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Chair’s Message

Beth Israel Deaconess Medical Center (BIDMC), a major teaching hospital of Harvard Medical School, is known for its quality and value in patient care, leading-edge clinical and basic science research, and outstanding educational programs. Our distinctive blend of academic rigor, combined with empathic family-centered care, makes us unique. As a flagship teaching hospital of Harvard Medical School, the faculty in the Department of Obstetrics and Gynecology at BIDMC teaches obstetrics and gynecology to a third of all Harvard Medical students. The department offers a residency program in obstetrics and gynecology to 20 residents, with 5 residents per year. Our intimate program gives residents a feeling of individuality that is partnered with an emphasis on evidence-based medicine and research. We offer fellowship programs in Maternal–Fetal Medicine and in Reproductive Endocrinology and Infertility. An accredited fellowship in
Chair’s Message continued

Female Pelvic Medicine and Reconstructive Surgery is offered in partnership with the Mount Auburn Hospital in Cambridge, Massachusetts. An Ob/Gyn Clinical Informatics Fellowship is offered in collaboration with the BIDMC Division of Informatics. Through close collaborations with other departments at the medical center and at Harvard Medical School, the department has a varied research portfolio. Our programs reflect the diversity that is valued in our department, and include clinical, basic science, public health, health care quality, and educational projects. Our collaborations on the pathogenesis of preeclampsia have led to exciting basic research findings and potential new clinical therapies. The department also places special emphasis on epidemiology and public health policy as it relates to women’s health both in the United States and globally. The department is a leader in the effort to improve patient safety and in outcomes-based research. Our simulation and team training curricula, which include team based training exercises, are nationally renowned. Finally, in concert with Harvard Medical School, the department

is a leader in educational research in women’s health. We believe that it takes a team effort to deliver quality health care. Our extraordinary group of attending physicians, fellows, residents, and medical students work in partnership with our world-renowned nurses and staff to care for patients. A tradition of service to community is at the core of our founding hospitals and remains an important part of our mission. Our diverse patient population hails from various racial, ethnic, and socioeconomic backgrounds, and we are committed to eliminating health disparities. We take great pride in providing innovative care with a personal touch.

Hope Ricciotti, MD
Acting Chair of Obstetrics and Gynecology
Who We Are

Beth Israel Deaconess Medical Center

Located in the heart of Boston’s medical community, Beth Israel Deaconess Medical Center is an affiliate of Harvard Medical School, offering patient care as well as teaching and research programs. Three-quarters of a million patients are served each year, with 649 licensed beds, including 440 for medical/surgical patients, 77 for critical care, and 60 for Ob/Gyn. Our Level III Neonatal Care Unit has 47 licensed beds. BIDMC consistently ranks among the top three recipients of biomedical research funding from the National Institutes of Health. Research funding totals $229.8 million annually, and BIDMC researchers run more than 850 active, sponsored projects and 500 funded and nonfunded clinical trials.
Who We Are continued

Department of Obstetrics and Gynecology

Preventative women’s health care and complex, state-of-the-art services to the most critical of patients are all within the realm of the compassionate, highly personalized treatment provided in BIDMC’s Department of Obstetrics and Gynecology. A diverse community of women receive our unique brand of patient- and family-centered care. While we are proud to be one of the most sought-after teaching hospitals in the country, we focus our attention on each and every one of the nearly 5,000 babies we deliver each year.

Harvard Medical School

Harvard Medical School opened its doors in 1782 to a handful of students and just three faculty members. Today, with over 11,000 faculty on board, more than 5,000 students apply for the 165 openings at the school each year. Under the leadership of Dean Dr. Jeffrey Flier, the Caroline Shields Walker Professor of Medicine at Harvard Medical School and former Chief Academic Officer for BIDMC, Harvard Medical School lives out its mission “to create and nurture a community of the best people committed to leadership in alleviating human suffering caused by disease.” The school attracts some of the best and brightest students from around the country, and every class exhibits its own brand of creativity and interests, making its members the medical leaders of tomorrow.
1960
Beth Israel Hospital (BIH) develops first implantable cardiac pacemaker.

1972
BIH implements nation’s first Rights of Patients statement.

1986
BIH delivers first baby conceived through \textit{in vitro} fertilization in Massachusetts.

1995
Deaconess Hospital performs New England’s first minimally invasive coronary bypass surgery and implants first deep brain stimulator for treatment of Parkinson’s.

1998
BIDMC performs first adult live donor liver transplant in New England.

1991
BIH researchers first to discover evidence that abnormalities in visual system of brain help explain dyslexia symptoms.

1983
Deaconess Hospital performs first successful liver transplant in New England.

1998
BIDMC cardiothoracic surgeon William Cohn issued patent for Cohn Cardiac Stabilizer, allowing coronary artery bypass surgery without a heart-lung machine.
2001
BIDMC reports the involvement of s-Flt1 factor in preeclampsia in *New England Journal of Medicine*.

2003
BIDMC researchers discover probable cause of preeclampsia and publish results in *New England Journal of Medicine* and *Journal of Clinical Investigation*.

2005
BIDMC reports the involvement of s-Flt1 factor in preeclampsia in *New England Journal of Medicine*.

2006
BIDMC reports a team training method for patient safety in obstetrics in *JAMA*.

2007
*BIDMC’s Department of Ob/Gyn first recipient of BCBS of Massachusetts Health Care Excellence Award in patient safety programs.*

2009
BIDMC among 3 hospitals recognized for leadership/innovation in quality, safety, and commitment to patient care as American Hospital Association–McKesson Quest for Quality Prize® finalist.

2009
*US News & World Report* ranks BIDMC in Top 50 for care and treatment of heart and heart surgery; cancer; digestive disorders; kidney diseases; geriatrics; gynecology; ears, nose, and throat; diabetes (in conjunction with Joslin Clinic).

2007
*BIDMC’s Department of Ob/Gyn receives Joint Commission award for excellence in patient safety and innovation.*

2006

2008
BIDMC reports in *Nature* that COMT gene, known for its role in schizophrenia, also plays a role in preeclampsia.
2010
BIDMC awarded $38.2 million from NIH as part of American Recovery and Reinvestment Act (ARRA). BIDMC scientists receive 69 grants across all departments.

2011
BIDMC first nationally to meet federal electronic health record requirements with its own software technology supporting ARRA’s quality, safety, and efficiency goals.

2011
BIDMC named nation’s top-ranked healthcare information company and 12th overall on InformationWeek 500, a list of top US technology innovators.

2012
US News & World Report ranks BIDMC among top 3% of all hospitals nationally.

2012
Becker’s Hospital Review places BIDMC on its list of year’s 100 Great Hospitals.

2013
US News & World Report again ranks BIDMC as in the top 3% of hospitals nationally.

2013
International Board of Lactation Consultant Examiners and International Lactation Consultant Association recognize BIDMC for excellence in lactation care.
Honors and Awards

The BIDMC family includes a large staff of dedicated employees, working both behind the scenes and upfront with direct patient care. Here’s just a small sampling of special awards and honors received so far this year:

• For the 3rd consecutive year, BIDMC distinguished by the Human Rights Campaign’s Healthcare Equality Index as a leader in LGBT healthcare equality. The award recognizes efforts in delivering equitable care, guaranteeing equal visitation for same-sex partners/parents, and providing LGBT health education for key staff members.

• BIDMC one of 10 medical centers across the country and the only hospital in Massachusetts chosen to pilot a resident chapter of the Gold Humanism Honor Society. Drs. Katherine Johnson and Zoe McKee represent the Department of Ob/Gyn in the inaugural chapter.

• For the 11th time, Truven Health Analytics names BIDMC one of the Top 100 US Hospitals—and the only Boston hospital cited this year.

• For the 6th time in 7 years, the national Leapfrog Group ranks BIDMC as a Top Hospital.

• In the Leapfrog Group’s latest update to the Hospital Safety Score, BIDMC receives an A rating.

• BIDMC one of 11 hospitals nationally included in the Hitachi Foundation’s Pioneer Employee Hospitals Initiative for its commitment to addressing key personnel shortages by training existing employees to advance professionally.
Honors and Awards continued

- BIDMC honored by the US Environmental Protection Agency with an Environmental Merit Award for making significant contributions toward protecting and preserving the nation’s natural resources.

- BIDMC honored as Partner for Change, with Distinction at the Practice Greenhealth Environmental Excellence Awards for aggressive goals for recycling, regulating medical waste, and progress in environmentally preferred purchasing.

- BIDMC becomes first hospital in the nation to join and be recognized by the EPA’s Food Recovery Challenge.

- Dr. Yvonne Gomez-Carrion received Harvard Medical School’s 2013 Dean’s Community Service Faculty Award for her work with Concerned Black Men of Massachusetts, a group that promotes young men’s personal development.
Obstetrics and Gynecology

Hope Ricciotti, MD
Division Director

Sandra Mason, MD
Clinical Director Shapiro Practices

Renee Goldberg, MD
Clinical Director Community Practices
Obstetrics and Gynecology continued

Faculty Ambulatory Practices
Shapiro 8 Faculty Practice  
(hospital-based practice)
K. Meredith Atkins, MD  
Laura Bookman, MD (Gyn only)  
Toni Golen, MD  
Yvonne Gomez-Carrion, MD  
Ronald Marcus, MD (Gyn only)  
Sandra Mason, MD  
Neel Shah, MD, MPP  
Jacqueline Stephen, MD (Gyn only)

Community Faculty Practices
One Brookline Place
Cindy Kobelin, MD

Chestnut Hill
Diane Kaufman, MD

Chelsea
Monica Mendiola, MD

Needham
Renee Goldberg, MD  
Susan Lincoln, MD (Gyn only)  
Isabel Morais, MD

Lexington
Allegra Deucher, MD  
Marc Kobelin, MD

Milton
Alice Shin, MD

Community Health Centers
Bowdoin Street Health Center
Sarah Averbach, MD  
Celeste Royce, MD

Dimock Street Health Center
Anjelica Garza, MD  
Hope Ricciotti, MD  
Jennifer Scott, MD, MPH, MBA

South Cove Community Health Center  
(Chinatown and Quincy)
Kristin Bixel, MD  
Ira Chan, MD, MPH  
Lucy Chie, MD, MPH  
Janet Chollet, MD

Fenway Community Health Center
Sandra Mason, MD
Obstetrics and Gynecology: Education

Patient care is the foundation for resident and medical student training in BIDMC’s Department of Obstetrics and Gynecology. Residents spend all 4 years of their training working with faculty in both ambulatory and in-patient settings. Upon graduation, they are well prepared to work as independent practitioners in general practice. Ambulatory settings include hospital-based practices, suburban settings, and affiliated community health centers, all of which provide diverse patient care experiences, exposure to faculty with a variety of interests and expertise, and a lifetime of options for contributing to the education of patients and service to community.
Obstetrics and Gynecology: Clinical Care

Well-woman care, obstetrical care, and gynecologic and menopause management are among the comprehensive women’s health services offered through the department. Our deep, abiding commitment to provide care for women of all socioeconomic, ethnic, racial, and sexual backgrounds is unyielding. Working in concert with our maternal-fetal and gynecologic specialists, the obstetrician/gynecologist oversees and coordinates exceptional care for each patient. Physicians are available at many locations in the greater Boston community, including Beth Israel Deaconess Medical Center, Brookline, Chelsea, Chestnut Hill, Lexington, Milton, and Needham, as well as the community health centers Bowdoin Street Health Center, Dimock Center, South Cove Community Health Center, and Fenway Health.

“We understand that women have different needs at different times of their lives. The generalists provide gynecologic and prenatal care throughout all the transitions a woman may go through, from a young adult through menopause and beyond.”

Renee Goldberg, MD
### Nulliparas as a Proportion of Total Deliveries

<table>
<thead>
<tr>
<th>Year</th>
<th>Nulliparas</th>
<th>Total Deliveries</th>
<th>Nulliparas Percentage</th>
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<tbody>
<tr>
<td>FY2007</td>
<td>4670</td>
<td>1848</td>
<td>40%</td>
</tr>
<tr>
<td>FY2008</td>
<td>4823</td>
<td>1986</td>
<td>41%</td>
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<tr>
<td>FY2009</td>
<td>4763</td>
<td>2018</td>
<td>42%</td>
</tr>
<tr>
<td>FY2010</td>
<td>4507</td>
<td>1879</td>
<td>42%</td>
</tr>
<tr>
<td>FY2011</td>
<td>4571</td>
<td>1913</td>
<td>42%</td>
</tr>
<tr>
<td>FY2012</td>
<td>4601</td>
<td>2010</td>
<td>44%</td>
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<tr>
<td>FY2013*</td>
<td>3864</td>
<td>1594</td>
<td>41%</td>
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</table>

*October 2012 to July 2013, 10 Months
Total Cesareans

- Total Deliveries
- Total Cesareans
- Cesarean Percentage

*October 2012 to July 2013, 10 Months
Nulliparous Term Singleton Vertex (NTSV)

<table>
<thead>
<tr>
<th>FY</th>
<th>Cases</th>
<th>NTSV Cesarean Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2007</td>
<td>1824</td>
<td>37%</td>
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<tr>
<td>FY2008</td>
<td>1958</td>
<td>36%</td>
</tr>
<tr>
<td>FY2009</td>
<td>1986</td>
<td>33%</td>
</tr>
<tr>
<td>FY2010</td>
<td>1853</td>
<td>34%</td>
</tr>
<tr>
<td>FY2011</td>
<td>1889</td>
<td>31%</td>
</tr>
<tr>
<td>FY2012</td>
<td>1913</td>
<td>29%</td>
</tr>
<tr>
<td>FY2013*</td>
<td>1601</td>
<td>25%</td>
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</table>

*October 2012 to July 2013, 10 Months
VBAC Success Rate

*October 2012 to July 2013, 10 Months
OB Episiotomy

- Total Vaginal Deliveries
- Episiotomy Cases
- Episiotomy Percentage

<table>
<thead>
<tr>
<th>Year</th>
<th>Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2007</td>
<td>4670</td>
<td>9%</td>
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<tr>
<td>FY2008</td>
<td>4823</td>
<td>7%</td>
</tr>
<tr>
<td>FY2009</td>
<td>4763</td>
<td>8%</td>
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<tr>
<td>FY2010</td>
<td>4507</td>
<td>8%</td>
</tr>
<tr>
<td>FY2011</td>
<td>4571</td>
<td>7%</td>
</tr>
<tr>
<td>FY2012</td>
<td>4601</td>
<td>7%</td>
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<tr>
<td>FY2013*</td>
<td>3864</td>
<td>5%</td>
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*October 2012 to July 2013, 10 Months
OB Induction 37–39 Weeks

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Deliveries</th>
<th>Induction of Labor Cases</th>
<th>Induction of Labor Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2007</td>
<td>2684</td>
<td>394</td>
<td>15%</td>
</tr>
<tr>
<td>FY2008</td>
<td>2825</td>
<td>376</td>
<td>13%</td>
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<tr>
<td>FY2009</td>
<td>2660</td>
<td>374</td>
<td>14%</td>
</tr>
<tr>
<td>FY2010</td>
<td>2515</td>
<td>345</td>
<td>14%</td>
</tr>
<tr>
<td>FY2011</td>
<td>2669</td>
<td>354</td>
<td>13%</td>
</tr>
<tr>
<td>FY2012</td>
<td>2597</td>
<td>219</td>
<td>8%</td>
</tr>
<tr>
<td>FY2013*</td>
<td>1736</td>
<td>172</td>
<td>10%</td>
</tr>
</tbody>
</table>

*October 2012 to July 2013, 10 Months

\[\text{OB Induction 37–39 Weeks}\]
Maternal-Fetal Medicine/High-Risk Obstetrics and Clinical Genetics

Steven J. Ralston, MD, MPH, Division Director

Faculty
Achilles Athanassiou, MD
Karen O’Brien, MD
Sarosh Rana, MD
Jami Alynn Star, MD
Brett C. Young, MD

Affiliated Faculty
Ananth Karumanchi, MD, PhD, Nephrology
Catherine Bearce Nowak, MD, Medical Director Clinical Genetics

Clinical Faculty
Deborah Platek, MD (Harvard Vanguard)
Mary Vadnais, MD, MPH (Harvard Vanguard)
The Division of Maternal-Fetal Medicine provided consultations to over 7,500 women and families experiencing a high-risk pregnancy in the last year.

### Maternal-Fetal Medicine / High-Risk Obstetrics and Clinical Genetics: Education

Fellows, residents, medical students, and attending staff all benefit from the comprehensive educational environment found in the Division of Maternal-Fetal Medicine and Clinical Genetics. Second- and third-year residents team up with the Maternal-Fetal Medicine Fellow and High-Risk Obstetrical Chief Resident on all academic and patient care matters. Frequent clinical exchanges with anesthesiology, neonatology, genetics, radiology, nephrology, endocrinology, and hematology are all part of the experience. Faculty and fellows staff morning sign-out on Labor and Delivery, and the division sponsors a weekly multidisciplinary Perinatal Conference of faculty to optimally treat women with challenging obstetrical issues. Teaching in the clinical setting is supplemented by bi-monthly resident didactic series presentations.
Maternal-Fetal Medicine/ High-Risk Obstetrics and Clinical Genetics: Clinical Care

Patients from all over New England are referred to BIDMC for high-risk obstetrical care. Maternal–fetal medicine faculty offer targeted and specialized ultrasound examinations, prenatal diagnosis, and genetic counseling at BIDMC as well as at a variety of healthcare facilities throughout Massachusetts. We foster a close and productive relationship with community-based Ob/Gyns, family practitioners, and midwives, providing outstanding care while enhancing patient convenience and satisfaction.

Last year, 177 women were transported by helicopter, plane, or ambulance to BIDMC’s Labor and Delivery unit for acute care. Our maternal transport program supports hospitals throughout New England and has transported patients from as far away as Bermuda. The majority of cases require Maternal–Fetal Medicine services or Level III neonatal intensive care. Faculty also collaborate with programs such as the Advanced Fetal Care Center at Boston Children’s Hospital, an association that allows diverse diagnostic and treatment options, including invasive antenatal and peripartum procedures. These clinical advances help fetuses affected by congenital abnormalities and offer hope and guidance to families.

Last year, 177 women were transported by helicopter, plane, or ambulance to BIDMC’s Labor and Delivery unit for acute care.
Maternal–Fetal Medicine/High–Risk Obstetrics and Clinical Genetics: Clinical Care

The Clinical Genetics faculty works alongside the Maternal–Fetal Medicine faculty to provide counseling and support for women and families at risk for pregnancies complicated by genetic disease, birth defects, or intellectual disability. Counseling is also available for individuals or couples experiencing infertility or recurrent pregnancy loss. Program staff meets with families to discuss individual concerns, provide risk assessments, and aid in decision making regarding additional testing—complex genetic counseling information is summarized in a letter for additional understanding.
“Maternal–Fetal Medicine is a subspecialty that demands a high level of technical skill and clinical acumen; but we also need a high degree of empathy to compassionately guide pregnant women to healthy outcomes for themselves and their babies.”

Steven J. Ralston, MD, MPH
The Division of Maternal–Fetal Medicine provided over 16,000 ultrasound examinations last year, and ultrasound examinations this year are projected to exceed 28,000.

Maternal–Fetal Medicine/High–Risk Obstetrics and Clinical Genetics: Prenatal Diagnosis

The Division of Maternal–Fetal Medicine provides obstetrical ultrasound and consultative services for pregnancies at risk for fetal abnormalities and adverse pregnancy outcomes. Patients receive state–of–the–art diagnostic care with 2D, 3D, and 4D capabilities. Diagnostic procedures include chorionic villus sampling and amniocentesis, as well as a variety of therapeutic procedures such as fetal blood transfusions and shunting. The Center for Maternal–Fetal Medicine at BIDMC also includes an antenatal testing unit for all pregnancies. The Division of Maternal–Fetal Medicine provided consultations to over 7,500 women and families experiencing a high–risk pregnancy in the last year. We also provided over 16,000 ultrasound examinations last year, and ultrasound examinations this year are projected to exceed 28,000.
Gynecologic Oncology: Education

Each year, residents rotate in the Division of Gynecologic Oncology, along with third-year medical students and fourth-year subinterns. This unique academic environment includes a weekly Gynecologic Oncology Tumor Board—a multidisciplinary conference attended by division members as well as pathologists, radiologists, medical oncologists, and radiation therapists to discuss each patient’s clinical course and treatment options. A gynecologic oncology journal club and monthly research meetings are also among sponsored activities.

Daily rounds, assisting in surgical procedures, and presenting at Tumor Board are among resident responsibilities. Residents experience the full breadth of cancer care and risk reduction by participating in cancer genetic counseling sessions and medical chemotherapy ambulatory management. Clinical education also includes simulated surgical practice and participation in the colposcopy/laser ambulatory clinics, where they are taught the principles of colposcopy and the place of laser surgery in gynecology, and they graduate with certification in laser surgery. Almost every graduating class over the past decade has had one graduate continue training in a Gynecologic Oncology Fellowship—a testament to the division’s educational program.

“Our goal in the Division of Gynecologic Oncology is to provide compassionate, individualized care of the highest quality, to all patients with a suspected or diagnosed gynecologic cancer.”

Christopher Awtrey, MD
Gynecologic Oncology: Clinical Care

Medical oncologists, radiation oncologists, and pathologists work with the division’s physicians on patient-centered, multidisciplinary teams to provide optimal treatment for women with cancer of the reproductive tract. Therapeutic options include open surgery (encompassing radical and ultra-radical procedures), minimally invasive surgery, robotic surgery, radiation, chemotherapy, and biological therapies. Clinical outreach programs are in operation at Mount Auburn Hospital, Lawrence General Hospital, Anna Jacques Hospital, and Brockton Hospital.

Clinical trials are open to patient accrual through the Dana-Farber/Harvard Cancer Center. We are also a participating institution of the national Gynecologic Oncology Group clinical trials, whose mission is entwined with our own: to promote excellence in the quality and integrity of clinical and basic scientific research in the field of gynecologic malignancies. We work in close collaboration with Dr. Stephen Cannistra, a nationally recognized medical oncologist with particular expertise in ovarian cancer.
## GYN Cancer Surgical Approach**

<table>
<thead>
<tr>
<th>Year</th>
<th>Cases</th>
<th>LSC/HSC Cases Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2007</td>
<td>78</td>
<td>0%</td>
</tr>
<tr>
<td>FY2008</td>
<td>86</td>
<td>10%</td>
</tr>
<tr>
<td>FY2009</td>
<td>83</td>
<td>20%</td>
</tr>
<tr>
<td>FY2010</td>
<td>109</td>
<td>30%</td>
</tr>
<tr>
<td>FY2011</td>
<td>127</td>
<td>40%</td>
</tr>
<tr>
<td>FY2012</td>
<td>135</td>
<td>50%</td>
</tr>
<tr>
<td>FY2013*</td>
<td>135</td>
<td>60%</td>
</tr>
</tbody>
</table>

*October 2012 to July 2013, 10 Months

**BIDMC Cases Only, Coded as Malignancy

LSC/HSC - Laparoscopy and Hysteroscopy

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Colposcopy and Laser Surgery Unit

Elizabeth Buechler, MD, Director

The Colposcopy Clinic is a referral-based clinic for patients with benign and pre-invasive disease involving the vulva, vagina, and cervix. Most patients are referred for the evaluation of abnormal Pap tests, persistent high-risk HPV tests, and DES exposure. Women with abnormal Pap tests during pregnancy are followed for evidence of developing invasive disease. Patients who have condyloma or other vulvar lesions, and have not responded to the usual modes of therapy, are also referred for evaluation and treatment. When indicated, treatment with LEEP (loop electrosurgical excision procedure) or LASER is performed either in the Gyn Minors Clinic or operating room. Second-year residents initiate their training in colposcopy in this unit, and by graduation will have the skills and opportunity to obtain LASER certification.
Family Planning: Education

Maureen Paul, MD, MPH, Section Head

The 5-week Family Planning rotation, which takes place during a BIDMC resident’s second year, provides exposure to family planning counseling and skills as part of the Ryan Program. Residents rotate through the Contraceptive Consult Clinic and perform ambulatory procedures including manual vacuum aspiration, medical abortion, and D&E cases. We are committed to training residents in abortion and contraception, as well as cultivating interests in public health, global and community health, research, and healthcare policy as integral components of family planning. All contraceptive options—hormonal, barrier, implant, and intrauterine methods—are provided by residents. A Family Planning-sponsored lecture series covers a wide range of topics, emphasizing the epidemiological evidence underlying current practice and new technologies in fertility regulation.

Faculty
Siripanth Nippita, MD
Phillip Stubblefield, MD

Clinical Faculty
Shiao-Yu Lee, MD
Boris Orkin, MD

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Family Planning: Clinical Care

Family Planning clinical care focuses on comprehensive, safe, and confidential reproductive health care, providing women with pregnancy options counseling, first- and second-trimester abortion services (medical abortion, vacuum aspiration, and D&E), and comprehensive contraception counseling and provision. The BIDMC Contraceptive Consult Clinic caters to women with complex medical conditions or psychosocial situations. In addition, the BIDMC Family Planning Ambulatory Procedure Clinics provide management of early miscarriage, first-trimester surgical abortion, and early medical abortion. Offsite family planning experiences include Women’s Health Services and the Dimock Center, which expose residents to the variety of ways family planning services are delivered to heterogeneous populations.
Reproductive Endocrinology and Infertility: Education

Kim Thornton, MD, Division Director
Alan Penzias, MD, Fellowship Director

Reproductive Endocrinology and Infertility (REI) offers a robust educational program. During a 5-week rotation, second-year residents participate in clinical services at Boston IVF, the program’s principal clinical site. New patient and follow-up consultations; minor office procedures such as ultrasound, sonohysterography, and hysterosalpingograms; ambulatory surgery; and advanced reproductive technology procedures are among the experiences provided. Residents are also responsible for REI patient care at BIDMC, including medical management of inpatients, gynecologic surgery, and ambulatory patient care for the fellow-led Reproductive Endocrinology Ambulatory Clinic. Monthly conferences at BIDMC, in addition to monthly Boston IVF Grand Rounds, a lecture series held at Boston IVF, and a monthly Boston IVF journal club provide ample learning opportunities for understanding the latest topics in reproductive endocrinology and infertility. Residents and fellows are encouraged to become involved in clinical and/or basic research projects, and they may have opportunities to attend national meetings and present their research.

Clinical Faculty
Michael Alper, MD
Steven Bayer, MD
Brian Berger, MD
Merle Berger, MD
Alice Domar, PhD
Benjamin Lannon, MD
Selwyn Oskowitz, MD
David Ryley, MD
Rita Sneeringer, MD
Alison Zimon, MD
### Boston IVF

**IVF Success Rate and Live Births—Fresh Embryos from Non-Donor Eggs***

<table>
<thead>
<tr>
<th>Age of women</th>
<th>&lt; 35</th>
<th>35–37</th>
<th>38–40</th>
<th>41–42</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of cycles</td>
<td>908</td>
<td>536</td>
<td>572</td>
<td>311</td>
</tr>
<tr>
<td>Average number of embryos transferred</td>
<td>1.9</td>
<td>2.1</td>
<td>2.6</td>
<td>3.4</td>
</tr>
<tr>
<td>Percentage of transfers resulting in live births</td>
<td>35.6</td>
<td>27.5</td>
<td>19.5</td>
<td>17.6</td>
</tr>
<tr>
<td>Percentage of live births with twins</td>
<td>26.6</td>
<td>18.7</td>
<td>20</td>
<td>17.4</td>
</tr>
<tr>
<td>Percentage of live births with triplets or more</td>
<td>1.0</td>
<td>0.8</td>
<td>3.2</td>
<td>0</td>
</tr>
</tbody>
</table>

### Boston IVF
**IVF Success Rate and Live Births—Thawed Embryos from Non-Donor Eggs***

<table>
<thead>
<tr>
<th>Age of women</th>
<th>&lt; 35</th>
<th>35—37</th>
<th>38—40</th>
<th>41—42</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of transfers</td>
<td>192</td>
<td>112</td>
<td>89</td>
<td>31</td>
</tr>
<tr>
<td>Percentage of transfers resulting in live births</td>
<td>22.4</td>
<td>24.1</td>
<td>20.2</td>
<td>12.9</td>
</tr>
</tbody>
</table>

### Boston IVF
**IVF Success Rate and Live Births—Donor Eggs***

<table>
<thead>
<tr>
<th></th>
<th>Fresh Embryos</th>
<th>Thawed Embryos</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of transfers</td>
<td>145</td>
<td>86</td>
</tr>
<tr>
<td>Percentage of transfers resulting in live births</td>
<td>46.9</td>
<td>21.4</td>
</tr>
</tbody>
</table>

“Endocrinology and Infertility works to advocate within our community for the reproductive rights and options available for all patients impacted by infertility.”

Kim Thornton, MD
Reproductive Endocrinology and Infertility: Clinical Care

Eleven board-certified reproductive endocrinologists staff the full-service, state-of-the-art clinical reproductive endocrine and infertility unit at Boston IVF. The clinic is one of the largest assisted reproductive technology programs in the United States, with faculty having assisted in over 30,000 births. Ovulation induction, intrauterine insemination, in vitro fertilization, intracytoplasmic sperm injection, blastocyst culture and embryo freezing, and preimplantation genetic diagnosis and screening programs are among the services offered. Boston IVF has a robust third-party reproduction program that, in addition to offering traditional egg donation (fresh), was one of the first centers in the Northeast to offer patients frozen donor eggs. The clinic continues to offer a gestational carrier program, and its fertility preservation (oocyte and sperm cryopreservation) program is designed for patients with malignancies or who are concerned about reproductive aging and desire to preserve their reproductive options. Diagnostic and operative endoscopy (laparoscopy/hysteroscopy) for developmental and acquired abnormalities of the reproductive tract, and procedures to correct developmental uterine anomalies, uterine fibroids, and severe endometriosis, are among the surgical procedures performed.

In addition to the main facility in Waltham, Massachusetts, Boston IVF has sites in Boston, Quincy, Maine, Rhode Island, and satellite clinics throughout New England. Recognizing the impact that stress has on fertility, REI offers care complementary to conventional medicine through the Domar Center for Complementary Medicine. Among the center’s offerings are specific mind/body techniques designed to elicit the relaxation response, acupuncture, yoga, and nutritional counseling, as well as a full range of mental health counseling services.
Minimally Invasive Gynecologic Surgery: Education

Hye-Chun Hur, MD, Division Director

Third-year BIDMC residents rotate with the Minimally Invasive Gynecologic Surgery Division’s physicians in the inpatient operating room as well as in ambulatory surgical settings for comprehensive training. Principles and surgical skills in pelvic/abdominal, vaginal, and minimally invasive procedures are taught progressively, an approach that allows residents to develop the competencies expected of well-trained gynecologists by the end of the 4-year curriculum.

Training is enhanced by outside rotations at Mount Auburn Hospital, Needham, and Milton Hospital, as well as by ambulatory hysteroscopy and surgery in the Shapiro Clinical Center and in private offices. In addition to daily inpatient management and teaching rounds with the Gynecology Attending of the Week, teaching at the bedside and in the operating theater occurs with all cases. Weekly staff and resident conferences enhance evidence-based care, and monthly educational surgical meetings with a gynecologic surgical committee are used to discuss surgical planning for resident patients.
Minimally Invasive Gynecologic Surgery: Education

Other learning opportunities include monthly skills sessions in the simulation laboratory, bimonthly resident didactic series, and biannual intensive simulation workshops. Residents also participate in a structured Fundamentals of Laparoscopic Surgery Program that includes didactic and skills training in laparoscopic techniques—passing the cognitive and skills examination is a requirement during the third year of the residency program and offers the opportunity to be accredited in this area prior to completing their Ob/Gyn training.

Residents interact with a tremendous number of minimally invasive surgical patients, resulting in our graduates consistently ranking in the 80th to 90th percentile of procedure numbers nationally.
Minimally Invasive Gynecologic Surgery: Clinical Care

Our priority is to establish a plan of care for patients that is specifically tailored to the individual’s needs—incorporating the medical issues at hand in the context of the patient’s clinical profile and well-being. Although a variety of treatment options exist for different gynecologic conditions, our role is to guide the patient to the right decision and treatment plan for her specific condition and life stage. Our minimally invasive gynecologic surgery specialists are fellowship-trained to perform advanced gynecologic surgeries using the latest techniques and equipment. We provide evidence-based care for women who require surgical management, including both traditional laparoscopic and robotic approaches, with procedures including hysterectomies, removal of ovaries and ovarian cysts, myomectomies, surgical treatment of endometriosis, and hysteroscopic sterilizations.
GYN Department Surgical Approach

Cases


2750  2711  2397  2384  2689  2894  2312

LSC/HSC Cases Percentage

35%  36%  39%  40%  40%  40%  43%


*October 2012 to July 2013, 10 Months

LSC/HSC - Laparoscopy and Hysteroscopy
## GYN Department Hysterectomy Approach

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Abdominal Hysterectomy</th>
<th>Laparoscopy</th>
<th>Vaginal Hysterectomy</th>
<th>Robotic Laparoscopy</th>
<th>LSC/Robotic Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2007</td>
<td>94</td>
<td>110</td>
<td>64</td>
<td>35</td>
<td>35%</td>
</tr>
<tr>
<td>FY2008</td>
<td>115</td>
<td>142</td>
<td>51</td>
<td>46</td>
<td>46%</td>
</tr>
<tr>
<td>FY2009</td>
<td>103</td>
<td>166</td>
<td>23</td>
<td>57%</td>
<td>57%</td>
</tr>
<tr>
<td>FY2010</td>
<td>105</td>
<td>105</td>
<td>58</td>
<td>64%</td>
<td>64%</td>
</tr>
<tr>
<td>FY2011</td>
<td>87</td>
<td>197</td>
<td>12</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>FY2012</td>
<td>104</td>
<td>202</td>
<td>25</td>
<td>76%</td>
<td>76%</td>
</tr>
<tr>
<td>FY2013*</td>
<td>94</td>
<td>198</td>
<td>39</td>
<td>80%</td>
<td>82%</td>
</tr>
</tbody>
</table>

*October 2012 to July 2013, 10 Months

Minimally Invasive Percentage = \( \text{Laparoscopy} + \text{Robotic} \) / \( \text{All Hysterectomies} \)
Female Pelvic Medicine and Reconstructive Surgery: Education

Janet Li, MD, Section Chief
Roger Lefevre, MD, Faculty

The Female Pelvic Medicine and Reconstructive Surgery section provides clinical training to medical students, residents, and fellows, as well as faculty development. A relationship between BIDMC and Mount Auburn Hospital allows collaboration on research projects related to urogynecology and pelvic reconstructive surgery. Residents from BIDMC participate in urogynecologic procedures as part of their 4-year gynecology experience, and each third-year resident rotates at Mount Auburn in urogynecology for a 10-week immersive experience. Curricula emphasize minimally invasive and robotic urogynecologic surgery, as well as ambulatory care that includes office evaluations and treatment for pelvic floor disorders.
Female Pelvic Medicine and Reconstructive Surgery: Clinical Care

Urinary incontinence, overactive bladder, interstitial cystitis, genitourinary fistulae, recurrent urinary tract infections, pelvic organ prolapse, fecal incontinence, and urethral disorders are among the pelvic floor disorders treated in women of all ages. The comprehensive evaluation and management offered includes in-office testing (urodynamics and cystourethroscopy) and in-office treatments (tibial nerve stimulation, bladder instillations, and periurethral injections). The broad range of surgical treatments for pelvic floor disorders include abdominal, vaginal, laparoscopic, and robotic approaches. Surgeries include minimally invasive mid-urethral sling, hysterectomy, paravaginal cystocele repair, anterior/posterior colporrhaphy, uterosacral/sacrospinous ligation vaginal vault suspension, sacrocolpopexy, graft-augmented repairs, and InterStim.

“Pelvic floor disorders can often be devastating for women who suffer from symptoms. Our sensitive, team-based approach is designed to help patients navigate through the range of treatment options, thereby empowering women to regain active lifestyles on their own terms. We strive to provide exceptional, personalized, high-quality care.”

Janet Li, MD
FPMRS Surgical Approach**

*October 2012 to July 2013, 10 Months

**Coded as Incontinence, Prolapse, and Fistula
Division of Urogynecology at Mount Auburn Hospital

Cambridge, Massachusetts

Peter L. Rosenblatt, MD, Division Director

The Division of Urogynecology in the Department of Obstetrics and Gynecology at Mount Auburn Hospital in Cambridge, Massachusetts, is a large urogynecology and reconstructive pelvic surgery center that serves all of New England as a referral center for basic and complex evaluation and management of pelvic floor disorders such as urinary and fecal incontinence, overactive bladder, and pelvic organ prolapse. The division consists of four fellowship-trained urogynecologists, a minimally invasive gynecologic surgeon, three fellows in female pelvic medicine and reconstructive surgery, and a nurse practitioner and two nurses who specialize in urodynamic and anorectal testing. The clinical investigation team has a full-time research coordinator. The division’s philosophy emphasizes nonsurgical as well as minimally invasive surgical procedures, including robotic and laparoscopic reconstructive surgery.

Faculty

Anthony DiSciullo, MD
Eman Elkadry, MD
Katherine Hanaway, MD
Leka Hota, MD

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Neonatology: Education

DeWayne Pursley, MD, MPH, Chair

The neonatal training program at BIDMC is one of four clinical/research training sites for the Harvard Neonatal-Perinatal Medicine Fellowship program, the largest training program of its kind in the United States. Fellows rotate through BIDMC, providing care to newborns and their families, and honing their patient management and team leadership skills in the Neonatal Intensive Care Unit (NICU), nurseries, delivery room, and for the high-risk antepartum consultation service.

Each year, the Department of Neonatology offers an American Academy of Pediatrics–approved training course in neonatal resuscitation to all Ob/Gyn and anesthesia residents—first-year residents receive initial training, while all others receive annual refresher courses. Formal clinical training for Harvard Medical School students is also offered. During the core pediatrics rotation at Boston Children’s Hospital, third-year medical students focus on newborn medicine in a 1-week rotation through the BIDMC newborn nursery, and fourth-year students are offered a month-long subinternship in the NICU.
Neonatology: Clinical Care

The 48-bed NICU at BIDMC provides care to over 1,200 newborns each year—900 require admission, while the remainder are triaged to the newborn nursery. The multidisciplinary team of physicians, nurse practitioners, nurses, neonatal respiratory therapists, social workers, neonatal dieticians, occupational and physical therapists, and pharmacists are extensively trained in the care of high-risk newborns and provide a full range of services for neonatal patients and comprehensive support for their families.

Through a tightly integrated consultation system with the maternal-fetal medicine staff, genetic counselors, and Boston Children’s Hospital pediatric subspecialists, the NICU team provides clinical input and tracks all maternal admissions likely to result in the delivery of a newborn requiring intensive care. The unit provides cutting-edge therapy, including therapeutic hypothermia and inhaled nitric oxide, as well as makes potentially groundbreaking clinical research protocols available to eligible patients.
Neonatology: Clinical Care

Together with attending neonatologists and neonatal-perinatal fellows, nurse practitioners and physician assistants provide around-the-clock coverage in the NICU and participate in the teaching of Harvard Medical School students as well as nurse practitioner and other preprofessional students. Neonatal-perinatal fellows play an important clinical role in the NICU, providing triage, consultative, and admission support, as well as ongoing care. During monthly rotations, they continue to bring new knowledge and clinical innovations to the department that support the unit’s goal of providing care at the leading edge of medicine.

An additional component of our clinical care is the Cochran Newborn Service in the newborn nursery, where we provide comprehensive care to those infants whose primary pediatric providers are not members of the BIDMC staff. The department’s pediatricians, neonatologists, and pediatric nurse practitioners provide care of the highest quality. All nursery babies undergo hearing screening under a program that was among the first universal newborn screening programs developed in the state. Car seat position and fit testing is also performed for indicated infants prior to discharge.
Neonatology: Research

The mission of the Department of Neonatology research program is to advance neonatal health and health care through excellence and innovation across the spectrum of clinical research. The program is broadly aimed at improving the care provided to newborns and their families through epidemiologic, health services, and translational research in these areas: improving outcomes of NICU patients, graduates, and families; understanding the economic implications of neonatal care; improving care delivery; understanding the mechanisms of prematurity complications; and optimizing education in newborn care.

The program has pioneered comparative quality assessment in neonatology through the development of the Score for Neonatal Acute Physiology (SNAP), a key illness severity normalization tool, to establish inter-institutional variations in care amenable to quality improvement efforts. Early work has fostered collaboration among all Massachusetts NICUs and led to an active, statewide quality improvement collaboration, established and headed by a BIDMC neonatologist.

Recent research themes within the Department:
- Determining the impact of nutrition on health and disease in the preterm infant
- Improving NICU patient safety through team training
- Applying cost-effectiveness analysis to optimize NICU resource utilization
- Understanding the role of racial and social disparities in infant outcomes
- Determining whether dietary factors and epigenetic modifications account for disparities in preterm birth
- Advancing the integration of evolving information technologies into the delivery and evaluation of newborn care
- Identifying barriers to early intervention enrollment for NICU graduates
- Assessing the effectiveness of perinatal and neonatal health services on the health of very premature infants
- Understanding the emotional burden of families with preterm infants during and after discharge from the NICU
Improving the safety of childbirth and women’s health care is the primary goal in the Division of Quality, Safety, and Performance Improvement. This area became a formal division in 2011 with the naming of Dr. Toni Golen as vice chair, and the work of the division is achieved through careful analysis of cases, identification of opportunities for systematic process improvement, compliance with regulatory guidelines, and an environment of just culture. BIDMC’s institutional goal of eliminating preventable harm is embedded in quality improvement projects. Through teamwork, simulation, and transparency surrounding adverse events, we look critically at ourselves and identify opportunities to prevent adverse outcomes and improve patient satisfaction.
Quality, Safety, and Performance Improvement:
Quality Assurance

Traditional case review, project-based quality improvement, and sentinel event analysis make up the structure of our patient safety program. The Ob/Gyn Quality Assurance Committee—including attending physicians, residents, and nurses, representing all specialties—chooses cases based on indicators defined by the Joint Commission, ACOG, and the Harvard Risk Management Foundation. Additionally, staff members submit specific concerns regarding a patient’s care to the committee. Committee members serve as volunteers and commit to the goals of monitoring and enhancing quality patient care.

Quality Improvement

While the Quality Assurance Committee assesses individual cases, leadership committees (Quality Improvement) develop systems to implement process improvement on a broader scale. Many ideas for quality improvement projects are generated by the case reviews performed by the Quality Assurance Committee. Gaps in systems-based practice are identified. Examples of recent process improvements put into action include postpartum vaccination to prevent the spread of pertussis, standardized processes to prevent retained surgical items, integrating LEAN modalities for improving patient safety during cesarean delivery, and introducing blunt needles to decrease accidental needle sticks.
Quality, Safety, and Performance Improvement:

Quality and Volume

BIDMC’s Department of Obstetrics and Gynecology helps lead the national movement to systematically improve patient safety and health care quality. In 2007, we received the John M. Eisenberg Award for Patient Safety and Quality from the Joint Commission, an award that recognizes leadership and dedication in innovations to improve patient care and safety. Also in 2007, Blue Cross Blue Shield of Massachusetts awarded us its very first Health Care Excellence Award, created to recognize exceptional achievement in improving the safety and efficacy of health care in Massachusetts. Today, BIDMC has among the lowest Adverse Outcome Index ratings of any comparable tertiary hospital reporting to the National Perinatal Information Center, a national, nonprofit organization that collects data. As a direct result of our work, there are now statewide initiatives in Massachusetts, Maryland, and the District of Columbia to introduce obstetrical team training. The model is replicable and widely adaptable for other healthcare organizations.

Growth of Services

The ability to measure quality is an essential element of quality improvement and patient safety. Our goal is to identify opportunities for improvement, measure our current state, set goals, and then achieve them.

To that end, one of our latest advances organizationally is a Joint Informatics Fellowship. The use of bioinformatics is essential to creating a safer environment for patients. Our first fellow is Dr. Neel Shah, MPP, an Ob/Gyn who recently completed his residency and has a strong interest in the analysis and measurement of value in health care. We see value as part of the definition of quality and seek to meld his interests and talents with our rich history and clinical activity. Dr. Shah has already garnered national attention with the nonprofit organization he founded, Costs of Care, and the textbook *Understanding High Value Care*. We anticipate that his work here will have national and international impact. Dr. Shah is also working as part of Atul Gwande’s Ariadne Labs Health Systems Innovation.
Growth of Services continued

Almost any department will have adverse outcome reviews. What differentiates us is the complexity of our quality improvement process and our attention to a just culture—a nonpunitive environment. When an unexpected outcome occurs, we focus on a thorough analysis of events with an emphasis on uncovering systematic flaws that might make another patient vulnerable to a similar event in the future. We then set about making sustained and meaningful systemic changes.

As part of our emphasis on systematic improvement, we utilize simulation and drills to teach protocols and guidelines to the frontline worker. We apply what we learn to the next drill in a continuous loop of improvement. A recent improvement involved emergency cesarean delivery. Through standardized work, we have demonstrated the ease of prioritizing the initial count to prevent retained surgical items.

While drills typically take place on our clinical units, events are held regularly at the BIDMC state-of-the-art Simulation Center. We believe that mimicking high-acuity events in a safe environment, in a structured clinical scenario with immediate feedback on performance, will make decision making during crisis situations easier and more accurate. We also participate in the national ACOG Simulation Consortium, where we are able to contribute our knowledge about simulation and learn from others.

We have also had great success with local improvements.

- We were early adopters of having a hard stop when it comes to elective delivery. Over the last 4 years, we have continually demonstrated an extremely low rate (reported nationally through LeapFrog) of elective deliveries prior to 39 weeks.
- We have seen a steady decrease in the rate of cesarean deliveries at BIDMC. As a quality metric we measure nulliparous, term, singleton, and vertex (NTSV) cesarean delivery rates.
- We have focused on surgical site infection prevention by creating "bundles," or steps in patient care. Examples include the timely and appropriate use of perioperative antibiotics, preoperative chlorhexidine soap, and judicious hair removal. We monitor compliance with our bundles and provide feedback to providers who do not complete the required steps.
Quality, Safety, and Performance Improvement:

Simulation Training

Simulation training for staff and faculty is a key aspect of our culture of safety and participation, and training is mandatory. We are a national leader in our simulation programs, which are based on the belief that teamwork and communication come first, with clinical and technical skills superimposed upon that foundation. Our programs incorporate feedback and debriefings. Our obstetricians and trainees undergo annual obstetrical simulation training, and our trainees perform semi-annual gynecologic surgical skills simulation. We host other institutions as part of our active membership in the ACOG Simulation Consortium. Obstetrics staff members must complete simulations once yearly. The Department of Obstetrics and Gynecology has signed an agreement with CRICO Harvard Risk Management that participation be linked to credentialing.

Obstetrics

Since 2007, the BIDMC Obstetrics Simulation has grown from a simple exercise involving shoulder dystocia to a comprehensive, multidisciplinary program that includes complex clinical scenarios; a rich collection of high-acuity, low-frequency events; immediate standardized feedback; structured debriefing; and a combination of high- and low-fidelity models. Learners are asked to demonstrate knowledge, technical skill, and teamwork behavior appropriate for these obstetrical events. Objectives of the program are:

• To provide a safe environment to demonstrate and improve teamwork communication and care with a particular focus on high-acuity, low-frequency events.
• To provide individual feedback in a structured, nonpunitive environment by using an objective assessment tool.
• To provide related didactic education to physicians and nurses regarding high-risk, low-frequency obstetrical emergencies.
Obstetrics continued

• To provide an open forum for exchange among obstetrical attending physicians, residents, nurses, anesthesiologists, and ancillary staff.
• To allow learners to demonstrate and exercise knowledge of local guidelines and protocols to bring about safe and expeditious care during obstetrical emergencies (e.g., the massive transfusion protocol).

Quality, Safety, and Performance Improvement: Gynecology

Twice yearly, all residents participate in an intensive 3-hour simulation experience to learn surgical techniques and participate in intensive electrosurgical skills hands-on training. The structured Fundamentals of Laparoscopic Surgery (FLS) Program includes didactic and skills training in laparoscopic techniques. Our residents are mandated to achieve accreditation via the FLS Cognitive and Skills Examination as a graduation requirement, and BIDMC requires FLS certification for advanced laparoscopy and robotic privileging.
Nursing

Phyllis West, RN, MSN, Associate Chief Nurse

Jane Smallcomb, RN, MS, Clinical Director

BIDMC’s Ob/Gyn Nursing staff is committed to caring for the health of women over their full life cycle. Obstetrical nurses provide childbirth education and expert care to patients in the Labor and Delivery Unit, Newborn Nurseries, High-Risk Antepartum and Post-Partum Units, and Neonatal Intensive Care Unit. New mothers receive one-on-one teaching as well as certified lactation support. Our gynecologic nurses provide expert postoperative care, including management of complex gynecologic surgical and oncology patients while addressing patients’ emotional and physical well-being.
“Our nursing philosophy is anchored in care that is family-centered and our goal is to maintain a balance of expertise and innovation with an environment that is welcoming and nurturing for you and your family.”

Phyllis West, RN, MSN
Social Work
Social Work

Ob/Gyn social workers have expertise in women’s health issues across the developmental life cycle, with specialized knowledge in high-risk pregnancies, perinatal bereavement, pregnancy termination, HIV/AIDS in women, gynecological cancers, child welfare issues, substance abuse, domestic violence, and menopause. Staff from the Department of Social Work provide counseling, consultation, and education to BIDMC patients, families, and staff, as well as assist patients in locating and accessing community programs and services.

The department sponsors the Center for Violence Prevention and Recovery, which provides counseling and advocacy services for those whose lives have been touched by violence. The program includes SafeTransitions, a domestic violence intervention program, the Rape Crisis Intervention Program, and a community violence intervention program.

Barbara Sarnoff Lee, LICSW, Director of Social Work and Patient/Family Engagement

Ob/Gyn Social Workers
Betsy Barnet, LICSW
Nina Douglas, LICSW
Susan Remy, LICSW
Sheleagh Somers-Alsop, LICSW
Gail Wolfsdorf, LICSW

Community Resource Specialist
Glady Thomas
Education
Maternal–Fetal Medicine Fellowship

Steven J. Ralston, MD, MPH, Fellowship Director
Sarosh Rana, MD, Associate Fellowship Director

The Maternal–Fetal Medicine Fellowship is a 3-year American Board of Obstetrics and Gynecology (ABOG)–approved clinical and research training program. Fellows spend 12 months on clinical rotations, 18 months on research, and 6 months of additional clinical time on electives and subspecialty exploration. A mentoring team guides each fellow according to individual goals and interests. Excellent basic and clinical research opportunities are offered, as well as extensive clinical experience in high-risk obstetrics, prenatal genetics, sonography, and ultrasound-guided procedures. Fellows complete all of the ABOG requirements to obtain subspecialty board certification.

Current Fellows
Academic Year 2013–2014
Melissa March, MD
Kedak Baltajian, MD
Scott Shainker, DO

Program Graduate 2013
Where Are They Now?
William Schnettler, MD,
Faculty member at TriHealth in Ohio
Reproductive Endocrinology and Infertility Fellowship

Alan Penzias, MD, Fellowship Director

In the Reproductive Endocrinology and Infertility Fellowship, participants learn skills to embark on academic career paths in which they can lead both basic and clinical research programs. In addition, in this 3-year, ABOG-approved training program, fellows use their reproductive endocrinology and infertility skills in a clinical setting. Faculty expertise in reproductive medicine, surgery, and genetics, as well as pediatric and adolescent reproductive medicine, assists fellows in developing a solid foundation of clinical skill while achieving a specific area of expertise.
Female Pelvic Medicine and Reconstructive Surgery Fellowship

Eman Elkadry, MD, Fellowship Director

Training physicians to provide expert care in improving the quality of life for women with pelvic floor dysfunction is the chief educational objective of the Female Pelvic Medicine and Reconstructive Surgery Fellowship. The 3-year program, located at Mount Auburn Hospital/BIDMC, is approved by the Accreditation Council for Graduate Medical Education (ACGME). The program covers outpatient urogynecologic assessment and treatment, office-based procedures, and appropriate surgical candidate selection, with an emphasis on various treatment options and patient counseling. Additionally, a comprehensive approach to surgical management, including preoperative and postoperative management, is emphasized. Surgical training in both clinical and surgical settings includes laparoscopic, vaginal, and abdominal procedures, as well as robotic surgery. Research is an important and well-integrated portion of the curriculum with the availability of research mentorship and support.

Current Fellows
Academic Year 2013–2014
Amos Adelowo, MD, MPH
Sybil Dessie, MD
Emily Von Bargen, DO

Program Graduate 2013
Where Are They Now?
Sonia Adams, MD
St. Elizabeth Medical Center,
Brighton, MA
Obstetrics and Gynecology Residency Program

Hope Ricciotti, MD, Program Director
Monica Mendiola, MD, Assistant Program Director
Yvonne Gomez-Carrion, MD, Director of the Resident Surgical Practice
Ronald Marcus, MD, Co-Director of the Resident Ambulatory Practice
Celeste Royce, MD, Co-Director of the Resident Ambulatory Practice
Anastasia Koniaris, MD, Associate Director of the Resident Ambulatory Practice
Susan Kilbride, Manager, Graduate Medical Education
Martina DiNapoli, Program Coordinator
Residency Program

Each year BIDMC’s Residency Program provides world-class training in Ob/Gyn for a select group of 5 residents. The principal training hospital, Beth Israel Deaconess Medical Center, is located adjacent to the Harvard Medical School campus in the Longwood Medical Area. Here residents, working closely with our dedicated faculty and staff, see patients in ambulatory clinics, learn state-of-the-art surgical techniques including minimally invasive and robotic surgery, and provide obstetric care to just under 5,000 patients every year. In a level of training uniquely focused on the residents, they work one on one with faculty members in all sub-specialty areas—maternal-fetal medicine, gynecologic oncology, female pelvic medicine and reconstructive surgery/urogynecology, reproductive endocrinology and infertility, family planning, and minimally invasive gynecologic surgery. Residents also have the opportunity to work in community health centers in Boston neighborhoods, or to explore global health issues through the Global and Community Health track.
Residency Program continued

Teaching innovations such as simulation exercises for team training, obstetrical emergencies and laparoscopic surgery, and the Resident-as-Teacher Program all help to train the next generation of medical educators. The program’s required academic research component includes faculty consultation and support throughout a research project’s design, institutional review board approval, and statistical analysis. Additionally, residents have 2 months of elective time, with funding for project expenses.

We take great pride in training our residents to pursue excellence in their endeavors, always with respect for diversity and empathy for the individual patient and family experience.

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Each year faculty and residents elect one Administrative Chief Resident, an honor given to the resident who demonstrates leadership, professionalism, and clinical excellence, as well as the interpersonal skills needed to lead the residency program, serve as liaison to the faculty, and help develop innovative teaching programs. Dr. Kristin Bixel served in the 2012–2013 academic year, and Dr. Lisa Hofler is serving in the current 2013–2014 academic year.

“BIDMC provides excellent clinical and surgical training, with a focus on patient-centered care. The teamwork within the hospital and the supportive learning environment of the department create an exceptional residency experience.”

Lisa Hofler, MD, MPH
Current Residents
Academic Year 2013–2014
Chief Residents: Class of 2014
Katharine Barnes, MD
Lara Harvey, MD, MPH
Lisa Hofler, MD, MPH
Kristin Hung, MD
Lily Wu, MD
PGY 3: Class of 2015
Margaret Chory, MD
Emily Holden, MD
Yetunde Ibrahim, MD
Annie Liu, MD
Nandini Raghuraman, MD
PGY 2: Class of 2016
Katie Armstrong, MD
Katie Johnson, MD
Zoe McKee, MD
Bri Anne McKeon, MD
Sara Won, MD
PGY 1: Class of 2017
Erin Brooks, MD, MPH
Olivia Chang, MD, MPH
Jessica Kuperstock, MD
Kari Plewniak, MD
Elizabeth Roberts, MD
Where are They Now?
Class of 2013
Sarah Averbach, MD
Working a year at Bowdoin Street Health Center
Entering Fellowship in Family Planning University of California–San Francisco
Kristin Bixel, MD
Working a year at South Cove Community Health Center
pursuing Fellowship in Gynecologic Oncology Boston, MA
Maria Fradinho, MD
Faculty Physician at Harvard Vanguard Medical Associates, Copley Practice Boston, MA
Julia Head, MD
Faculty Physician at Brigham & Women’s Hospital/Harvard Vanguard Medical Associates, Kenmore Practice Boston, MA
Stephanie-Marie Jones, MD
Faculty Physician at South Shore Women’s Health Weymouth, MA
Medical Student Education

Katharyn Meredith Atkins, MD, Clerkship Director
Malcolm Mackenzie, MD, Associate Clerkship Director
L. Renata Vicari, Clerkship Coordinator

The Harvard Medical School Ob/Gyn Core Clerkship Program at BIDMC exposes third-year students to the depth and breadth of experiences that occur in women’s reproductive healthcare delivery. Our goals are to provide wide-ranging opportunities to develop and refine clinical reasoning and procedural skills and to promote awareness and understanding of cultural differences in women’s health and reproductive care. We want students to understand their role within a healthcare team and the value of systems of care, and encourage them to be active, self-directed learners. Reading patient histories before providing care and developing a reflective attitude toward their work are just two of the important skills that help students understand our responsibility as caregivers through the range of women’s life experiences.
Medical Student Education continued

Students rotate on teams caring for patients in labor and delivery, in the postpartum units, and in gynecology inpatient service. Ob/Gyn generalists volunteer to be the Teaching Attending of the Day and guide students in learning about the care of women during labor and delivery. Each student is paired with an Ob/Gyn generalist core preceptor and attends weekly ambulatory sessions designed to promote both continuity in patient care and in student learning.

In addition to grand rounds and resident-run didactic sessions on each service, there are also 2 to 3 hours of weekly didactic sessions, led by faculty and senior residents/fellows, on topics agreed upon by the Clerkship Committee, which comprises the clerkship directors at all of the Harvard Medical School teaching sites. Multidisciplinary conferences with Psychiatry and Radiology help to promote the integration of these specialties into student learning. Additional sessions on physical examinations, suturing, teamwork, and knot tying promote skill acquisition. Fourth-year Harvard Medical School students and selected students from outside institutions may take these advanced electives:

• Obstetrics Subinternship
  Toni Golen, MD, Vice Chair, Quality, Safety, and Performance Improvement

• Gynecology Oncology
  Chris Awtrey, MD, Division Director, Gynecologic Oncology

• Women’s Health in Urban Community Settings
  Lucy Chie, MD, Director, Community Health Consortium

• Reproductive Endocrinology and Infertility
  Kim Thornton, MD, Division Director, REI

• Female Pelvic Medicine and Reconstructive Surgery
  Roger Lefevre, MD, Course Director, FPMRS
Research
Research

Michele Hacker, ScD, MSPH, Director, Program in Epidemiologic Research
Laura Dodge, MPH, Research Assistant
Miriam Haviland, MSPH, Research Assistant
Anna Merport Modest, MPH, Research Assistant

Basic science as well as translational, clinical, public health, and medical education research projects that support the interests and expertise so valued by the department are all supported by the Program in Epidemiologic Research. Mentorship and assistance with study design, protocol development, institutional review board approval, study implementation, data collection and management, data analysis, manuscript preparation, and grant writing are all provided, with an emphasis on the research endeavors of residents, fellows, and junior faculty.

Residents and fellows routinely present at national and international meetings and publish in peer-reviewed journals. Projects include prospective and retrospective observational studies, randomized controlled trials, mixed-methods surveys, and experimental animal models.
Research continued

Recent topics have evaluated:

- the timing of voiding on the ability to accurately assess the cervix with transvaginal ultrasonography
- botulinum toxin injections for chronic pelvic pain
- in vitro fertilization outcomes in young women
- simulation training for minimally invasive surgery and obstetric complications
- a structured curriculum to teach accurate assessment of the cervix with transvaginal ultrasound

Each academic year concludes with the department’s Resident Research Day, where our residents have been honored for their outstanding projects.

Collaborative efforts with other departments and institutions have also advanced research and increased our understanding of disease and the delivery of health care. For example, a project on the pathogenesis of preeclampsia has led to exciting new findings and potential clinical therapies, and an ongoing study of gene expression in pregnancies complicated by intrauterine growth restriction holds similar promise.

Epidemiology and public health policy as it relates to women’s health among the vulnerable and underserved, locally and internationally, have special emphasis in the department. Resident-initiated projects include:

- investigation of patient-collected samples for HPV testing among women with limited access to medical care in Boston
- multidisciplinary team approach to reducing the incidence of cesarean delivery in China
- evaluation of postpartum IUD placement in Uganda
Research continued

Faculty also collaborate with academic, governmental, and nongovernmental partners to broaden our understanding of women's health needs in humanitarian crises. Understanding sexual violence in the eastern Democratic Republic of Congo, gender inequitable practices in South Sudan, and postelection violence in Kenya are among current collaborations.

Research Faculty
Lev Perelman, PhD,
Director of The Center for Advanced Biomedical Imaging and Photonics

Sarosh Rana, MD,
Director of Perinatal Research

Saira Salahuddin, PhD, MBBS,
Research Coordinator

Dawn McCullough, RN,
Research Nurse

Affiliated Research Scientists
S. Ananth Karumanchi, MD, PhD,
Department of Medicine

Yunping Li, MD,
Department of Anesthesia

Jonathan Hecht, MD, PhD,
Department of Pathology
Preeclampsia and Hypertensive Disorders of Pregnancy

Research collaboration between the Departments of Obstetrics and Gynecology and Medicine at BIDMC has led to discoveries to help diagnose and eventually treat preeclampsia—a disease that complicates 5% of pregnancies worldwide and is a cause of maternal and fetal mortality. Researchers first found that sFlt-1, a molecule that occurs naturally in the placenta, may cause preeclampsia when it is overabundant. Further research, stemming from collaboration with the Hospital for Sick Children in Toronto, discovered that a second protein, soluble endoglin, when combined with sFlt-1, escalates preeclampsia to a life-threatening state. The work has led to BIDMC patent filings on methods of diagnosing and treating preeclampsia. BIDMC researchers are testing the hypothesis that these two molecules can be used as biomarkers in various clinical settings to help clinicians make a more prompt and accurate diagnosis. Prospective studies are ongoing, and although drug-based therapies for preeclampsia may still be a few years away, researchers are optimistic.

Other preeclampsia research includes an evaluation of the pathogenesis of the excess cardiovascular disease noted in women with a history of preeclampsia. Investigators are also working on noninvasive techniques to evaluate pregnancy in an animal model of preeclampsia. And, a BIDMC Ob/Gyn researcher is co-leading a multicenter randomized controlled clinical trial across several hospitals in the United States and Canada to evaluate the role of optimal blood pressure management for patients with gestational hypertension. This research program is directed by renal specialist Dr. S. Ananth Karumanchi, Howard Hughes Medical Institute Investigator, who collaborates with Maternal-Fetal Medicine Specialist Dr. Sarosh Rana.
Reproductive Endocrinology Research

The Division of Reproductive Endocrinology and Infertility conducts a robust array of both basic science and clinical research projects. Goals in the laboratory at Boston IVF include understanding the fundamental aspects of oocyte maturation and preservation through vitrification. The study of preimplantation genetic diagnosis techniques holds promise for strategies to improve IVF outcomes and reduce the burden of multiple pregnancies.

Clinical research focuses on outcomes related to assisted reproductive technology. Drs. Michele Hacker and Alan Penzias have led efforts to perform rigorous analysis of the Boston IVF patient database, which contains records on 52,000+ in vitro fertilization cycles. Other recent projects include estimating the cumulative pregnancy rate of live born multiples following IVF and evaluating the influence of endometrial thickness and progesterone level on outcomes of assisted reproductive technology. Results of the FASTT trial, the largest single-center fertility study funded by the NIH, are published, and researchers are participating in the NIH-funded FORTT trial to determine the best course of fertility treatment for women of advanced reproductive age.

Stem Cell Research

The division collaborates with the Harvard Stem Cell Institute and the Department of Stem Cell and Regenerative Biology. Dr. Kevin Eggan’s lab focuses on how developmental/environmental cues induce heritable variation in chromatin structure and how variation regulates developmental potency, cell fate, and gene expression. The lab uses nuclear transfer and other approaches to develop human embryonic and induced pluripotent stem cell lines that carry the genes responsible for human neurodegenerative disease. Dr. Eggan’s publication in Science, “Induced pluripotent stem cells generated from patients with ALS can be differentiated into motor neurons,” was cited by Time as the Top Medical Breakthrough of 2008.
Reproductive Endocrinology Research

Ovarian Aging

Division researchers bridge basic science with clinical research through the use of a discarded blood sample bank established in early 2008. The samples, paired with clinical outcomes of the patients, provide a powerful asset for establishing biomarkers of reproductive health. The study dovetails with our basic science research efforts on ovarian aging and the impact of disease states, including polycystic ovary syndrome, on reproductive success.
Optical Diagnosis of Disease

The Center for Advanced Biomedical Imaging and Photonics in the Department of Obstetrics and Gynecology is directed by Professor Lev T. Perelman. Through its three main research programs, the center develops and uses a variety of tools and platforms for in vivo optical biomedical imaging.

In Vivo Optical Detection of Preinvasive Cancer

Developing an optical system to perform rapid optical scanning and multispectral imaging of the entire epithelial surface of various organs in the reproductive and gastrointestinal tracts, and presenting a diagnosis in near real time, is the purpose of this program. This approach, vastly superior to the present strategy of performing random biopsies, provides a powerful tool for screening large populations of patients for early precancerous changes. The instrument was pilot tested in the esophagus at BIDMC, where for the first time in the world, it successfully guided biopsy—detecting and mapping sites of invisible dysplasia missed by the current standard of care.

Studying Subcellular Morphology with CLASS Microscopy

Confocal light absorption and scattering spectroscopic (CLASS) microscopy is a novel way to use optical imaging techniques for noninvasive monitoring of embryonic cells on the submicron scale with no exogenous labels. The human embryo’s development and response to environmental factors could be monitored progressively at all critical stages using CLASS microscopy. For example, when cells are in metaphase, CLASS could provide information concerning the number and shape of chromosomes. Since measurement is nondestructive and requires no exogenous chemicals, a given embryo in vitro could be monitored over time before implantation. Such progression studies are not possible with currently available techniques.
Optical Diagnosis of Disease

Optical Spectroscopic Technique for Noninvasive Prenatal Diagnosis

Noninvasive prenatal diagnosis utilizing fetal cells circulating in maternal peripheral blood has received much attention, since it poses no risk to the fetus. Although several fetal cell types have been targeted, the search has focused on fetal nucleated red blood cells (fNRBC). Because of the low concentration of fNRBC in maternal blood, and interference by adult nucleated red blood cells (aNRBC), along with the failure to find broadly applicable identifiers that can differentiate fNRBC from aNRBC, reliable use of viable fNRBC in amounts sufficient for clinical use remains a challenge. We have demonstrated that fNRBC optical properties provide a unique optical biomarker that is based on the light-scattering spectroscopic signatures of fNRBC and may enable isolation of these cells from maternal peripheral blood samples, with the goal of developing a minimally invasive prenatal genetic testing technique.
Medical Education Research

The department conducts educational research projects utilizing simulation, virtual patients, standardized patients, and innovative techniques in medical education.

Improving Handoff of Patients
Dr. Mimi Fradinho, then a chief resident, and Dr. Toni Golen designed and implemented a quality assurance program to improve communication during resident hand off, resulting in a more efficient and structured process.

Communicating Bad News Simulation Training Module
Dr. Jo Marie Janco, then a third-year resident, Dr. Hope Ricciotti, and faculty from the Division of Medical Oncology collaborated to implement and evaluate simulated training modules for delivering bad news to patients.

Obstetrical Emergencies Simulation Training
Dr. Toni Golen, vice chair of Quality, Safety, and Performance Improvement, and Dr. Mary Vadnais, then a Maternal–Fetal Medicine Fellow, evaluated a simulation training program for uncommon but critical obstetrical events to determine the optimal training frequency and the perceived effect of the program to perform clinical care.

Obstetrical Virtual Patient Project
Dr. Hope Ricciotti developed a normal pregnancy virtual patient, funded by the Macy Foundation as part of a series produced by the Shapiro Institute for Education and Research. The educational effect of the OB Virtual Patient as a teaching tool was evaluated in a randomized controlled study of Harvard medical students.

Resident as Teacher Program
Drs. Hope Ricciotti and K. Meredith Atkins lead a program using videotaped, simulated medical student teaching encounters to train residents, with immediate faculty feedback and self-reflection. The project has led to a similar Resident as Teacher in the O.R. Project, still in its initial phase, under the direction of Dr. Ricciotti and recent resident graduate Dr. Lauren Cadish.
Medical Education Research

Simulated Surgical Skills Training
Dr. Hye-Chun Hur, division director of Minimally Invasive Gynecologic Surgery, is involved in several educational studies evaluating the role of simulation teaching and assessment for gynecologic surgical training. Areas of study include traditional laparoscopic suturing, electrosurgery, and robotic surgery.

Simulator Development
Dr. Christopher Awtrey, division director of Gynecologic Oncology, developed and evaluated a novel laparoscopic simulator to train residents in pelvic surgery suturing skills. The Pelv-sim is a modified box trainer that can be used to hone suturing skill before seeing patients in the operating room. Currently, Dr. Awtrey is developing and testing a laparoscopic sacrocolpopexy box trainer that simulates one of the most advanced procedures for the treatment of women with pelvic organ prolapse.

Teaching Scripts in Ob/Gyn
Dr. K. Meredith Atkins is leading a project to investigate the use of teaching scripts to improve medical student instruction.

Robotic Surgery Curriculum
Dr. Janet Li, section head of Female Pelvic Medicine and Reconstructive Surgery, is developing a curriculum to teach robotic surgery to residents. The project will evaluate residents’ attitudes and opinions regarding robotic surgery before and after the training.
Social Mission
Community Health Consortium

Lucy Chie, MD, MPH, Director

The Community Health Consortium leads and develops projects in obstetrics and gynecology for the Boston area’s culturally diverse population of urban and suburban women. A network of community health centers staffed by our core teaching faculty and serving women from a wide range of ethnic backgrounds, as well as the LGBT community, function as ambulatory sites for the resident practice and medical student programs. Healthcare leaders from each center come together quarterly at BIDMC to plan clinical programs, public health research projects, educational endeavors, and public service. A Harvard Medical School student elective entitled “Ob/Gyn and Women’s Health in Urban Community Settings” is also offered as a fourth-year elective option.

“Everyone deserves to receive the health care they need to live life to the fullest. We are committed to providing the highest quality of care and access to all women.” Lucy Chie, MD, MPH
Global and Community Health Program

Jennifer Scott, MD, MBA, MPH, Director

Whether in Roxbury, Massachusetts, or Sub-Saharan Africa, much of women’s health is shaped by social, economic, and political inequities. The goal of the Global and Community Health Program is to help faculty, staff, and students develop a global understanding of women’s health and to foster culturally competent care practices that meet the needs of the communities we serve. We are committed to advancing reproductive health care in an equitable, ethical, and dynamic manner, both locally and globally. To that end, we support innovative approaches and models to global health delivery that engage community partners and build capacity. We encourage faculty, staff, and students to participate in service-based projects and research initiatives in collaboration with local and international partners. Residents may also
choose to conduct their longitudinal clinics in Boston’s medically underserved communities at health centers such as the Dimock Center and South Cove Community Health Center. We encourage residents to contribute their second- and third-year elective time toward global and community health initiatives. Numerous opportunities exist with the department, the BIDMC Global Health curriculum, and the broader community at Harvard Medical School and Harvard School of Public Health. Mentorship programs for faculty, staff, and students allow meaningful contributions to women’s health as providers, researchers, and advocates.
The Parent Connection

Christine Sweeney, LICSW, Program Manager

Since 1999 the Parent Connection, an award-winning, complimentary postpartum service, has helped families anticipate and adjust to life after birth.

In the program’s Mentoring Mom service, trained and supervised volunteers call new parents weekly throughout the first 12 weeks postdelivery to offer encouragement and support and to help connect families to appropriate resources. Mentors are sometimes the first to help a new mom recognize she is experiencing symptoms consistent with a postpartum mood disorder, and they help new moms to feel they are not alone in their struggles. New Moms groups at several community locations provide moms an opportunity to share experiences, ask questions, and reduce isolation. One group specifically for working moms meets during evening hours.

The program offers a monthly workshop called “Becoming Parents” to help expectant couples anticipate and plan for the initial weeks at home with their newborn.

The Parent Connection provides families a continuum of care after their delivery. Through personal outreach and support, it exemplifies our values of patient- and family-centered care.

“As the only hospital-based program of its kind in Boston, Mentoring Moms is a perfect example of a ‘human first’ approach that gives me such a sense of personal and professional pride. That most of our mentor volunteers are program graduates—I couldn’t ask for a better evaluation.”

Christine Sweeney, LICSW
Service-Based Learning and Research Projects

Ongoing Global Health Initiatives, 2012–2013

• BIDMC interdepartmental collaboration and consultation on global women’s health initiatives in India, Zimbabwe, Gabon, Botswana, and China
• Collaboration with the Human Resources for Health Program in Rwanda to support Ob/Gyn graduate medical education and training
• Obstetric anesthesia clinical and research collaboration in China
• Maternal-fetal medicine research collaboration in Haiti
• Gender-based violence, human rights violations, and gender equality research in the Democratic Republic of Congo, Kenya, and South Sudan in collaboration with academic, governmental, and nongovernmental international partners

Recent Global Health Initiatives

• Clinical resident elective in Nepal with Nyaya Health International
• Clinical resident elective in Botswana at Scottish Livingstone Hospital
• Clinical support of the urogynecologic surgical program at Panzi Hospital in the Democratic Republic of Congo in collaboration with the Harvard Humanitarian Initiative
• Obstetric ultrasound training and research collaboration on a Gates Foundation–funded program in Ghana
• Family planning research at Mulago Hospital in Kampala, Uganda
• Collaboration with WHO working groups to inform maternal and child health policies and reproductive endocrine and infertility policies
• Academic medical education collaborations with partners in China and Vietnam
Service-Based Learning and Research Projects

Community Health Initiatives

- Mentoring, clinical preceptorships, and research supervision for residents at South Cove Community Health Center, serving immigrants from East Asia; recent projects include health literacy and hepatitis B infection in pregnancy
- Mentoring, clinical preceptorships, and research supervision for residents at the Dimock Center, which serves African American and Latina populations in Roxbury; recent projects include HPV vaccination, teen pregnancy, and IUD utilization
- HPV detection study and health education curriculum for an urban shelter population
- Health education and outreach for women in correctional facilities and transitional programs
- Collaboration with community-based organizations to improve access to women’s health care for minority patient populations
Global Women’s Health Program Areas of Activity

- Kenya
- South Sudan
- Rwanda
- Ghana
- Uganda
- DR Congo
- Gabon
- Zambia
- Botswana
- South Africa
- Geneva, Switzerland
- Ukraine
- India
- Nepal
- Korea
- Japan
- Philippines
- Haiti
- Nicaragua
- Mexico
- Boston
- Mexico
- Haiti
- Nicaragua
- Ghana
- Uganda
- DR Congo
- Gabon
- Zambia
- Botswana
- South Africa
- Geneva, Switzerland
- Ukraine
- India
- Nepal
- Korea
- Japan
- Philippines
- Haiti
- Nicaragua
- Mexico
- Boston
Living in Boston
Living in Boston

BIDMC is located in one of the most vibrant, livable cities in the United States. Boston is known worldwide for its state-of-the-art medical facilities and world-class educational institutions but offers so much more in terms of history and culture. Puritan colonists from England founded the town in 1630, and since that time the city has played a central role in the political, commercial, financial, religious, and educational development of the New England region. Today, you’ll see the city’s full history reflected in its diverse neighborhoods, well-preserved architecture, and major historical sites. The city is also modern and stylish, rich in culture, and beautifully situated near mountains and the ocean. Theater, dance, art, music, and sports are all within walking or biking distance—or a quick ride on our public transportation system. An evening at Boston Symphony Hall is just a “T” stop away or you can stroll down the street to catch a game at Fenway Park, home of the world champion Boston Red Sox. Boston is a clean and safe city that mirrors the quality and distinction you’ll find at BIDMC. Whether you are new to Boston or a long-time resident, we think you’ll find living in “the hub” an exciting experience.
Publications

Peer-Reviewed Manuscripts of Original Research


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Peer-Reviewed Manuscripts of Original Research


Peer-Reviewed Manuscripts of Original Research


*Contributed equally to the work.
Peer-Reviewed Manuscripts of Original Research


Stern J, Hickman RN, Kinzer D, Penzias A, Ball D, Gibbons WE. Can the Society for Assisted Reproductive Technology Clinic Outcomes Reporting System (SART CORS) be used to accurately report clinic total reproductive potential (TRP)? *Fertility and Sterility.* 2012;97(4):886–9.


Peer-Reviewed Manuscripts of Original Research


Conference Abstracts


Conference Abstracts


Malizia BA, Dodge LE, Sisti JS, Penzias AS, Hacker MR. Increased body mass index (BMI) is a risk factor for poor fertilization among women undergoing *in vitro* fertilization (IVF). 2012. Presented as a poster at the annual meeting of the American Society of Reproductive Medicine.


Moragianni VA, Mullen A, Penzias AS, Berger BM. Antral follicle count measurement in oocyte donors is not associated with recipient IVF outcomes. 2012. Presented as a poster at the annual meeting of the Society for Gynecologic Investigation.
Conference Abstracts


Wu LH, Humm KC, Dodge LE, Sakkas D, Hacker MR, Penzias AS. IVF outcomes are paradoxically poorer under age 25. 2012. Presented as a poster at the annual meeting of the American Society of Reproductive Medicine.


Other Publications


Other Publications


Ralston SJ. Ethics of multifetal pregnancy reduction. Lahey Clinic Journal of Medical Ethics. 2011;18(3).

Other Publications


