The Obstetrical Society of Philadelphia

To embrace our legacy, foster collegiality, and share expertise to improve the health of women in Philadelphia and beyond

APRIL 2021

Newsletter

VOL. 48, NO. 4

President's Message

"Perfection is not attainable, but if we chase perfection, we can catch excellence."

-Vince Lombardi

DONALD DEBRAKELEER, DO
PRESIDENT: OBSTETRICAL SOCIETY OF PHILADELPHIA

I would like to say, "where has the time gone" but this has been two years that has seemed like ten. It has been an incredible honor to be elected and serve as President of The Obstetrical Society of Philadelphia. It has come with many unforeseen challenges. The COVID-19 pandemic has forever changed how we provide care to our patients and how we conduct our business at the Obstetrical Society. Like it or not Zoom meetings have become a major part of our landscape. With an uncanny and unintended foresight, we approved electronic voting at the beginning of my term only a couple months before we had to stop in person meetings.

This was only one of the major accomplishments that our Society and Board accomplished in the last two years. We also revamped our website to be technologically up to date. It is now more readable and able to be used on hand-held devices. The website will also handle financial matters more efficiently when we start paying dues and attending in person dinners again. We have worked hard, especially Dr. El-Roeiy, in getting the video archives of our meeting on the website and accessible. The Education Committee has stepped up to provide Resident Day in a virtual way. Please join us on May 7, 2021 for some excellent lectures and to watch the Annual Resident's Bowl. We have also started an Affiliate Membership category to allow the other members of our OB/Gyn care team to participate in our Society activities and lectures. We look forward to their growing involvement. Finally, the challenges of Diversity, Equity and Inclusion has been recognized by the formation of the Equity and Inclusion Committee. This committee is revamping our mission statement to recognize the importance of this issue and provide us with an action plan to make more than just a statement.

These accomplishments could not be done without the hard work of many of our members and I would like to thank a number of people. The first person is our hard-working Executive Secretary, Teri Wiseley. She has, as usual, been the glue keeping us all together with her hard work. This work was made even harder by all the demands of her "day job" during the COVID pandemic. I would like to thank the Board Members for their hard work and wise counsel on many issues over the last two plus years. The Ob Society's success is guaranteed by this very dedicated and devoted group. I would like to thank the program directors and others that have helped get the word out about our meetings and encouraged attendance. Finally, I would like to thank my family and especially my wife for all her behind the scenes help. She has been my sounding board, proofreader, and all-around support and she has been doing it for over 30 years now!

Please join us for President's Night on Thursday April 15, 2021 at 7 PM for a talk on "Equity and the Saga of Mr. Potato Head". This will be a less formal talk in a Zoom meeting format instead of webinar format with a short interactive portion. At the conclusion, I will introduce our next President, Dr. Norman Brest and will leave the meeting open at the end for anyone wanting to visit and chat with colleagues.

Upcoming Lecture

You are cordially invited

PRESIDENT'S NIGHT

Thursday, April 15, 2021, 7:00 PM

"Equity and the Saga of Mr. Potato Head"

We hope that you will be able to join us for our May meeting, when Dr. DeBrakeleer, President of the Obstetrical Society of Philadelphia, will discuss the topic of equity in a Zoom meeting format with an interactive portion, and will introduce our next president.

See page 2 for details.

IN THIS Issue

April Meeting

The Obstetrical Society of Philadelphia

OUR MISSION: "TO EMBRACE OUR LEGACY, FOSTER COLLEGIALITY, AND SHARE EXPERTISE TO IMPROVE THE HEALTH OF WOMEN IN PHILADELPHIA AND BEYOND."

You are cordially invited

PRESIDENT'S NIGHT

DONALD DEBRAKELEER, DO
PRESIDENT: OBSTETRICAL SOCIETY OF PHILADELPHIA

Topic:	**Equity and the Saga of Mr. Potato Head**
Date:	Thursday, April 15, 2021
Time:	7:00 PM

This will be a Zoom Meeting – **to register click link:**

https://us02web.zoom.us/j/83686976639?pwd=SFNackRTT3g1S2dQdFRKQTNhd09DQT09

Meeting ID: 836 8697 6639
Passcode: 389206
One tap mobile
+13126266799,,83686976639#,,,,*389206# US (Chicago)
+19292056099,,83686976639#,,,,*389206# US (New York)
Dial by your location
+1 312 626 6799 US (Chicago)
+1 929 205 6099 US (New York)
+1 301 715 8592 US (Washington DC)
+1 346 248 7799 US (Houston)
+1 669 900 6833 US (San Jose)
+1 253 215 8782 US (Tacoma)
Meeting ID: 836 8697 6639
Passcode: 389206

If you missed our March meeting on Transgender Surgery, you can still watch it on our website!

https://obphila.org

THE OBSTETRICAL SOCIETY OF PHILADELPHIA

Presents

The 53rd Annual Resident Education Day

AND

The 43rd Annual Resident Bowl

FRIDAY, MAY 7, 2021
VIA ZOOM

7:00 AM - 7:15 AM	Greeting
7:15 AM - 8:15 AM	**Care of the perimenopausal and menopausal patient** Wanda Ronner, MD
8:20 AM –9:20 AM	**Transitioning Back to Work after Becoming a Parent** *Lori Mihalich-Levin, JD*
9:20 AM – 9:30 AM	BREAK
9:30 AM –10:30 AM	**PAG… you're it! Transitioning complex patients from pediatric to adult GYN care** Beth Schwartz, MD
10:30 AM – 11:30 AM	S. Leon Israel Presentation and Award
11:30 AM – 11:45 AM	Resident Bowl

Foster Collegiality

Meadville Medical Center Chief Medical Officer Dr. Denise A. Johnson has been nominated by Gov. Tom Wolf as Pennsylvania's next physician general.

Johnson will replace Dr. Wendy Braund, who had been interim physician general as well as Covid-19 response director for the Pennsylvania Department of Health. Johnson will be acting physician general until her nomination is approved by the Senate. The spot had been vacant in a permanent capacity since the departure in January of Dr. Rachel Levine, who had been both health secretary and physician general.

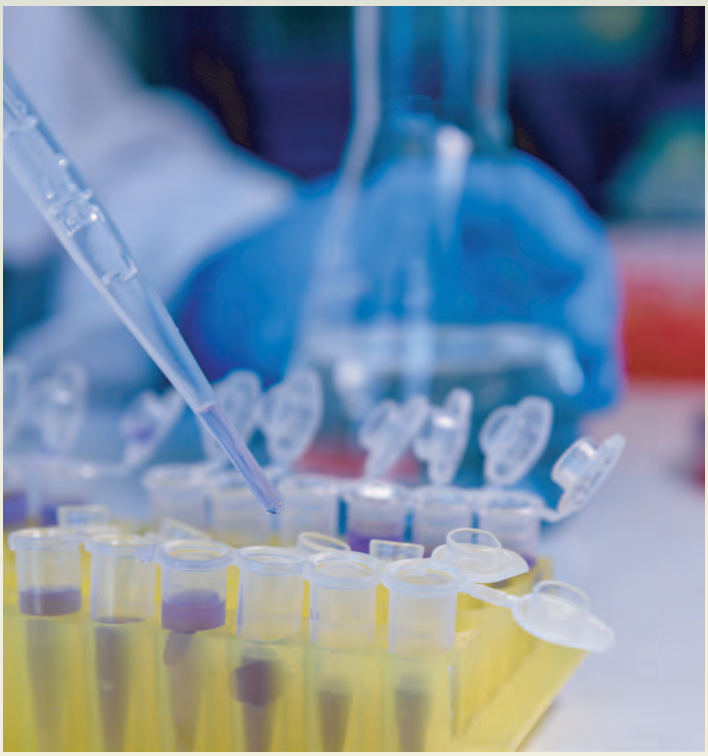
Wolf said he looked forward to Johnson "sharing her expertise and passion for many issues affecting Pennsylvanians, demonstrated through much of her professional work and appointments."

Before being chief medical officer of Meadville Medical Center, Johnson had been in private practice for 13 years in Meadville. She is a board-certified OB/GYN and is a fellow of the American College of Healthcare Executives, as well as serving on the Governor's Commission for Women.

Staying Positive While Testing Negative
An OBGYN Resident's Reflection on the COVID-19 Pandemic

SARAH MARCHIONE DO, PGY2

Everyone can agree that intern year of residency is overwhelming, regardless of the specialty. It can be difficult to navigate a new role, a mountain of responsibilities, confusing electronic medical records (EMRs), a new hospital layout, while making decisions that directly impact patient care and outcomes. But how do you prepare for a world-wide pandemic on top of this immense transition? None of us pictured being on the front lines of a pandemic when we started orientation in July 2020.



Everyone has been personally affected by the COVID-19 pandemic. We know colleagues who have gotten sick or had love ones who have become ill. We all missed important family events, altered major life events like graduations or weddings, cancelled long awaited trips, and the list goes on. Undoubtedly this has been a period of significant personal struggle, anxiety, and mounting depression, on top of an already stressful time our professional lives. I struggled with frustration over lost rotations in subspecialties as we shifted to a flex schedule to preserve our work force and cover essential services. I struggled with anxiety over exposing my loved ones, and perfected changing in the garage before sprinting to the shower. I struggled to maintain empathy and connect with patients while layered in PPE. With time, these things became part of the daily routine. I'm learning to look forward to our new "normal" instead of yearning for a past that likely will not return.

As we approach the year mark of this new-normal, I want to reflect on the positives that have come from this pandemic (barring test results!) instead of dwelling on the negatives. I am fortunate to be at a hospital that gave us early access to the COVID vaccine, and that we were fully supported in our decision to have this access. I am incredibly thankful that this process was quick and convenient for us as a department.

Our department took the COVID pandemic seriously and made adaptations quickly as information emerged, helping ensure we all were fit-tested for an N95 and had access to surgical masks. Our attending physicians and midwife team stepped up to limit our exposure risk by taking over rounding and discharge responsibilities in the initial surge. Our nursing staff worked hard to advocate for our patients and our units, never faltering in the exceptional care they provided. Everyone came together, helping lift each other up in a difficult time.

Morning lectures underwent some transformation as well to comply with physical distancing. Transitioning to a virtual learning environment allowed for greater involvement with faculty who may not be able to attend in person lectures regularly, and meaningful interactions and additions in our daily lectures from feedback or commentary provided. We also expanded our guest lecture series to include broad and unique topics from outside presenters that otherwise would have been difficult to coordinate.

If you had told me after finishing orientation and receiving my much-awaited long white coat that a pandemic would change the way we live, I would not have believed the extent to which our lives have changed. However, every challenge provides an opportunity for growth. Without a doubt I would not have chosen a different career, and I am incredibly thankful to walk this path with my second family.

Zamo's Pearls

PAUL ZAMOSTIEN, M.D.
PLANNED PARENTHOOD OF SOUTHEASTERN PENNSYLVANIA

This is a sampling of recent editions of ***Zamo's Pearls of the Day.*** If you would like to be added to the daily email list, or have any of your residents or other colleagues added, contact Paul Zamostien, MD at: pzamo@comcast.net.

In the general population, self-reported penicillin allergy occurs in 10% of patients, however when tested, fewer than 2% have a proven or true allergic reaction. Penicillin allergy also decreases over time, with up to 80% of patients with a confirmed penicillin allergy losing sensitization 10 years later.

- ACOG encourages the consideration of allergy testing in women who self-report a penicillin allergy.
- Oral drug challenge is the gold standard for deter mining true drug allergy. Penicillin allergy testing should ideally occur preconception or at the time of initial allergy reaction. Both skin testing and direct oral challenge testing are safe during pregnancy and should be performed to optimize antibiotic prescribing during pregnancy and labor.

* N. Desravines, MD et al, *Green Journal*, January 2021, pp. 56-61.
* B. Zhang et al, *AJOG*, December 2020, pp. 959-960.

- The earliest hormonal changes noted in perimenopause are a decline in circulating inhibin levels, rise in FSH, rise in estradiol, and decline in progesterone with shortening of the menstrual interval.
- Estradiol levels fluctuate until the final menstrual period and only begin to decline ~2 years before the final menstrual period.
- Androgen levels do not decline due to menopause because theca cells continue to produce androstenedione because LH levels are also elevated. Androstenedione can be converted to estrone, which serves as the major reservoir of estrogen in a postmenopausal woman.
- For the first 1-2 years of menopause, progesterone is no longer produced, however aberrant surges of estrogen have been noted.

* L. Verrilli, MD and S. Berga, MD, *Clinical Obstetrics and Gynecology*, December 2020, pp. 720-734.

The current gold standard for fetal postmortem examination is invasive autopsy, which comprises an external exam, systematic dissections of internal organs including the brain, and histopathologic analysis. This can be challenging in cases of maceration or when the fetus is small.

- The rate of conventional fetal autopsy is low and declining, prompting the search for other modalities to evaluate the fetus. For fetuses beyond 20 weeks, MRI is currently preferred because of its higher success rate compared with CT and ultrasound. 3-T magnets are favored because of better image quality and diagnostic accuracy for cardiac malformations. For fetuses less than 20 weeks, high-frequency ultrasound and MRI are good alternatives, with a preference toward MRI in cases of suspected brain malformation.
- Fetal microfocus CT imaging is a newer tool for imaging fetuses less than 500 grams.
- MRI can improve the detection of CNS abnormalities, particularly when maceration is present, and should be proposed routinely before autopsy.

* X. Kang, MD, PhD et al, *AJOG*, October 2020, pp. 493-515
* S. Shelmerdine, FRCR et al, *AJOG*, January 2021, pp. 103-104.

A recent study:

- Recurrence of cervical cancer in the pelvic cavity and peritoneal carcinomatosis were more common after laparoscopic hysterectomy than after open surgery. Overall survival was similar between the two groups, however.

* G. Bogani et al, *Journal of Minim Invasive Gynecology*, 2020 November doi: 10.1016/j.jmig.2020.08.069.
* J. Remaly, *Ob.Gyn News*, December 2020, p. 19.

Sharing Expertise

- The most common neural tube defect is anencephaly. This developmental sequence begins with failure of the anterior neural groove to close at 10-20 postovulatory days. A relatively normal appearing brain forms that lacks a covering skull/calvarium and meninges (exencephaly). Mechanical and chemical influences of the amniotic fluid on the exposed brain subsequently causes it to disintegrate and the skull and cerebral hemispheres fail to develop (anencephaly).
- This sequence has been associated with several congenital anomalies. The most common are CNS abnormalities, such as spina bifida. Aneuploidy has been reported in about 2% of cases.
- If the pregnancy is not terminated, 25-50% develop polyhydramnios. In those who continue the pregnancy, intrauterine demise occurs in most cases. Among liveborn neonates, demise typically occurs within the first few days of life.
- To decrease the risk of recurrence of neural tube defects, 4 mg of folate should be recommended daily prepregnancy.

* SMFM, A. Monteagudo, MD, *AJOG*, December 2020, pp. B5-B8.

ALWIN KARL MACKENRODT (1859-1925):

Alwin Mackenrodt studied the supporting structures of the pelvic floor in an eight month old fetus, pointing out the major role of the transverse cervical ligaments, also known as the cardinal or Mackenrodt's ligaments. In his 1895 paper, he stated, "....firm, bandlike, fibrous processes can be isolated , which attach directly to the uterine cervix, vagina , rectum, and bladder....The purely connective tissue and muscular transverse cervical ligament is the principal means of support of the uterus, and in its upper edge it conducts the principal blood vessel of the uterus, the uterine artery."

Mackenrodt was born in Nordhausen, Germany. At his father's urging, he studied theology before transferring to medicine. After 4 years in general practice, he studied gynecology in Berlin as an unpaid volunteer. He later established his own gynecology clinic in Berlin and became a professor at Berlin University. He made many contributions studying prolapse, fistulas, and cancer surgery before ultimately dying of pneumonia.

- As opposed to bisphosphonates, denosumab (Prolia) does not incorporate into bone matrix, and bone turnover is not suppressed after cessation of its use. In fact, discontinuation or even delay in dosing seems to result in a rebound effect of increased vertebral fractures, especially in those with history of a previous vertebral fracture.
- Patients that discontinue denosumab should rapidly transition to an alternative antiresorptive treatment.

* H. Lyu et al, *Annals of Internal Medicine* 2020;173: pp. 516-526.
* L. Tripto-Shkolnik et al, *Bone*. 2020:130:115150.
* S Goldstein, MD, *OBG Management*, December 2020, pp. 16-23.

DESQUAMATIVE INFLAMMATORY VAGINITIS (DIV):

- Desquamative inflammatory vaginitis is a newly recognized clinical syndrome, characterized by persistent purulent vaginal discharge and vaginal erythema, often with submucosal cervico-vaginal petechiae.
- The exact cause of DIV is unknown but appears to be a dysbiosis of the normal vaginal microbiome associated with inflammation. The microflora in DIV typically consist of E. coli, Staph. aureus, group B streptococcus, or Enterococcus faecalis.
- The vaginal discharge is yellowish with no fishy smell. The vaginal pH is >4.7 without clue cells present on microscopy. Increased numbers of WBC's and parabasal epithelial cells are present along with abundant cocci and bacilli.
- Treatment is with topical clindamycin 2% cream intravaginally at bedtime for 1-3 weeks. The addition of intravaginal hydrocortisone or clobetasol has also been tried. Metronidazole is not effective in DIV and treatment failure with metronidazole in women with suspected bacterial vaginosis may suggest DIV.

* J. Paavonen, MD, PhD and R. Brunham, MD, *NEJM*, December 6, 2018, pp. 2246-2253.

Sharing Expertise

- No data in the literature support any specific interval for removing and cleaning pessaries. Pessaries that are easily removed by women themselves can be cleaned as frequently as desired, often on a weekly basis.
- For pessaries that are difficult to remove or for women who are physically unable to remove their own pessary, the clinician should remove and clean the pessary in the office every 3 to 6 months. It has been shown that there is no difference in complications from pessary use with either of these intervals.
- Prior to any surgical procedure, patients must be instructed to remove their pessary 10-14 days preoperatively.to allow any vaginal mucosal erosions or abrasions to heal.

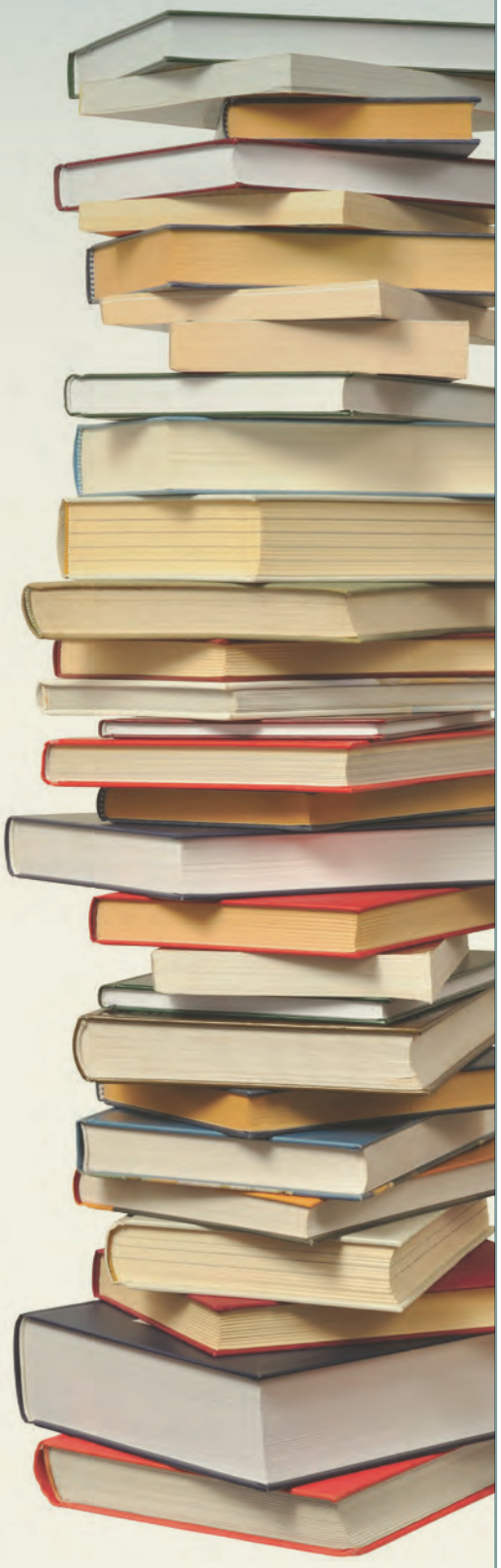
* H. Lerner, MD, *OBG Management*, January 2021, pp. 20-27.

- Pregnant women with interstitial lung disease related to autoimmune disease (scleroderma, lupus, sarcoidosis) may not need to terminate their pregnancies if they have close monitoring before, during, and after pregnancy with a multidisciplinary team of physicians.
- A retrospective study at Duke University showed 70% of the pregnancies resulted in live births, 9% were terminated, and the remainder resulted in miscarriage or stillbirth. There was a 15% rate of preeclampsia. There were no maternal deaths and only 2.1% were treated in an ICU.

* M. Clowse, MD, presentation at annual meeting of the American College of Rheumatology, 2020.

- Patients with prior partial or complete mole have a 1-2% incidence of a second mole in subsequent pregnancies. The risk of repetitive molar pregnancies increases substantially if a woman has had two or more prior moles.
- Women with consecutive molar pregnancies should undergo germline genetic testing for mutations, because mutations are identified in more than half of such women. If mutations are identified, ART with the use of donor eggs is recommended for future pregnancies.

* J. Soper, MD, *Green Journal*, February 2021, pp. 355-370.



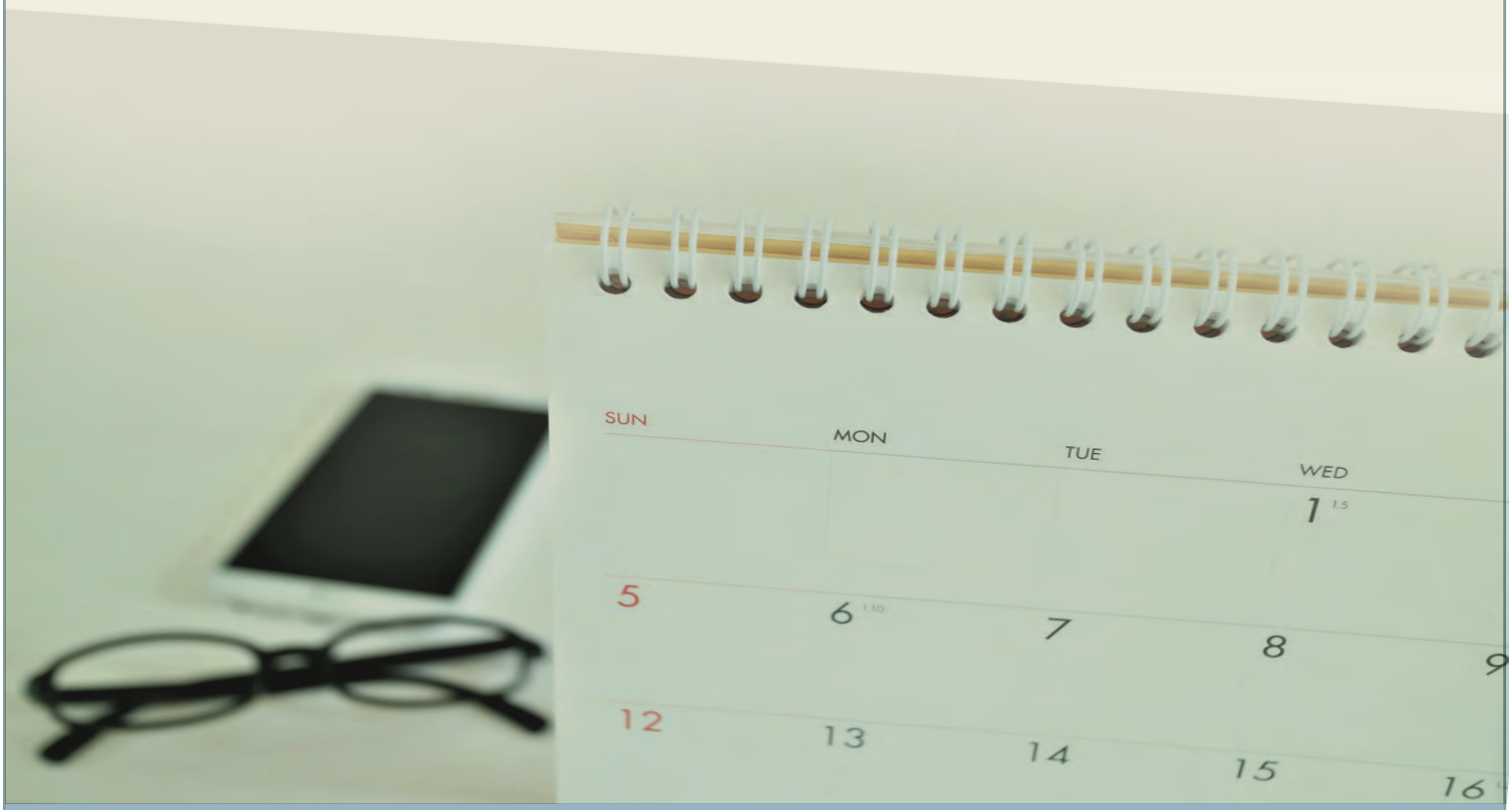
Remaining 2020-21 Meeting Schedule

Thursday, April 15, 2021
7:00 PM
via Zoom

President's Night
Equity and the Saga of Mr. Potato Head—An interactive group discussion
Donald J. DeBrakeleer, D.O., Axia Women's Health, Chief, Female Pelvic Medicine and Reconstructive Surgery, Einstein Health System
The program will include Breakout Rooms and extended time for socializing

Friday, May 7, 2021
7:00 AM – 11:45 AM
via Zoom

The 53rd Annual Resident Education Day
The 43rd Annual Resident Bowl
More details on page 3!



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