

dialogue



Washington State Obstetrical Association
Washington Section, American College of Obstetricians and Gynecologists

April 2007

The gift of caring and skilled health professionals

By Mark Schemmel, MD
WSOA president
Spokane

There is no shortage of distracting sources for stress in our daily professional lives these days, especially in obstetrical care. The regulatory burdens of third-party payers and government, declines in reimbursement, the constant threat of liability and the daily demands of managing a practice all are sources. Unfortunately, these stressors tend to work their way into the space between our patients and us, the space we call the doctor-patient relationship.

At times in my day-to-day practice I find it a real challenge to remain focused on my relationship with my patients. But during busier cycles when it becomes a greater challenge, I have periodically received a gift. The givers vary, but the result is the same: my focus on caring for patients is restored and my faith is renewed that I am part of a valuable profession.

Recently I received such a gift. Someone very close to me developed a very painful and potentially serious ailment. I have spent little time "on the other side" of our profession. I find it difficult to assume the role of patient. I find it at least as difficult when someone close to me becomes a patient, and I'm left feeling rather helpless and impotent. (I'm sure many of our patients' families

can identify with my sense of vulnerability.) This particular ailment required a trip to the emergency department, a CT scan and ultimately an outpatient procedure with a general anesthetic. Every individual—clerk, intake nurse, ED nurse, ED physician, CT tech, radiologist and urologist—involved was caring, thorough and excellent. All were focused on the task and provided the best of care.

The kindness and skill exhibited by these professionals has soundly reassured me that despite all that seems periodically to suggest otherwise, we still find the greatest sense of service, accomplishment and fulfillment by simply doing what we do best—tending to the doctor-patient relationship and caring for our patients.

By the way, the outcome was excellent. □

New WSOA members

The Washington State Obstetrical Association welcomed the following obstetrical providers to membership in WSOA at the annual meeting in Seattle in December.

Regular Membership

Burner, Melissa, Olympia
Chaffee, Jacob, Grand Coulee
Chau, Yuen Michael, Zillah
Clark, Linda, Seattle
Dufault, Anna, Yakima
Foltz, Luba, Seattle
Glover, Agnes, Ravensdale
Goble, Kathy, Olympia
Hilton, Jeffrey, Spokane
McGrory, Melanie, Port Townsend
Montgomery, Anne, Spokane
Porter, Jennifer, Bothell
Sears, Cheri, Olympia
Sorenson, Laurie, Olympia

Affiliate Membership

Stewart, Judy, Cowiche

New WSOA members
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Volunteering

Worldwide opportunities waiting for you

By Carl R. Olden, MD
Yakima

WSOA Past President Mark Sauerwein's call for the rekindling of volunteerism in the November 2006 *Dialogue* brought to mind the multiple opportunities we have to apply our talents, at home and abroad.

I recently returned from the Republic of Moldova, a tiny former Soviet republic landlocked between Romania and the Ukraine, where I joined Physicians with Heart volunteers providing medical education, supplies, and equipment to our physician colleagues in the reportedly poorest country in Europe.

With maternal and fetal mortality rates higher than any other European country, our maternity care colleagues in Moldova are struggling valiantly to recreate a health care system following the collapse of the Soviet regime 15 years ago. Shortages of medications, no permanent means of sustaining pharmaceutical imports, limited

access to technology, out-dated facilities, and no tradition of close teamwork and cooperation between physicians and nurses, make the challenges seem overwhelming. Nonetheless, I found the Moldovan physicians enthusiastic, energetic, bright, committed and eager to learn, proud of their already considerable accomplishments.

While members of our group traveled the country giving medical updates, six of us, Advanced Life Support for Obstetrics instructors from throughout the United States, taught a two-day ALSO course to physicians from the central hospitals in Chisinau, the capital city. Sixteen of the original group of 30 physicians then spent an extra day receiving formal training as ALSO Instructors. Six of our brand-new ALSO instructors then put on a course for an additional 27 maternity care physicians from throughout the country, the first of what they hope can be a sustained series of courses to bolster their efforts to improve maternity care for the entire population.

In February I attended the International ALSO Advisory Board in Mexico as a brand-new board member, and heard about the trials our maternity care colleagues and their patients face throughout the world, and how the collaborative efforts of physicians, nurse midwives and traditional birth attendants in many of these countries continues to improve the safety of pregnancy and childbirth.

Identifying and intervening in risk factors for gestational diabetes in the Maori population of New Zealand, reducing the incidence of rectovaginal fistula in Africa through labor interventions, transporting critically ill gravidas from the Gaza Strip through endless military checkpoints in Palestine, reducing the elective episiotomy rate from nearly 100% to 15% in the main maternity hospital in Honduras, developing ER and OB collaborative efforts in Hong Kong to handle the influx of mainland Chinese arriving in labor without documentation of pre-

TEDDY study seeks help of WSOA members

Urgent search underway for expecting families with type 1 diabetes

TEDDY—The Environmental Determinants of Diabetes in the Young—is urgently seeking Northwest families, with a mom or dad or child with type 1 diabetes, who are expecting another child. Families with a newborn under 3 months of age are also eligible.

TEDDY is a National Institutes of Health study aiming to identify environmental exposures that trigger type 1 diabetes in those with genetic predisposition. The study is currently screening newborns throughout the Northwest for increased diabetes risk. Those at highest risk will be invited to enroll in a follow-up study of diet, infections, allergies, and similar exposures during childhood.

TEDDY clinical centers are located in Washington, Colorado, Florida/Georgia, and Sweden, Finland and Germany.

"TEDDY has a real chance to identify common infections or foods that trigger type 1 diabetes," said Dr. William Hagopian, principal scientist and clinical associate professor at the University of Washington. "In the future, we hope to prevent kids from getting type 1 diabetes through specific immunization or food avoidance."

The TEDDY Study, headquartered at Seattle's Pacific Northwest Research Institute will send WSOA members brochures and more information for patients. Contact Seattle TEDDY Clinic Coordinator Judy Ewings at (206) 568-1491, 1-888-324-2140, or jewings@pnri.org, to specify how many brochures you'd like. The Web site is www.teddystudy.org.

dialogue

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Volunteering

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A LOOK AT THE LITERATURE . . . FROM THE EDITOR

Approaches to the evaluation of preterm labor

Cervical length and fetal fibronectin

By Thomas Benedetti, MD

In the last decade two new approaches to the evaluation of preterm labor have surfaced both promising to help the obstetrician manage patients presenting the uterine contractions. We know that only a small percentage of people presenting with preterm contractions will actually deliver preterm. However, it is very uncomfortable to discharge patients with uterine contractions and little or no cervical change without treatment. Some of these patients will actually deliver preterm and this fear has led in past decades to massive over-treatment with a variety of tocolytic agents. With few exceptions, the tocolytic agents have proved to be more successful in treating the obstetrician and patients' anxiety than their preterm labor.

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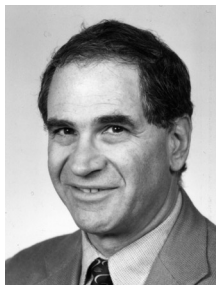
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Two years Ann Begert, MD, Edmonds
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Fetal fibronectin (FFN) testing and cervical length (CL) testing, either alone or in combination, have been advocated as a means of improving the diagnostic accuracy of determining who is in preterm labor and who is not in preterm labor. With reference to FFN the main advertised value has been to identify patients who would not deliver within 14 days. This has led to the adoption of this test in many institutions as a cost saving method. Patients contracting but with negative FFN are often sent home untreated. The cost of the FFN, about \$200, is considerably less than a day or more in the hospital on tocolytics or even just being observed for cervical change. The positive FFN is problematic as the positive predictive value is low and the vast majority of patients with positive FFN will not deliver within the next 14 days.

Cervical length measurement with vaginal ultrasound has been advocated as another test to identify patients at high risk for preterm delivery. Patients with uterine contractions and short cervical length (<25 mm) are at increased risk for preterm delivery. While the positive predictive value (PPV) of preterm birth is better than for positive FFN it is still not an optimal test. Some have argued that even if it has good PPV, we have limited treatments other than betamethasone and tocolytics for 48 hours.

The latest study, published by Tsoi et al in *Ultrasound Obstetrics Gynecology* 2006;27:368-372, adds some light to the debate. The study reviewed here was aimed at the question of whether a combination test was better than either test individually. They did a prospective study of 195 women in preterm labor at a mean gestational age of 31 weeks (24-36) with regular contractions, in-



tact membranes and cervical dilation <3 cm. Both FFN and CL were determined on admission but the results were blinded to the attending obstetrician. The primary outcome variable was delivery within 7 days. Treatment of the preterm labor was not standardized in any of the 4 South African or 2 UK hospitals. A cervical length of <15 mm was very effective in identifying patients who would deliver within 7 days 18/35 (51%) <15 mm and 1/160 (0.6%) ≥15 mm. FFN was less effective in identifying patients who would deliver within 7 days: FFN + 18/85, (21%) and FFN - 1/110 (0.9%). When analyzed with a statistical technique called receiver operator curves, CL performed better than FFN. When the data were subjected to logistic regression analysis, the only significant contributor to prediction of delivery within 7 days was CL. No significant contribution was made by FFN, maternal age, ethnic origin, body mass index, parity, prior history of preterm delivery, smoking or tocolytic usage.

The study is important because it is the only one in the literature that compares the two tests in symptomatic patients using the endpoint of delivery within 7 days. Two other studies that did a comparison of patients in labor used preterm delivery (<37 weeks) as the endpoint. In studies of asymptomatic patients at 22-26 weeks gestation, FFN and CL were associated with preterm delivery and both contributed independently to the prediction of preterm birth but PPV were low. The most frequent treatment dilemma is not the asymptomatic patient at risk for preterm delivery but the symptomatic patient in the second or third trimester.

This study seems to provide additional data for managing this latter group of patients with uterine contractions in preterm labor from 24-36 weeks. Cervical length measurement with vaginal ultrasound alone (CL<15 mm) is sufficient to both identify patients at high risk for

Cervical length and fetal fibronectin

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Dr. Luthy honored

David A. Luthy, MD of Seattle received the WSOA Distinguished Service Award at the WSOA annual meeting in December. The award is not given annually; rather it is presented when the WSOA executive committee determines an individual deserves extraordinary recognition. Dr. Luthy was recognized for his service to WSOA as a past president, as current co-chair of the Educational Grant Review Committee, and as a contributor to the annual meeting as a frequent speaker and program planner. He has represented the interests of women's health care locally, at the state level and nationally.

A perinatologist, he is medical director of the department of obstetrics and gynecology at Swedish Medical Center and is medical director of Perinatal Associates. □

Cervical length and fetal fibronectin

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delivery within 7 days and may be useful to reassure those who are not at risk (CL \geq 15 mm). The test can be done at the bedside and is not difficult to learn. The results are immediately available and treatment decisions can be instituted without delay. Unfortunately, the treatments of patients were not standardized in this study and it is not possible to say on the basis of this study alone whether we can safely not treat patients with CL $>$ 5 mm and still have an acceptably low level of false negatives. The authors conclude and I agree that the best place for FNN is in centers that cannot provide CL measurement. In that case FNN can be used because of its high negative predictive value to avoid unnecessary treatment. □

WSOA grants

Caroline Mitchell, MD of the University of Washington has received the 2006 WSOA grant of \$5,000 for her work on "Ability of molecular evaluation of bacterial vaginosis in pregnancy to predict preterm birth." She will present her research at the 2008 WSOA meeting.

WSOA is now accepting applications for the \$5,000 2007 WSOA Research Award. The award supports researchers working on women's health. The deadline is October 31.

Topics: May range from basic research to clinical studies to health services research. Those of regional significance and outcomes-based research are particularly encouraged.

Format: Typed, no more than 10 pages double spaced, in the standard NIH format with references. Identify any collaborators, with letters of collaboration. Include a detailed budget.

Where to send: WSOA Research Committee, c/o Leena Der Yuen, Washington State Obstetrical Association, 10 Eldorado Drive, Mercer Island 98040. The recipient will be announced at the 2008 WSOA meeting. □

Delegation and non-surgical cosmetic procedures

Samuel Salinger, MD, of Spokane, a member of the Medical Quality Assurance Commission, made a background presentation March 17 to the WSMA Interspecialty Council on MQAC's concerns about unlicensed personnel involved in non-surgical cosmetic procedures within physician offices. He mentioned Botox, autologous fat, calcium hydroxylapatite, collagen, hyaluronic acid, sclerotherapy, fat reduction injections, chemical peels, dermabrasion and microdermabrasion. He said that the state Department of Health knows of "multiple" cases in-

volving improper delegation for non-surgical cosmetic procedures, and it has also received many reports from specialists of treating cases of adverse outcomes.

He advised physicians to contact the Department of Health to ensure that a designated person is licensed to do such procedures; to verify that a credential is current and assigned appropriately; and to monitor current rules and regulations including salon/shop licenses for estheticians.

For a copy of his presentation, contact Leena Der Yuen, WSOA administrator, at wsoa@comcast.net. □

New WSOA members

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Life Membership

Hill, Wayne, Kirkland
Messe, Mark, Seattle
Rudd, Ted, Yakima
Smith, Donald, Seattle □

Volunteering

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natal care—these are only a few of the demands our colleagues face.

If you can take some time away from practice to teach basic and advanced labor and delivery skills, provide specialty surgical care, lend expertise in program development, or help support practice-based research, consider one of the many organizations organizing and supporting these efforts: the American Academy of Family Physicians working with Heart-to-Heart International and Physicians with Heart, the American College of Obstetrics and Gynecology, the Royal College of OB/Gyn-Canada, FIGO, Mercy Ships-International, the list goes on and on. In Washington state check out volunteer opportunities at www.wafp.net or contact the Washington State Obstetrical Association.

I anticipate traveling to Tajikistan this fall to teach ALSO. Anyone interested in learning Russian and coming along, please contact me at carl.olden@yvmh.org. For courses near you on becoming an ALSO Provider/Instructor, please go to www.aafp.org/also. □