,000 of society funds to the creation of the Foundation Fellowship. Future fundraising activities were undertaken to maintain the fund’s vigor. In 1992, more than \$400,000 was given or pledged to the foundation, and the board voted to donate an additional \$50,000. In addition to the direct contribution by the SPO, the foundation benefitted from individual member as well as corporate donations. Today, there is over \$600,000 in the fund.

Humana Award for Excellence in Clinical Research

At the 1991 annual meeting, a new award was inaugurated. The Humana Award for Excellence in Clinical Research was created to acknowledge the efforts of physicians who made a significant con-

Foundation Fellowship Award Winners

Since the inception of the program, the following Foundation Fellowships have been awarded to support research for one year following fellowship training:

- 1992 Tracy A. Cowles, MD: Association of Confined Placental Mosaicism with Intrauterine Growth Restriction
- 1993 Kee-Hak Lim, MD: Molecular Basis of Trophoblast–Endothelial Interactions
- 1994 Susan Seligman, MD: The Role of Nitric Oxide in the Pathogenesis of Preeclampsia
- 1995 Stephen K. Hunter, MD, PhD: Encapsulated B-Islet Cells as a Bioartificial Pancreas to Treat Diabetes During Pregnancy
- 1996 Samuel Parry, MD: Gene Therapy of Placenta Using Replication-Deficient Recombinant Viral Vectors

tribution to patient care through their research. It honored those who exhibited the drive and energy to conduct clinical research resulting in a significant advance in diagnosis and treatment.

The recipient was selected by the society and received—courtesy of Humana—a check for \$2,000, a framed certificate, and reimbursement of travel expenses to the annual meeting. In addition, Humana donated \$10,000 in the recipient's name to a nonprofit health-related charitable organization designated by the winner. The first winner, Dr. Thomas R. Moore of the University of San Diego Medical Center, was selected on the basis of his research on fetal movement assessment in reducing fetal death. He generously named the SPO Foundation as the beneficiary of the \$10,000 supplemental award from Humana.

SPO Achievement Award

Acting on the suggestion of Dr. Larry C. Gilstrap, the Board of Directors established the SPO Achievement Award in 1994. The purpose of the award was to honor individuals who have contributed significantly to the SPO and to its mission. In establishing this award, the Board of Directors expressed the following sentiments:

“The phenomenal growth of the society, in terms of both membership and prestige, has not happened accidentally. Over the years, many individuals worked tirelessly ‘behind the scenes’ to help establish ours as the premier organization dedicated to education and research in the field of perinatal medicine. The SPO Achievement Award seeks to provide these individuals with the recognition they so richly deserve. The first award will be presented at the banquet during the 1994 annual meeting. The recipient will be selected by the Board of Directors at its interim meeting.”

Dr. Sze-ya Yeh, chair of the Department of Obstetrics and Gynecology at Albert Einstein Medical Center in Philadelphia, was presented with the first SPO Achievement Award at the 1994 meeting. Dr. Yeh served the society in many capacities. A permanent plaque is on display at the national office in Washington, DC, that bears the names of all recipients of the SPO Achievement Award. It is fitting that the first name on that plaque is that of Dr. Sze-ya Yeh.

The second recipient of the SPO Achievement Award was Robert J. Sokol, MD, dean of Wayne State University School of Medicine. Dr. Sokol played a major role in the growth and development of the society since its conception. He served as president, vice president, and a member of the Board of Directors. He was instrumental in

Tribute to Sze-ya Yeh, MD

In addition to being the first recipient of SPO's Achievement Award, Dr. Yeh has been a program director for the SPO annual meeting, a member of the Board of Directors, an officer, and editor of the *SPO Newsletter* (1990–1991).

An advocate of automation, Dr. Yeh was instrumental in establishing the computer operations of the society, most notably the membership database, the postgraduate course on the use of computers in perinatal medicine, the *Directory of Fellowship Programs in Maternal–Fetal Medicine*, and SPONET. To produce the newsletter he took a crash course in desktop publishing and “through trial and error...produced the July 1990 issue, my first desktop publishing product.”

Dr. Yeh has been department chair at the Albert Einstein Medical Center and professor at Temple University School of Medicine since December 1990. After receiving his medical degree and completing his residency at the Taiwan University College of Medicine, he pursued fellowships at Yale University and the University of Southern California. A second residency was completed at the Hospital of the University of Pennsylvania. He then accepted a faculty position at Columbia University and later at the University of Southern California. In the mid-1980s he held the chair's position at the Allentown Hospital in Pennsylvania.



Sze-ya Yeh, MD

organizing and running the SPO's first two annual meetings. Dr. Sokol also served several terms as SPO's representative to LCOG.

Dr. Richard Paul was recipient of the Achievement Award in 1996. In a moving ceremony, Dr. Paul was presented the award in recognition of his years of commitment to the SPO and his tireless efforts in helping to define and shape the society. Among Dr. Paul's many contributions was his involvement in establishing the national office in Washington, DC. He also played an instrumental role in creating the affiliate member category.

FOSTERING FELLOWS

The SPO is dedicated to the interests of maternal–fetal medicine fellows. The society's activities have focused on recognition of outstanding research, as well as educational opportunities offered through the SPO Foundation. Every effort is made, every avenue explored, to attract bright young physicians to the specialty and to

foster their interest and advancement in it. In some cases this involves adopting an advocacy stance, whereas in others new initiatives are developed.

Many of the activities relating to fellows are overseen by the SPO Fellowship Committee. It has over the years actively pursued ways in which to foster the interests of fellows. Some of the issues addressed by this committee have included failure of many eligible individuals to take subspecialty board examinations, reasons fellowship positions remain unfilled, fellowship exchange programs, and liaison with ABOG regarding planning for future changes in fellowship training.

The SPO has served as the voice for fellows in training. In 1985, the then-current chair of the SPO Fellowship Committee, Dr. Thomas J. Garite, communicated with Dr. Gloria E. Sarto, maternal-fetal medicine director of ABOG, about concerns identified in a recent survey of program directors. These concerns related to what were perceived as deterrents or hardships in obtaining certification, such as giving the written examination every other year and certain requirements for eligibility to take the oral examinations. Dr. Sarto, who was a special guest at this meeting, responded to these concerns, indicating that a more serious obstacle is the thesis, which must have been published within 3 years of taking the oral examination. Her comments were summarized in the June 1985 *SPO Newsletter*:

“The purpose of the thesis is to show that the fellow is able to perform and successfully complete a piece of research, as well as to have research they can discuss for the purpose of an examination...The board feels that research should be a continuing endeavor, not something that ends when the fellowship is completed...it is the fellowship directors’ duty to train the fellows to meet the current criteria.”

The responsibility of preparing fellows for their careers in maternal-fetal medicine is not one taken lightly by the SPO. Leaders of the society show their commitment to fostering the work of fellows in a variety of venues.

“...Roy Petrie, MD, was an obviously bright but also very kind individual. I remember as a fellow talking to him and discussing some information he had recently published...concerning magnesium sulfate. He was very helpful to me as I was formulating my research and a paper which I ultimately used for my MFM thesis. He always seemed to have time and despite his stature and renown was totally helpful and pleasant to this

young, aspiring, maternal–fetal medicine specialist.”

—James E. Ferguson II, MD

The work of fellows has been prominently featured at the annual meeting, establishing a forum for the thesis and promoting its development. As needs arise, the SPO devises innovative approaches on behalf of fellows to meet their needs. Two such innovations include the fellowship matching program and the fellows retreat.

The Fellowship Match

In 1984, Dr. Richard L. Berkowitz, who was the first chair of the SPO Fellowship Committee, was concerned about the way in which fellowship positions were being obtained. Applicants learned of programs by word of mouth and then arranged for interviews at those institutions that interested them. Some programs, however, offered attractive candidates positions shortly after interviewing them and before they could visit other programs remaining on their list. Since the applicants often were given a very short time to accept or reject these offers, great pressure was placed on them. It also placed pressure on the program directors who, in the midst of interviewing applicants, might receive a panicked call from an individual who had been given a deadline to accept an offer at another institution that was not his or her first choice.

“In an attempt to introduce some degree of sanity into an utterly chaotic system that was unfair to both candidates and programs, the majority of fellowship program directors agreed to refrain from offering positions to applicants before November 1 of the year before the fellowship began. With this date as a known deadline, each program had the opportunity to interview all of the interested applicants before any offers of acceptance were made. Most of the directors were true to their word and, as a consequence, the process was greatly improved. It was far from perfect, however, and it quickly became evident that something more formal was necessary.”

—Richard L. Berkowitz, MD

Dr. Thomas J. Garite, who succeeded Dr. Berkowitz as chair of the Fellowship Committee, played an instrumental role in making the fellowship match a better organized event. He is characteristically understated about his role.

“Being the chair of the Fellowship Committee was always a misnomer—it’s a committee of one.”

After trying the voluntary “gentleman’s agreement” suggested by

Dr. Berkowitz for a year, most of the program directors wanted to continue it, and ABOG decided to get involved. The date of November 1, 1984, was chosen to offer fellowship positions to the applicants. Exceptions were made for armed forces candidates, individuals within a program who wished to remain there, and those who were scheduled to begin their fellowship at times other than July 1. For the 2-week period following November 1, fellowship directors were asked to inform the committee if they had any unfilled fellowship positions. By November 14, 1984, this information was made available to fellowship applicants who had not been offered a position. It was then up to the fellowship applicant to personally contact any of the programs with available positions.

Announcement of this program appeared in the June 1984 issue of the *SPO Newsletter*. Fellowship directors with comments or criticisms of the plan were asked to contact Dr. Garite, who coordinated the program. Soon thereafter, a hotline clearinghouse was set up so that both fellowship candidates and directors could call if they did not get a position or fellow. According to Dr. Garite, the initial success of the program indicated that it was "worth continuing."

This program did continue for several years, but problems arose with failure of a small number of programs to comply with the voluntary deadline. After polling the membership, it was decided to create a formal fellowship match handled through the National Residency Matching Program. In this system, candidates for maternal-fetal medicine positions rank institutions in order of their preference, and the institutions rank candidates in a similar fashion. The ranking is then "matched" by computer. The participating programs are not constrained to use the match in all cases and can elect to participate on a partial basis. In 1992, Dr. Donald R. Coustan reported on the results of the first-time match: of the total 77 fellowship programs, 70 participated; of the 101 applications, 80 positions were filled.

Maternal-Fetal Medicine Fellows Retreat

As the SPO grew in influence and numbers, as the meeting grew, and as the number of presentations increased, the atmosphere of the meeting changed. Opportunities for informal interchanges became less frequent, and fellows had limited access to those who could serve as mentors. To address this latter need, the first maternal-fetal medicine fellows retreat was held. The goal was to provide fellows with a forum in which to meet and work with some of the more senior members of the SPO. Another focus was to inform and educate fellows about careers in academic medicine.

The retreat was modeled after similar programs in other subspecialties. At the January 1993 SPO Board of Directors meeting, Drs. Garland D. Anderson and Donald R. Coustan related details of a retreat of fellows in endocrinology and commented on its success, noting that a fellow from almost every program in the country had attended the meeting. At the suggestion that the SPO consider a similar program, Dr. Larry C. Gilstrap charged Dr. Mary E. D'Alton with preparing a proposal for a fellows retreat in 1994.

The first 3-day Maternal–Fetal Medicine Fellows Conference was held April 22–24, 1994, in San Antonio. This was an appropriate and inspiring location considering that San Antonio was where early meetings of the SPO were held.

“Many of the junior members starting up their careers have voiced concern over the lack of approachability of some of the “oldtimers” and some have found it difficult at the annual meetings to get to know them in a meaningful and academically enriching way...The retreat was designed not only to facilitate interaction between the “young” and the “old” but also to enlighten those considering a career in academics regarding the implications of such a choice...The retreat was an overwhelming success. In fact, many of the fellows finishing their training ardently wished they had the opportunity to attend a similar meeting earlier in their fellowship programs. Most attendees were inspired, energized, and made lifelong friends and future research collaborators....”

—Margarita de Veciana, MD
 “A Fellow’s Perspective on the Fellows’ Retreat”
SPO Newsletter, December 1994

The faculty comprised approximately 20 of the more senior members of the SPO, and their talks provided an appropriate mix of philosophical and intellectual stimulation along with coverage of broad topics in the specialty. To provide a balanced perspective, the program also included presentations by young faculty members. Topics included grant writing, evolution of critical care in maternal–fetal medicine, and the role of ultrasound and fetal monitoring and their current applications. Time was also devoted to discussion of the research work of the fellows. The meeting format was designed to allow fellows and faculty members to meet in small discussion groups.

A Model Mentor

John Hobbins, MD, has been a mentor to many of those who have become leaders in maternal–fetal medicine and is widely considered to be the father of obstetric ultrasound. He was among the first to recognize the power of this modality in diagnosing fetal anomalies and was a pioneer in using ultrasound as an aid to performing invasive fetal diagnostic procedures. Dr. Hobbins used ultrasound to create a window into the previously closed world of the fetus and made it possible to treat unborn patients in utero. In the program he established at Yale University, ultrasound assumed an integral role in patient care. This program has become a model for most perinatal units throughout the United States, irreversibly changing the way in which antepartum care is administered. Dr. Hobbins didn’t invent diagnostic ultrasound, but he taught most of the SPO members how to use it.



John C. Hobbins, MD

Fellows and faculty also had an opportunity to mingle informally at the welcome reception and the Saturday evening banquet.

At 135 fellows, attendance exceeded all expectations. Based on the attendance and the excellent feedback the conference received, the SPO Board of Directors voted to make the Fellows Retreat a regular event. Recognizing the benefit of having such an experience early on in the fellowship, the time of the retreat was moved from spring to fall. In a report on the retreat in the *SPO Newsletter*, Board of Directors members expressed appreciation to Dr. D'Alton, indicating that "much of the credit for the success of the 1994 retreat goes to her for her superb efforts in putting together such an outstanding program."

Based on the enormous success of the first retreat, a second fellows conference was held October 6-8, 1995, in Orlando, Florida. Dr. Mary E. D'Alton again served as organizer, and this program was also very well received and attended.

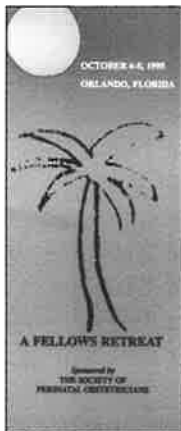
The conference has been a great hit and will be repeated every other year. With this function, the SPO successfully recaptured the intimacy of those meetings in the early days in San Antonio. Could it have been the margaritas?



Fellows have a chance to mingle and meet established members of the profession.



Mary E. D'Alton, MD, welcomes Gary D.V. Hankins, MD, as a speaker at the retreat.



Both retreats, organized by Dr. D'Alton, have been so successful that others are planned for the future.

REACHING OUT

The SPO's goals of promoting education and research in perinatology are achieved through a wide outreach effort that encompasses special interest groups as well as groups of related interest. The SPO cultivates and maintains these ties as a means of lending cohesiveness to the broad and varied interests of the specialty.

Special Interests

The SPO's philosophy of inclusion is demonstrated in the broad diversity of special interest groups that have forged a link with it. Since the creation of the first special interest group on community hospital-based perinatology in 1985, the list has grown to include 12 groups devoted to a variety of issues. Although the issues are specialized, these groups are united by their broad interest in perinatology. Being recognized by the SPO gives them a forum for communicating with the society and exchanging information of mutual interest.

As the subspecialty of maternal–fetal medicine flourished and highly trained individuals moved into communities that did not include universities, the number of community-based physicians in the SPO grew. The need for representation was recognized early on with the formation of a special interest group in 1985 by Dr. Robert P. Lorenz, who was subsequently elected to the Board of Directors in 1990. Since that time there has always been at least one community-based maternal–fetal medicine subspecialist on the Board of Directors, including Denise M. Main, MD, Charles M. Stedman, MD, John P. Elliott, MD, and Dale P. Reisner, MD.

In 1986, Board of Directors member Dr. Frank H. Boehm was asked to organize a special interest group session on a variety of subjects relating to the maternal–fetal medicine subspecialty. Eight special interest group meetings took place that year. The understanding was that if, at the time of registration there were not 10–12 people signed up to a particular group, it should be canceled. No meetings were canceled, and special interest sessions eventually were expanded. The meetings were held for 2 hours the afternoon preceding the scientific program. In 1992, groups had the option of expanding their meetings from 2 to 4 hours, and in the following year that option became the routine.

Some special interest groups have evolved into national and international organizations. The special interest group, “Hypertension in Pregnancy,” was the precursor of today's North American Society for the Study of Hypertension in Pregnancy. The International Society of Perinatal Obstetricians originally met with

Reaching Out to Special Interests

Following is a list of groups currently affiliated with the SPO and some of the areas in which they have been active:

- **Community Hospital-Based Perinatologists**
 - Role of the subspecialist in a community hospital and how it differs from that in an academic setting
 - Resources for locating positions in community hospitals
 - Consultation with nonspecialist obstetricians
 - Collaborative pooling of perinatal data
 - Employment, reimbursement, and indigent care
 - The move of physicians from full-time academic positions and implications on the delivery of care, education, and research
 - Fellowship training programs in community hospitals
 - Coding of maternal–fetal medicine clinical procedures
 - Legal and managerial skills required for a changing health care environment
 - The importance of outcome data in a managed care setting
- **Computer Usage in Perinatal Medicine**
 - Educational resources and workshops
 - Establishment of a perinatal database
 - Microcomputers versus mainframe computers
 - Computer-aided and computer-based instruction
 - Promotion of computer literacy
 - Electronic (“paperless”) obstetric records
 - Archival and retrieval systems for monitoring of fetal heart rate and labor events
 - Imaging processing and storage
- **Critical Care in Obstetrics**
 - Use of crystalloid versus colloid infusion for resuscitation
 - Safety of epidural anesthesia in patients with severe pregnancy-induced hypertension
 - Possible causes of pulmonary edema associated with beta-mimetic therapy
 - The role of noninvasive techniques in critically ill patients
 - Invasive hemodynamic monitoring in patients with severe preeclampsia
 - Management of oliguria in patients with severe preeclampsia
 - Pulmonary injury and pregnancy
 - Logistical and managerial considerations involved in establishing a critical care unit
 - Liver transplant during pregnancy

- **Diabetes**
 - Preconceptional control of diabetes
 - Screening for gestational diabetes
 - Prevention of congenital anomalies
 - Inheritance of type I diabetes mellitus
 - Organization of a national coalition to develop and evaluate strategies for the preconceptional education and care of women with diabetes
 - Pregnancy- and diabetes-related complications
- **Genetics in Perinatology**
 - Maternal serum alpha-fetoprotein screening
 - The role of fetal umbilical cord blood sampling
 - Fetal therapy
 - Universal screening tests for Down syndrome
 - Multiple marker screening
 - Cystic fibrosis carrier testing
 - Molecular biology diagnostic techniques
 - Selective fetal termination
 - Risk of fetal limb malformation with chorionic villus sampling
- **Hypertension in Pregnancy**
 - Definition and diagnosis of preeclampsia
 - Treatment of eclamptic convulsions
 - Use of calcium channel blockers to treat hypertensive disorders during pregnancy
 - Endometrial vascular damage in preeclampsia
 - Pathophysiology, prevention, and prediction of preeclampsia
 - Endothelial cell injury and hemodynamics in preeclampsia
- **Infectious Disease in Perinatal Medicine**
 - Management of patients with herpes simplex virus infection
 - Screening and counseling for human immunodeficiency virus infection and acquired immunodeficiency syndrome
 - Route of delivery with human papillomavirus infection
 - Screening for specific infectious agents in pregnancy: rubella, syphilis, hepatitis B, toxoplasmosis, and other agents
 - Role of rapid diagnostic tests
 - Use of antibiotics with premature rupture of membranes
 - Management for carriers of group B streptococcus
 - Guidelines for management of sexually transmitted diseases during pregnancy
 - Preterm premature rupture of membranes
 - Placental immunology and transplacental infection

Reaching Out to Special Interests, *continued*

- International Society of Perinatal Obstetricians
 - Promotion of research in perinatal medicine
 - Scientific communication in perinatal medicine
 - Improvement of perinatal health services
 - Delivery of critical care in developed and developing countries
- Preterm Birth
 - Demographics of preterm birth
 - Predicting preterm labor
 - Standardized nomenclature and methods of reporting and analyzing statistics
 - Interventions: risk and benefits
 - Proposed research agendas: etiology, screening and monitoring methods, multiple gestations, and prevention
 - The role of home uterine activity monitoring
- Research Support
 - Enhancement of research management skills
 - Networking and problem-solving among research personnel
 - Difficulties in enrolling pregnant women in clinical trials
 - Ethics, cooperation of subjects and colleagues, and recruitment and retention of study volunteers
- Ultrasound in Perinatal Medicine
 - Role of Doppler in clinical practice
 - Methods of ultrasound data analysis
 - Identification of polyhydramnios
 - Screening for congenital disorders
 - Routine ultrasound screening: is it justified?
 - Certification of ultrasound laboratories
 - Transvaginal ultrasound
- Women in Perinatology
 - Distribution of women in maternal–fetal medicine fellowship programs
 - Child care during the annual meeting
 - Stress management
 - Roommate service to facilitate sharing of hotel expenses at annual meetings
 - Impact of pregnancy on career development

SPO as a special interest group and now pursues its activities worldwide.

“I have attended several meetings and I have tasted the science and the friendship. A great thing is that you have created the different interest groups. These groups create the opportunity to make policies for the future and collaborate in research...The meeting this year [1996] is far away from Europe, although Belgium and in particular Flanders are in some way linked with Hawaii in the person of Father Damien [the Belgian missionary to lepers on the Hawaiian island of Molokai].”

— Professor F.A. Van Assche, MD, PhD
Universitaire Ziekenhuizen Leuven

The SPO itself began as a special interest group of ACOG and later found itself again in that role, although in a different capacity. In 1988, ACOG requested that SPO put on a special interest meeting at its Annual Clinical Meeting each year. The SPO would sponsor five papers given at its meeting for presentation as the “Best of SPO” at the ACOG meeting. Authors received \$500 from the society to defray expenses to attend the ACOG meeting. Unfortunately, this session was not well attended, largely as a result of lack of information about time and location and not the quality of the presentations. The session was discontinued after the second attempt in 1989.

Dr. Robert C. Goodlin, one of the SPO’s founding members, has expressed pleasure that so many women belong to the SPO. He looks forward to the day that the males will feel the need for a special interest group meeting such as the women have today. The “Women in Perinatology” group has been very active in pursuing the interests of the increasing number of women in the subspecialty. Instead of meeting at the traditional time in advance of the regular sessions, in 1988 this group opted for an early morning format so that members could attend other sessions as well. Thus, says Dr. Boehm, “women could go to other special interest groups and not just be considered individuals with only their gender issues rather than their scientific issues [of concern].”

“...open communication and some degree of networking would be invaluable to all of us. It is especially important to continue to keep younger women in the academic centers rather than lose them to community-based practice. However...it is difficult to choose to attend this group when other sessions may appear to be more directly applicable to our practice situations or interests. I...would like to be able to do both. I found last

Women's Issues

The SPO has been an advocate for women, both as patients and physicians. In 1986, the society elected its first female president, Dr. Amelia C. Cruz, as 10th president. Women have held top leadership positions at all levels of SPO and have played a prominent role in shaping policy.

The special interest group "Women in Perinatology" has directed its attention to a number of issues of relevance to women as well as to maternal-fetal medicine. This group was instrumental in establishing child care at the annual meeting. It has also addressed issues key to women in perinatal medicine:

- Discrimination against women in medicine at all levels of medicine
- Support resources for women in perinatology
- Lack of guidelines for maternity and other leave for women in fellowships and on faculties
- The need to reevaluate disability work guidelines for pregnant patients
- Access to a more effective voice in public positions on perinatal matters



Dr. Amelia Cruz (right) was the first woman president of the SPO and a strong advocate of women's issues.

year's session very interesting and several issues were raised which need further discussion and attention."

—Eleanor ("Sissy") L. Capeless, MD, to Micki L. Cabaniss, MD, chair, "Women in Perinatology"

Liaison Activities

"We do pattern ourselves after our parent organization, the Society for Gynecologic Investigation. Our goals are in concert. This year we will join the Liaison Committee for Obstetrics and Gynecology, which serves to assure us that we are now recognized as a voice representing maternal-fetal medicine."

—Robert H. Hayashi, MD
SPO Newsletter, May 1983

The early days of the SPO were full of excitement about the society's rapid growth. For the first time, maternal-fetal medicine specialists were submitting work to the SPO instead of the SGI. There was even discussion of holding a joint meeting.

With SPO's success has come recognition and interest in linking its name to activities of other groups and their meetings. While it was felt important to encourage affiliate societies to stay within the SPO umbrella, the consensus was that rather than have an "open door" policy, requests from other groups to have meetings concurrently with or subsequent to the SPO meeting should be considered on an individual basis. This policy led to the development of guidelines for lending SPO's name to other meetings.

"It was decided that to keep this society vital we will consider each request on a case-by-case basis to allow the least interference with the events of our own annual meeting while still allowing our members to take advantage of other opportunities within their specific areas of interest. Actions taken at this time include a decision not to have joint meetings with the SGI..."

—Thomas J. Garite, MD
SPO Newsletter, December 1991

Liaison activities are both formal and informal and include participation in collaborative efforts to plan the future of the specialty. One such event was an intersociety retreat on education in obstetrics and gynecology, which was assembled by ACOG in 1990 and included 38 representatives from 12 organizations involved in the education of obstetrician–gynecologists throughout their training and careers. The purpose of this meeting was to examine educational issues in the specialty and explore ways of addressing educational change. Susan M. Cox, MD, served as the SPO representative. One of the priorities identified by this group was medical care for the underserved. After the retreat, the SPO Board of Directors issued a recommendation that all SPO members who did not already do so give one-half day a month to working with the underserved.

The SPO is officially affiliated with the National Perinatal Association, a multidisciplinary association of individuals and organizations concerned with perinatal health issues from preconception through infancy within a multicultural perspective. A liaison member is appointed to represent the SPO and join in efforts to promote education, support research, influence national priorities, and encourage collaboration among all concerned constituencies.

The SPO is also represented in LCOG. A representative is appointed to serve a 3-year term, according to LCOG's bylaws. The first representative was Dr. John I. Fishburne. At the first meeting he attended, in June 1983, the SPO was proposed as an associate member, which gave the society no voting power. The SPO is now a member of LCOG with one full vote.

As the SPO grew, it increasingly assumed a voice in the specialty. One example of this presence is the SPO's decision to formally contact the Residency Review Committee to express its opposition to the educational objective for genetic amniocentesis. In 1992, the SPO also formally wrote to ACOG protesting issuance to a commercial vendor of a patent to do a combination of human chorionic gonadotropin and serum alpha-fetoprotein screening for chromosomal abnormalities in the fetus. Subsequently, ACOG determined

Guidelines for Relationships with Other Groups

The following guidelines were developed for relationships with other groups:

- The name of the SPO must not be used in advertisements or promotion without the permission of the society. The use or purchase of the society's mailing list does not carry with it any implied or actual endorsement.
- The name of the SPO may be used in support of a scientific conference or symposium only upon a positive vote by the Board of Directors. Among other issues, the board will give consideration to the extent to which new ideas and research are likely to be exchanged and the nature of the likely attendees.
- In order for the name of the SPO to be used, a representative of the Board of Directors of the SPO must be a member of the planning committee of the scientific conference or symposium. That representative should have significant input regarding selection of content and speakers.
- Any scientific conference or symposium that meets the aforementioned requirements and desires to advertise itself as "affiliated with" or "under the auspices of" the SPO must be sponsored by a not-for-profit entity.



Norman Gant, MD, executive director of the American Board of Obstetrics and Gynecology.

there were sufficient grounds to ask that the patent be repealed. Three members of SPO served as consulting experts, and all involved concluded that “the patent will be challenged in court and the attorneys are optimistic that it will be overturned.”

The SPO has had a long-lasting and very close relationship with ABOG. Since its creation, SPO has sought the advice and direction of ABOG leaders. Officers of ABOG attend annual meetings and, in general, encourage the activities of the society. Executive Director Norman F. Gant, MD, has been a supporter of the SPO and is counted on to provide advice, leadership, and occasional levity.

The society’s sphere of interest—and influence—has become international. Various members have promoted international involvement as a means of sharing the world’s base of information in perinatal medicine. This communication is facilitated through affiliate members representing countries worldwide. Dr. Sze-ya Yeh was a strong advocate of international communication and, during the 1986 meeting, extended special invitations to international researchers.

“Doctors in the United States don’t read foreign journals, but doctors from other countries read United States journals. It is important to know what others are doing.”

—Sze-ya Yeh, MD

In 1988, the International Federation of Perinatologists invited the SPO to be its representative from the United States. That same year, the International Society of Perinatal Obstetricians was founded in Rio de Janeiro. Dr. Bruce A. Work was instrumental in the development of this society, whose goals are to promote research in perinatal medicine, develop scientific communication in perinatal medicine, and improve perinatal health services. The International Society of Perinatal Obstetricians held its first United States meeting as a special interest group at the SPO annual meeting in 1990. The purpose was to introduce the International Society of Perinatal Obstetricians to interested members and to encourage their participation. The organization now has 275 members in 28 countries. It meets at the annual meeting at the SPO and fosters international exchange of information.

In 1996, the SPO opted to lend its endorsement to another organization’s meeting for the first time. The Board of Directors, following previously agreed upon guidelines, decided to endorse the World Association of Perinatal Medicine’s Third World Congress. This decisive move is testimony to the SPO’s stature as it continues to reach around the world to promote the art and science of perinatology.

SPREADING THE WORD

Communication—among colleagues, within the society, and with the scientific community in general—has been a pivotal component in the success of the SPO. Abstracts are published in the society’s official journal, the *American Journal of Obstetrics and Gynecology*, and a special issue is devoted to papers presented at the meeting. Just as published abstracts and proceedings chronicle advances in the specialty, the *SPO Newsletter* chronicles the growth of the society. The *Directory of Fellowship Programs in Maternal–Fetal Medicine* is published annually to provide a link between program directors and potential fellows. Thanks to the expertise of key member volunteers—a hallmark of the SPO—computers play a major role in disseminating information. Collectively, these activities represent ways in which the SPO provides a network of communication that reaches the broad community of those involved in perinatal medicine.

The SPO has been able to grow with an emphasis on education, which seems to be the sustaining activity.

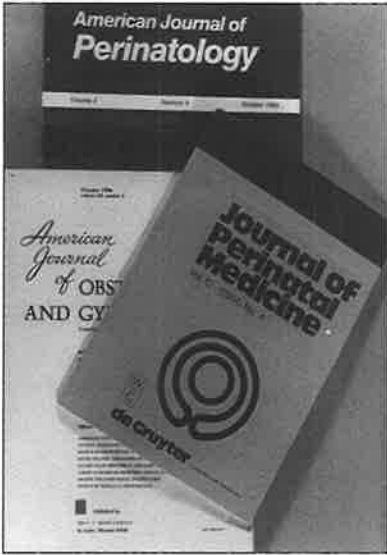
—Bruce A. Work, MD

IT’S OFFICIAL

It was generally agreed that having an official society journal would be another step in the SPO’s growth. An ad hoc committee for journal liaison, chaired by John C. Morrison, MD, was organized to undertake the search. The committee established criteria for the journal, indicating that it should:

- Have an excellent reputation for publishing high-quality perinatal research
- Be willing to reserve an issue for papers that would emanate from the annual meeting
- Allow input into the editorial process
- Be willing to offer a reduced subscription price

Letters were sent to 13 journals the committee chair thought might have interest in establishing a relationship with the SPO. Of those, five journals responded positively. The possibilities were explored through phone calls and written comments. Two of these publications, the *Journal of Perinatal Medicine* and the *American Journal of Perinatology*, responded favorably and were given a trial.



The SPO papers have been published in the *Journal of Perinatal Medicine* (in 1984), in the *American Journal of Perinatology* (in 1985), and in the *American Journal of Obstetrics and Gynecology* (in 1986 and subsequent years).

The *Journal of Perinatal Medicine* was selected to publish papers from the 1984 meeting. Dr. Roy H. Petrie, an associate editor of the journal, and Dr. Bruce K. Young, who served as guest editor of the SPO issue, were instrumental in striking an agreement for this collaboration with the editor-in-chief, Joachim W. Dudenhausen, MD, in Berlin. In his letter to the membership that accompanied a complimentary copy of the issue, Dr. Dudenhausen suggests plans for future collaborations:

“We believe that the issue provides a good example of our high standards and demonstrates why the journal enjoys a wide circulation as well as acquainting you with the format and scope of the journal...Future plans include publishing other issues guest-edited by U.S. specialists and with U.S. contributions. American perinatologists would have available another international outlet for the publication of their articles and reports. The guest editorial by Prof. Young emphasizes the close relationship between the SPO and the *Journal of Perinatal Medicine*. We hope to further strengthen this professional bond through the JPM functioning as the official periodical of the society.”

Unfortunately, these plans were not destined to come to fruition, despite general agreement with Dr. Dudenhausen’s expressed view: “I think the transatlantic communication to be of great importance and the family of perinatal obstetricians to be a worldwide family.”

With Steven G. Gabbe, MD, serving as editor, papers presented at the 1985 meeting were published in the *American Journal of Perinatology*. It was determined that neither of these journals was exactly right as the SPO journal, however, and the search continued.

Later that year, the editors and publishers of the *American Journal of Obstetrics and Gynecology* voted unanimously that they “very much desired to be the official publication for the SPO” according to John I. Brewer, MD. In 1986, that journal was selected by majority vote as the official journal of the SPO. That arrangement continues today, with the publication of papers and, since 1991, abstracts in the journal.

ABSTRACTS

Since its creation, the SPO has experienced a steady rise in the quality and quantity of abstracts submitted. The abstracts of papers presented at each meeting are subjected to a rigorous review process to

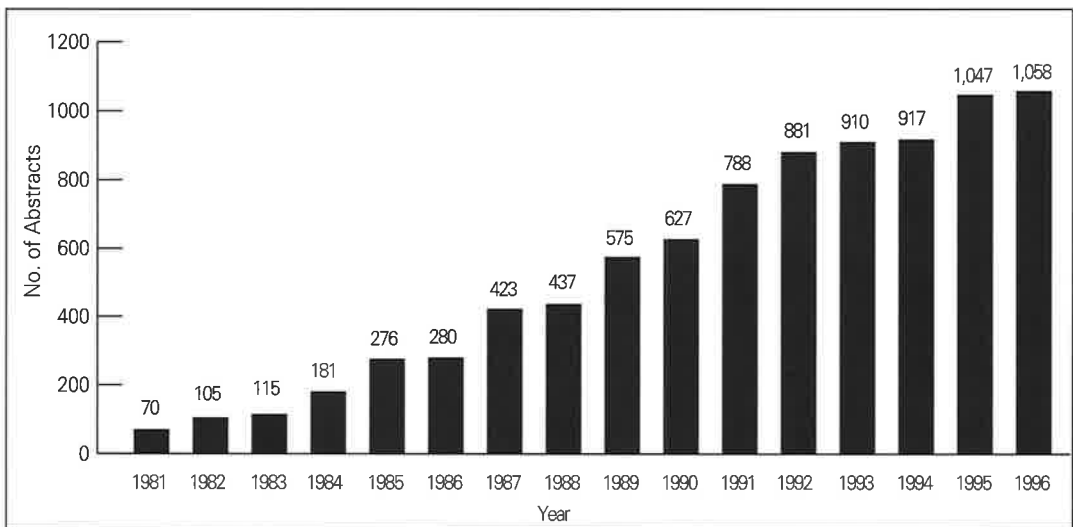
ensure quality control and maintain scientific integrity. As a result, the papers presented at the meeting highlight major advances in the specialty and document the rapid explosion in knowledge that has occurred coincident with the growth of the SPO.

Each Year Sets a Record

The number of abstracts submitted has increased steadily each year, sometimes overwhelming the system designed to process them. At the first annual meeting in San Antonio, 70 abstracts were submitted, compared with 1,058 submitted for the 1996 annual meeting.

Though growing, the meeting and its accompanying baggage remained somewhat portable. In 1984, Dr. Roy H. Petrie is rumored to have carried the meeting in a suitcase to San Antonio. Later, Frank C. Miller, MD, program chair of the 1985 meeting, and his wife, Pat, recall taking 13 footlockers “with the meeting in them” to Las Vegas. The syllabi and registration forms were typed without the use of computers. The Millers issued requests for papers and sent the papers for ranking, compiling winners from the judges’ scores. As the number of abstracts continued to increase, it became clear that this was too much for even such an industrious couple. In subsequent meetings, responsibilities were delegated to other members of the Program Committee.

The increase in submissions continued in 1986. According to Program Chair Dr. Sze-ya Yeh, “abstract submissions have been overwhelming”:



The number of abstracts submitted has increased steadily.

“Once again, we have a record high of papers submitted...there are more papers submitted from foreign countries this year...5 from Canada; 4 each from England, Israel, and Japan; 2 from Belgium; and 1 each from West Germany, Finland, Holland, Italy, and Taiwan. This reflects the fact that our society has become known to other parts of the world.”

Because of the increased number of abstracts to be reviewed, the Program Committee was expanded from 6 members to 12. Papers for awards, oral presentations, and poster presentations were selected according to the composite scores from reviewers. Presentations were limited to approximately 200 papers. All papers—selected or not selected—were published in the syllabus unless the authors indicated not to do so.

The criteria for submission included the stipulation that the research should be original work, not previously published. Papers that were published before the SPO meeting for which they had been submitted were withdrawn from consideration. Periodically, controversy has arisen over what constitutes previous publication or presentation.

Before 1991, SPO meetings were memorable for a 1-pound, 2-inch thick book of abstracts produced in advance of the meeting. In 1991, a move was made to a more streamlined format with the publication of the meeting abstracts in the *American Journal of Obstetrics and Gynecology*—a major breakthrough that was greeted with a collective sigh of relief. This innovation can be attributed to the Board of Directors under the direction of Donald R. Coustan, MD, who is thanked for his “excellent work in negotiating this agreement” in an announcement in the July 1990 issue of the *SPO Newsletter*.

Beginning in 1993, abstracts were structured according to *American Journal of Obstetrics and Gynecology* guidelines in an effort to improve the quality of the papers presented. Judging a paper from a short abstract is an imperfect system, compounded by the fact that many very good papers were too often represented by poorly written abstracts. It was felt that consistently formatted abstracts would be easier to judge and would result in oral presentations that represented the best work.

In 1994, Dr. Charles Stedman went a step further and saved the SPO \$20,000 by writing a computer program that made the society the first organization in obstetrics and gynecology to have abstracts available on computer disk. This practice is repeated each year, creating a cumulative record that can be searched by key words. No paper!



By 1990, the volume of abstracts was unwieldy and was replaced the following year by a more streamlined version published in the *American Journal of Obstetrics and Gynecology*.

Review Process

The process for grading abstracts and selecting those to receive prizes and be presented at the meeting is complex and relies heavily on the volunteer efforts of the scientific program committee. It is designed to ensure objectivity and fairness. Initial efforts were completely manual. Eventually the system was computerized, and a two-tiered structure was used to process the increasing number of abstracts.

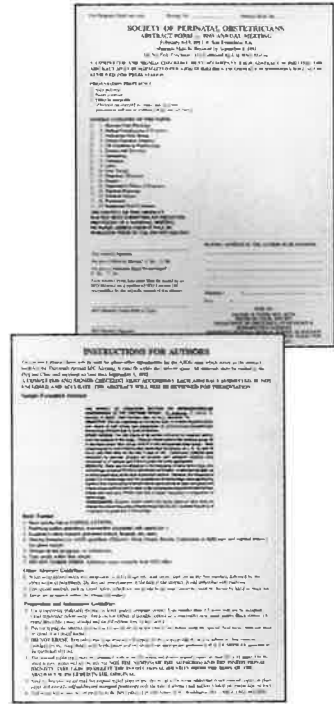
In the early days of the SPO, abstracts were sent anonymously to five judging institutions for review and scoring. Each abstract was scored on a range from 0–10 and returned for tabulation. Dr. Richard H. Paul, program chair of the 1983 meeting, describes the process in the *SPO Newsletter*:

“The top three as judged by each institution were awarded 25, 20, and 15 points in order of merit. If an abstract originated from a judging institution, the score awarded by that facility was not tabulated. Twenty-one of the 115 abstracts scored a mean of at least 3. The author of one of these papers requested a poster presentation. Thus the 20 abstracts for oral presentation were easily defined. The presentations were grouped by the program director according to the specific interest of the given moderator.”

In 1987, when Bruce K. Young, MD, was program chair, the system for rating the abstracts was further refined. The Program Committee reviewed the abstracts with the aid of 15 reviewers plus some ad hoc reviewers. Each abstract was reviewed by four people using a 10-point scale for grading. A mean score was recorded on numbered index cards to select the abstracts to be presented.

Refinements continued to be made to the process, but the overall operation has remained the same. It was outlined as follows in an article in the November 1993 *SPO Newsletter*:

- Abstracts are assigned four reviewers by the program chair according to categories self-selected by the reviewers.
- Reviewers are asked to assign both a numeric score and a potential prize notation to each abstract.
- Computerized ranking is done by total numeric score, standard deviation, and coefficient of variation.
- The Program Committee reviews the highest-ranked 100 abstracts, and 78 oral presentations are chosen. The 30 plenary presentations represent the highest-ranked abstracts, with the 48 abstracts in the concurrent sessions being grouped by categories at the discretion of the program chair.



Formatting guidelines for abstracts were established for the 1993 meeting.

- The tentative program is reviewed and approved by the Program Committee.
- Prizes are chosen by cumulative numeric score and number of prize votes.
- Posters are chosen from the remaining abstracts in strict numeric order and grouped by category (as denoted by author). Posters are limited to approximately 90 per session as dictated by space and recommended by the SPO Board of Directors.

In 1993, about 150 reviewers were involved actively in the process. The list of reviewers is updated each year by the program chair, with recommendations from the previous program chair as to additions and deletions. Regular members of the SPO in good standing are eligible to become reviewers.

The entire process must be completed within 6–8 weeks of the receipt of the abstracts so that the final program can be sent to the publisher. In view of this tight schedule, letters are sent to all potential reviewers 2 months in advance asking them to commit themselves to being available during the narrow turnaround time for abstract reviews. The level of involvement by the membership is critical to sustaining the quality of the manuscripts and the continued success of the SPO.

“My personal thanks to the reviewers for their carefully considered judgments and speedy responses (although a gentle nudge was sometimes required). I would also like to personally thank whoever invented the FAX machine.”

—Larry C. Gilstrap, III, MD
1992 Program Chair

For the 1995 annual meeting, a two-tier review process was used for the first time. There were four reviewers per abstract per tier. The top 150 abstracts were reviewed by the second tier for scientific excellence as well as broad relevance. With this system, and some expert administrative support and good organizational skills, 1,047 abstracts were processed in 5 days.

PUBLICATION

With the selection of the SPO journal, a vehicle for publication of papers presented at the meeting was created. Manuscripts based on accepted abstracts could be submitted at the meeting for consideration for publication. They had to conform with guidelines for submission to the *American Journal of Obstetrics and Gynecology* and be reviewed accordingly.

Each manuscript was sent to two SPO members for peer review. When the review process was complete, papers were ranked according to their review and submitted to the editor for final evaluation and eventual publication. Initially, this process was handled by the "Standards Committee," a euphemism for a committee of one. In the days when 25 manuscripts were submitted for publication, the process was relatively easy. By 1990, however, the number approached 200 manuscripts. Dr. J. Peter VanDorsten, chair and only member of the Standards Committee in 1991. Reports that he retired from medicine from mid-February until mid-May—during which time he and his secretary quickly processed 200 manuscripts for the October SPO issue of the *American Journal of Obstetrics and Gynecology*, which had space for only 55 manuscripts. To handle the task, Drs. Coustan and VanDorsten developed a computerized database that included approximately 500 SPO reviewers, the 200 manuscripts, and the various letters that were used in correspondence. It was promised that no reviewer would get more than three manuscripts, but since each manuscript was sent to three reviewers, it was often necessary to cajole selected reviewers into doing extra work. Reviewers had to promise a 2-week turnaround on all reviews.

When it became apparent that many high-quality papers were being declined for publication, most editors of other journals agreed to give higher quality manuscripts expedited review for publication. This solution seemed to provide some solace to authors who had had high-quality work rejected for the SPO edition. In fact, the most difficult path to publication in the *American Journal of Obstetrics and Gynecology* is through the SPO.

In 1994, the SPO Board of Directors realized that the manuscript review had become too cumbersome for one person. Essentially, the chair of the Standards Committee was doing one-twelfth of the editorial work of the *American Journal of Obstetrics and Gynecology*. At that time, three additional members were added to the committee and, through a computer network, the review process was shared by these three associate editors. The chair of the Standards Committee became the broker and final arbiter regarding publication.

Today, the process is somewhat more complex but retains the basic features. Scientific papers presented as either posters or oral presentations are eligible for publication in the October issue of the *American Journal of Obstetrics and Gynecology*. Four copies of the manuscript, in the format required by the journal, are submitted to the Standards Committee chair in advance of the meeting. Once the manuscripts are received, they are assigned a number and distributed among the four editors. They, in turn, send each manuscript to two reviewers, selected by area of special interest and expertise. With



As the one-member Standards Committee, J. Peter VanDorsten, MD, devoted three solid months to processing manuscripts in 1991.

isolated exceptions, all reviewers are regular, associate, or affiliate members of the SPO. Unless the manuscript deals with an extremely unusual subject, authors do not need to provide a list of suggested reviewers. If the two reviewers agree in their assessment of the manuscript, one of three courses of action will be taken: 1) acceptance with minor revision, 2) possible acceptance after major revision, and 3) rejection. If the reviews are disparate, the manuscript is sent to a third reviewer, and the decision will be made after the third assessment is complete. Final decisions about publication are based on the standard priority scoring system developed by the journal. Authors who receive a rejection in the second tier of review are offered alternative sources for publication and assurances of expedited review. The key to the process is timely, thoughtful peer reviews.

At the 1996 meeting, the Board of Directors voted to encourage the submission of abstracts describing outcomes-based research for future meetings. It was felt that such research is critical to help define the role of maternal-fetal medicine subspecialists and to aid in clinical decision making. A separate category was created for outcomes-based research on the abstract submission form to be used in 1997. Another new feature to be implemented in 1997 was the addition to the form of a check-off box in which the investigators attest that "the work described in the abstract was conducted in compliance with the guidelines of the Human Investigations Committee or Animal Care Committee of all sponsoring institutions."



The SPO Newsletter today features news of the specialty and is supported in part by Genzyme Genetics (formerly Integrated Genetics).

SPO NEWSLETTER

The *SPO Newsletter* was first published in May 1983. Published twice yearly and distributed to members, it serves as a mechanism for exchange of news and views within the society.

At the request of Dr. Robert H. Hayashi, Jeffrey Lipshitz, MB, rose to the task of launching the *SPO Newsletter*. He served as the first editor and continued in that role until 1990, even though he lived in Canada for part of that time. Dr. Lipshitz saw the newsletter as a means of communication for fellows looking for faculty positions, for listing available faculty positions, for pertinent meeting announcements, and for letters and opinions. He encouraged members to use this medium for recruitment and surveys.

The appearance of the *SPO Newsletter* has changed over the years, but the features and content have remained constant. Each issue usually includes reports from the president, the program chairs of the annual meetings, and the special interest group leaders. One issue is customarily devoted to highlights of the annual meeting.



The SPO Newsletter has assumed various looks over the years.

Classified advertising is included as a service as well as a means of defraying expenses.

“The *SPO Newsletter* is now being published out of the Washington, DC, office. Jeffrey Lipshitz has edited and published the newsletter for the past several years and developed it into a first-class publication. The entire society appreciates his efforts and the excellent quality of his work.”

—Frank C. Miller, MD
 “From Your President”
SPO Newsletter, July 1990

When he stepped down as editor in 1990, Dr. Lipshitz’s contribution was acknowledged with a plaque: “In grateful appreciation for outstanding service and dedication as editor of the *SPO Newsletter*, Society of Perinatal Obstetricians, 1983–1990.” The newsletter was subsequently produced at the national office with the aid of the Executive Administrator, Pat Stahr. She was assisted by Drs. Sze-ya Yeh and Charles Stedman until 1994, at which time Dr. Lawrence Devoe took over as editor.

FELLOWSHIP DIRECTORY

In 1985, a much-valued reference tool was developed for prospective applicants for fellowships. Dr. Thomas J. Garite developed the *Directory of Fellowship Programs in Maternal–Fetal Medicine* to serve as an adjunct to the fellowship matching program. The directory was distributed free of charge, upon request, to all maternal–fetal medicine program directors, all chairs of residency programs in obstetrics and gynecology, and any individual interested in fellowships.

Newsletter Editors

After being launched by Dr. Jeffrey Lipshitz, the *SPO Newsletter* was subsequently edited by Drs. Stedman and Devoe. Dr. Sze-ya Yeh provided editorial support and direction as well as computer expertise.



Jeffrey
Lipshitz, MB

Jeffrey Lipshitz, MB

Originally from South Africa, Dr. Lipshitz received his medical degree from the University of Cape Town in 1969. Following a fellowship at the University of Tennessee, he joined the faculty there as an assistant professor. Six years later he moved to the University of Calgary and Foothills Hospital in Canada to become professor and chief of obstetrics. From 1989 to the present, he has been a clinical professor at the University of Nevada and director of The Perinatal Center in Las Vegas.

Dr. Lipshitz was a member of the SPO Board of Directors from 1982 to 1985. At the very first clinical meeting, he served on the panel discussing tocolysis. In January 1983, he authored two SPO award-winning papers.



Charles M.
Stedman, MD

Charles M. Stedman, MD

Dr. Stedman received his medical degree from the Tulane University School of Medicine in 1976. With his internship and residency at the Good Samaritan Hospital in Phoenix completed, he became a staff physician at the Ochsner Foundation Hospital and a clinical instructor at Louisiana State University. After being in practice for 4 years, he completed a maternal-fetal fellowship at the University of Alabama. Dr. Stedman returned to the Ochsner Clinic in 1968 and served as codirector of maternal-fetal medicine prior to becoming director of obstetric and gynecology information systems.

In addition to serving as editor of the *SPO Newsletter*, Dr. Stedman has been a member of the SPO Board of Directors (1992-1995) and local arrangements chair for the 1989 annual meeting.



Lawrence D.
Devoe, MD

Lawrence D. Devoe, MD

A native of Chicago, Dr. Devoe received his medical degree from the University of Chicago. He chose the University of Chicago for his internship and Chicago Lying-In for his residency and a fellowship. He then joined the university's faculty. Since 1983, he has been at the Medical College of Georgia where he serves as professor, department chair, and director of maternal-fetal medicine.

Editor since 1994, Dr. Devoe has a special perspective on the *SPO Newsletter*. He sees it as "increasingly important for professional communication and job opportunities."

Printing and distribution was made possible by Ross Laboratories.

The directory was to be updated and redistributed annually, and all program directors were sent a form requesting that they review and update their program descriptions. The directory eventually became a resource for both candidates and program directors, who had mutual interest in the evaluation of the programs listed.

As prospective fellows began to interview earlier for fellowship positions, the directory became a very important source of placement information. In subsequent editions of the directory, now published in March, a description of the match was included, enhancing the complementary nature of these programs. The directory is now sent to directors of residency and fellowship programs and is increasingly in demand by applicants.

In 1988, Dr. Sze-ya Yeh replaced Dr. Garite as coordinator of fellowship programs. The committee began planning a new computerized format for the directory. Dr. Yeh credits “computer whiz” Dr. Thomas N. Abdella with setting up the format, still in use, of this directory. Dr. Yeh served as editor and consultant of the *Directory of Fellowship Programs in Maternal-Fetal Medicine* from 1985–1994.

COMPUTER NETWORKING

The SPO has always been progressive in promoting the use of computer technology. The first postgraduate course, led by Dr. Sze-ya Yeh, was on computer use in perinatal medicine. Among the first special interest groups was one that served as a forum for those interested in computers in perinatal medicine.

As part of the research and academic communities, SPO members have demonstrated a keen respect for the technologic support computers can provide and have been particularly innovative in applying it. These applications have ranged from administrative tasks, to matching applicants with vacancies in fellowship programs, to ranking abstracts, to research and data analysis. Computers have been used by particularly creative individuals to create publications—such as the *Directory of Fellowship Programs in Maternal-Fetal Medicine* and the *SPO Newsletter*—as well as to replace them, as with the publication of the abstracts on disk. Computers also are used to provide an information network to supplement other forms of communication.

In 1988, Dr. Yeh solicited the approval of the SPO Board of Directors to set up an electronic bulletin board through ACOG’s computer network, ACOGNET. The network would serve as a means of communicating information to assist in placement for fellows and



The fellowship directory has become a valuable resource to program directors and fellows alike.

faculty as well as providing general information pertaining to the subspecialty. It could be used by any society member who had a computer terminal and a modem. The network, called SPONET, would be available 24 hours a day to all society members at no cost. It was suggested that both a public program for general information and a private program for use by the Board of Directors could be set up. The board approved the proposal, and SPONET was launched in yet another example of the SPO's ongoing effort to reach out to new horizons.

The next new wave of technology came in 1996, when the Board of Directors decided it was time for the SPO to have a presence on the Internet. Dr. Larry Devoe was asked to establish a SPO home page on the Internet and was put in charge of an ad hoc committee assembled to establish guidelines for its development. Considering the SPO's commitment to future technology, there is little doubt that members will soon be "surfing the Net."

THE PEOPLE

The people who make up the SPO—the leaders, the volunteers, and the many individuals who support the organization in a variety of ways—are its heart and soul. From its early days, the SPO had a commitment to open its arms to a broad constituency, including those directly and indirectly related to perinatology. As the society matured, new categories of membership and recognition evolved, consistent with the SPO’s inclusive philosophy. This growth was guided by insightful leaders who were ever-vigilant in nurturing the society and its goals.

A LESSON IN LEADERSHIP

From the time of its founding, the society has benefitted from leaders representing the nation’s preeminent perinatologists. Most of the founding members served as president, and virtually all of them served on the Board of Directors in various capacities. The organizational structure is described in further detail in Chapter 7. This chapter presents highlights of each of the members who has served as president; a complete listing of all officers appears in Appendix D.

In 1992, the SPO made a contribution to the Rosen Scholarship Fund in memory of Dr. Mortimer G. Rosen’s numerous contributions to the society. As a founding member, Dr. Rosen was tireless in his commitment to the society, the field of perinatology, and his patients.

WHO CAN JOIN?

The membership of the SPO has grown from the original handful of members to the current total of 1,648. These individuals take an active part in the SPO, and each has an opportunity to contribute at some level. Today there are five categories of membership, including a wide variety of professionals:

- Regular members
- Honorary members

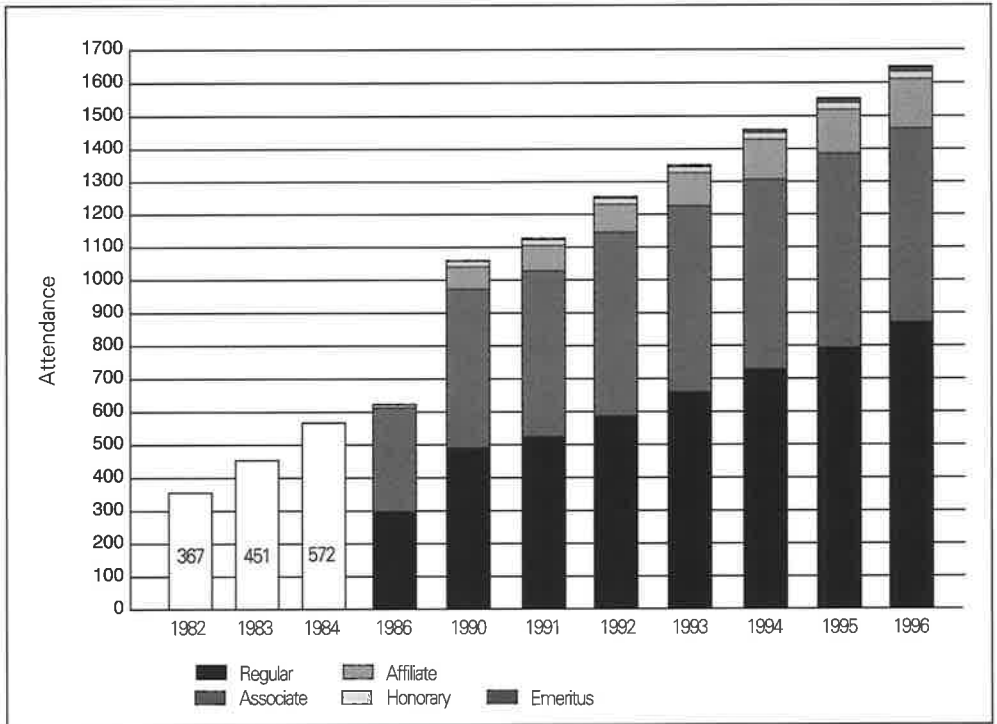
Our annual meeting has developed into a prime opportunity for sharing research ideas and teaching for maternal–fetal medicine. All these accomplishments are the fruit of the enthusiasm and cooperation of the members.

—Amelia C. Cruz, MD
President’s Message
SPO Newsletter,
December 1986

In Memoriam

Mortimer G. Rosen, MD

A pioneer in the study of fetal encephalography during labor and fetal behavior states and activity patterns before birth, Dr. Rosen was, at the time of his death in 1992, the Willard C. Rappleye Professor of Obstetrics and Gynecology and department chair at Columbia University College of Physicians and Surgeons. He was also director of the Sloane Hospital for Women at the Columbia Presbyterian Medical Center. Dr. Rosen devoted his career to maternal–fetal medicine and was an early and dedicated supporter of the SPO.



The membership of the SPO has continued to grow since its founding.

- Affiliate members
- Associate members
- Emeritus members

Regular Members

According to the bylaws, regular members must be certified by the Maternal-Fetal Medicine Division of ABOG or be board certified in obstetrics and gynecology and have completed postgraduate training with certification in an area related to maternal-fetal medicine (eg, genetics, infectious disease, critical care medicine). The latter criterion was added in 1988, and the bylaws were amended accordingly.

“We had a preliminary meeting in Chicago...At that time we discussed whether such a society was needed and what we thought such a society ought to have as its goals and objectives...we also addressed the issue of who might be included in the membership. We concluded that full members be only those with board certification. However, we did believe that there should be relatively easy access by others to the

SPO meetings in contrast to the rather restrictive access (at the time) to the SGI...”

—Richard Depp, MD

Honorary Members

Honorary members are physicians and health care personnel engaged in the practice, research, teaching, or administration of perinatology. Honorary membership is reserved for those few individuals whose activities are thought to influence perinatology in a significant and positive manner.

Dr. Richard H. Paul overcame Dr. Frederick Zuspan's resistance to attending the annual meeting by inviting him to become an honorary member. At the 3rd Annual Meeting, in 1983, the honorary member designation was awarded to Dr. Zuspan along with Drs. Edward J. Quilligan (another early supporter), Joe Seitchik, and Harry Prystowsky. The honorary members were referred to respectfully as “Silver Tips” in recognition of their status. Since then, other distinguished physicians have been added to the roll of honorary members.

In 1987, Mr. Dewey Sehring, then of Ross Laboratories, became the first—and to date, only—nonphysician to be awarded honorary membership. As director of professional services, he demonstrated an early commitment to the field of perinatal medicine and those who fostered its growth.

“I was overwhelmed by this special tribute. I recall that day in Orlando vividly. I literally was speechless! Why me? Previous winners were...giants in the field. It was a proud moment for me.”

—Dewey Sehring

SPO Honorary Members Year by Year

1983

Harry Prystowsky, MD
Edward J. Quilligan, MD
Joseph Seitchik, MD
Frederick P. Zuspan, MD

1984

Donald H. Barron, PhD
Charles H. Hendricks, MD
Edgar L. Makowski, MD
Giacomo Meschia, MD

1985

Nicholas Assali, MD
Louis Gluck, MD
Edward H. Hon, MD
Elizabeth Ramsey, MD

1986

Kurt Benirschke, MD
Stuart Campbell, MD
Frank C. Greiss, Jr, MD
William Oh, MD

1987

Dewey Sehring

1988

Leon C. Chesley, PhD

1989

Erich Saling, MD

1993

Frederick C.
Battaglia, MD

1994

Karin D. Nelson, MD

1995

Duane F.
Alexander, MD

1996

Sumner Yaffe, MD

Affiliate Members

At the 1984 SPO Board of Directors meeting, Dr. Bruce A. Work asked that another membership category be designated so that persons working in the field of maternal–fetal medicine who are not board eligible or certified in maternal–fetal medicine could be SPO members. Since then, colleagues around the world have been given affiliate membership, which was approved by a ballot vote in 1986.

Esteemed Honorary Members

Drs. Frederick P. Zuspan and Edward J. Quilligan were among the first honorary members and have been loyal supporters of the society since its inception.

“It’s been a privilege for me to be a part of the Society of Perinatal Obstetricians...which both Dr. Quilligan and I have revered over the years.”

—Frederick P. Zuspan, MD



Edward J.
Quilligan, MD

Edward J. Quilligan, MD

One of the founders of the subspecialty of maternal–fetal medicine, Dr. Quilligan is internationally recognized for his research, authorship, and academic leadership. Dr. Quilligan’s research has focused on a variety of problems relating to high-risk pregnancies. Currently he is seeking insights into the causes of fetal brain damage, particularly as they may be related to oxygen deficiency at and around the time of labor and delivery.

Dr. Quilligan began his career with a medical degree from Ohio State University in 1951 and then held academic positions at the University of California, University of Wisconsin, University of Southern California, Yale University, and Case Western Reserve University. He is currently professor emeritus at the University of California–Irvine and executive director of medical education at Long Beach Memorial Medical Center.

Among Dr. Quilligan’s many honors and awards are his election as a fellow of the American Association for the Advancement of Science and the Royal College of Obstetricians and Gynaecologists, the presidency of several professional societies, the Ohio State University Centennial Achievement Award, the Joseph Bolivar de Lee Humanitarian Award from the Chicago Lying-in Hospital, and honorary membership in the SPO.

The primary purpose of affiliate membership is to permit qualified foreign-trained perinatologists to participate in the SPO. Affiliate membership is available to investigators who have achieved the MD, PhD, or MS degrees in fields such as physiology and pharmacology and who have worked with specific focus in perinatal medicine. It is also available to maternal–fetal medicine specialists trained in or practicing in other countries who are not eligible for the subspecialty board examination.

“Fortunately, the visibility of our society has very rapidly become international. We have had the foresight to make avail-

With some 90 articles, 35 book chapters, and 16 books to his credit, including the highly regarded *Current Therapy in Obstetrics and Gynecology* and *Operative Obstetrics*, Dr. Quilligan has still found time to serve as associate editor and coeditor of the *American Journal of Obstetrics and Gynecology*.

Frederick P. Zuspan, MD

A decorated Marine fighter pilot in World War II, holder of a medical degree from Ohio State University, and a gifted clinician, Dr. Zuspan has been highly active both in his profession and in societies of great importance to the medical practitioner. He was a founder of the International Society for the Study of Hypertension in Pregnancy and was instrumental in establishing the subspecialty of maternal-fetal medicine. He served as an ABOG director for 7 years and an oral examiner for 23 years.

After his internship and residency, Dr. Zuspan spent 2 years as an Oglebay Fellow at Case Western Reserve University; in 1960, he became professor and department chair at the Medical College of Georgia. He subsequently assumed the same positions at the University of Chicago (1966–1976) and Ohio State University (1976–1987).

His work, including a special clinical interest in hypertensive diseases of pregnancy and research on catecholamines in reproduction, has been widely recognized. Ohio State University created the Frederick P. Zuspan Lectureship in 1987 and the Frederick P. Zuspan Chair in Obstetrics and Gynecology in 1991. Dr. Zuspan has published 240 original scientific articles and edited, coedited, or authored 36 textbooks on obstetrics and gynecology, including two for the public.



Frederick P.
Zuspan, MD

able to our colleagues around the world affiliate membership. We can be assured that our organization now enjoys the premier spot in worldwide perinatal care...Recent bylaw changes now permit our colleagues certified in obstetrics and gynecology but who have subspecialized in areas such as reproductive genetics or critical care to enjoy regular full membership in the SPO.”

—Richard H. Paul, MD
“From Your President”
SPO Newsletter, December 1989

Personal Perspectives of Affiliate Members



Donald McNellis, MD (top)
J.W. Knox Ritchie, MD

“There is an old saying in Washington that ‘where you stand on an issue depends on where you sit’ (in the organization). From my ‘seat’ at the National Institute of Child Health and Human Development of NIH since 1981, I have seen the research strength of the maternal–fetal medicine subspecialty grow remarkably. This growth has been reflected so far mainly in clinical studies; however, there is recently strong evidence that more basic, fundamental research is now being conceived, designed, and successfully implemented within our discipline. There now appears to be a view—widely held—that maternal–fetal medicine has become the most academically productive and exciting area within obstetrics and gynecology and perhaps in all of medicine. Much of the credit for this development belongs to the SPO for focusing the energies of its membership on the extraordinary opportunities in this field and for enabling due recognition of its accomplishments. The SPO has been particularly fortunate in attracting preeminent clinician–scientists to leadership positions. If this pattern continues, further progress is very likely.”

—Donald McNellis, MD
National Institute of Child Health and Human
Development.



“Few scientific societies have arisen from such humble beginnings to international stature over a short period of time. The SPO is the most relevant forum for research in the perinatal field today.”

—J.W. Knox Ritchie, MD
University of Toronto Faculty of Medicine



Wolfgang
Holzgreve, MD, MS (top)
Peter Boylan, MAO

“The SPO is a unique society even for affiliate members from foreign countries because the annual meeting provides a very good forum for very intense exchange of new results and ideas.”

—Wolfgang Holzgreve, MD, MS
Kantonsspital Basel, Universitätskliniken

“The SPO provides a wonderful forum for the exchange of views with fellow perinatologists on topics and developments of mutual interest. The real value of the SPO is in discussing what people’s experiences *really* are on the ground at a clinical level. The clinical emphasis in the SPO is most helpful to practicing perinatologists. It is an honor for me, as an Irishman, to be a member of the SPO.”

—Peter Boylan, MAO

Associate Members

Associate membership is available to physicians who are currently in, or have completed, fellowship training programs approved by the Maternal–Fetal Medicine Division of ABOG, or its designate, but are not yet board certified. It is also available to obstetrician–gynecologists who are enrolled in certified training programs in areas related to maternal–fetal medicine (eg, genetics, infectious disease, critical care medicine). Associate members are not voting members. They are usually younger, junior members who are either in a fellowship or have just completed one.

When the category of associate membership was created in 1988, it was decided that letters of support from program directors would be required with each application. Soon associate members became involved in the society and, in 1993, achieved representation on the SPO Board of Directors. Mark A. Morgan, MD, was instrumental in establishing this forum, which he describes in the *SPO Newsletter*:

“The membership of the SPO, along with attendance at the annual SPO scientific meeting, has continued to increase every year. This growth has been welcomed by all, leading to the success of the society. However...it becomes increasingly important to continue to have as much active participation at all levels of the society as possible. At its recent interim meeting, the SPO Board of Directors considered a proposal to have the associate members represented at the Board of Directors’ meetings. This proposal was patterned after the ACOG having elected a Junior Fellow to its Executive Board. The SPO Board of Directors voted unanimously to have a representative of the associate membership attend the Board of Directors’ meeting. Although this person will be a nonvoting participant, he/she will actively participate in the discussion about the society by representing views of the associate membership.”

SPO Newsletter, November 1992

Interest then developed in holding a separate meeting of associate members. The first associate member meeting was held during the 1993 annual meeting. The purpose of the meeting was to formally organize the associate membership and to elect a representative to attend the SPO Board of Directors’ meetings. It was also used as a forum for identifying potential items for discussion from the associate members to the Board of Directors. Dr. Morgan was asked to coordinate this meeting, which he referred to as “an exciting time for the SPO with all members having an opportunity to serve.” The meeting was well attended, and increasing associate



Susan L. Sipes, MD

member involvement in the SPO was discussed. The first associate member elected to be a representative on the Board of Directors was Tamerou Asrat, MD, who was succeeded by Susan L. Sipes, MD. Eventually, the role of associate members in the scientific program expanded.

“Associate members will be included this year for the first time in the review of manuscripts for the SPO edition of the *Gray Journal*. All of these changes show that the SPO board is very receptive to the ideas and suggestions of the SPO associate members.”

—Susan L. Sipes, MD
Associate Member Representative
SPO Newsletter, December 1994



Robert M. Silver, MD

Personal Perspectives of Associate Members

“The SPO stands out as an extremely collegial organization, especially considering its size and international scope. I have been particularly impressed with how approachable and genuinely helpful the senior members are to those of us getting started in perinatology.”

—Robert M. Silver, MD, Salt Lake City, Utah



Associate Member Manju Monga, MD, attended the 1992 meeting in Orlando with colleagues. Left to right, standing: Nancy Eriksen, Valerie M. Parisi, Mildred Ramirez, Manju Monga, and Isabelle A. Wilkins; seated: Lisa R. Troyer and Tracy A. Cowies, the first recipient of the SPO Fellowship Award.

“The SPO serves as a very valuable resource to associate members in particular. The annual meeting provides fellows and young faculty the opportunity to share and develop fledgling research ideas and to interact with colleagues from across the country, often fostering the development of long-lasting friendships. The fellows’ conference, in particular, is a new and exciting forum for us to meet some of the leaders in our discipline in an informal setting.”

—Manju Monga, MD
University of Texas—Houston Medical School

“Dr. Roy Petrie was my chief resident at Columbia and a friend and mentor throughout my career. In the past, due to his leadership, the SPO grew into the premier scientific obstetric meeting anywhere in the world. We will all miss him.”

—Robert L. Goldenberg, MD
The University of Alabama School of Medicine



Robert L. Goldenberg, MD

Emeritus Members

Members who have retired from active practice but who still want to stay involved with the society can request emeritus status from the Board of Directors. Emeritus members are exempt from payment of dues. By 1996, 15 members who had hung up their lab coats and put away their fetal monitors had transferred their memberships to emeritus status.

SPO PRESIDENTS

1977–1978

William N. Spellacy, MD

Dr. Spellacy graduated from the University of Minnesota Medical School in 1959 and completed his obstetrics and gynecology residency there in 1963. He then studied endocrinology as a Josiah Macy fellow, with an emphasis on carbohydrate metabolism in women. Following his residency, Dr. Spellacy became a professor at the University of Miami and then department chair at the University of Florida and the University of Illinois. He is currently professor and department chair at the University of South Florida College of Medicine.

One of the SPO's early detractors, he became an avid supporter and was the society's first president. Dr. Spellacy believes the society has "an important role...in exchanging scientific information and stimulating young people to the excitement, depth, and breadth of perinatal research."



1978–1979

Roy M. Pitkin, MD

After graduation from the University of Iowa School of Medicine with a medical degree in 1959, Dr. Pitkin completed an internship at King County Hospital in Seattle. He then returned to his alma mater to complete his residency. He went on to serve for 2 years in the Marine Corps at the air station hospital in Cherry Point, North Carolina. In 1965, Dr. Pitkin joined the faculty of the University of Illinois, where his interest and skills in research developed. From there he returned to the University of Iowa, where he was promoted to professor in 1972; 5 years later he became department chair. After a decade in that post, he moved to the University of California–Los Angeles as department chair and remained in that position until 1995. He is now a professor at University of California—Los Angeles and editor of *Obstetrics and Gynecology* and *Clinical Obstetrics and Gynecology*.

Dr. Pitkin was in the first group of physicians to be certified in maternal–fetal medicine and among those who were unsure of the need for another society when the SPO was first conceived. Fortunately, Dr. Pitkin was convinced to become the society's second president and, eventually, to appreciate the value of the SPO.



1979–1980

James A. O’Leary, MD

Dr. O’Leary received his medical degree from Georgetown University in 1961. After a residency at Columbia Presbyterian Medical Center and a fellowship at the Mayo Clinic, he joined the faculty of the University of Miami as an assistant professor.

In 1970, Dr. O’Leary assumed the positions of professor and chair at Loyola University Medical Center. Comparable assignments followed at the University of South Alabama, the University of New York at Buffalo, the University of Florida University Hospital, Jersey City Medical Center, and St. Luke’s Hospital. He now resides in Easton, Pennsylvania, where he is a private practice consultant in maternal–fetal medicine and perinatology.

From Dr. O’Leary came the idea for and name of the SPO. In 1979, he became its third president. He has also been president of the North American Obstetrical and Gynecological Society and the Florida Perinatal Association. Among his several research interests are diabetes in pregnancy, prevention of preterm delivery, and shoulder dystocia.



1980–1981

Donald M. Sherline, MD

A pre-med graduate of Syracuse University’s Utica College, Dr. Sherline received his medical degree from Northwestern University School of Medicine. He completed his internship and residency at Northwestern-affiliated hospitals. After a stint in the U.S. Air Force as chief of obstetrics and gynecology at an air base in Japan, he entered private practice in Evanston, Illinois, and joined the faculty at Northwestern.

Dr. Sherline launched his full-time academic career as an associate professor at the University of Hawaii and consultant to the medical education project in Okinawa. A fellowship in obstetric anesthesia at Case Western Reserve University led to a joint appointment in the Departments of Obstetrics and Gynecology and Anesthesiology at the University of Mississippi. Subsequently, Dr. Sherline has been chair of the Department of Obstetrics and Gynecology at Rush–Presbyterian–St. Luke’s Medical Center in Chicago and the Medical College of Georgia. He retired from that position in 1995 and became chair of the Department of Obstetrics and Gynecology at Chicago’s Cook County Hospital.

During Dr. Sherline’s presidency, the SPO had its first independent scientific meeting. He also was responsible for increasing dues from \$10 to \$50 a year, lending financial stability as well as credibility to the organization at a time when there were only about 100 members. During his term, the business meeting was moved from May, at the ACOG annual meeting, to January, as a stand-alone SPO meeting. Dr. Sherline therefore had the shortest tenure of any SPO president, serving only 9 months—a very appropriate time for an obstetrician.



1981–1982

Loren P. Petersen, MD

A native of South Dakota, Dr. Petersen received his medical degree in 1965 from the University of Minnesota, where he also completed an internship. He completed residency in 1970 at the University of Oregon. Dr. Petersen started his medical career with appointments held at two hospitals in Sioux Falls. He went on to academic positions at Indiana University and the State University of New York at Buffalo. In 1976, Dr. Peterson accepted the positions of professor, department chair, and director of the residency program at the University of South Dakota.



After surviving a plane crash in the late 1980s, Dr. Petersen came to Washington, DC, for a year as a Robert Wood Johnson Scholar. Later he switched his specialty to psychiatry and is now practicing at Skyview Medical Center in Norfolk, Nebraska.

Dr. Petersen's tenure as president of the SPO marked a time of early growth. During his presidency the second Annual Meeting built upon the success of the first.

1982–1983

Bruce A. Work, MD

Dr. Work received his medical degree from the University of Michigan in 1959. Thereafter followed his internship at the Bronson Methodist Hospital in Kalamazoo, 3 years as a Navy flight surgeon, and residency at the University of Michigan. He remained at Michigan until 1980, when he moved to the University of Illinois as a professor. Six years later he joined the faculty of the University of Minnesota as professor and department chair. In 1991, the Medical College of Georgia beckoned, and he became a member of its faculty as a professor and medical director of the state-funded Maternal and Infant Care Program.



Dr. Work remembers the meeting during his presidency as the one at which the first honorary members were inducted into the society. "I had the great pleasure...to introduce them and cite their first publications," says Dr. Work. Another source of satisfaction has been the development of the International Society of Perinatal Obstetricians—now in its ninth year with 275 members from 28 countries—which he was instrumental in founding.

1983–1984

Robert H. Hayashi, MD

Dr. Hayashi attended the University of California, Berkeley, for his undergraduate work and received his medical degree at Philadelphia's Temple University in 1963. Following a straight medicine internship and 2 years as an Army battalion surgeon, he completed his residency in obstetrics and gynecology at the University of Michigan under Dr. J. Robert Willson. Next came a 2-year traineeship in biochemistry at the University of Pittsburgh.



Beginning in 1972, Dr. Hayashi served 11 years on the faculty of the Department of Obstetrics and Gynecology at the University of Texas Health Science Center in San Antonio. There he became interested in the renin-angiotensin system and its relationship to preeclampsia, tocolytic therapy for preterm labor, and the role of gap-junctions in the parturition process.

Dr. Hayashi left Texas in 1983 for a 2-year stint as adjunct professor and chief of obstetrics at Harbor/University of California–Los Angeles Medical Center. He then returned to his alma mater, the University of Michigan, first as professor and director of the Division of Maternal–Fetal Medicine and then, in 1990, as the first J. Robert Willson Professor of Obstetrics.

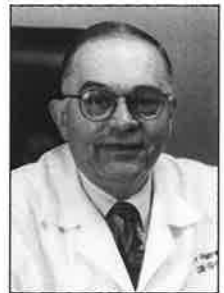
The first meetings of the SPO were held in San Antonio, largely due to the efforts of Dr. Hayashi, who handled all the local arrangements. He contributed greatly to the meeting's success and is said to have organized every last detail, including what became a tradition: the Tex-Mex banquet complete with mariachi band.

1984–1985

Roy H. Petrie, MD, ScD

“A champion of learning who dedicated his life to teaching...a true leader...an accomplished investigator, a loyal and beloved friend, and above all, a kind individual,” declared the dedication in the *Journal of Maternal–Fetal Medicine*, which Dr. Petrie cofounded and coedited.

Dr. Petrie received a doctor of science degree in pharmacology from Columbia University and a medical degree from Vanderbilt University in Nashville, Tennessee, in 1965. After an internship at the University of Rochester's Strong Memorial Hospital and a residency at Columbia Presbyterian Medical Center in New York, he completed his fellowship in 1973 at the University of Southern California in Los Angeles. Dr. Petrie has published extensively in perinatal pharmacology.



At the time of his death in 1995 by heart attack at the early age of 54, Dr. Petrie was professor and department chair at St. Louis University School of Medicine and director at St. Mary's Health Center. He was a recognized leader in intrapartum fetal surveillance, being among the first to publish in the English language the results of a randomized, placebo-controlled trial that demonstrated the effectiveness of magnesium sulfate in the treatment of preterm labor. Today this treatment is a mainstay in the management of preterm labor.

Dr. Erol Amon, in a eulogy given on June 27, 1995, proclaimed that Dr. Petrie had "earned the respect of an entire nation of learned professionals in high-risk obstetrics. To many he was perhaps one of the most eminent and revered obstetricians of modern times. Not only did Dr. Petrie help shape, guide, and serve the new [SPO] society, he became the official SPO historian cataloging the early years of its development..."

Of the myriad contributions he made during his 30-year career, none was more appreciated than the time and dedication Dr. Petrie devoted to the SPO; he helped shape and guide it from its earliest days up to its present success as a premier professional society. He served as a member of the Board of Directors as well as secretary-treasurer, vice president, and president. Dr. Petrie virtually ran the society single-handedly at its beginning, earning the respect and appreciation of his colleagues for his devotion.

1985-1986

John C. Morrison, MD

Dr. Morrison, a native of Kentucky, received his medical training at the University of Tennessee. He has spent the past 17 years at the University of Mississippi, where he is professor of obstetrics and gynecology and chair of the department as well as professor of pediatrics. He is the recipient of the American Medical Association's William Beaumont Award for his contributions to research and patient care and has been named the Frederick A. P. Barnard Distinguished Professor at the University of Mississippi.

During Dr. Morrison's term as SPO president, the number and quality of the abstracts and participation of foreign members increased. As Dr. Morrison recounts, "Just as it is always astounding to watch how quickly an infant grows into a child and subsequently to a young adult, I have the same reaction to the growth and development of the Society of Perinatal Obstetricians...I think SPO has matured into the premier obstetric society on an international level. The strongest attributes of the society are its uncompromising dedication to bring the best science in the field of maternal-fetal medicine to its members."



1986–1987

Amelia C. Cruz, MD

Originally from the Philippines, Dr. Cruz received her medical degree in 1964 from the Far Eastern University in Manila. She completed residencies at St. Luke's Hospital in the Philippines and Downstate Medical Center in Brooklyn, where, following residency, she became an instructor and director of the outpatient clinic. She then pursued a fellowship in perinatology at the University of Miami. Since 1973 Dr. Cruz has been associated with the University of Florida College of Medicine, where she is director of the Division of Maternal-Fetal Medicine, professor in the Departments of Obstetrics and Gynecology and Pediatrics, and director of the fellowship program. She also serves as obstetric program director and unit chief of labor and delivery at Shands Hospital.

Dr. Cruz joined the SPO early on, when members were few. Before and during her tenure on the Board of Directors she worked vigorously to increase the size of the membership and showed a special interest in expanding the number of women members. Initially, there were few women in the society, a reflection of the subspecialty's makeup. By the time she became the 10th (and first woman) president, however, the number of women had increased to the point where an interest group entitled "Women in Perinatology" was appropriate.

Dr. Cruz recalls the meeting held during her term as "one of our big meetings" and, from then on, the Board of Directors had to start concerning itself with more presentations, having concurrent sessions, and making earlier and earlier plans in order to book the meetings in places that could accommodate the growing membership.



1987–1988

Steven G. Gabbe, MD

Dr. Gabbe received his undergraduate degree from Princeton University and his medical degree from Cornell University Medical College. After an internship in medicine at the New York Hospital, he was a research fellow in reproductive medicine and biological chemistry at the Boston Hospital for Women and Harvard Medical School before entering residency training in obstetrics and gynecology at the Boston Hospital for Women.

In the mid-1970s, Dr. Gabbe became assistant professor of obstetrics and gynecology at the University of Southern California-Los Angeles County Women's Hospital, where he also directed the Diabetes in Pregnancy Program. He was appointed associate professor of obstetrics and gynecology, pediatrics, and radiology, and director of the Jerrold R. Golding Division of Maternal-



Fetal Medicine at the University of Pennsylvania in 1978. In 1987, Dr. Gabbe joined the faculty at Ohio State University, serving as a professor, department chair, and director of the residency training program. In 1996, Dr. Gabbe assumed the chair of the Department of Obstetrics and Gynecology at the University of Washington in Seattle.

Dr. Gabbe's term as SPO president was highlighted by his proposal to establish the SPO Foundation Fellowship Award, which has matured into a highly successful program, and his support for the induction of Dr. Leon C. Chesley to honorary membership. Dr. Gabbe feels the society must be preeminent in fostering high standards for perinatal practice, stimulating research, acting as an advocate for women with high-risk pregnancies, and serving as an educational resource for the practice and investigation of high-risk obstetrics.

1988–1989

Robert J. Sokol, MD

After receiving a medical degree with honors at the University of Rochester School of Medicine and Dentistry in 1966, Dr. Sokol completed his internship and residency at Barnes Hospital at Washington University in St. Louis. He then completed fellowships in maternal–fetal medicine at Strong Memorial Hospital at the University of Rochester and Cleveland Metropolitan General Hospital at Case Western Reserve University. He joined the faculty of Case Western Reserve University School of Medicine in 1973. After a decade of various positions in research and administration there, in July 1983 Dr. Sokol became professor, chair, and chief of the Department of Obstetrics and Gynecology and director of the C. S. Mott Center for Human Growth and Development at Wayne State University School of Medicine/Hutzel Hospital/Detroit Medical Center in Detroit. In 1989, he was appointed dean of the Wayne State University School of Medicine and chair of the medical board of the Detroit Medical Center. Subsequently he became senior vice president for medical affairs of the Detroit Medical Center.

Throughout his career, Dr. Sokol has been an active scientist, with a long-term goal of preventing perinatally incurred brain damage. His current research focuses on the neurobehavioral consequences of prenatal alcohol and drug exposure.

Dr. Sokol was one of the early board-certified maternal–fetal medicine subspecialists and a founder of the SPO. He organized the programs of the first two annual meetings and served as a member of the Board of Directors as well as vice president and president. As the society grew, Dr. Sokol was a strong proponent of strengthening it administratively, and he was instrumental in establishing the national office in Washington, DC. In recognition of his tireless efforts on behalf of the SPO, Dr. Sokol was awarded the SPO Achievement Award in 1995.



1989–1990

Richard H. Paul, MD

Dr. Paul received his medical degree in 1960 from Loma Linda University School of Medicine and completed his residency there in 1964. He practiced for 1 year and then went to Yale University as a research fellow in perinatal medicine. After serving 2 years in the U.S. Navy, he returned to the faculty of Yale University as an assistant professor. In 1968, he moved to Los Angeles to become assistant professor at the University of Southern California. He was promoted to his present position of professor at University of Southern California in 1979. Dr. Paul is also director of maternal–fetal medicine at the University of Southern California–Los Angeles County Medical Center.

Dr. Paul has received ACOG's Purdue Frederick Award for Excellence in Medical Research five times, and he is a member of the editorial board of the *Journal of Reproductive Medicine*. He has served as chair of a subcommittee of the International Committee on Electronic Monitoring of the Fetal Heart and has advised several boards and committees, including the President's Committee on Mental Retardation and the March of Dimes Committee on Perinatal Health.

Dr. Paul has been an early and enthusiastic advocate of the SPO. He is widely regarded as promoting the inclusive nature of the society through affiliate memberships. He also was involved in establishing the national office and maintaining the administrative structure of the SPO. Dr. Paul has served as a member of the Board of Directors in addition to holding the offices of secretary–treasurer, vice president, and president.



1990–1991

Frank C. Miller, MD

Dr. Miller received most of his medical training in his native state of Kentucky, including a medical degree from the University of Louisville in 1962, internship at St. Joseph Infirmary in the same city, and pre-specialty residency at Fort Campbell. For his residency he chose Tripler General Hospital in Honolulu, and he completed his maternal–fetal medicine fellowship at University of Southern California–Los Angeles County Medical Center.



Dr. Miller's research interests include fetal electrocardiography and monitoring of uterine activity. This work has been pursued during appointments at U.S. Army hospitals in Germany and Walter Reed Army Medical Center in Washington, DC. He held academic and clinical positions at the University of Southern California and served as chair of the Department of Obstetrics and Gynecology at the University of Arkansas. Since 1990, he has been professor and chair at the University of Kentucky College of Medicine in Lexington.

Dr. Miller has been a member of the SPO Board of Directors as well as program chair, secretary-treasurer, vice president, and president. He currently serves on the editorial board of the *Journal of Maternal-Fetal Medicine* and the *Journal of Maternal-Fetal Investigation*. He is on the board of directors of the Society for Gynecologic Investigation.

1991-1992

Thomas J. Garite, MD

Dr. Garite received his medical degree in 1973 from the University of California-Irvine, where he also completed his internship and residency. He went on to complete a maternal-fetal medicine fellowship at Long Beach Memorial Women's Hospital. After a decade of academic positions at the University of California-Irvine, Dr. Garite was appointed to his current positions of professor and chair of the Department of Obstetrics and Gynecology.

Dr. Garite concentrates his research interests on premature delivery associated with premature rupture of membranes and the infectious etiology of prematurity. He is cofounder and the first president of the Western Perinatal Collaborative Research Group, a society of academic institutions in the western United States investigating perinatal clinical issues. He has been principal author on four large prospective randomized clinical trials and a secondary author on two others. He is associate editor of the *American Journal of Obstetrics and Gynecology*.

Dr. Garite helped launch the first *Directory of Fellowship Programs in Maternal-Fetal Medicine*. He served as a one-man operation on the Fellowship Committee and helped to establish the fellowship matching program, which now functions on a national basis. During his tenure as president, Dr. Garite guided the SPO in responding to the many interests that emerged as the society grew.



1992–1993

Garland D. Anderson, MD

Dr. Anderson received his medical degree at the University of Tennessee in 1970. He then completed his internship at Hermann Hospital and residency at the University of Texas, both in Houston. Upon completion of his residency, he joined the faculty of the University of Louisville School of Medicine, first as instructor and then as assistant professor and medical director of the Teen Alternate Parent Program. Dr. Anderson was chief of the Division of Maternal–Fetal Medicine at the University of Tennessee in Memphis for 10 years. Since 1989, he has been Jennie Sealy Smith Distinguished Chair and Professor at the University of Texas Medical Branch in Galveston.

An active SPO member, Dr. Anderson has been president, vice president, secretary–treasurer, and assistant secretary–treasurer. For a decade beginning in the mid-1980s, he served as a member of the Board of Directors.



1993–1994

Larry C. Gilstrap III, MD

After completing undergraduate work at Clemson University and Florida State University, Dr. Gilstrap went to the University of Miami for his medical degree, which he received in 1970. His internship and residency were completed at Wilford Hall U.S. Air Force Medical Center in San Antonio, Texas. After completing a fellowship in maternal–fetal medicine at the University of Texas Southwestern Medical School, Dr. Gilstrap returned to Wilford Hall, becoming chief of the Obstetric and Gynecologic Infectious Disease Service and chief of Obstetric Service in 1980. Since 1987, Dr. Gilstrap has served on the faculty of the University of Texas Southwestern Medical Center in Dallas, first as associate professor and then, in 1989, as professor. He is also director of the Maternal–Fetal Medicine Fellowship Program.

Dr. Gilstrap is a board examiner for ABOG, associate editor of *American Journal of Perinatology* and *Infectious Disease in Obstetrics and Gynecology*, an editor of *Obstetrics and Gynecology*, and coauthor of *Williams Obstetrics*. Among his several honors are distinguished teaching awards from ACOG, the University of Texas, and St.



Paul Medical Center and a Legion of Merit Award from the U.S. Air Force.

During his presidency, Dr. Gilstrap guided the annual meeting to financial self-sufficiency and redirected corporate monies formerly used for the meeting to support the SPO fellowship. He also saw to it that the Site Selection Committee was strengthened and was instrumental in ensuring that meeting sites were selected well in advance. Through Dr. Gilstrap's careful maneuvering, the SPO avoided the financial liability that could have been incurred with the cancellation of the meeting in New Orleans in protest of that city's restrictive abortion policy.

1994–1995

Valerie M. Parisi, MD

Dr. Parisi received her graduate medical training at Brown University and completed her internship and residency in 1979 at hospitals associated with that university. She pursued fellowships at the University of Wisconsin Center for Health Sciences and the University of Colorado Health Science Center, where she also held academic appointments. In 1984, Dr. Parisi joined the faculty of the University of Texas Medical School at Houston, where she was director of the Division of Maternal–Fetal Medicine. In 1994, she moved to University Medical Center at the State University of New York at Stony Brook to assume her current positions of professor and chair of the Department of Obstetrics, Gynecology, and Reproductive Medicine and obstetrician and gynecologist-in-chief at University Hospital.

After service on the SPO Board of Directors from 1989 to 1992, Dr. Parisi was scientific program chair for 1993 and president in 1994. She introduced innovations in the program such as concurrent oral sessions, and it was during her tenure that abstracts were first formatted in the style of the *American Journal of Obstetrics and Gynecology* to facilitate review. Dr. Parisi was also very involved in the “Women in Perinatology” special interest group and helped institute child care at meetings.



1995–1996

Gary D. V. Hankins, MD

With his bachelor's degree in biology from the Virginia Military Institute in hand in 1973, Dr. Hankins headed for the Medical College of Virginia, where he received his medical degree. Then followed a residency and a fellowship in critical care medicine at Wilford Hall U.S. Air Force Medical Center in San Antonio, Texas, and in maternal–fetal medicine at the University of Texas Southwestern Medical School in Dallas. He returned to Wilford Hall in 1984 and was named chair of the Department of Obstetrics and Gynecology in 1987. Currently at the University of Texas Medical Branch in Galveston, Dr. Hankins is professor and vice chair of the Department of Obstetrics and Gynecology as well as chief of obstetrics and maternal–fetal medicine and medical director of the perinatal network clinic system.

Dr. Hankins is a member of the editorial board of *Obstetrics and Gynecology* and has authored or coauthored four textbooks, including *Operative Obstetrics*, *Critical Care Obstetrics*, and the 20th edition of *Williams Obstetrics*. Dr. Hankins's research interests center on pregnancy physiology and pathophysiology, with special focus on preeclampsia and eclampsia, obstetric hemorrhage, and amniotic fluid embolism. He has played a leading role in developing innovative operative procedures in obstetrics.

During Dr. Hankins's presidency, policies were put in place to make the society more inclusive and proactive with groups having an effect on its mission and the advancement of health care for women and their unborn or soon-to-be-born children. Expansion of the Legislative Committee, which was charged with addressing issues affecting education, research, and teaching, was a key achievement during his term.



1996–1997

Donald R. Coustan, MD

Dr. Coustan received a bachelor's degree in psychology (*magna cum laude*) from Yale College in 1964 and received his medical degree from Yale Medical School in 1968. He then completed an internship in internal medicine and a residency in obstetrics and gynecology at Yale–New Haven Medical Center. Following 2 years as a lieutenant commander and chief of obstetrics at the Naval Regional Medical Center in Oakland, California, Dr. Coustan returned to Yale in 1975 as assistant professor of obstetrics and gynecology and director of the Diabetes in Pregnancy Program. He was promoted to associate professor in 1980.

In 1982, Dr. Coustan moved to the Brown University School of Medicine to become associate professor of obstetrics and gynecology and director of the Division of Maternal–Fetal Medicine of Women and Infants' Hospital of Rhode Island. In 1986, he became professor of obstetrics and gynecology and director of obstetrics at Women and Infants' Hospital. Since 1991, Dr. Coustan has served as chair of the department at Brown, obstetrician and gynecologist-in-chief of the Women and Infants' Hospital, and surgeon-in-chief of the Department of Obstetrics and Gynecology at Rhode Island Hospital.

Dr. Coustan's work has focused on diabetes during pregnancy, including basic science research as well as clinical management. Dr. Coustan is the author or coauthor of numerous journal articles and books and has served on the editorial boards of various scientific journals in the fields of obstetrics and gynecology as well as endocrinology. He is associate editor of *Diabetes Care*.

Since joining the SPO in 1979, Dr. Coustan has served as a leader of the special interest group in diabetes, member of the Board of Directors, chair of the Standards Committee, assistant secretary–treasurer, secretary–treasurer, vice president, and president. He is well known for his efforts to instill into the society a sound fiscal management policy. He also instituted the policy of publishing the annual meeting abstracts in a supplement to the *American Journal of Obstetrics and Gynecology*, which lightened the abstract book considerably and made possible citation of the abstracts in the literature.



TAKING CARE OF BUSINESS

With growth in the SPO came growth in the structure supporting it. As with any maturation process, growing pains are inevitable. In the case of the SPO, the struggle was minimized by the society's flexibility in confronting changes that would bring stability for the future.

Dr. Amelia C. Cruz highlights the roles of officers and committees in her "President's Message" from the December 1986 *SPO Newsletter*:

"In anticipation of continued growth, especially in view of the approval of the affiliate membership category, the Board of Directors and officers devoted the past two years [1985–1986] to organizing the administrative aspects of the society. Dr. Richard H. Paul with the assistance of Dr. Sze-ya Yeh computerized the membership lists and the financial records of the Society. Dr. Thomas J. Garite continued to develop the fellowship section by organizing the yearly fellowship director's meeting and preparing the handbook of available maternal–fetal medicine programs...Dr. Garland D. Anderson was very busy revising the Constitution and Bylaws with the assistance of Dr. Steven G. Gabbe and the other directors. Dr. Anderson also had the task of nominating the new members to the Board of Directors. Dr. F. Gary Cunningham was busy reviewing applications for the Sam Seeds Fellowship Award. Dr. Jennifer R. Niebyl had been active in the Legislative Section. The hard work of the Board of Directors and society members during the past ten years has helped us achieve the recognition and respect of other groups in our specialty. We need to continue the enthusiasm of the membership in the organization's activities to assure continued success."

Friendship is like a bank account. You can't continue to draw on it without making deposits.

—Anon in "SPO
Wisdom"
SPO Newsletter,
July 1991

ORGANIZATION

One of the first functions of the founders was to create an organizational structure for the fledgling society. They designated a govern-

ing body in the form of officers and Board of Directors and outlined their roles in a newly created constitution and bylaws. A supporting structure of various committees evolved and continues today to carry out the bulk of the society's business.

Constitution and Bylaws

One of the first activities of the SPO was to assemble a committee to develop a constitution and bylaws. The committee included founding members Drs. Clark M. Hickley, Richard Depp, Edgar O. Horger III, and Bruce A. Work. They were charged with reviewing related documents of similar organizations and assembling a proposed draft. On March 15, 1977, James A. O'Leary, MD, sent a draft to all members with a letter, excerpts of which read:

Dear Colleagues,

Enclosed is the constitution and by-laws prepared by your committee...I believe they have done an excellent job. I would like you to carefully review this document so that we might approve it during our third organizational meeting to be held on the evening of May 9th.

Kindest regards.

The constitution, which incorporates the mission statement, has remained virtually unchanged from the original version. The by-laws have retained their original character but have gone through numerous renditions to accommodate the increasing expansion of activities. So many changes and versions had taken place that in 1991 Dr. Robert P. Lorenz, then an unsuspecting member of the Credentials, Constitution, and Bylaws Committee, undertook the task of consolidating all the various versions of the bylaws into one revision. This task turned out to be described variously as "heinous" and "herculean." He sorted out the bylaws changes since the original constitution, and new bylaws were drafted. The original version was revised and amended as needed. Some of the changes were written down and others were in the corporate memory of the members of the Board of Directors. Dr. Lorenz had to trace documents from Dr. Miller's and Dr. Petrie's basements and the business meetings of the society. In a letter to Thomas J. Garite, MD, 1991 president, Dr. Lorenz chronicled 15 amendments and multiple contradictions. It took him 6 months to produce a badly needed document that currently represents the bylaws.

"We reviewed five versions and a draft and found dozens of changes...that are not identifiable as valid amendments in the

incomplete records that we have received. Many of these changes are minor, and the major problem is the incomplete set of records available. I believe the 6-28-91 draft represents a best estimate of the content of the Constitution and Bylaws and should be published as such...”

The bylaws currently in use were revised in February 1993. They will no doubt be altered as the SPO continues to meet the needs of perinatologists of the future. The current constitution and bylaws appears in Appendix E.

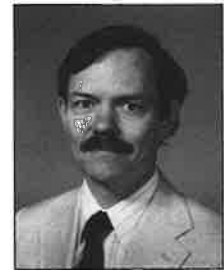
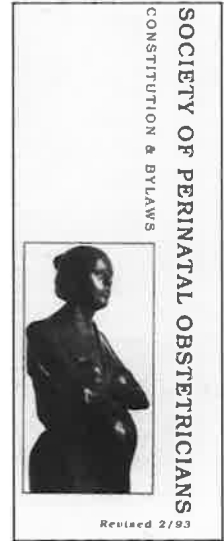
Structure and Function

The affairs of the organization are managed by the Board of Directors. The nine members of the board are elected to 3-year terms from regular members in elections held at the annual business meeting. The tenure of office coincides with the annual meeting. The officers are elected by the Board of Directors at the annual meeting and perform specific functions in relation to day-to-day business of the society:

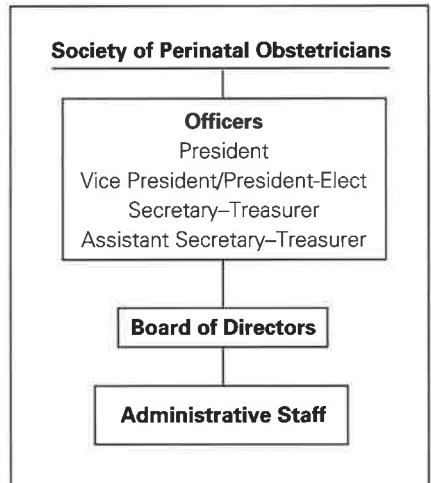
- **President:** Serves as chief executive officer of the organization and the Board of Directors; enforces rules and regulations and controls and manages business affairs, properties, facilities, and legal and financial affairs; and reports on the affairs, activities, and condition of the organization for the preceding year at the annual business meeting
- **Vice President/President-Elect:** Serves as an aide to the president, functions in the absence of the president, and succeeds the president in the following year; also is in charge of the SPO’s annual fundraising efforts
- **Secretary-Treasurer:** Maintains minutes, gives notices to the membership, and keeps all organizational records
- **Assistant Secretary-Treasurer:** Assists the secretary-treasurer; also is in charge of fellowship affairs and serves as chair of the Legislative/Practice Issues Committee

The president and vice president/president-elect serve 1-year terms. The secretary-treasurer and assistant secretary-treasurer serve 2-year terms and, as of 1988, are bonded. Terms and functions are defined by the constitution and bylaws, which stipulates that

The officers and the Board of Directors



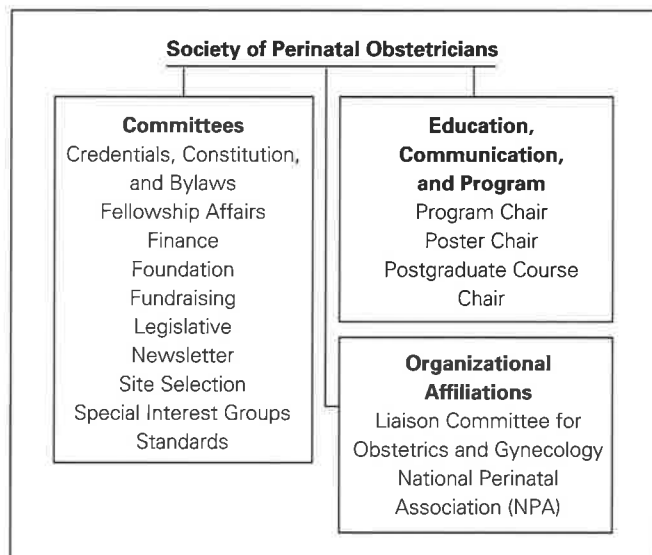
Robert P. Lorenz, MD, revised the constitution and bylaws in 1993.



no person shall receive compensation to serve as an officer of the organization.

The officers and the Board of Directors are supported by a structure of committees that execute the various activities of the organization. Chairs of these committees are appointed annually by the president, and members are designated by the chairs with the approval of the Board of Directors. The number of members on each committee and their terms are dictated by the bylaws. Following are the current standing committees and their functions:

- *Credentials, Constitution, and Bylaws* responds to questions about membership eligibility and drafts language for any proposed changes or additions to the bylaws.
- *Standards (Personnel, Facilities, and Services)* functions as the editorial board of the SPO issue of the *American Journal of Obstetrics and Gynecology*, distributing manuscripts to reviewers, tabulating results, and working with the journal editors to achieve publication of the maximum number of eligible manuscripts.
- *Legislative* evolved from the passive role of reporting legislative actions of interest to the subspecialty to taking a more proactive role in identifying and addressing issues specific to the subspecialty, actually being a voice for maternal–fetal medicine.
- *Education, Communication, and Program*, the “Program Committee,” is composed of the program chair, the poster chair, and the postgraduate course chair, who are charged with putting on the annual scientific meeting.



The society's organizational structure

- *Foundation* oversees the management of the Fellowship Award and is responsible for reviewing proposals for the Fellowship Award and selecting the yearly recipient.
- *Finance* oversees the management of the SPO's investments, including the Foundation fund, and is responsible for developing new investment policies as deemed necessary.

The president may appoint ad hoc committees as appropriate. Over the history of the SPO, various ad hoc committees have been appointed to address timely issues. Ad hoc committees include the following:

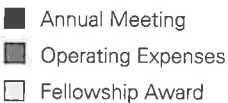
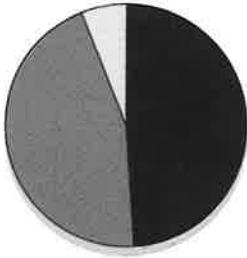
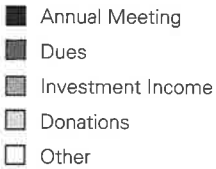
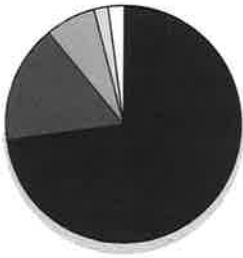
- *Fellowship Affairs* serves as liaison with program directors and the National Residency Matching Program as it relates to the administration of the fellowship match.
- *Fundraising* is in charge of the annual solicitation of industry funds that support the Foundation, the Fellows Retreat, and other educational activities.
- *Site Selection* identifies prospective meeting sites and, with approval of the Board of Directors, negotiates contracts with the facilities.
- *Special Interest Groups* functions as liaison with the leaders of the 12 special interest groups officially associated with the SPO.
- *Newsletter Editor* is responsible for the content and formatting of the *SPO Newsletter*.

In addition to standing and ad hoc committees, the organization has formal relations with LCOG as well as the National Perinatal Association. The society also maintains very close relations with ACOG and ABOG, in key though less formal collaborations.

A business meeting is held yearly in conjunction with the annual meeting. At that time, the president and other officers and committee chairs give reports of the activities of the organization. Since 1989, interim Board of Directors' meetings have been held in the summer in an atmosphere that is less hectic than that of the annual meeting.

THE BALANCE SHEET

The SPO has vigilantly husbanded its resources to diversify sources of revenue and maximize their potential. Fundraising and finances are handled through committees and overseen by the Board of Directors through the secretary-treasurer. In its early days, the SPO relied heavily on corporate sponsors to fund activities and awards at the annual meeting. The annual meeting became increasingly independent, and in 1995, it was financially self-sufficient.



Sources of revenue (top) and expenses

In 1981, the SPO reported \$17,730 in revenues and \$5,355 in expenditures, with \$16,345 cash on deposit. Today, the reserves have grown to nearly a quarter of a million dollars, with over \$600,000 in the Fellowship Foundation earmarked toward funding future educational endeavors. In 1995, the society's contribution to the fund increased from \$300,000 to \$418,000. An investment policy has been implemented to provide growth for the future and to capture revenue from a variety of sources:

- Annual meeting registration
- Dues
- Donations
- Fees from mailing labels and lists and advertising in the *SPO Newsletter*
- Investments

Mailing labels and lists originally were available at a cost of \$100 for members and \$150 for commercial use. Subsequently, the cost of labels was increased to \$500 and mailing lists to \$300. In 1988, the secretary-treasurer reported "The Society owes income tax this year of \$84 due to profits from the sale of mailing lists and labels and newsletter advertisements." Although paying taxes is some measure of success, the SPO took action early in its development to avoid that eventuality by securing a tax exempt status.

Dues

Originally, dues to join the SPO were a real bargain—only \$10. In 1980, then-President Dr. Sherline made a decisive move in recommending a 500% increase in dues to \$50/year:

"It was my feeling that we could never have a society that meant anything if we did not have enough money to run one. Tom Barden, who was then secretary-treasurer, thought this was a little excessive, but I prevailed upon him to raise the dues and it was done."

Becoming Tax Exempt

In 1980, Clark M. Hinkley, MD, sent Tom P. Barden, MD "the final paperwork granting our tax exemption through 1984." It was a short letter, in no way reflecting the lengthy process that went before it. After reams of correspondence and forms, replete with the arcane language peculiar to the Internal Revenue Service, Dr. Hinkley navigated the bureaucratic channels and prevailed.

The dues were increased to \$50 for members and \$25 for associate members, despite the fact that approximately 50% of the regular members failed to remit their \$10 dues by the deadline that year. Even at these modest prices, it was necessary for members of the Board of Directors to serve as collection agents. In his announcement and dues statement to the members in 1981, Dr. Barden was compelled to issue the following admonishment:

“Attached is a statement for 1981 annual dues and for many of you a previous balance of overdue past dues. The office of the secretary–treasurer is strictly a part-time operation, so that second and third reminders of this statement should not be expected. Please do your treasurer a great favor and send your payment as soon as possible... Any member who fails to pay prescribed dues for two consecutive years should have his membership terminated.”

In 1986, the Board of Directors’ meetings focused on the need to be fiscally solvent. It was generally agreed that each meeting should pay for itself. An increase in dues was proposed, and a subscription to the *American Journal of Obstetrics and Gynecology* would be included in the dues. The board approved a revision to the constitution stating that any member failing to pay the prescribed dues within 90 days of receipt of notice would have his or her membership terminated.

Dues have been raised reluctantly, with the Board of Directors instead preferring to adjust the registration fee for the annual meeting based on projected expenses. Today, dues remain a bargain at \$100 for regular, affiliate, and associate members and \$50 for fellows in training.

Fundraising

The SPO has always relied on—and been extremely appreciative of—donations from corporations and individuals. Funds are pledged in support of fellowships, lectureships, and general activities. A committee oversees all fundraising, which continues to play an important role in the fiscal profile of the SPO.

In 1986, Dr. Robert J. Sokol was chair of the Fundraising Committee. He acknowledges help from Drs. Yeh and Morrison in raising funds, noting “A distinct effort was necessary to encourage donors to increase their pledges.”

Categories recognize donors, both private and corporate:

- Patron of the SPO: \$10,000 or more
- Benefactor of the SPO: \$5,000–\$9,999
- Friend of the SPO: \$2,500–\$4,999

THE CORPORATE PRESENCE

Corporate funding played an early and important role in the SPO, even before it was officially founded. One of the early planning meetings was underwritten by Ross Laboratories. Shortly after the SPO was founded, Dr. Clark M. Hinkley, the society’s first secretary–

treasurer, obtained industry support to begin incorporation of the SPO in the state of Texas. Many organizations were to follow suit with support of key activities ranging from funding of prize papers to sponsorship of informal social events at the annual meeting to underwriting educational activities (Appendix F).

Today, funding continues to play a vital role in subsidizing publications such as the *SPO Newsletter*, supported by Genzyme Genetics (formerly Integrated Genetics), and fellow-in-training subscriptions

Guidelines for Corporate Sponsors

- The minimum corporate contribution will be \$2,500.
- Exhibits are prohibited. These are very costly and do not promote the kind of relationship the society wishes to have with corporate sponsors.
- Corporate sponsors will not engage in their own programs or organize their own special events not sanctioned by the SPO.
- Sponsors may not schedule any formal functions for SPO attendees during the actual meeting hours or during any event sponsored by the society, such as the annual banquet or opening reception.
- Sponsors at the "Benefactor" and "Patron" level may host hospitality suites at which they may display and discuss their products. Such activities must be scheduled during hours in which no sanctioned SPO functions are being held. Requests for such suites must be cleared through the fundraising chair, in concert with the program chair, for that year's meeting since such events must be coordinated with the program schedule as well as the availability of space. Following confirmation, the sponsor is responsible for making final arrangements for space, etc, with the host hotel.
- Corporate registration for the meeting and banquet tickets will be handled through the SPO administrative office in Washington, DC.
- Professional search firms who wish to attend the meeting for purposes of recruitment will be charged a \$1,500 registration fee. This allows them two representatives and two banquet tickets. Notices may be posted in the SPO registration area during the annual meeting for a fee of \$100 per notice.
- Corporate sponsors who wish a complimentary set of SPO member mailing labels to do a premeeting mailing must submit separate requests to the SPO administrative office.
- The current and incoming Fundraising Committee chairs as well as the officers of the society will meet with one representative from each corporate sponsor at the sponsors' breakfast during the annual meeting to express appreciation for their support and to allow interaction regarding specific concerns and future goals.
- All sponsors will be acknowledged in the annual abstract program that is published by the *American Journal of Obstetrics and Gynecology* (provided the information is available by press deadline) as well as at the annual banquet.

to the *American Journal of Obstetrics and Gynecology*, funded by Acuson. Corporate funding also helps support the SPO Fellowship Foundation.

An Early and Loyal Supporter

The early and continuing support of Ross Laboratories (now Ross Products Division, Abbott Laboratories) for the society merits special attention in this history. Mr. Dewey Sehring was director of professional services for Ross Laboratories for many years. He had a

Corporations with a minimum contribution of \$2,500–4,999 will be designated as “Friends of the SPO” and receive:

- Mailing labels for the SPO membership
- Two complimentary registrations to attend the annual meeting (with additional available at cost)
- Two banquet tickets (additional available at cost, if space allows)
- Recognition at banquet
- Sponsor’s breakfast
- Recognition plaque and acknowledgment in the *American Journal of Obstetrics and Gynecology’s* abstracts issue
- Name badges that clearly identify company name and level of contribution
- Option to purchase postgraduate course tickets if space is available on site, at cost

Corporations contributing \$5,000–9,999 will be designated as “Benefactors of the SPO” and receive:

- All items received by “Friends”
- Four additional meeting registrations and four additional banquet tickets (additional at cost)
- Hospitality suites (at corporate expense)
- Possibility of exclusive sponsorship of small SPO projects (approval of Board of Directors/officers required)

Corporations contributing \$10,000 or more will be designated as “Patrons of the SPO” and receive:

- All items received by “Benefactors”
- Six additional meeting registrations and six additional banquet tickets (additional at cost)
- Presentation of plaque at banquet
- Exclusive sponsorship of targeted SPO projects



Dewey Sehring

special interest in the evolving subspecialty of neonatology; therefore, many programs were geared toward high-risk, low-birth-weight infants. As obstetricians increasingly became involved in the educational activities sponsored by Ross, it became apparent to him that every opportunity should be taken to bring together neonatologists and maternal–fetal medicine investigators. To achieve this goal, a series of seminars was launched and continues today. Mr. Sehring, and therefore Ross, was committed to serving those administering to mothers, their fetuses, and newborns.

According to Mr. Sehring, it was Richard H. Paul, MD, who cultivated his interest from the beginning of the organization. He enthusiastically pointed out its potential for growth as a forum for assisting mothers and fetuses and increasing good science. “Early on I do not believe there were many [other corporate supporters],” says Mr. Sehring. This was perhaps a result of concerns from the SGI membership about having yet another society. Of course, as it turned out, early critics were “converted to supporters.” In recognition of his contribution to the goals of the society, Mr. Sehring was awarded the designation of honorary member.

Support of the SPO initially came in the form of financial aid. Subsequently, again with the persuasive urging of Dr. Paul, Mr. Sehring made a commitment to support distribution of the *American Journal of Obstetrics and Gynecology* to fellows. Ross also provided funding for the publication of the first *Directory of Fellowship Programs in Maternal–Fetal Medicine* and continues to support that publication today.

The Annual Meeting

Although there had always been a corporate presence at the annual meeting, efforts were made to restrict corporate events to informal gatherings. The possibility of exhibits was considered and rejected. It was felt that there simply was not enough time for attendees to participate in all the events as well as to visit exhibits. Industry representatives were welcomed to attend sessions if they contributed directly to the meeting and helped subsidize it.

In 1992, the Board of Directors formulated written guidelines to formalize relations with industry. The SPO would continue to make the scientific atmosphere of the annual clinical meeting its highest priority, according to then-President Thomas J. Garite, MD. Product displays would not be allowed, and corporate events would be limited to SPO meeting events or to hospitality suites. In the past, no amount of funding was specified, and this now changed. A minimum contribution of \$2,500 was designated for participation in the

meeting. In exchange, sponsors would be given access to hospitality suites, registration, and banquet tickets depending on their level of contribution. In 1994, the decision was made to direct corporate support away from the meeting and instead channel corporate donations to the Fellowship Foundation, Fellows' Retreat, and other projects.

ADMINISTRATION

Early leaders in the society carried on all aspects of business operation single-handedly, except for the frequent help of spouses or administrative assistants, and passed the work to their successors when the time came. The records used in compiling this history have sometimes of necessity been based on the frailty of human memory. Nonetheless, most founding members have fond memories of those early days and were happy to share them, as reflected throughout this history.

As the SPO grew, it became increasingly difficult for the officers and Board of Directors to manage the details of day-to-day operation. It became necessary to hire accountants, financial consultants, and eventually to establish a corporate office, complete with stationery, computers, and someone to guide daily operations. That individual came to the SPO in the person of Pat Stahr, who is revered by all members as the executive administrator of the SPO headquarters.

Entering the Computer Era

Dr. Sze-ya Yeh launched the SPO's computer era. Dr. Yeh was computer literate and used his knowledge to create the program for the meeting for which he was chair, as well as to develop a format for the directory and help produce the *SPO Newsletter*. When Dr. Petrie was secretary-treasurer (1981–1982), Dr. Yeh was his colleague at Columbia University. Dr. Yeh noticed that Dr. Petrie was typing everything and intervened, offering to “put it in the computer and get it out.” At the time he had an Apple II Plus with only 48K of memory. Nonetheless, the Board of Directors asked Dr. Yeh to keep track of the membership by computer.

Secretary-Treasurer Richard H. Paul, MD, obtained for the society a Compaq 286 portable personal computer system to be used for, among other things, membership lists, tracking of dues, financial matters, and meeting registration. A reliable source testifies that the Compaq “portable,” which at the time seemed so marvelous, actually “weighed three million tons, traveled from one secretary-treasurer to another, and was nasty and noisy.” The task of transporting it to meetings usually fell to those with the strongest backs.

In 1990, the society upgraded to a Macintosh IIcx personal computer with a Laserwriter II NT printer to handle all society functions, as well as to create the *SPO Newsletter*. In 1995, Drs. Stedman and Devoe, collaborators on the *SPO Newsletter*, were instrumental in another upgrade—this time to a PowerMac system, fully equipped with modem and CD-ROM. The SPO was prepared for the future.

The Move to Washington

In 1988, it was proposed that the SPO establish an office in the new ACOG headquarters. Recollections of exactly how this arose differ. There is agreement, however, that Dr. Robert J. Sokol was instrumental in the move. As incoming president, he advocated the move in the July 1988 *SPO Newsletter*.

“The SPO now has an opportunity to position our organization at the center of the action. ACOG has recently opened a new headquarters, along with some of our sister organizations. This will help us in two ways. Administering our large and expanding organization has become very complex. Having a central office with a secretary, computer resources, etc., will facilitate timely mailings, communication via ACOGNET, and help assure running the annual meetings smoothly...Having an SPO office within ACOG will help define a major role for our organization as the group of obstetrician-gynecologists with specific interests and expertise in the mother and fetus.”

There are different stories on how the SPO move to ACOG came about. One version has it that Dr. Sokol made a deal with Dr. Warren H. Pearse, then executive director at ACOG, at the ACOG meeting in Boston (in a parking lot, as he recalls). Another version is that Dr. Paul and other Board of Directors members made a deal with Dr. Pearse at the board examinations in Chicago. Knowing Dr. Pearse, he probably made a deal with both, covering all the bases. Regardless of whose idea it was to move to Washington, DC, it was well received in light of the administrative costs and the growth of the society. Responsibility for assessing costs and negotiating with ACOG was delegated to Dr. Sokol.

By this time, the society's membership had increased so much that it was no longer possible for SPO officers to expect their medical office personnel to handle the society's paperwork. The organization took the plunge and hired Pat Stahr as executive administrator on August 5, 1988. This move has never ceased to be praised.

“In December of 1988 the society established a Secretariat within the office of the ACOG in Washington, DC. Ms. Pat

Stahr, our Executive Administrator, has done an outstanding job. She has been a tremendous asset to the society, and her participation and responsibilities continue to increase. These offices within the College facility have given the society increased visibility and the opportunity to become involved in the perinatal issues considered by the College.”

—Frank C. Miller, MD
SPO Newsletter, July 1990

“The decision to hire Pat Stahr was a landmark and we have all benefitted from her commitment and purpose.”

—Richard H. Paul, MD



*Executive Administrator
 Pat Stahr*

IN SEARCH OF AN IDENTITY

The SPO never deliberately set out to establish an organizational identity. Nevertheless, certain images came to be related to the organization and have not been supplanted.

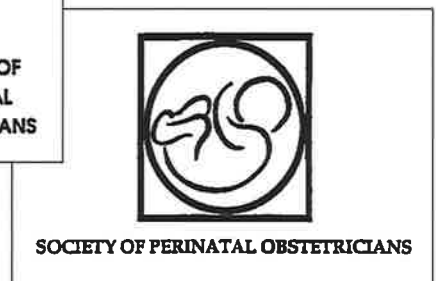
On the cover of the syllabus of the 1986 annual meeting appeared a photograph of “Standing Girl,” a full-height bronze sculpture by the artist Michael Price of St. Paul, Minnesota. It had been presented to the Allentown Hospital (now the Lehigh Valley Hospital) by art collectors and connoisseurs Philip I. and Muriel M. Berman of Allentown, Pennsylvania. In 1988, the *SPO Newsletter* reports that a suggestion was made that the photograph of “Standing Girl,” which has been used on the syllabus for the past 3 years, be considered as the society’s logo.

“Standing Girl” has a powerful ally in Dr. Sze-ya Yeh. He began using the logo, considering a pregnant woman to be more representative of SPO than a mother and child. Others did not share Dr. Yeh’s fondness for the statue. Its status was threatened when a search for a society logo was conducted via the July 1991 *SPO Newsletter*. In addition to “Standing Girl,” three other designs were submitted,



The “Standing Girl” statue has become the society’s logo.

Contenders to replace “Standing Girl” have been unsuccessful.



none of which was agreed to be an improvement. With no consensus on any new designs, “Standing Girl” stood alone as the logo.

The logo does not grace the letterhead, which has also gone through various renditions. Under Dr. Sherline’s presidency, “Service, Education, Research” was added to the letterhead in recognition of the importance of demonstrating to all the SPO’s commitment to perinatology.

INVESTING IN THE FUTURE

Until 1992, the SPO never really had an investment policy. Money was placed in the bank, and the account was monitored by the secretary–treasurer. A modest amount of money initially was kept at a bank in Little Rock, Arkansas. As the amount increased, funds were transferred to another account to be used for the annual meeting. In essence, however, all funds were kept in the bank, and there was no structured investment policy.

During the presidency of Larry C. Gilstrap III, MD, the SPO’s financial advisor suggested it was unwise to keep all the society’s eggs in one basket. The reserve fund was invested in certificates of deposit, and an ad hoc committee was assembled to create a proposal for a financial plan. Members of the committee included Mary E. D’Alton, MD, Sze-ya Yeh, MD, and Donald R. Coustan, MD. The committee explored the possibilities and invited groups to give presentations. The SPO decided that Smith Barney Shearson had the best approach with its recommendation for investments in mutual funds and stocks—a “mixed bag.” The funds were allocated to three or four different money managers’ accounts and proportionately invested conservatively, moderately, and aggressively.

In 1994, the Finance Committee was created, consisting of the secretary–treasurer, the assistant secretary–treasurer, and the chair of the Foundation Committee. Objectives and operative guidelines were established to guide investment management to ensure long-term growth and income, short-term availability of funds, and preservation of capital. The funds were allocated to three separate areas:

- Foundation Fund for capturing assets used to support fellowships
- Reserve Fund for long-term growth of assets
- Cash Reserve Fund to meet short-term cash needs

Principles of management were set forth to ensure that the investment policy would support the mission and role of the SPO. They were designed to be sufficiently specific to be meaningful and sufficiently broad to avoid interference with investment strategies designed to achieve desired performance levels. One stipulation was

made: The funds are prohibited from investing in any company whose primary business is tobacco or related products. This long-range investment policy is another example of the insight exercised by the leaders of the SPO in equipping its members and the society for the future.

PAST, PRESENT, AND FUTURE

The growth of the SPO has not been without struggle, arising from both within and without the SPO. As the membership and meeting grew, the need arose to establish more formal guidelines for submissions and interactions with other groups, including industry. At the same time, the subspecialty of maternal–fetal medicine was undergoing changes that would have a major impact on research and academic medicine. In facing and conquering these obstacles, the SPO exercised its characteristic attitude of flexibility and responsiveness to the needs of a broader agenda. It is this underlying philosophy that will enable the SPO to meet the challenges confronting perinatal medicine in the future.

That the SPO has become the leading perinatal force in North America today in less than two decades is a great credit to the early visionaries and the incredible skills of its current members.

—Julian T. Parer,
MD, PhD

GROWING PAINS

Any evolving group experiences some level of controversy. The SPO—a collective assembly of the best minds in the emerging field of maternal–fetal medicine—had no shortage of opinions in its early days. The initial controversy arose over whether there was even a need for a society. Those detractors were overcome—or won over—and the society was created. Subsequently, controversy arose over the need for a separate meeting.

Every year, the meeting grew larger. It became necessary to create an administrative structure to handle its many aspects. There was a need for more space, more reviewers of abstracts and papers, more administrative support—more of everything. This exponential growth and its requirements were a struggle for the young society as it achieved national recognition. With expansion came the need to establish a fiscal and administrative framework that would support its growth.

“As we have grown, the organization itself has become rather unwieldy and we must strive for administrative excellence to equal the measure of scientific success we have had in past years...We are looked upon as an authoritative figure in perinatal medicine since we represent those at the forefront of our

subspecialty. With that comes a great responsibility to address some of the key national and regional issues that confront perinatal medicine and our organization.”

— John C. Morrison, MD
SPO Newsletter, June 1985

A Meeting for Everyone

In 1988, the Board of Directors expressed concern over the ever-increasing need for accommodations at the annual meeting. Specifically, the board was concerned over the space available for the 1990 meeting in Houston. It was noted that 650 rooms were reserved for the meeting in Las Vegas and there was still some overflow to other hotels. Likewise, the space for posters was not felt to be adequate. There was only 5,000 square feet of space for posters, whereas at the previous meeting in Las Vegas 10,000 square feet of space had been used. Because of increasing difficulty in finding an appropriate site, the Site Selection Committee was established in 1989.

Through 1995, each successive SPO annual meeting turned out to be the largest meeting in the history of the society. Over the years, terms such as “the largest” and “the most” have been used with predictable regularity—the largest attendance, the most abstracts, and so on. In some ways this worked against the society. Postgraduate courses expanded to the point of being unwieldy. Audience participation became greatly impaired. A facetious observation was made that members practically had to assign delegates to get their questions to presenters.

During his presidency, Dr. Thomas J. Garite expressed concerns about the growth of the meeting and the possibility of fragmentation if the needs of the specialty were not met. His concerns centered around several issues: the lack of facilities that can accommodate the meeting, the evolution of focused and special interest groups with interest in having separate meetings within or contiguous to the SPO meeting, relationships with other groups (including industry), and the need to reevaluate the format of the meeting. Most of all, however, concerns of the society as a whole focused on the need to maintain the scientific atmosphere of the meeting.

“Since the early meetings in San Antonio, this Society and its annual meeting have grown by 10–20% per year. Certainly, this is a success story; but as with many successes, particularly those related to growth, many problems arise, often so rapidly it is difficult to anticipate and avoid them before they manifest themselves. Not only has the growth of our Society created these strains, but the growth of our subspecialty, maternal-fe-

tal medicine, has compounded them. New knowledge, new technologies, and sub-specialization has created more demands and many diverse interests. The consequence of not being responsive to these changes and to the needs of our membership is that individuals will develop and then turn to new splinter organizations which will meet their particular needs, and our thriving Society and its goals will suffer.”

— Thomas J. Garite, MD
“From Your President”
SPO Newsletter, July 1991

These cautions did not go unheeded. Mechanisms were introduced to address emerging concerns. Special interest groups were supported, and guidelines were established for meetings with other groups as well as for interaction with industry. Associate members were increasingly involved in SPO activities, including review of abstracts and submission of papers for publication in the *American Journal of Obstetrics and Gynecology*. Arrangements were made well in advance for selected meeting sites through the Hilton hotel chain, ensuring adequate space and economy. Changes were made in the meeting format so that concurrent sessions could be held, thus allowing greater exposure of new research, and limits were placed on attendance at postgraduate courses. To allow fellows greater access to leaders in the field and create opportunities to provide career guidance, the Fellows Retreat was first held in 1994 and repeated on popular demand in 1995.

The Research Agenda

The changes taking place in maternal-fetal medicine were somewhat beyond the control of the SPO, however, and remained a concern. During his tenure as president in 1987, Dr. Steven G. Gabbe expressed concern that the prospect for continued progress in research might be impaired by several forces, some of which could be influenced by members of the SPO. With increasing financial and clinical pressures, fellows in training and junior faculty had less and less time for research. Academic departments needed more funding from clinical activities to support their programs and thus cut considerably into research time and resources. Upon completion of their training, fellows often bear an enormous financial burden accumulated since medical school, thus opting to take a well-paying position in a community where they can provide much needed perinatal expertise. However, such positions at best limit and at worst eliminate the amount of time available to pursue research. Dr. Gabbe noted that a large number of board-eligible perinatologists had not

taken oral examinations; he suspected they had not done so because they had not completed a research thesis. Either their training had failed to prepare them for independent research or they lacked the time, support, or interest to pursue this objective.

“While incredible advances have been made in perinatal research, as a young specialty it is vital that we expand both our basic and clinical investigations. What can be done? Fellowship program directors and department chairmen must be certain that their fellows and junior faculty have adequate time for research. This is the most important investment they can make to ensure the vitality of our specialty. Fellows and junior faculty must become involved in an important research area to which they feel committed for the rest of their careers. These young investigators must be freed from clinical demands and have adequate financial support to undertake their projects. Perinatologists working in community programs must be given an opportunity by their department chairman and hospital administrators for their research activities...Our organization has done much to advance the health care of mothers and their unborn children and to educate others about the importance of such care. We must continue our efforts to provide an environment in which our young investigators can generate the critical information necessary to further improve these outcomes.”

—Steven G. Gabbe, MD

These sentiments were the genesis of the Academic Enrichment Award. It was patterned after the Sam Seeds Fellowship and was the precursor of the SPO Fellowship Foundation. The commitment to research was also demonstrated in earlier efforts to acknowledge community-hospital research. The work of fellows, always prominently featured at the meeting, now comprises an entire session.

A Voice for the Specialty

Periodically, the members were polled to determine their views on a number of key issues. Surveys had varying degrees of success in drawing a response, but members were encouraged to express their views. Every effort has been made to be responsive to needs as the SPO changes and grows. That philosophy was set forth by early leaders and remains a guiding principle of the society.

“We had, have, and will continue to experience some minor growing pains. As the members’ wishes have become known, changes have been made, including alternative meeting sites. The society is young and sufficiently elastic to bend as the needs

of the membership change, providing the primary representation is that of maternal–fetal medicine as defined by the Division of Maternal–Fetal Medicine of the American Board of Obstetrics and Gynecology, Inc.,...I would urge members of the society to communicate with members of the Board of Directors regarding matters of concern.”

—Roy H. Petrie, MD
SPO Newsletter, December 1984

Later, in 1985, concerns about fragmentation in the specialty arose. As then-President Dr. John C. Morrison expressed it at a Board of Directors meeting: “On the one hand, the SPO is recognized by other organizations, by members, and by peers as the leading voice in perinatal medicine in the country. In contrast, this rapid growth has led in some areas to splintering of the organization; thus the establishment of long-range projections for our group is mandatory.”

In an article in the July 1988 *SPO Newsletter*, incoming President Dr. Robert J. Sokol voiced similar views. He stated that perinatology as it is known (and loved) is in danger and that fragmentation and “exclusivity” lead to what he believes to be the biggest threat to the SPO—becoming out of date and out of step with leading-edge clinical techniques, education, and research. His stated goals were to face these threats directly, size them up, and frame appropriate solutions.

“As an organization the SPO grew and matured during its first decade and many of the early members felt excluded from the mainstream of ob/gyn research. Frequently heard at early meetings was the complaint that nobody paid attention to us when an opinion was needed in the area of maternal–fetal health. That has changed...Avoiding fragmentation of perinatology, broadening the scope of our organization, and assuring a central role on the national and international scenes will help keep SPO healthy and vital through our second decade. SPO continues to develop as the premier perinatal organization.”

—Robert J. Sokol, MD
“Keeping SPO Self (and Other) Centered and Whole”
SPO Newsletter, July 1988

The SPO has maintained strong ties with ABOG and other groups. This enables it to serve as a voice for the specialty as it undergoes changes—sometimes painful ones—to prepare for medicine in the next century.

THE LEGISLATIVE ARENA

Increasingly, legislative affairs were playing a role in the administra-

tion of the SPO as well as the practice of medicine. The SPO's first foray into legislative areas was in joining other groups in protest over the Baby Doe issue. This venture was followed by another vote of support in protest against abortion legislation adopted by the state of Louisiana. Eventually, legislative activities affected issues relating to patient care as mandated by managed care programs. It was time to get involved officially.

A Show of Solidarity

As president of the SPO in 1985, Dr. Roy H. Petrie joined the Society for Gynecologic Oncologists, ACOG, the American Academy of Pediatrics, and the American Medical Association in filing suit in federal court over the Baby Doe regulations. This legislation set strict standards for the treatment of impaired infants, calling for aggressive treatment in virtually all cases regardless of the degree of suffering imposed on the infant and its family and the burdens and risks involved, thus interfering with parental decision making and the doctor-patient relationship. In a report to the Board of Directors, Dr. Petrie stated "if further action is needed, this will have to go before the Supreme Court." The presidents of all the organizations also sent letters to all congressmen and senators on this issue.

In 1992, the Board of Directors formally voted to support the resolution of ACOG not to hold a meeting in any states which, by legislation "significantly limit access to abortion or reproductive services, or require patient counseling or referral which does not present a balanced viewpoint on the range of options in pregnancy care." With the concurrence of the membership, the Board of Directors, in accord with ACOG's resolution, voted to pull the SPO's 1993 and 1995 meetings out of New Orleans.

Contracts were canceled, and the SPO braced to accept the consequences. There was a mandate from the membership to proceed, so the action was taken. The Board of Directors represented a unified front and, with some negotiation, avoided penalties. There were some concessions made on both sides, and a new location at another Hilton property was selected. It could have cost the SPO approximately \$300,000, but the society came out ahead by sticking to its principles.

An Official Structure

The Legislative Committee was designated as a standing committee in the original constitution and bylaws. Initially the committee was responsible for developing testimony and providing the Board of Directors with an overview of issues addressed in Congress, although this role gradually changed as legislative issues assumed more importance.

In 1985–1986, Dr. Jennifer R. Niebyl was chair of the committee. Dr. Niebyl's report to the Board of Directors dealt largely with the forum on malpractice issues in childbirth, held at the National Institutes of Health in July 1985. During that time the committee agreed to act as a steering committee for individuals willing to speak on politically controversial topics. Dr. Richard L. Berkowitz was asked to testify before a Senate subcommittee about issues raised by a heavily promoted antiabortion film entitled "The Silent Scream." Subsequently, Dr. Berkowitz appeared on "CBS Morning News" along with Drs. John Hobbins, Jennifer Niebyl, and Faye Redwine as representatives of ACOG and SPO in a panel discussion of this "pro-life" movie.

Dr. Mary E. D'Alton was chair of the Legislative Committee in 1991. She monitored issues related to "gag rule" regulations governing counseling about abortion services, medical liability reform, and National Institutes of Health reauthorization.

In 1995, President Gary D. V. Hankins, MD, announced the decision to expand the Legislative Committee both in scope as well as membership. While the committee has been long-standing, its function heretofore has been primarily one of conveying information to the Board of Directors. The current environment required more than a conduit of information, however. Accordingly, the committee was expanded in scope as well as in the composition of its membership to include evaluation of legislative issues of importance to the subspecialty of maternal–fetal medicine and of the health care of women and children. The assistant secretary–treasurer was assigned to head the committee, and additional members are appointed on the basis of their expertise in specific areas of importance to perinatology. It is anticipated that the chair of this committee will serve as the voice of the SPO and give feedback to other organizations—such as ACOG, ABOG, and the Residency Review Committee—when the society's views and values need to be heard.

A NEW ERA IN HEALTH CARE

The structure of the Legislative Committee helped equip the SPO for the legislative initiatives of the 1990s. A new system of health care was emerging, and with it came new demands on the subspecialty of maternal–fetal medicine. The society has continued to assume an assertive stance as an advocate for health care of mothers and their unborn babies in an atmosphere of shrinking resources and increasing competition.

Managed Care

In 1994, Charles M. Stedman, MD, wrote an article, excerpted as follows, on "Managed Care and the Perinatologist" for the *SPO Newsletter*. He dramatized the effects of health care system changes on perinatologists as follows:

"Just as software manufacturers have experienced for many years, medical groups are now beset by purchasers of health care (both big business and national insurers) who demand both an 'improved product' and a lower price each year. The hospital side of the equation will center around economies of scale. While physicians are forced to deal with the issue of attaining better outcomes, the hospital environment will be characterized by consolidation in order for pricing breaks to be realized and duplication of services to be trimmed. Downsizing will continue to accelerate on the faculty side just as it has in many business sectors in the United States. The physician side will involve outcomes analysis and quality assurance documentation within the constraints of fewer health care dollars. Demonstrating any improvement will involve trending analysis of endpoints more sophisticated than just preterm delivery or cesarean section rate. We as perinatologists will be forced to analyze patterns of care provided and subgroups receiving more resource-intensive levels of care...Under a capitated payment system it is clearly a major adjustment for a procedure-oriented physician to suddenly be reimbursed the same for one ultrasound exam as for three ultrasound exams during a pregnancy...Demonstrating improvements will require larger groups of physicians (in order to obtain a sufficient denominator), modern information systems, and a philosophy focusing on outcomes for the group rather than procedures for an individual. Hopefully in 1995 we will learn to be more efficient fiscally without succumbing to the danger of underproviding levels of care that really make a difference."

Such fiscal efficiency can often be superimposed at the cost of patient care in a managed care setting. The SPO has undertaken initiatives to ensure that the patient's rights as well as the physician's rights to reimbursement are maintained.

In 1995, a special notice was sent to the SPO membership alerting it to possible repercussions of the omission of a code for subspecialists in maternal-fetal medicine, separate from the code for obstetrician-gynecologists, in the Medicare physician specialty codes. The notice solicited examples of situations in which coding

as an obstetrician–gynecologist had a negative effect on the physician or patients. Although the Medicare coding in and of itself would not have a major effect on perinatologists, the codes have been adopted by other insurance carriers and even by Medicaid in some states. Thus, the SPO, through its Legislative Committee, and in conjunction with ACOG and the American Society for Reproductive Medicine, joined forces in an attempt to convince the Health Care Financing Administration to grant perinatologists their own code.

Changes in the health care environment can bring sweeping changes not only in patient care and reimbursement but also in the number of available fellowships and maternal–fetal subspecialists needed in the future. Some of the society’s members are more optimistic than others, but all share concerns. The challenge faced by the SPO leadership of the future is to maintain the vitality of the society and to direct it along a path of fiscal and scientific soundness.

Subspecialist Versus Generalist

Changes in the health care system have introduced an element of competition in the interrelationship between the generalist obstetrician–gynecologist and the maternal–fetal medicine subspecialist. Residency programs have been broadened to include high-risk obstetrics, opening this avenue of patient care to generalists. The possible reluctance of generalists to refer high-risk patients can compromise the coordinated, team approach to care.

In the proceedings of a conference on the impact of subspecialization on residency training and practice of obstetrics and gynecology, held by ABOG in October 1991, Dr. J. Peter VanDorsten offered the following prophetic remarks:

“I believe that the 1990s will see the MFM subspecialist leaving low-risk obstetrics completely. We will continue to manage the most difficult patients but I believe our ultimate role will be in the realm of education, research, preconceptional counseling, perinatal consultation, targeted ultrasound, and procedures such as amnio, CVS, and cordocentesis. For typical pregnant patients at risk we will see them in small windows before or during their pregnancy, but they will be delivered by their primary obstetricians. I believe this strategy represents the best of both worlds: The patient has access both to the special skills of the MFM subspecialist and also to the comfort and security of her own doctor. This co-management should be the hallmark of the 1990s and should ensure risk-appropriate care.”

TODAY AND TOMORROW

As the SPO moves into its third decade, it can be assured that the leaders of the future have demonstrated good judgment and sound financial management. The 20th anniversary of the SPO will be ushered in by a distinguished Board of Directors that represents some of the most prestigious names in the specialty. Furthermore, they have demonstrated a long-standing commitment to the society and its goals. The society is in good hands.

As the second decade of the SPO draws to a close, a backward glance brings a warm glow of pride for things accomplished. Looking forward is equally satisfying in light of the things that remain to be accomplished and the ability of those who will meet the challenges of the future.



Donald R. Coustan, MD,
1996–1997 president—leads
the SPO into its third decade.

APPENDIX

APPENDIX A. POSTGRADUATE COURSES

1984

Computers in Perinatal Medicine

Sze-Ya Yeh, MD

1985

Medical–Legal Issues in Maternal–Fetal Medicine

Franklin C. Miller, MD

1986

The Art of Medical Communication

Sze-Ya Yeh, MD

1987

Critical Care in Perinatal Medicine

David B. Cotton, MD

Computers in Perinatal Medicine

Sze-Ya Yeh, MD

1988

Fetal Echocardiography and Doppler Assessment: An Approach for the Maternal–Fetal Medicine Specialist

Greggory R. DeVore, MD

Clinical Applications of Molecular Genetics

Michael T. Mennuti, MD

1989

Fetal Cardiovascular Imaging

Greggory R. DeVore, MD, Course Director

Joshua A. Copel, MD

Charles S. Kleinman, MD

Lawrence D. Platt, MD

Maternal and Fetal Physiology

Valerie M. Parisi, MD, MPH, Course Director

Donald Hill, MD

Craig A. Winkel, MD

James R. Woods, Jr, MD

Clinical Applications of Molecular Genetics

Michael T. Mennuti, MD, Course Director

Robert Nussbaum, MD

Epidemiology for the Perinatologist

Durlin E. Hickok, MD, Program Director

Willard Cates, Jr, MD, MPH

Noel Weiss, MD, MPH, DrPH

1990

Critical Care

Gary D. V. Hankins, MD, Coordinator

Steven L. Clark, MD

David B. Cotton, MD

Thomas J. Benedetti, MD

Maternal and Fetal Physiology

Valerie M. Parisi, MD, MPH, Coordinator

Thomas R. Easterling, MD

Peter Nathanielsz, MD

Craig A. Winkel, MD

Teratology

Larry C. Gilstrap III, MD, Coordinator

Edward R. Yeomans, MD

John H. Grossman, MD

Clinical Epidemiology

David Grimes, MD, Coordinator

Kenneth F. Schultz, MBA

1991

Critical Care

Gary D. V. Hankins, MD, Coordinator

Steven L. Clark, MD

Jeffrey P. Phelan, MD, JD

David B. Cotton, MD

Carol Harvey, RNC, MS

Genetics

Joe Leigh Simpson, MD, Coordinator

Sherman Elias, MD

Mitchell S. Golbus, MD

Teratology

Larry C. Gilstrap III, MD, Coordinator

Bertis B. Little, PhD

John L. Sever, MD

Edward R. Yeomans, MD

Fetal Echo/Doppler Velocimetry

Kathryn L. Reed, MD, Coordinator

Brian J. Trudinger, MD

Greggory R. DeVore, MD

Clinical Epidemiology

David Grimes, MD

Kenneth F. Schultz, MBA

1992*Medical Complications of Pregnancy*

F. Gary Cunningham, MD, Coordinator
 Gary D. V. Hankins, MD
 Steven L. Clark, MD

Genetics

Joe Leigh Simpson, MD, Coordinator
 Sherman Elias, MD
 C. Thomas Caskey, MD

The Fetus as a Patient

Richard L. Berkowitz, MD, Coordinator
 Fernand Daffos, MD
 Charles Rodeck, MD

Fetal Echo/Doppler Velocimetry

Kathryn L. Reed, MD, Coordinator
 Brian J. Trudinger, MD
 Joshua A. Copel, MD

Viral Infections in Pregnancy

W. Patrick Duff, MD, Coordinator
 Howard L. Minkoff, MD
 Stanley A. Gall, MD

1993*Clinical Management of Diabetes and Hypertension in Pregnancy*

Steven G. Gabbe, MD, Coordinator
 James M. Roberts, MD
 Baha M. Sibai, MD
 Sharon L. Dooley, MD

Perinatal Practice: A Guide to the Nonclinical Aspects of Perinatal Medicine

John P. Elliott, MD, Coordinator
 Daniel F. O'Keeffe, MD
 Thomas J. Garite, MD
 G. Eric Knox, MD
 Jeffrey P. Phelan, MD, JD
 Mr. Daniel L. Harris

Medical Complications of Pregnancy

F. Gary Cunningham, MD, Coordinator
 Thomas J. Benedetti, MD
 Steven L. Clark, MD
 Michael F. Greene, MD

Operative Obstetrics

Gary D.V. Hankins, MD
 Sidney F. Bottoms, MD
 John C. Hauth, MD
 J. Peter VanDorsten, MD
 Edward R. Yeomans, MD

Frank A. Chervenak, MD
 F. Gary Cunningham, MD
 David B. Cotton, MD
 Jeffrey P. Phelan, MD, JD

Clinical Management of Preterm Labor

Roberto Romero, MD, Coordinator
 Charles J. Lockwood, MD
 Steve N. Caritis, MD
 Roberta Ballard, MD
 H. Frank Anderson, MD
 Jay D. Iams, MD
 Robert K. Creasy, MD

Viral Infections in Pregnancy

W. Patrick Duff, MD, Coordinator
 Ronald S. Gibbs, MD
 Howard L. Minkoff, MD

1994*Clinical Management of Diabetes and Hypertension in Pregnancy*

Steven G. Gabbe, MD, Coordinator
 James M. Roberts, MD
 Baha M. Sibai, MD
 Sharon L. Dooley, MD

Preterm Rupture of the Membranes

Roberto Romero, MD, Coordinator
 Alessandro Ghidini, MD
 Michael P. Nageotte, MD
 Susan M. Cox, MD
 Thomas J. Garite, MD
 Anthony M. Vintzileos, MD
 Alistair Roberts, MD
 Brian M. Mercer, MD

The New Genetics

Mary E. D'Alton, MD, Coordinator
 Diana W. Bianchi, MD
 Wolfgang Holzgreve, MD
 James D. Goldberg, MD
 Timothy Crombleholme, MD

Immunologic Disorders in Pregnancy

D. Ware Branch, MD, Coordinator
 Michael Lockshin, MD
 John Kelton, MD

The Brain-Damaged Baby

Jeffrey P. Phelan, MD, JD, Coordinator
 Geoffrey Altschuler, MD
 Roger K. Freeman, MD
 Jeffrey Perlman, MD

1995*Medical Complications During Pregnancy*

Donald R. Coustan, MD, Coordinator
 Peter Garner, MD
 Robert F. Burrows, MD
 Karen Rosene-Montella, MD
 Steven A. Laifer, MD

Tough Topics in Targeted Ultrasound

Joshua A. Copel, MD, Coordinator
 Charles S. Kleinman, MD
 Dru E. Carlson, MD
 Rena Falk, MD
 Gianluigi Pilu, MD
 William H. Clewell, MD

Molecular Genetics for the Perinatologist

Kenneth Ward, MD, Coordinator
 Diana W. Bianchi, MD
 Mark I. Evans, MD
 David H. Ledbetter, PhD

Contemporary Management of Multiple Gestation

Frank A. Chervenak, MD, Coordinator
 Kurt Benirschke, MD
 Ronald J. Wapner, MD
 Richard L. Berkowitz, MD
 Mary E. D'Alton, MD
 Roger B. Newman, MD
 Michael Divon, MD
 Lawrence D. Devoe, MD
 Frank A. Chervenak, MD

1996*Perinatal Infectious Diseases Update*

W. Patrick Duff, MD, Coordinator
 Ronald S. Gibbs, MD
 Mara J. Dinsmoor, MD
 Howard L. Minkoff, MD

Medical–Surgical Complications of Pregnancy

James N. Martin, Jr, MD, Coordinator
 F. Gary Cunningham, MD
 James R. Woods, MD
 Mark A. Morgan, MD
 Everett F. Magann, MD
 Charles M. Stedman, MD
 J. Peter VanDorsten, MD

Critical Care Obstetrics

David B. Cotton, MD, Coordinator
 Carol J. Harvey, RNC, MS
 James W. Van Hook, MD
 Gary D. V. Hankins, MD
 Renee Bobrowski, MD
 Manuel Alvarez, MD
 Bernard Gonik, MD
 Janice E. Whitty, MD
 Brian A. Mason, MD
 Steven L. Clark, MD

Invasive Approaches to Fetal Diagnosis and Therapy

Richard L. Berkowitz, MD, Coordinator
 Lauren Lynch, MD
 William E. Roberts, MD
 Kenneth J. Moise, Jr, MD
 Mark Evans, MD
 James D. Goldberg, MD

Communications Skills for the Perinatologist: An Interactive Workshop

Susan L. Sipes, MD, Moderator
 Larry C. Gilstrap, III, MD
 Roy M. Pitkin, MD

APPENDIX B. ANNUAL MEETINGS

Meeting	Date	Place	President	Program Chair
1st	January 22–24, 1981	Hilton Palacio Del Rio, San Antonio, Texas	Donald M. Sherline	Robert J. Sokol
2nd	February 4–7, 1982	Hilton Palacio Del Rio, San Antonio, Texas	Loren P. Petersen	Robert J. Sokol
3rd	February 27–29, 1983	Hyatt Regency, San Antonio, Texas	Bruce A. Work	Richard H. Paul
4th	February 2–4, 1984	Hyatt Regency, San Antonio, Texas	Robert H. Hayashi	John C. Morrison
5th	January 31– February 2, 1985	Las Vegas Hilton, Las Vegas, Nevada	Roy H. Petrie	Frank C. Miller
6th	January 30– February 1, 1986	Hyatt Regency, San Antonio, Texas	John C. Morrison	Sze-ya Yeh
7th	February 5–7, 1987	The Hilton at Walt Disney World Village at Lake Buena Vista, Orlando, Florida	Amelia C. Cruz	Bruce K. Young
8th	February 3–6, 1988	Caesars Palace, Las Vegas, Nevada	Steven G. Gabbe	Mary Jo O’Sullivan
9th	January 31– February 4, 1989	New Orleans Hilton, Riverside & Towers, New Orleans, Louisiana	Robert J. Sokol	Thomas J. Garite
10th	January 23–27, 1990	Westin Galleria, Houston, Texas	Richard H. Paul	John C. Hauth
11th	January 28– February 2, 1991	Hyatt Regency Embarcadero, San Francisco, California	Frank C. Miller	Julian T. Parer
12th	February 3–8, 1992	Walt Disney World Hilton, Orlando, Florida	Thomas J. Garite	Larry C. Gilstrap
13th	February 8–13, 1993	San Francisco Hilton and Towers, San Francisco, California	Garland D. Anderson	Valerie M. Parisi
14th	January 24–29, 1994	Las Vegas Hilton, Las Vegas, Nevada	Larry C. Gilstrap	Gary D. V. Hankins
15th	January 23–28, 1995	Atlanta Hilton and Towers, Atlanta, Georgia	Valerie M. Parisi	Denise M. Main
16th	February 4–10, 1996	Hilton Waikoloa Village on the Big Island, Kamuela, Hawaii	Gary D. V. Hankins	Steven L. Clark
17th	January 20–25, 1997	Anaheim Hilton, Anaheim, California	Donald R. Coustan	Mary E. D’Alton
18th	February 2–7, 1998	Fontainebleau Hilton, Miami Beach, Florida	—	—

Meeting	Date	Place	President	Program Chair
19th	January 18–23, 1999	San Francisco Hilton, San Francisco, California	—	—
20th	January 31– February 5, 2000	Fontainebleau Hilton, Miami Beach, Florida	—	—
21st	February 5–10, 2001	Reno Hilton, Reno, Nevada	—	—

APPENDIX C. AWARD WINNERS

Award-winning presentations—papers and posters—are acknowledged at the annual meeting. Awards are also presented to fund educational opportunities. The following roster of award winners over the years represents some of the best research in the specialty.

1983

Sam Seeds Fellowship Award

Patrick M. Catalano

First Place

Comparison of the Cardiovascular Effects of Hexoprenaline and Ritodrine in the Treatment of Preterm Labor. Jeffrey Lipshitz, Richard Depp, John Hauth, Robert Hayashi, John C. Morrison, Jack Schneider

Second Place

Redistribution of Cardiac Output in the Pregnant Undernourished Rat. Robert A. Ahokas, Garland D. Anderson, Sam Reynolds, Jeffrey Lipshitz

Third Place

Improved Neonatal Prognosis for Sickle-Cell Disease Related to Smoking. Sidney F. Bottoms, John C. Morrison, R. S. Sokol, R. J. Sokol

Outstanding Work by a Fellow in Training

Diagnosis of Septic Pelvic Vein Thrombophlebitis by Measurement of Fibrinopeptide A. Carl P. Weiner, F. Duboe, H. Kwaan

1984

Sam Seeds Fellowship Award

Michael G. Ross

First Place

The Dublin Fetal Monitoring Trial. Peter Boylan, Dermot MacDonald, Adrian Grant, Margaret Pereira, Ian Chalmers

Second Place

The Association Between Nonspecific Vaginitis and Adverse Pregnancy Outcome. Michael G. Gravett, H. Preston Nelson, David A. Eschenbach, King K. Holmes

Third Place

Monitoring the Neonatal Brain. Uma L. Verma, Frank J. Archbald, Nergesh A. Tejani, Sara Mittelman-Handwerker

Outstanding Work by a Fellow in Training

Baseline Lymph Flow Rate in the Near-Term Pregnant

Sheep and Effect of Terbutaline. G. A. Valenzuela, L. L. Woods, R. A. Brace

Best Posters

Paradoxical Heart Rate Response to the Valsalva Maneuver in Preeclampsia. Micki L. Cabaniss, et al.
Immunoglobulin G (IgG) Subclasses and Neonatal Outcome in Pregnancies Complicated by Isoimmunization. M. Mark Taslimi, et al.

Best Research Idea

Nicardipine Tocolysis of Preterm Labor in the Pregnant Rabbit. R. Harold Holbrook, et al.

1985

Sam Seeds Fellowship Award

Angela L. Scioscia

First Place

Pregnancy and Genetics in Congenital Heart Disease. Ruth Whittemore, John C. Hobbins

Second Place

Assessment of Uterine Activity in Ambulatory Patients at High Risk of Preterm Labor and Delivery. Michael Katz, Roger B. Newman, P. J. Gill

Third Place

Nifedipine Tocolysis in Pregnancy Rhesus Monkeys: Maternal and Fetal Cardiorespiratory Effects. Charles A. Ducsay, M. J. Cook, Jean-Claude L. Veille, M. J. Novy

Outstanding Work by a Fellow in Training

Umbilical Artery Velocity Waveforms in Diabetic Pregnancies. Luis Bracero, Harold Schulman, Adiel Fleischer, George B. Farmakides

Best Genetics Research in the Field of Perinatal Medicine

Spontaneous Fetal Loss Following Demonstration of a Live Fetus in the First Trimester. Kathryn A. Cashner, Charles R. Christopher

Best Research Idea

Correlation Between Lamaze Childbirth Preparation and Maternal Plasma beta-Endorphin Immunoreactivity. Isaac Delke, Amos N. Grunebaum, Howard L. Minkoff.

1986*Sam Seeds Fellowship Award*

Nancy C. Chescheir

First Place

Prevention of Hyperglycemia-Induced Neural Axis Malformations with Arachidonic Acid. E. Albert Reece, E. Pinter, C. Leranthe, M. L. Garcia-Segura, John C. Hobbins, J. J. Mohoney, Frederick Naftolin

Second Place

Pregnancy Outcome Among Female Obstetricians—The Relationship of Residency to Infant's Birthweight. Amos N. Grunebaum, D. Blake, Howard L. Minkoff

Outstanding Work by a Fellow in Training

Antiplatelet Antibodies in Preeclampsia. Philip Samuels, Elliott K. Main, A. Tomaski, Michael T. Mennuti, Steven G. Gabbe, D. B. Cines

Best Genetics Research in the Field of Perinatal Medicine

Early Pregnancy Glycosylated Hemoglobin and Fetal Malformation. Michael J. Lucas, Kenneth J. Leveno, P. Raskin, Marcia L. Williams, P. J. Whalley

1987*First Place*

Relationship Between Plasma Volume, Atrial Natriuretic Factor and Invasive Hemodynamic Indices of Central Volume in Severe Pregnancy-Induced Hypertension. David B. Cotton, Wesley Lee, Thomas Spillman, Kenneth J. Moise, Jr, Karen Dorman

Second Place

Digoxin-like Immunoreactive Substance in Pregnancy. Antonio Gonzales, Baha M. Sibai, Stephanie Phelps, Emily Cochran

Outstanding Research by a Fellow in Training

Differentiating a Maternal Blood Sample from a Fetal Blood Sample Using a Three-Minute Macroagglutination Test. Charles M. Stedman, John F. Huddleston, Thomas Tucker, Shu T. Huang

Best Genetic Research in the Field of Perinatal Medicine

A Potential Sonographic Screening Method for Down Syndrome. Charles J. Lockwood, Karin J. Blakemore, Andrew H. Krinsky, M. Mahoney, John C. Hobbins

Best Ultrasound Research in the Field of Perinatal Medicine

Doppler Ultrasound Evaluation of a Fetal Lamb Hydrops Model. J. Harder, C. Kondo, Joseph C. Maloney

1988*Sam Seeds Fellowship Award*

W. Kim Brady

Academic Enrichment Award

Jiri Sonek

First Place

A Close Look at Early Embryonic Development with the High Frequency Transvaginal Transducer. Ilan E. Timor-Tritsch, Dan Farine, Mortimer G. Rosen

Second Place

The Prevalence and Significance of Lupus Anticoagulant and Anticardiolipin Antibodies in a General Obstetric Population. Charles J. Lockwood, Roberto Romero, K. Costigan, John C. Hobbins

Outstanding Research by a Fellow in Training

Factors Influencing Hemostasis Following Umbilical Vein Puncture in Vitro. Judith A. Ney, Susan C. Fee, Sharon L. Dooley, Michael L. Socol

Best Genetic Research in the Field of Perinatal Medicine

Effect of Drugs on Serum Alpha-Fetoprotein Assay. Phillip J. Goldstein, S. Manimekalai, G. S. Sundaram

Best Ultrasound Research in the Field of Perinatal Medicine

The Use of Thoracic to Abdominal Circumference Ratios in the Prediction of Pulmonary Hypoplasia. Mary E. D'Alton, Denis K. Dudley

Best Doppler Research in the Field of Perinatal Medicine

Uterine (UT) and Umbilical (UMB) Blood Flow Velocity Near Term: Changes Following Vibroacoustic Stimulation. Robert Gagnon, J. W. Knox Ritchie, Robert J. Morrow, Cora Hunse, John W. Patrick

Best Posters

Low-Dose Aspirin Therapy in the Treatment of Lupus Anticoagulant: Effects on the Human Ductus Arteriosus. Kenneth J. Moise, Jr, James C. Huhta, Kenneth F. Troffater, Jr, Dawood S. Sharif
Vaginal Ultrasound for Diagnosis of Placenta Previa. Dan Farine, Harold E. Fox, Ilan E. Timor-Tritsch

Clinical Effectiveness of Newly Devised Cervical Indwelling Catheter in Managing Premature Rupture of the Membranes—A Japanese Collaborative Work. Sachio Ogita, Motoharu Imanaka, Tadashi Sugawa
Preventable Risk Factors for Low Birthweight: A Population-Based Study. Carolyn G. DiGiuseppi, Durlin E. Hickok, Janet Daling

1989*Sam Seeds Fellowship Award*

Michael R. Foley

Academic Enrichment Award

Stuart McColgin

First Place

Maternal Cardiac Output in Preeclamptic Pregnancies: A Longitudinal Study. Thomas R. Easterling, Thomas J. Benedetti, B.J. Schmucker

Second Place

Central Hemodynamic Assessment of Normal Third Trimester Pregnancy: A Simultaneous Comparison of Fick Principle, Thermodilution, Continuous Wave Doppler, Pulsed Doppler and Electrical Impedance Measurements of Cardiac Outputs, and Effects of Position Changes on Hemodynamics and Oxygen Delivery. Steven L. Clark, David B. Cotton, Wesley Lee, Gregory R. Devoe, Jeffery P. Phelan, Gary D. V. Hankins, Thomas J. Benedetti, James Pivarnik, Thomas Spillman, James Southwick, Clark Bishop

Outstanding Research by a Fellow in Training

The Control of Fetal Breathing in the Human Fetus Between 24 and 34 Weeks Gestation. Greg T. Connors, C. Hunse, L. Carmichael, R. Natale, Bryan S. Richardson

Best Genetic Research in the Field of Perinatal Medicine

Elective Cesarean Section Improves Outcome in Spina Bifida. David A. Luthy, T. Wardinsky, D. B. Shurtleff, Durlin E. Hickok, K. A. Hollenbach, Thomas J. Benedetti

Best Doppler Research in the Field of Perinatal Medicine

The Relationship Between Second Trimester MSAFP and Umbilical Artery Doppler Velocimetry and Their Association with Preterm Delivery. Carl P. Weiner, Stanley S. Grant, Roger A. Williamson

1990*Sam Seeds Fellowship Award*

Ira M. Bernstein

First Place

Postterm Pregnancy: Active Labor Induction (PGE₂ Gel) Not Associated with Improved Outcomes Compared to Expectant Management: A Preliminary Report. Arnold L. Medearis

Outstanding Research by a Fellow in Training

Expectant Management of Preterm Ruptured Membranes: Effect of Antimicrobial Therapy on Interval to Delivery. James T. Christmas

Best Genetics Research in the Field of Perinatal Medicine

A Prospective Comparison Between Transcervical and Transabdominal Chorionic Villus Sampling. Ronald J. Wapner

Best Doppler Research in the Field of Perinatal Medicine

The Relationship Between the Umbilical Artery Systolic: Diastolic (S/D) and Umbilical Venous Blood Gas Measurements in Specimens Obtained by Cordocentesis. Carl P. Weiner

Best Posters

Post-Injection Kinetics of Antepartum Rh-Immune Globulin. Frank R. Witter, S. Shirey, S. L. Nicol, P.M. Ness

Awaiting Cervical Change for the Diagnosis of Preterm Labor Does Not Compromise Efficacy of Ritodrine Tocolysis. Gregory O. Utter, S. L. Dooley, R. K. Tamura, M. L. Socol

Liver Biopsy Findings in Women with Sickle Hemoglobinopathy Following Prophylactic Red Cell Transfusions During Pregnancy. Edward R. Yeomans, E. Eigenbrodt, F. G. Cunningham

Screening Tests for Intrauterine Growth Retardation: A Longitudinal Comparison of Umbilical Artery Doppler to Realtime Ultrasound. Curtis L. Lowery, Jr, R. Baker, J. Wan, R. O. Davis, C. Brumfield, R. Goldenberg, H. J. Hoffman

1991*Humana Award for Excellence*

Thomas R. Moore

SPO Award

Enhanced Endothelium-Derived Relaxing Factor Activity in Pregnant Spontaneously Hypertensive Rats. Robert A. Ahokas

Outstanding Research by a Fellow-in-Training

Amnioinfusion Improves Outcome in Labor Complicated by Meconium and Oligohydramnios. Charles J. Macri

Best Genetics Research in the Field of Perinatal Medicine

Gene Expression During Placental Development. Lauren J. Dungy

Best Doppler Research in the Field of Perinatal Medicine

Cardiac Adaption to Growth Retardation (IUGR). Giuseppe Rizzo

Best Posters

Maternal Hemodynamics and Fetal Outcome in Pregnancies Complicated by Hypertension. Thomas R. Easterling

Can Questionnaire Screening Identify Pregnancy Complicated by Cocaine Use? J. T. Christmas

Breech Extraction of Low Birthweight Second Twins: Can Cesarean Section Be Justified? S. Lisa Davidson

Embryoscopic Access to the Fetal Circulation: A Technique for Genetic Therapy? Mark T. Cullen

A Randomized Controlled Trial of Betamethasone in the Prevention of RDS at 24–28 Weeks. Thomas J. Garite

1992*SPO Award*

Oncofetal Fibronectin in Patients at Increased Risk for Preterm Delivery. Michael P. Nageotte

Outstanding Research by a Fellow in Training

Endothelium-Derived Relaxing Factor Mediates Estrogen-Induced Increases in Uterine Blood Flow. George A. Van Buren

Best Genetics Research in the Field of Perinatal Medicine

Mid-Trimester Echogenic Bowel and Chromosomal Abnormalities. Angela L. Scioscia

Best Doppler Research in the Field of Perinatal Medicine

Improvement of Umbilical Artery Diastolic Flow Predicts Better Neonatal Outcome. Joseph G. Bell

Outstanding Community Hospital Research

A Prospective Evaluation of Triple Marker Maternal Serum Screening for Trisomy-21. Edith Y. Cheng

Humana Award for Excellence

A Randomized, Double-Blind, Placebo-Controlled Trial of Oral Antibiotic Therapy Following Intravenous Antibiotic Therapy for Postpartum Endometritis. Mara J. Dinsmoor

Best Posters

Meconium: Marker for High-Risk Pregnancies. Michael D. Berkus

An Automated Obstetrical Database that Does More. J. Peter VanDorsten

Neonatal Morbidity Between 34–37 Weeks' Gestation. Michael D. Fox

Perinatal Effects of *Gardnerella vaginalis* Deciduitis in the Rabbit. Nancy T. Field

Transverse Uterine Incision Closure: One Versus Two Layers. John C. Hauth

1993*SPO Award*

Prevention of Preeclampsia: Low-Dose Aspirin in Nulliparous Women: A Double-Blind, Placebo-Controlled Test. Baha M. Sibai

Outstanding Research by a Fellow in Training

Neonatal Complications After Antenatal Indomethacin for Preterm Labor. Mary E. Norton

Outstanding Community Hospital Research

The Effect of Intrapartum Epidural Analgesia on Nulliparous Labor: A Randomized Controlled Prospective Trial. James A. Thorp

Best Genetics Research in the Field of Perinatal Medicine

Rapid Prenatal Diagnosis of Chromosome Aneuploidies in Uncultured Amniocytes by Fluorescence in situ Hybridization (FISH). Experience with 5,000 Patients. Brian Ward

Best Doppler Research in the Field of Perinatal Medicine

Doppler Ultrasound in the Management of the Pregnancy Complicated by Fetal Anemia. Giancarlo Mari

Humana Award for Excellence

A Controlled Trial of a Program for the Active Management of Labor. Jose A. Lopez-Zeno

Best Posters

A Prospective Randomized Trial of Intrapartum Electronic Fetal Heart Rate Monitoring vs. Intermittent Auscultation. Anthony M. Vintzileos

Phosphoinositide-Specific Phospholipase C (PI-PLC), the Oscillator for Oxytocin (OT) Stimulated Contractions. Mark Phillipe

Effect of Preeclamptic Sera and Amniotic Fluid on Prostacyclin Production in Human Endothelial and Myometrial Cells. Hung Nguyen Winn

CVS and Limb Reduction Defects. Alexander A. Reiter

Isolation of Microorganisms from the Chorionamnion Is Twice that from Amniotic Fluid at Cesarean Delivery in Women with Intact Membranes. William W. Andrews

1994

SPO Award

Obstetrical Antecedents of Neonatal Periventricular Leucomalacia (PVL). Uma L. Verma

Outstanding Research by a Fellow in Training

The Effect of Pregnancy on the Contractile Response of the Rabbit Thoracic Aorta. George R. Saade

Outstanding Community Hospital Research

Cytogenic Discrepancies in Spontaneous Abortions with Direct and Culture Analysis of Chorionic Villi. Salvatore J. Lombardi

Best Genetics Research in the Field of Perinatal Medicine

A New Method of Detection and Confirmation of Fetal Nucleated Red Blood Cells from Maternal Blood. Mark G. Martens

Best Doppler Research in the Field of Perinatal Medicine

The Fetal Central Venous Pressure Waveform in Normal and Complicated Pregnancy. A. Mori

Best Posters

Human Placental Glucose Uptake and Transport Are Not Altered by Pharmacologic Levels of the Oral Hypoglycemic Agent, Glyburide. Byron D. Elliott

Deregionalization of Care: Impact on Birthweight-Specific Mortality. Susan Powell

The Use of Polymerase Chain Reaction (PCR) to Determine Fetal RhD Status. Judith P. Rossiter

Placental and Neonatal Associations with Early Intraventricular Hemorrhage in Infants Born at <32 Weeks Gestation, and Maternal and Placental Associations with Early Intraventricular Hemorrhage in Infants Born at <32 Weeks Gestation. Carolyn M. Salafia

Prevention of Preeclampsia by Calcium Supplementation in Angiotensin-Sensitive Patients. Luis Sanchez-Ramos

1995

SPO Awards

Mid-Trimester Treatment with Metronidazole Plus Erythromycin Reduces Preterm Delivery Only in Women with Bacterial Vaginosis. John C. Hauth, Robert L. Goldenberg, William W. Andrews, M. B. DuBard, R. L. Copper

Cervical Sonography and Risk of Preterm Birth. Jay D. Iams, Robert L. Goldenberg, Paul J. Meis, Brian M. Mercer, Atef H. Moawad, Amal Das, E. Thom, Donald McNellis, R. L. Copper, F. Johnson, James M. Roberts, and the NICHD MFMU Network

Two Thirds of Spontaneous Abortion/Fetal Deaths After Genetic Midtrimester Amniocentesis Are the Result of a Pre-existing Subclinical Inflammatory Process of the Amniotic Cavity. Roberto Romero, H. Munoz, R. Gomez, D. M. Sherer, F. Ghezzi, A. Ghidini, O. Alfi, Gregory R. DeVore, L. Randolph
Prenatal Diagnosis of Fetal Rhesus (Rh) Type by Polymerase Chain Reaction (PCR). O. Geifman-Holtzman, Ira M. Bernstein, Stanley M. Berry, Diana W. Bianchi

Dietary Phospholipid Therapy, Hyperglycemia-Induced Membrane Changes and Associated Diabetic Embryopathy. Meena Khandelwal, Y. K. Wu, Michael S. Bronstein, E. Albert Reece

An Evaluation of Risk-Based Prenatal Care: A Randomized Controlled Trial. Robert S. McDuffie, Jr, K. Bischoff, J. Cross, A. Beck

DNA Laddering, Consistent with Programmed Cell Death, Is a Normal Finding in Human Placentas. Mari-Paule Thiet, V. Suwanvanichkij, C. Kwok, J. Yeh
Accuracy of Prenatal Determination of RhD Type Status by Polymerase Chain Reaction Using Fetal Cells Obtained at Midtrimester Amniocentesis in RhD-Negative Women. W. Sepulveda, A. Lighten, Todd H. Overton, R. M. Warwick, Norman M. Fisk, P. R. Bennett

Expression of Interleukin-8 and Interleukin-12 by Human Fetal Membranes. Samuel J. Fortunato, C. Corbitt, R. Menon, K. F. Swan

Best Posters

Are Labor Abnormalities More Common in Shoulder Dystocia? Melinda B. McFarland, M. Hod, Jeanna M. Piper, Oded Langer

Meconium Inhibits the Contraction of Umbilical Vessels Induced by the Thromboxane A₂ Analogue U 46619. Lynn D. Montgomery, Michael A. Belfort, George R. Saade, Kenneth J. Moise, Jr, Y. Vedernikov
The Vasodilator Effect of 17 beta-Estradiol on Isolated Human Omental Artery Is Predominantly Mediated by Prostacyclin, and Not Nitric Oxide. Michael A. Belfort, George R. Saade, Wayne B. Kramer, M. Suresh, Kenneth J. Moise, Jr, Y. Vedernikov

Amniotic Fluid Index During Uncomplicated Twin Pregnancy. Troy F. Porter, Gary A. Dildy III, J. R. Blanchard, Neil K. Kochenour, Steven L. Clark

Association of Ultrasound Placental Abnormalities with Elevated Maternal Serum Alpha-Fetoprotein and Pregnancy Outcome. Michael G. Pinette, Y. Pan, S. G. Pinette, David E. Abel, J. Blackstone

Latex Condoms Are Not Effective in Preventing Transvaginal Ultrasound Transducer Head Contamination. John M. Storment, Manju Monga, Jorge D. Blanco

The Effect of Low-Dose Aspirin on the Development of Preeclampsia in Women with Elevated hCG.

Katharine D. Wenstrom, John C. Hauth, Robert L. Goldenberg, M. B. DuBard, C. Lea

Role of Ultrasound Following a Positive Screening Test for Down Syndrome. D. A. Nyberg, David A. Luthy, Edith Y. Cheng, R. G. Resta, M. A. Williams

A Placebo-Controlled Trial of the Terbutaline Pump for Prevention of Preterm Delivery. Katharine D. Wenstrom, Carl P. Weiner, David Merrill, Jennifer R. Niebyl

Treatment of Dysfunctional Labor with a beta-Adrenergic Antagonist: A Prospective, Randomized, Double Blind Study. Luis Sanchez-Ramos, M. J. Quillen

1996*SPO Awards*

International Term PROM Trial: A RCT of Induction of Labor for Prelabor Rupture of Membranes at Term. M. Hannah, A. Ohlsson, D. Farine, S. Hewson, E. Hodnett, T. Myhr, E. Wang, J. Weston, A. Willan

Interleukin-6 (IL-6) Concentrations in Cervical Secretions Identify Intra-amniotic Infection in Patients with Preterm Labor (PTL). G. Rizzo, A. Capponi, D. Rinaldo, D. Arduini, D. Tedeschi, C. Romanini

Endoscopic Tracheal Plugging Using an Inflatable Balloon in the Fetal Lamb. J. Deprest, V. Evrard, P. Van Ballaer, E. Verbeken, K. Vanderberghe, I. Brosens, F. Van Assche, T. Lerut

Oral Terbutaline After Parenteral Tocolysis: A Randomized, Double-Blind, Placebo-Controlled Trial. R. Lewis, B. Mercer, M. Salama, M. Walsh, B. Sibai
Prognostic Factors for the Development of Fetal Cephalhematoma with Vacuum Extraction. J. Bofill, O. Rust, M. Devidas, K. Perry, Jr, J. Morrison, J. Martin, Jr

Risk of Perinatal Transmission of Human Papillomavirus (HPV) Is Low: Results from a Prospective Cohort Study. D. Watts, L. Koutsky, K. Holmes, S. K. Lee, D. Goldman, J. Kuypers, N. Kiviat, D. Galloway

Vascular Endothelial Growth Factor Expression in the Chronically Anemic Ovine Fetal Heart. C. Martin, A. Hohimer, L. Davis

The Influence of Ultrasound Examination at Term on the Rate of Cesarean Section. J. Adashek, D. Lagrew, B. Iriye, M. Carr, M. Porto, R. Freeman

Amniotic Fluid Concentrations of Interleukin-6 Identify Fetuses at Risk for the Development of Periventricular Leukomalacia. B-H. Yoon, R. Romero, J. Jun, K. Park, S. Yang, I. Kim, H. Munoz, J. Choi

Best Posters

Severe Preeclampsia Is Associated with the Factor V Leiden Mutation. D. Dizon-Townson, L. Nelson, L. Moline, K. Easton, K. Ward

Repeated Use of Betamethasone: Effects on Adrenal Function and Birthweight in the Rabbit. L. Pratt, R. Magness, S. Hendricks, D. Abbott, T. Phermetton, I. Bird

Auto Crash Simulation Using the First Pregnant Crash Test Dummy. M. Pearlman, D. Viano

Do Male Fetuses Protect Against Preeclampsia? M. Leavitt, K. Ward

Amniotic Fluid Index (AFI) Predicts the Relief of Variable Decelerations Following Amnioinfusion Bolus. C. Spong, F. McKindsey, M. Ross

APPENDIX D. SPO OFFICERS YEAR BY YEAR

YEAR	OFFICERS	BOARD	MEETING
1977–1978	President: William N. Spellacy Vice President: Roy M. Pitkin Secretary–Treasurer: Clark M. Hinkley	Carlyle Crenshaw (77–78) Calvin J. Hobel (77–78) Edgar O. Horger III (77–78) Clark M. Hinkley (77–79) Roy M. Pitkin (77–79) Mortimer G. Rosen (77–79) Roger K. Freeman (77–80) Asa E. Seeds (77–80) William N. Spellacy (77–80)	May 7–12, 1977 —Chicago, Illinois*
1978–1979	President: Roy M. Pitkin Vice President: Donald M. Sherline Secretary–Treasurer: Clark M. Hinkley	Tom P. Barden (78–81) Donald M. Sherline (78–82) Carlyle Crenshaw (78–81)	April 8–13, 1978 —Anaheim, California*
1979–1980	President: James A. O’Leary Secretary–Treasurer: Tom P. Barden	John C. Hobbins (79–82) James A. O’Leary (79–82) Loren P. Petersen (79–83)	March 31–April 4, 1979–New York, New York* May 3–8, 1980– New Orleans, Louisiana* SPO Symposium on Tocolysis: May 2, 1980— New Orleans, Louisiana
1980–1981	President: Donald M. Sherline Vice President: John C. Hobbins Secretary–Treasurer: Tom P. Barden	Roy H. Petrie (80–83) Richard L. Berkowitz (80–83) Bruce A. Work (80–84)	January 22–24, 1981 Hilton Palacio Del Rio San Antonio, Texas
1981–1982	President: Loren P. Petersen Vice President: Bruce A. Work Secretary–Treasurer: Roy H. Petrie	Robert H. Hayashi (81–85) Amelia C. Cruz (81–84) John I. Fishburne (81–84)	February 2–7, 1982 Hilton Palacio Del Rio San Antonio, Texas
1982–1983	President: Bruce A. Work Vice President: Robert H. Hayashi Secretary–Treasurer: Roy H. Petrie	Richard H. Paul (82–85) Robert J. Sokol (82–85) Jeffrey Lipshitz (82–85)	February 27–29, 1983 Hyatt Regency Hotel San Antonio, Texas
1983–1984	President: Robert H. Hayashi Vice President: Roy H. Petrie Secretary–Treasurer: Amelia C. Cruz	Steven G. Gabbe (83–86) Thomas J. Garite (83–86) John C. Morrison (83–86)	February 2–4, 1984 Hyatt Regency Hotel San Antonio, Texas
1984–1985	President: Roy H. Petrie Vice President: John C. Morrison Secretary–Treasurer: Amelia C. Cruz	Jennifer R. Niebyl (84–87) F. Gary Cunningham (84–87) Frank C. Miller (84–87)	January 31–February 2, 1985 Las Vegas Hilton Las Vegas, Nevada

YEAR	OFFICERS	BOARD	MEETING
1985–1986	President: John C. Morrison Vice President: Amelia C. Cruz Secretary–Treasurer: Richard H. Paul	Garland D. Anderson (85–88) Sze-ya Yeh (85–88) Bruce K. Young (85–88)	January 30–February 1, 1986 Hyatt Regency Hotel San Antonio, Texas
1986–1987	President: Amelia C. Cruz Vice President: Steven G. Gabbe Secretary–Treasurer: Richard H. Paul Assistant Secretary–Treasurer: Frank C. Miller	John A. Read (86–89) Mary Jo O’Sullivan (86–89) Frank H. Boehm (86–89)	February 5–7, 1987 Hilton at Walt Disney World Village, Orlando, Florida
1987–1988	President: Steven G. Gabbe Vice President: Robert J. Sokol Secretary–Treasurer: Frank C. Miller Assistant Secretary–Treasurer: Garland D. Anderson	Thomas J. Garite (87–90) Larry C. Gilstrap (87–90) Robert J. Sokol (87–90)	February 3–6, 1988 Caesars Palace Las Vegas, Nevada
1988–1989	President: Robert J. Sokol Vice President: Richard H. Paul Secretary–Treasurer: Frank C. Miller Assistant Secretary–Treasurer: Garland D. Anderson	Stanley A. Gall (88–91) John C. Hauth (88–91) Julian T. Parer (88–91)	January 31–February 4, 1989 New Orleans Hilton, Riverside Riverside and Towers New Orleans, Louisiana
1989–1990	President: Richard H. Paul Vice President: Franklin C. Miller Secretary–Treasurer: Garland D. Anderson Assistant Secretary–Treasurer: Sze-ya Yeh	Donald R. Coustan (89–92) Valerie M. Parisi (89–92) Kathryn L. Reed (89–92)	January 23–27, 1990 Westin Galleria Houston, Texas
1990–1991	President: Frank C. Miller Vice President: Thomas J. Garite Secretary–Treasurer: Garland D. Anderson Assistant Secretary–Treasurer: Sze-ya Yeh	Gary D. V. Hankins (90–93) Mary E. D’Alton (90–93) Robert P. Lorenz (90–93)	January 28–February 2, 1991 Hyatt Regency Embarcadero San Francisco, California
1991–1992	President: Thomas J. Garite Vice President: Garland D. Anderson Secretary–Treasurer: Sze-ya Yeh Assistant Secretary–Treasurer: Donald R. Coustan	Steven L. Clark (91–94) Denise M. Main (91–94) J. Peter VanDorsten (91–94)	February 2–8, 1992 Walt Disney World Hilton Orlando, Florida

YEAR	OFFICERS	BOARD	MEETING
1992–1993	President: Garland D. Anderson Vice President: Larry C. Gilstrap Secretary–Treasurer: Sze-ya Yeh Assistant Secretary–Treasurer: Donald R. Coustan	Eleanor L. Capeless (92–95) Frank C. Chervenak (92–95) Charles M. Stedman (92–95)	February 8–13, 1993 San Francisco Hilton and Towers San Francisco, California
1993–1994	President: Larry C. Gilstrap Vice President: Valerie M. Parisi Secretary–Treasurer: Donald R. Coustan Assistant Secretary–Treasurer: Mary E. D’Alton	Karin J. Blakemore (93–96) W. Patrick Duff (93–96) Roberto Romero (93–96)	January 24–29, 1994 Las Vegas Hilton Las Vegas, Nevada
1994–1995	President: Valerie M. Parisi Vice President: Gary D. V. Hankins Secretary–Treasurer: Donald R. Coustan Assistant Secretary–Treasurer: Mary E. D’Alton	Lawrence D. Devoe (94–97) John P. Elliott (94–97) James N. Martin, Jr (94–97)	January 23–28, 1995 Atlanta Hilton and Towers Atlanta, Georgia
1995–1996	President: Gary D. V. Hankins Vice President: Donald R. Coustan Secretary–Treasurer: Mary E. D’Alton Assistant Secretary–Treasurer: J. Peter VanDorsten	Susan M. Cox (95–98) Timothy R. B. Johnson, Jr (95–98) E. Albert Reece (95–98)	February 4–10, 1996 Hilton Waikoloa Village on the Big Island Kamuela, Hawaii
1996–1997	President: Donald R. Coustan Vice President: Steven L. Clark Secretary–Treasurer: Mary E. D’Alton Assistant Secretary–Treasurer: J. Peter VanDorsten	Jef Ferguson (96–99) Dale P. Reisner (96–99) Michael L. Socol (96–99) Isabelle A. Wilkins (96–99)	January 20–25, 1997 Anaheim Hilton Anaheim, California

*Meetings held at the Annual Clinical Meeting of the American College of Obstetricians and Gynecologists.

APPENDIX E. CONSTITUTION AND BYLAWS

CONSTITUTION of the SOCIETY OF PERINATAL OBSTETRICIANS

ARTICLE I

TITLE

The name of the organization shall be the Society of Perinatal Obstetricians, Incorporated.

ARTICLE II

INCORPORATION

The organization shall be incorporated.

ARTICLE III

OBJECTIVES

The major objectives of the organization shall be the promotion and expansion of education in obstetrical perinatology and for the exchange of new ideas and research in the field of perinatology. The organization shall also be concerned with the promotion of the delivery of improved perinatal care.

ARTICLE IV

MEMBERSHIP

Membership shall be open to persons interested in perinatal health care as specified by the Bylaws.

ARTICLE V

AMENDMENTS

Section I

The Constitution, Bylaws, and Articles of Incorporation may be amended as specified by the Bylaws.

Section II

Amendments may be proposed by 30% of the Board of Directors, by a Standing Committee, or by 30% of the Regular members of the Society. Proposed amendments are to be submitted to the Standing Committee on Credentials, Constitution, and Bylaws for distribution to the general membership.

BYLAWS of the SOCIETY OF PERINATAL OBSTETRICIANS

ARTICLE 1 MEMBERSHIP

Section 1 Qualification

The organization shall have the following classes of membership: Regular, Associate, Honorary, Affiliate, and Emeritus.

- (a) Regular memberships shall be available to those physicians who have been duly certified by the Division of Maternal–Fetal Medicine of the American Board of Obstetrics and Gynecology, Inc, and individuals who are Board-certified in Obstetrics and Gynecology and have completed postgraduate training with certification in areas related to Maternal–Fetal Medicine, such as Genetics, Infectious Disease, and Critical Care Medicine.
- (b) Associate memberships shall be available to those physicians who are currently in, or who have completed, such fellowship training programs approved by the American Board of Obstetrics and Gynecology, Inc, Division of Maternal–Fetal Medicine, or its designate; and obstetrician/gynecologists who are training in certified training programs in areas related to Maternal–Fetal Medicine, such as Genetics, Infectious Disease, and Critical Care Medicine.
- (c) Honorary memberships shall be available to other physicians and other health care personnel who are engaged in the practice, research, teaching, or administration of perinatology. Honorary memberships shall be reserved for those few individuals whose activities are thought to influence perinatology in a significant and positive manner.
- (d) Affiliate Memberships shall be available to investigators who have achieved the MD/PhD/MS degree in fields such as physiology and pharmacology and who have worked with specific focus in perinatal medicine. It is also available to Maternal–Fetal specialists trained in or practicing in other countries who are not eligible for the American Board of Obstetrics and Gynecology, Inc, Maternal–Fetal Medicine subspecialty Board examination.
- (e) Emeritus memberships shall be available to Regular or Associate members when they have retired from active practice.

Section 2 Election to Membership

- (a) Any qualified individual may apply for membership. Any individual may be nominated for membership by a Regular member of the organization. In addition, there should be a supporting letter from another Regular member of the organization.

- (b) Applicants for Associate membership should have a letter of support from their fellowship director and one from another Regular member of the organization. Associate members applying for Regular membership should submit a copy of their diploma of special competence in Maternal-Fetal Medicine by the American Board of Obstetrics and Gynecology, Inc.
- (c) Applicants for Affiliate membership should include a copy of their curriculum vitae and have supporting letters from two Regular members of the organization.
- (d) Any Regular member may nominate qualified individuals for Honorary membership. The letter of nomination should be accompanied by supporting letters from two other Regular members.
- (e) Nomination shall be submitted in writing to the Chairman of the Credentials, Constitution, and Bylaws Committee at least 60 days prior to the Annual Meeting.
- (f) All nominations for membership shall be presented by the Credentials, Constitution, and Bylaws Committee Chairperson to the Board of Directors for approval or rejection at the regular Board of Directors meeting.
- (g) All nominees approved by the Board of Directors will be presented to the membership for approval at the regular business meeting.
- (h) An affirmative vote of two-thirds of the attending Regular members shall constitute approval for membership.
- (i) Notification of approval of membership shall be made by the Secretary-Treasurer.
- (j) The prospective Emeritus member must request Emeritus status from the Board of Directors. Upon approval by the Board of Directors, the Emeritus member will be exempt from payment of dues.

Section 3

Termination or Removal

- (a) Any member may resign from the organization by giving notice to the Secretary-Treasurer of the organization.
- (b) Any member involved in conduct detrimental to the organization or profession shall have his/her membership terminated upon two-thirds vote of the entire Board of Directors. Notice of such termination shall be given to the member by registered mail to the last known address shown on the records of the organization. Such member shall have the right of appeal before the Board of Directors.

- (c) Any member who fails to pay prescribed dues within 90 days of receipt of notice shall have his/her membership terminated. A second notice will be sent stating the termination policy if dues are delinquent 60 days.
- (d) Any member terminated or removed under Section 3 (a) and (c) may be reconsidered for membership by a simple letter of intent. Such request will be presented to the Credentials, Constitution and Bylaws Committee and Board of Directors for approval, as in Section 2. Any unpaid dues will be due at this time.

ARTICLE II

BOARD OF DIRECTORS

Section 1

The affairs of the organization shall be managed by its Board of Directors.

Section 2

The number of Directors, excluding officers, shall be no more than ten (10).

Section 3

Tenure

- (a) The first Board of Directors following adoption of these Bylaws shall serve the following terms: Three (3) shall serve for one (1) year; three (3) shall serve for two (2) years; and three (3) shall serve for three (3) years. Determination of the term of each of the initial Directors shall be the responsibility of the organization at the time of election.
- (b) Subsequent to the initial group of nine (9) Directors, each Director shall be elected for a term of three (3) years.
- (c) Directors shall be elected for a single term of three (3) years.
- (d) The immediate past President shall be a voting member of the Board of Directors.
- (e) Tenure of office shall coincide with the organization's Annual Meeting.

Section 4

Nomination and Election

The Board of Directors shall be elected from the Regular members of the organization. Each Regular member shall be eligible for election to the Board.

- (a) Nominations for election to the Board shall be made by the Committee on Credentials, Constitution, and Bylaws and be submitted in writing to all Regular members by the Secretary–Treasurer at least 30 days prior to the annual business meeting of the organization.
- (b) Further nominations can be made by any member of the organization, in person or in writing, at the annual business meeting of the organization.
- (c) Elections shall be held at the annual business meeting. Those nominees who gain the highest number of votes, in person or by proxy, shall be elected to fill vacancies on the Board.

Section 5

Vacancies

In the event of a vacancy occurring on the Board of Directors by death, resignation, or removal, the remaining Directors shall be empowered to fill such vacancy until the next annual meeting of the organization, at which time nominations for a successor Director shall be made to the membership of the organization and an election carried out as provided in Article II, Section 4.

Section 6

Re-Election

No person who has completed a three (3) year term on the Board shall be voted to a successive term on the Board until a lapse of one (1) year has occurred from the termination of his previous term.

Section 7

Meetings

The Board of Directors shall meet at least once yearly, at a time proximate to the annual meeting of the organization, and at such other times as may be deemed necessary by the President or by any three (3) Directors requesting such meeting.

Section 8

Quorum

A majority of the Directors shall constitute a quorum at all meetings of the Board.

Section 9

Compensation

No person shall receive compensation to serve as a Director of the organization.

ARTICLE III **OFFICERS**

Section 1 **Officers**

The officers of the organization shall be the President, Vice President/President-Elect, Secretary-Treasurer, and Assistant Secretary-Treasurer.

Section 2 **Term of Office**

The term of office shall be one (1) year for the President; one (1) year for the Vice President/President-Elect; two (2) years for the Secretary-Treasurer; and two (2) years for the Assistant Secretary-Treasurer.

Section 3 **Election**

The officers of the organization (President, Vice President/President-Elect, Secretary-Treasurer, and Assistant Secretary-Treasurer) shall be elected by the Board of Directors at the Annual Meeting. The President and Vice President/President-Elect shall serve one (1) year terms. The Secretary-Treasurer and Assistant Secretary-Treasurer shall serve two (2) year terms. Each officer shall be a member of the Board of Directors or have served on the Board of Directors within the past five (5) years.

Section 4 **Vacancies**

In the event of death, resignation, or removal of any officer, the President shall appoint a replacement from the Board until the next regular meeting of the Board.

Section 5 **Duties of the President**

The President shall be the principal executive officer of the organization and of the Board of Directors. He/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 wherein 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, activities, and condition of the organization for the preceding year.

*Section 6***Duties of the Vice President/President-Elect**

The Vice President/President-Elect shall serve as an aide to the President and shall perform the duties of the President, as prescribed in Article III, Section 5 in the event of the President's absence, inability, or refusal to act. In the event of death, resignation, or removal of the President, the Vice President/President-Elect shall assume the office of the President as prescribed in Article III, Section 4. The Vice President/President-Elect will assume the office of the President for the following year.

*Section 7***Duties of the Secretary-Treasurer**

The Secretary-Treasurer shall keep the minutes of the meetings of the membership and of the Board of Directors, see that all notices are duly given in accordance with the provisions of these Bylaws or as required by law, be custodian of the records of the organization, and perform other such duties as may be assigned to him/her by the President or Board of Directors.

The books and records of the Secretary-Treasurer shall be open for examination by the membership at all reasonable times. The Secretary-Treasurer shall be bonded, if required by law, the premium for said bond to be paid by the organization.

*Section 8***Duties of the Assistant Secretary-Treasurer**

The Assistant Secretary-Treasurer shall assist the Secretary-Treasurer in carrying out the duties of the Secretary-Treasurer. The Assistant Secretary-Treasurer shall be bonded, if required by law, the premium for said bond to be paid by the organization.

*Section 9***Compensation**

No person shall receive compensation to serve as an officer of the organization.

**ARTICLE IV
MEETINGS***Section 1***Time and Place**

The organization shall hold an annual meeting at a time and place selected by the Board of Directors.

*Section 2***Inclusions**

The Annual Meeting of the organization shall include a scientific or educational session and a business meeting.

*Section 3***Special Meetings of the Membership**

Special meetings of the membership shall be called upon the request of the Board of Directors or upon written request of 30% of the Regular members of the organization, such request specifying the purpose of any special meeting. Notification of the purpose, place, and time of any such special meeting must be mailed at least 30 days in advance of such meeting, to each member of the organization at the last known address, as shown on the records of the organization.

*Section 4***Special Meetings of the Board of Directors**

Special meetings of the Board of Directors may be called by the President or by any three (3) Directors. Notification of the purpose, place, and time of any such special meeting must be mailed to each Director at least 30 days in advance of such meeting. The Board of Directors shall be reimbursed for travel to special meetings of the Board of Directors, if they are not attending the Annual Meeting of ACOG or any other meeting with which the special meeting of the Board of Directors is scheduled.

*Section 5***Unusual Situations**

At the discretion of the President and in a situation of unusual emergency, business affairs of the organization may be conducted by the Board of Directors by phone or mail ballot. In such circumstances, each Director must be contacted and given ample time to respond with his/her opinion or vote.

*Section 6***Quorum**

- (a) Twenty percent (20%) of the total Regular membership of the organization shall constitute a quorum at any annual or special meeting of the membership.
- (b) A majority of the Directors shall constitute a quorum at any annual or special meeting of the Board of Directors.

*ARTICLE V***VOTING***Section 1***Members**

Each Regular member of the organization who is in attendance at any annual or special meeting of the organization shall be entitled to one (1) vote on each matter of business or election coming before that meeting.

*Section 2***Directors**

Each Director who is in attendance at any annual or special meeting of the Board of Directors shall be entitled to one (1) vote on each matter of business or election coming before that meeting.

*ARTICLE VI***COMMITTEES***Section 1***Standing Committees**

There shall be the following Standing Committees:

- (a) Credentials, Constitution, and Bylaws
- (b) Standards (Personnel, Facilities, and Services)
- (c) Legislative
- (d) Education, Communication, and Program
- (e) Foundation

*Section 2***Chairs of Standing Committees**

Standing Committee Chairs shall be appointed annually by the President. The Chair of each Standing Committee shall first be a member of the Board of Directors.

*Section 3***Committee Membership**

Committee membership on each of the Standing Committees shall be designated by the Chair of each committee with the approval of the Board of Directors.

- (a) The Foundation Committee shall consist of eight (8) members including the President, Vice President/President-Elect, Immediate Past President, Secretary–Treasurer, Assistant Secretary–Treasurer, and three (3) at-large members.

*Section 4***Committee Membership Appointments**

Committee membership appointment shall be for a term of one (1) year. Committee Chairs and/or members may be re-appointed for successive terms.

- (a) The Foundation Committee members appointed at-large shall serve for a term of three (3) years and shall be appointed by the President with approval of the Board of Directors. The first at-large appointees shall serve for the following terms: one (1) person three (3) years; one (1) person two (2) years; and one (1) person one (1) year.

*Section 5***Authorization**

Each of the committees listed in Article VI, Section 1 is authorized to formulate such rules and regulations as are deemed advisable, necessary, or helpful in promoting the activities under its supervision, provided such rules and regulations shall become effective only after submission to and approval of the Board of Directors.

*Section 6***Ad Hoc Committees**

The President may appoint any other Ad Hoc Committees which he/she deems advisable.

*ARTICLE VII***FEES***Section 1*

Dues shall be determined by the Board of Directors.

Section 2

Dues shall become due and payable on the first day of July of each year.

*ARTICLE VIII***FISCAL YEAR***Section 1*

The fiscal year of the organization shall begin with the first day of October and end on the 30th day of September.

ARTICLE IX **AMENDMENTS**

Section 1

Proposed amendments to the Constitution, By-Laws, and Articles of Incorporation must be presented in writing and distributed to the entire membership at least 60 days prior to the meeting at which they are to be considered. Proposed amendments shall be discussed at a regular or special meeting.

The Constitution, Bylaws, and Articles of Incorporation may be amended by a majority affirmative vote of the Regular membership at the meeting or by a majority affirmative vote of the Regular membership by mail.

Section 2

Amendments may be proposed by 30% of the Board of Directors, by a Standing Committee, or by 30% of the Regular members of the Society. Proposed amendments are to be submitted to the Standing Committee on Credentials, Constitution, and Bylaws for distribution to the general membership.

ARTICLE X **INDEMNIFICATION**

Section 1

Each director and officer of the Society of Perinatal Obstetricians, whether or not then in office, shall be indemnified by the corporation against all costs and expenses reasonably incurred by or imposed upon him or her in connection with or arising out of any transaction, action, suit, or proceeding in which he or she may be involved, and to which he or she may be a party by reasons of being or having been a director or officer of this said corporation, and this corporation is authorized to make such expenditures of money, when and if the occasion arises, to carry out the intent and purpose of this Bylaw.

APPENDIX F. CORPORATE SPONSORS

Over the years, corporate sponsors helped nurture the growing society by providing funding for a variety of activities. Appreciation is expressed to the following corporate sponsors:

- | | |
|-------------------------------------|---|
| ADR Ultrasound | Mead Johnson |
| Abbott Critical Care | Medical Data Systems |
| Acoustic Imaging | Merrell Dow, Inc |
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| Advanced Technology Laboratories | Multigon Industries |
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| Beecham Labs | PDS |
| Bristol Meyers | Perinatal Resources, Inc |
| Carelink | Peritronics Medical Systems |
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Research Institute |
| Centocor | Ross Laboratories |
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| Integrated Genetics | |
| Laboratories for Genetic Services | |

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