DEPARTMENT OF OBSTETRICS & GYNECOLOGY
2007 ANNUAL REPORT
2007 Annual Report of the Department of Obstetrics & Gynecology

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CHAIRMAN’S REMARKS

Richard K. Silver, MD
Professor & Chairman

I am most pleased to introduce our new annual report format, designed to provide you with information on our department’s activities and accomplishments within each division while still focusing on the themes of excellence in clinical care, dedication to the training of our future colleagues and commitment to inquiry by virtue of leading edge research. Many of our clinical metrics demonstrate sustained growth in the number and breadth of patients we are serving. Examples include significant increases in fetal diagnostic procedures across our entire perinatal network, greater numbers of in-vitro fertilization cycles within our reproductive endocrinology programs, increased referrals to the Division of Urogynecology for incontinence and prolapse procedures and significant growth in gynecologic surgical volume across all three of our hospital campuses. I believe that this pattern of growth in patient services is a consequence of our department’s high quality and a positive reflection on each member’s unique skills. Women and their families seek us out for these reasons and have come to expect an uncompromising level of care from our department and from Evanston Northwestern Healthcare.

Our report also highlights selected programs within the department that are innovative in comparison to our peers. The Perinatal Depression Program, having completed its fourth year of operations, continues to screen, evaluate and triage a greater number of at-risk women each year and has set the standard nationally for this critical clinical endeavor. Our hospital-sponsored obstetrics coverage program (established in our department before any other area hospitals recognized the importance of this service) serves the dual purpose of providing inpatient coverage at all times for laboring women as well as care for patients with gynecologic emergencies, while simultaneously contributing to both our undergraduate and graduate training programs’ educational missions. Our department was also the ‘early adopter’ of the corporation’s crew resource management initiative which brings together a multidisciplinary team to embed safety and collaborative practice in the setting of our Labor & Delivery suites at both the Highland Park and Evanston campuses. Finally, the Perinatal Family Support Center (co-sponsored with the Department of Pediatrics) is a true jewel in our crown, providing psychosocial support and critical linkage to community services for hundreds of families experiencing obstetric and pediatric complications and perinatal loss.

Within this report you will also learn more about the teaching programs at both Evanston and Highland Park, where undergraduate and graduate training in obstetrics and gynecology is provided to our medical students, our own resident physicians and trainees in the Department of Family Medicine, all under the auspices of the Medical School of Northwestern University. The scope of these activities span from bedside teaching on the inpatient services to one-on-one mentoring in physician offices; other department members travel to the Medical School on a regular basis to participate in M1/M2 curriculum while still others provide didactic lectures during each of the student OB/GYN rotations. Our fulltime and our contributed service faculty have received recognition for their educational prowess. Their ability and willingness to teach sets them apart from specialists in the surrounding communities.

This year’s annual report also recognizes individuals, groups, foundations and other entities that have committed themselves to our department through philanthropic giving. Now in my seventh year as chairman, I have come to appreciate just how critical this support can be. Our department is very fortunate to have garnered a broad constituency of supporters in the past three years, during which time the ENH Foundation has nearly completed its very successful 150 million dollar funds- and friends-raising campaign. I want to publicly thank all of our donors—we could not effectively continue our mission without you.

In summary, I hope that as you review our accomplishments in 2007, we are able to impart at least one new fact about us that you didn’t know; perhaps something that would prompt you to contact us, learn more about our activities, and determine what we might do together going forward in the furtherance of our clinical, education and research missions.

Richard K. Silver, MD
MATERNA FETAL MEDICINE

Scott N. MacGregor, DO
Associate Professor & Division Director

Clinical Mission & Services
The Division of Maternal Fetal Medicine (MFM) is committed to providing excellent and timely services to our patients with high-risk pregnancies and their referring physicians at our primary site in Evanston, Illinois along with nine additional Fetal Diagnostic Center sites within our perinatal network. With eight sub-specialty physicians, a multi-disciplinary team of ultrasonographers, nurses, and genetic counselors along with the most advanced technologies, we are assisting families at the time of their greatest need.

2007 Achievements
1. Establishment of the Center for Maternal and Fetal Health (CMFH) combined the staffs of our Maternal Fetal Medicine (Medical Group) and Fetal Diagnostic Center (Hospital) resulting in improved efficiency, services, scheduling and patient and referring physician satisfaction.

2. The Center for Maternal and Fetal Health is recognized as a leader in first trimester screening for fetal aneuploidy using both fetal nuchal translucency and nasal bone measurement to provide Down Syndrome risk assessments to women of all ages.

3. Our diagnostic centers continue to maintain certification by the American Institute of Ultrasound in Medicine (AIUM).

4. We have improved patient care by using technology to interconnect all of our diagnostic centers. We are utilizing an advanced image archiving system. Along with access to our comprehensive electronic medical record, Fetal Diagnostics Web-POC improved patient care by allowing physician access to ultrasound images and reports through any internet connection. In 2007, Maternal-Fetal Medicine provided patients access to their electronic medical record and gained the ability to communicate securely with their physicians via ENHConnect.

5. Qualification to participate in our Peri-Maternity Network as a Level III facility has resulted in another strong year of accepting more than 200 maternal transports for women developing high risk conditions during pregnancy requiring the special expertise of our Division as well as Neonatology.

The Division of Maternal-Fetal Medicine has long-term goals of continuing excellence and quality improvement in areas of clinical service, education, and research, as well as growth, expansion of services and development of new programs. We also plan to expand research opportunities and funding for the division in the coming year.

Highlights
Our commitment to quality improvement includes our educational programs. MFM provides education opportunities for medical students, residents, referring physicians, and nursing staff by means of student lectures, four weekly educational conferences, supervision of weekly high-risk obstetric resident clinics, in addition to several didactic courses. The Division affords continuing medical educational opportunities within the entire Peri-Maternity network by providing quarterly morbidity and mortality conferences at each of the hospitals in the network, lectures, and educational materials for both physicians and nurses.

The Division currently has over twenty active, IRB-approved clinical trials. Under the leadership of Mara Dinnoomoo, MD, MFM, Director of Research, our commitment to clinical research resulted in a number of new trials by inclusion in the 14 clinical trial centers of the NICHD-sponsored MFM-Unit Network. Participation in this prominent collaborative network allows our patients access to the most innovative and important clinical research. Recent studies include:

- use of progesterone to reduce preterm delivery in multiple gestation,
- use of Vitamin C and E to reduce preeclampsia in first pregnancies, and
- use of omega-3 fatty acids to reduce preterm delivery in singleton pregnancies with prior history of preterm delivery.

These research efforts have resulted in numerous presentations at leading scientific research meetings and publications in leading peer-review journals.

The Division has active basic science research projects. Larry Thaete, PhD and Mark Neerhof, MD individually have NIH-sponsored R01 grants for their basic science research investigating the role of proinflammatory mediators in fetal growth restriction. It is anticipated that their research efforts will translate into improved quality of patient care in the coming years for women whose fetuses do not grow sufficiently in utero. The divisions of Maternal Fetal Medicine, Obstetrics & Neonatology collaborate as the ENH Perinatal Research Group. The principle investigators represent both departments with an extremely productive program centered on inflammation and molecular genetics. The studies conducted are designed to evaluate the mechanisms behind preterm delivery, abnormal fetal growth, and complications that preterm infants experience.

“We will never forget Dr. Neerhof’s sincere and gentle words of support as he stated that ‘everything we did for (our) baby speaks volumes about how much we valued our child’s life.’ We feel that everything the staff at ENH did to accompany us on this journey ‘speaks volumes’ about their dedication to providing sincere, respectful, and exceptional healthcare and support to all patients.”

- Kristin O’Rourke Salamanca, MFM patient.
Despite our proven success and the benefits with preimplantation genetic screening of embryos, the Division will participate in a controlled, multi-centered study to assess pregnancy outcomes using this new technology.

2007 Achievements

1. REI continued to exemplify the successful melding of private practices and academic interests. This past year the Division performed nearly 2000 IVF retrievals at their Highland Park and Evanston campuses. Our programs continue to enjoy success rates that are higher than the national average as reported to the CDC.

2. In 2007, while maintaining high overall pregnancy success rates, multiple pregnancy rates were reduced by improving embryo selection and limiting the number of embryos transferred in good prognosis cases. This conservative approach is made possible by our higher than average success with frozen embryo transfer, using a new technology - vitrification - to freeze embryos and increase their survivability when thawed.

Goals/Next

In 2008, we hope to further control our multiple pregnancy rate as well as pregnancy loss rate by advancing our clinical and laboratory techniques. Egg freezing will increase using vitrification which can provide a chance of future reproduction in a woman undergoing radiation or chemotherapy, thus risking the loss of fertility. While still experimental, egg freezing often will be the only hope for women who may be rendered sterile by cancer treatment.

Gynecologic Oncology

Gustavo Rodriguez, MD
Associate Professor & Division Director

Clinical Mission & Services

The Division of Gynecologic Oncology is committed to a multidisciplinary approach to treating women with malignant or pre-malignant conditions. Our mission is to provide efficacious, timely, and compassionate care, while striving to train future leaders in the specialty, as well as perform basic and clinical research that will make a significant impact in our community and beyond.

2007 Achievements

1. Patients are now able to undergo diagnosis and treatment with greatly improved access. Physicians began seeing patients at the Kellogg Cancer Care Center at Highland Park Hospital in addition to Evanston in 2007 and have expanded clinic hours to enhance convenience for patients.

2. The Division has effectively met referring physician expectations for timely consultations at all three ENH hospitals with thorough and timely follow up communication.

3. Gynecologic Oncology has historically been a top priority of patients in the maximum number of clinic locations.

2008 will mark the initiation of ENH and Division sponsorship of the Annual Gynecologic Cancer Symposium to promulgate the latest information and treatments to primary and secondary care providers. The Symposium will feature nationally-recognized leaders in oncology care and research related to women’s malignancies. Dr. William Creasman, a recognized international leader in gynecologic oncology, will be the keynote speaker at the first symposium in May 2008.

Numerous new clinical trials are planned building upon the translational research currently underway. These include Gynecologic Oncology Group Study #214, a study evaluating the progesterin levonorgestrel as a pharmacologic preventive for ovarian cancer in women at increased risk. Dr. Rodriguez authored this protocol.

Highlights

The Division has a strong clinical trials program that includes both federally and industry sponsored protocols. The breadth of studies ranges from pharmacologic interventions with drugs such as celocisib for cervical dysplasia, to novel chemotherapeutic or biologic interventions for the treatment of gynecologic malignancies, including a national Phase III study evaluating the angiogenesis inhibitor Avastin in women with advanced ovarian cancer.

Dr. Kirschner’s work in the field of vesicovaginal fistula repair received special recognition from the Continence Society at the annual meeting in New Zealand.

In addition to her clinical work at ENH, she traveled to Nigeria where she has spearheaded work with several organizations to meet the needs of underserved women and children. Finally, she was named President of the Association of Chicago Gynecologic Oncologists.

Jean Hurteau, MD was invited to give a presentation at the District IV Annual ACOG meeting and Terry Cannon, MD, PhD was invited to present novel research findings at an international AACR meeting in South Africa.

Patient access, convenience, and satisfaction remain a top priority. 2008 will bring additional scheduling options for patients in the maximum number of clinic locations.
Clinical Mission & Services

The Division of Urogynecology and Reconstructive Pelvic Surgery had a very successful year in clinical care, research and education. The members of this division provide comprehensive medical and surgical care for women with pelvic organ prolapse and various bladder disorders including urinary incontinence while simultaneously developing leading edge treatment strategies in concert with industry-sponsored research.

2007 Achievements
1. The Division expanded its clinical activities with over 1000 new patients seen at the Evanston Continence Center and the Continence Center at Lincoln Park and more than 400 major surgeries performed by the Division.
2. The members of the Division presented 44 research papers at 13 different scientific meetings. The Division published 13 peer-reviewed articles in scientific journals. Dr. Sand gave the W. W. Noyes Lecture in Urogynecology, and Drs. Sand and Goldberg gave over 70 invited lectures in seven different countries.
3. The Division worked on seven externally funded prospective, randomized controlled trials with grants in excess of $500,000 in 2007. The Division’s prospective, randomized trials and prospective outcomes studies strive to improve the quality of patient care at the Evanston Continence Center and throughout the world.
4. Continued research in our prospective, randomized, controlled trials and nine retrospective research studies were active in 2007. Exciting new work with botulinum toxin intravaginal injections for the treatment of women with overactive bladder syndrome that have failed to respond to other therapies is yielding promising results. These injections are performed in the office in this randomized, double-blinded, multi-centered trial of five different doses of botulinum toxin A versus placebo to try to determine the lowest effective dose for controlling urinary urgency, frequency and incontinence in women with idio- pathic detrusor overactivity. A new trial is starting for women with neurogenic detrusor overactivity. Continued clinical research involving the use of grafts for the treatment of genital prolapse, methods for the treatment of interstitial cystitis and acupuncture for the treatment of overactive bladder should yield valuable new information for the treatment of these common disorders that affect over 50 million women in the U.S.

Goals/Next
A new office is being built in Highland Park for a multi-specialty pelvic floor center for women. A new urogynecologist is being recruited to the Division to work at this site with the Division of Gynecological Pain & Minimally Invasive Surgery and the Division of Colorectal Surgery.

The Division looks forward to an active clinical and academic year in 2008 with several exciting new prospective randomized research trials.

Highlights
Dr. Sand and the Division once again hosted two annual postgraduate courses in Urogynecology: “Update in Gynecologic Urology” in Grand Cayman and “Advances in Urogynecology and Reconstructive Pelvic Surgery” in Chicago with over 250 physicians in attendance. These educational activities strive to improve the quality of urogynecological care provided to women throughout the United States.

UROGYNECOLOGY
Peter K. Sand, MD
Professor & Division Director

Growth in Urogynecology New Patient Consults

2007 Achievements
1. The Division has added a highly regarded specialist in robotic-assisted minimally invasive surgery, Sangeeta Senapati, MD, MS. Completing her fellowship at the University of Michigan, she serves as a proctor for Intuitive Surgical, which makes the daVinci® robotic platform. Using these special skills to complete a research project, Dr. Senapati gave a presentation and was awarded a second prize for robotics research at the American Association of Gynecological Laparoscopists. She also serves on the board of the American Association of Gynecological Laparoscopists.
2. Additional areas of interest the Division is presently pursuing include: epidemiology of gynecologic pain, diagnosis and management of painful bladder syndrome, musculoskeletal assessment of pelvic pain disorders, and diagnosis of neurovascular pelvic pain syndromes.

Goals/Next
GPMIS is assuming a key role in the new Women’s Center at Highland Park along with Urogynecology and Colorectal Surgery opening Spring 2008. In concept, this multi-specialty center will be responsive to specific conditions that women develop as they age and/or subsequent to childbirth, that only a multi-disciplinary team has the scope of services to handle. This ‘one-stop’ clinical program will be unique in Lake County, allowing patients with bladder, pelvic organ, colorectal and musculoskeletal problems to seek and receive a unified approach to their care.

Highlights
The Division Director, Frank Tu, MD, MPH, is currently an ENH Auxiliary Scholar and also is funded by an ENH Research Career Development Award. Dr. Tu is supported by the Barles Scholar Award in Clinical Research, which is funding a study in collaboration with the ENH Division of Urogynecology of a novel treatment of overactive bladder disorders. Dr. Tu chaired theaudiovisual committee for the American Association of Gynecological Laparoscopists annual meeting. He also served as the section editor for the American College of Physicians PIER website on chronic pelvic pain. Results of his research have been accepted this year in the Clinical Journal of Pain, the American Journal of Obstetrics and Gynecology, and Obstetrics and Gynecology. He has been an invited speaker nationally and abroad on numerous topics related to pelvic pain including ACOG’s annual workshop on chronic pelvic pain, the International Association for the Study of Pain’s Pelvic Pain Workshop in New Delhi, and the University of Wisconsin’s Pain Board review course.

Dr. Tu co-hosted a workshop on pelvic pain this year in Barcelona at the World Congress on Low Back Pain and Pelvic Pain.

GYNECOLOGICAL PAIN & MINIMALLY INVASIVE SURGERY
Frank Tu, MD, MPH
Assistant Professor & Division Director

Clinical Mission & Services

The Division of Gynecological Pain and Minimally Invasive Surgery (GPMIS) actively pursues three long-term objectives: 1) to provide comprehensive care for women needing minimally invasive management of benign pelvic disorders including abnormal uterine bleeding, pelvic masses, and abdominal/pelvic pain syndromes; 2) to perform clinical research to better understand the development, diagnosis, and treatment of female chronic pelvic pain syndromes; and 3) to provide ongoing education in minimally invasive surgery and female pain management for attending physicians, residents, and medical students.

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3. Drs. Tu and Senapati have expanded their practice—seeing patients at Vernon Hills in addition to their office in Skokie.

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Assistant Professor & Division Director

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OBSTETRICS
Emmet Hirsch, MD
Associate Professor & Division Director

Clinical Mission & Services
Evanston Northwestern Healthcare’s Obstetrics Division exists to provide excellent care to pregnant, laboring, and postpartum women minimizing discomfort and maximizing healthy outcomes for mothers and their babies. Equally important activities include providing excellent educational opportunities for students and residents performing research in the important topic of preterm labor pathophysiology. Each of these significant endeavors occurs in a multidisciplinary culture of safety and collaboration.

2007 Achievements
1. In 2007, 4732 women were delivered of 4924 infants at the Highland Park and Evanston campuses in addition to antepartum admissions. Our units and doctors continue to compare very favorably with national performance benchmarks.
2. The Evanston Hospital Labor and Delivery unit has made remarkable improvements to safely meet demand. Completion of a third operating room in labor room added clinical capacity that will greatly increase efficiency, improve safety and reduce delays in conducting both scheduled and urgent procedures. A triage area has also been established to increase efficiency and improve utilization of labor rooms.
3. At Highland Park Hospital, a central fetal monitoring system that will allow nurses and physicians to view all fetal heart patterns on the unit from any room in the unit is nearing completion.
4. The Highland Park birthing center has instituted a specialized paging system for obstetric emergencies which Evanston Hospital plans to replicate in the coming year. Our division continues to be an example for other clinical departments to emulate its trend-setting quality improvement initiatives.
5. Other notable accomplishments: patient surveys cite our nurses as among the most skilled and caring in the entire corporation; the OB Practice Committee continues its important work of publishing departmental guidelines for clinical practice; and the Division is involved in an institutional development of the clinical data warehouse which will greatly inform our clinical research and quality assurance activities.

Goals/Next
In the coming year we will begin to perform minor gynecological procedures (such as dilatation and curettage for miscarriage) in Labor and Delivery which will facilitate more seamless care for families experiencing pregnancy loss. The major initiatives for the coming year at both Highland Park and Evanston are in the area of patient safety. Obstetrics is working closely with Dr. Grable from MFM on Crew Resource Management (see p.18).

2007 Achievements
1. Despite the trend nationally to perform more gynecologic procedures in the ambulatory setting and in the face of a reduction in available OR time due to the multi-year renovation at Evanston Hospital - our flagship facility - the volume of major gynecological surgery cases has continued to grow at all three campuses in 2007, reflecting the expertise of our surgeons whose care is sought out by patients.
2. This year spawned an explosion of quality initiatives, not the least of which is a redesigned Gynecology Morbidity and Mortality Committee. Our work has set the stage for quality data collection that will inform regularly-tabulated, confidential physician report cards.
3. With Evanston Northwestern Healthcare’s focus on quality as a corporate strategic imperative, the Division of Gynecology has responded with specific quality improvement initiatives and measurements. Our Division is directing attention to surgical infection prevention with prophylactic antibiotics and DVT risk assessment and prevention. Aggregated 2007 data pertaining to surgical risk prevention performs reveals an impressive trend of high compliance with established protocols. Clearly, this initial positive experience provides an excellent launching point for additional quality improvement opportunities in the coming year.
4. Our DVT risk prevention improvement project is facilitated by an effective, automated risk assessment tool to guide the physician to the most appropriate prophylaxis strategy. Conceived attention to detail in this area will continue to ensure the best surgical care for our patients while avoiding serious complications.

Building on the success of our redesigned Gynecological Morbidity and Mortality, we are planning next steps to provide physician-specific data on standardized measures. Our organization, physicians, and patients will be well-served, as the healthcare environment moves increasingly toward transparency and outcomes-based care paradigms.

Highlights
Research in the Division is active, with ongoing studies addressing the pathophysiology of preterm labor, amniotic fluid embolism and the development of novel methods of sampling the chorionicdecidual space in pregnancy. Teaching is a central activity of the Division and occurs at both campuses. In addition to supporting the clinical experience for Northwestern University medical students and residents, the Evanston Labor and Delivery, Antepartum and Postpartum units are deeply involved in training Northwestern’s Family Practice residents in obstetrics and St. Francis Hospital’s residents in high risk obstetrics.

GYNECOLOGY
Kenneth J. Nelson, MD
Associate Professor & Division Director

Clinical Mission & Services
The Division of Gynecology represents the amalgamation of our department’s specialists, including the disciplines of office practice, adolescent gynecology, contraception and family planning services as well as surgical procedures in both outpatient and inpatient settings. The department recognizes that gynecologic surgery in particular is an iterative area within our specialty. As such, the members are committed to lifelong learning and mentoring/training each other for the benefit of our patients. Our Division’s collegial and interdependent attitude is manifested by preceptor programs in which more experienced department members proctor others in order to elevate the quality and procedure-related expertise across the division.

2007 Achievements
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Goals/Next
The addition of a third operating suite in Labor and Delivery holds the promise of additional capacity for minor gynecological cases at Evanston Hospital in 2008. As the hospital continues renovation progress in the main surgical suites, the new operating room will provide much needed relief from scheduling pressures.

Building on the success of our redesigned Gynecological Morbidity and Mortality, we are planning next steps to provide physician-specific data on standardized measures. Our organization, physicians, and patients will be well-served, as the healthcare environment moves increasingly toward transparency and outcomes-based care paradigms.
PERINATAL DEPRESSION PROGRAM
J. Jo Kim, PhD
Research Assistant Professor & Director

Clinical Mission & Services
2007 marked the fourth year of the program’s universal perinatal depression screening initiative, using the Edinburgh Postnatal Depression Scale (EPDS) to identify women at risk for depression in both the prenatal and postnatal periods. The program is committed to an immediate, live telephone response to at-risk women by a trained professional 24/7/365 for information, advice, or referral to an appropriate mental health provider.

2007 Achievements
1. To date, over 12,000 women have been screened, 4.9% of whom were screened in Fiscal Year 2007.
2. Over 150 hours of free psychosocial support were provided to at-risk women identified via the screening program. Follow-up with their obstetric caregivers was provided to ensure that they were informed of their patients’ conditions and were aware of recommendations made for treatment.
3. The program’s 24/7 hotline (1-866-ENH-MOMS or 1-866-364-6667) has received over 1250 calls since its inception in January 2003, with 344 calls received during Fiscal Year 2007.
4. In 2007, the State of Illinois awarded the program a renewal of funding via the Michael Reese Health Trust to continue developing ENH’s hotline as the state hotline for perinatal depression. In Fiscal Year 2007, the hotline provided over 120 hours of free psychosocial support and crisis intervention to callers.

Goals/Next
Program goals for 2008 include identifying and acquiring federal research funding to utilize and enlarge the impact of the quantitative and qualitative data inherent in the program.

ENH’s Perinatal Depression Program was a pioneer in identifying women at-risk and, consequently, is the acknowledged leader. Now that Illinois has legislated the Perinatal Mental Health Disorders Prevention and Treatment Act, our staff will frequently be called upon to provide consultation and insight to other Illinois healthcare systems as they encourage universal screening statewide.

Highlights
The program again received national attention via presentations at the American College of Obstetricians and Gynecologists Annual Clinical Meeting in May (San Diego, CA) and the Postpartum Support International Annual Conference in June (Kansas City, KS). In 2007, the program also continued its research funded by ENH Medical Group to validate its service offerings. The program continues to support perinatal depression education within ENH and the surrounding communities.

OBSTETRICS COVERAGE PROGRAM
Loren Hutter, MD, Assistant Professor & Director-Evanston
Richard L. Adis, MD, Director-Highland Park

Clinical Mission & Services
The Department of Obstetrics and Gynecology has a strong commitment to providing adequate physician coverage for obstetrical patients regardless of the time of day, the day of the week, the patient’s ability to pay for her care, or whether she has an assigned attending physician within our department. The Obstetrics Coverage Program is the operational manifestation of that commitment at both Evanston and Highland Park Hospitals.

2007 Achievements
1. In aggregate, more than 70,000 physician hours were dedicated to this coverage program as represented by our collective care of laboring women, other obstetrical emergencies as well as gynecologic patients presenting to our emergency departments.
2. A total of 40 ENH Department members participate regularly in the nights and weekend rotation, in addition to regularly scheduled daytime physicians.
3. The daytime coverage physicians conduct formal journal article discussion with the residents on the obstetric service, providing an excellent opportunity to evaluate the current literature and its suitability for introduction into daily practice.
4. Training and teaching is also provided to the gynecology team including consultations to and clinical conferences with imaging specialists, pathologists, and other related surgical services.

Goals/Next
Plans are in development to identify and close any remaining gaps in 100% coverage at all locations. The safety net provided by this program for all women and their families is a key accomplishment for our department.

Highlights
The community need and the value of this program is evident in the steady increase in the volume of mothers and babies who have turned to us for assistance over the years.

The only reason I’ve come this far is because of calling the hotline and getting help. I really appreciate the fact that Evanston took time to call me and check up on me and make sure I was okay. They corresponded with my OB to follow up and they set me up with a one-on-one counselor the day I was leaving the hospital. That was extremely comforting. You know, a lot of people say ‘we offer this, we offer that’, but I have to say after this, we offered help. They really went above and beyond. I think it was extremely thoughtful and helpful. Even if it was out of desperation, it’s one of the best things I could have done - to call and just get some help.

- Anonymous Perinatal Depression Client
CREW RESOURCE MANAGEMENT PROGRAM
Ian Grable, MD, MPH
Assistant Professor & Medical Director – Center for Maternal Fetal Health

Clinical Mission
The Crew Resource Management (CRM) Program is charged with creating and continuing a culture of teamwork in our care for patients in Labor and Delivery with the expectation of improved outcomes.

2007 Achievements
The Department of Obstetrics and Gynecology was the first department at ENH and one of the first hospitals in the entire Chicago area to introduce CRM, to improve patient safety in Labor and Delivery at Evanston and Highland Park hospitals. Ian Grable, MD, MPH has provided the physician leadership for this initiative and has made great strides in achieving universal buy-in from clinicians (physicians, midwives and nurses) as well as support staff. He has conducted regular assessments of the program’s progress in terms of participation as well as patient safety. This initiative underscores the commitment to quality care and patient outcomes that our colleagues strive to maintain.

Survey and outcome data analysis has demonstrated improvements in communication, a perception of team-based approach, job satisfaction, promotion of a culture of safety, and patient outcomes in the twelve months since the initiation of the program in the fourth quarter of 2006.

Goals/Next
Plans are underway to create a process for drills at both Evanston and Highland Park Hospitals’ Labor and Delivery units. The first drill will address shoulder dystocia with the goal to improve communication and protocols in highly complex delivery situations. Lessons realized as a result of the initial drill will be used to replicate the process for the topics of severe intrapartum hemorrhage and urgent cesarean section.

Recognition
Dr. Grable received Evanston Northwestern Healthcare’s President’s Award and was featured in the Chicago Tribune and WGN TV for this leading edge safety program.

PERINATAL FAMILY SUPPORT CENTER
Nancy Eschbach, MSW, LCSW
Director

Clinical Mission
The Perinatal Family Support Center (PFSC) provides a wide array of services to women and their families experiencing challenges related to pregnancy, birth, prematurity or perinatal loss. Clinical staff are skilled at recognizing the profound impact medically high-risk pregnancies and/or complex psychosocial issues have on the family unit. They work hand-in-hand with nurses and physicians to provide patients and families needed crisis intervention, emotional support and linkage to community resources while promoting family stability. Services are provided in both inpatient and outpatient settings and also include groups, sibling tours and a literacy program in the Child and Adolescent Clinic.

2007 Achievements
Throughout 2007, almost 1400 patients and families have utilized services provided by the PFSC and have achieved improvements in the following key elements of our program:

- Facilitation of easy access to socio-environmental and emotional supports to women and families who face a broad array of challenges in the period prior to and soon after the birth of their infant;
- Collaboration with medical and nursing caregivers and community-based agencies in the identification, assessment and care of women and their families who have special concerns, problems, or challenges during the perinatal period;
- Assumption of a proactive stance in providing services which research has shown maximizes the potential for robust developmental outcomes for infants and families;
- Partnership with families in preventing the factors which may contribute to risk of abuse or neglect;
- Provision of support, anticipatory guidance, and follow-up services to women and their families who experience the tragedy of perinatal loss; and
- Empowerment of family efforts at stability and growth.

“You have helped give us the tools we need to get up every day and see the goodness.”
- Anonymous Perinatal Family Support Center patient

“While providing support throughout a first, much wanted pregnancy that ended in a late loss, the role of the PFSC social worker was to provide everything from collaboration and advocacy with the medical team, to assisting the family regarding who to notify upon the loss, to helping them begin the grieving process. . . .”
- Anonymous Perinatal Family Support Center family member
UNDERGRADUATE MEDICAL EDUCATION

H. Jacob Saleh, MD
Assistant Professor & Director

Clinical Education & Mission
In collaboration with the Undergraduate Medical Education Committee at Northwestern University’s Feinberg School of Medicine, we have a year around complement of students. Our Department hosts between 6 to 9 students (out of the total of 19 – 24 students each rotation) eight times per year for six weeks.

The clerkship time at ENH is evenly divided among four key disciplines: daytime obstetric service, night call, gynecology and clinics/sub-specialty. The students have an assigned mentor to deepen their learning. Our sub-specialties, MFM, REI, Urogynecology, and Gynecologic Oncology, provide valuable teaching opportunities for students who wish to concentrate on a specific area of study within our specialty.

2007 Achievements
1. 2007 developments have fostered growth in the undergraduate medical education program. It expanded in order to accommodate our third year medical students from Feinberg School of Medicine and a growing complement of senior students who have chosen ENH to complete year-four electives. Also, we have had several students from other top U.S. medical schools, Europe and Puerto Rico completing month-long elective rotations.

2. Our dedicated teachers, consisting of both full-time and contributed-service faculty, continue to grow in number. The teaching rosters include new department members in both lecturer and mentor positions. The residency training program has evolved into a wonderful educational resource under the leadership of Loren Hutter, MD. The participating physicians have been extraordinary in their involvement, increasing faculty participation in hand-on teaching with clinical skills workshops and student case presentations.

3. We have enjoyed a mutually beneficial collaboration relationship with Prentice Women’s Hospital. Faculty from ENH frequently lecture medical students, attend and proctor final exams, and attend undergraduate medical education committee meetings. The positive experience of our students is reflected in their performance on a national level. Scores for Northwestern students on the standardized shelf exam is well above the national mean. With a stringent grading curve that also includes the OSCE (clinical skills exam), 22% of students earned Honors grades for their efforts. Moreover, interest in the specialty as a career choice has gained in popularity – twelve Northwestern students have applied to obstetrics and gynecology residency programs this year.

2007 Achievements
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Goals/Next
Faculty growth continues to be a proud achievement as well as a challenge for the future. The need continues to grow for senior, part-time and, especially, junior residents and mid-wives willing to dedicate their time and talents to educate students. This translates into more new faculty appointments and promotions at Northwestern University, Feinberg School of Medicine as one of our Department goals. More importantly, our collective efforts in becoming exceptional teachers will produce future physicians equipped to better provide health care for our patients.

Highlights
As with the residency training program, our involved and dedicated faculty are the driving force in achieving excellence in medical education. The enthusiasm and dedication of the contributed service faculty at ENH has truly been inspiring and deserves our gratitude. Feinberg School of Medicine formally recognized many of our contributors with the ‘Excellence in Teaching Award’ this past year. The students rotating at ENH also bestowed the Holden K. Ferrer, Jr. M.D. Lecturer of The Year and Teacher of The Year Awards on ENH faculty.

2. Patient care improved on all services due to effectively restructuring rotations. Managing night coverage with one additional resident and alleviating coverage burden for the senior residents resulted in enhanced overall coverage.

3. Combining the patient care experience at our two campuses, our residents participate in a wealth of clinical experience as follows:

• More than 15,000 total deliveries

• Surgical experiences that exceed the national median for forceps, multi-fetal vaginal delivery, cesarean section, laparoscopy, and hysteroscopy.

• 85% of surgical experiences are categorized as surgeon or assistant in the resident caseload.

4. Though rapidly disappearing from most training programs, our program continues to offer our residents significant experience in breech and operative vaginal delivery, a significant proportion of which occurs at ENH. ENH also offers resident participation in the emerging technology of robotic surgery.

5. As our nine graduating residents departed, we take pride in our overall resident retention rate of over 98% over the last decade, an extraordinary accomplishment for one of the nation’s largest programs.

6. In addition to our partnership with Obstetrics and Gynecology at Feinberg School of Medicine, Family Practice residents receive a major portion of their obstetrical training in the Evanston Labor and Delivery, Antepartum, and Postpartum units. Our Department also provides St. Francis Hospital’s residents training in high risk obstetrics.

FELLOWSHIP TRAINING PROGRAMS
Gustavo Rodriguez, MD, Associate Professor & Site Fellowship Director
Peter K. Sand, MD, Professor & Fellowship Director

Gynecologic Oncology
In partnership with the Division of
Gynecologic Oncology
Gynecologic Oncology at Northwestern Memorial Hospital, the Gynecologic Oncology Division at ENH has been awarded a Fellowship Training Program from the American Board of Obstetrics and Gynecology. Through the country, this is one of a relatively few training opportunities with this elite designation.

Urogynecology
The Evanston Continence Center supports the advanced urogynecological training for these fellowship positions certified by both the American Board of Obstetrics and Gynecology and the American College of Graduate Medical Education.
GROWTH

The department was pleased to welcome twelve new members in 2007, all of whom are critical to our research and teaching missions as well as the clinical care of the families we serve.

Marc Adams, MPH received a Master of Public Health degree with a concentration in Maternal and Child Health Epidemiology from the University of Illinois at Chicago. She currently serves as the Perinatal Research Manager for the Department.

Angela Bakke, MS received a Master of Science degree with a concentration in Genetic Counseling from Northwestern University - Chicago. She is currently serving as a Genetic Counselor in the Center for Maternal and Fetal Health.

Eve Feinberg, MD received a medical degree from Rush Medical College. She then completed her residency at Northwestern University. She has joined the Fertility Centers of Illinois and is practicing reproductive endocrinology at their Highland Park office.

Deanna Hanks, MHSA received a Master of Health Services Administration degree from the University of Michigan. She formerly served as the Senior Practice Manager in the Divisions of Urology and Otolaryngology and is currently serving as the Director of Women’s Health.

Lisa Loehrke-Sichteth, DO received a Doctor of Osteopathic Medicine degree from the Chicago College of Osteopathic Medicine. She then completed her residency at the Lutheran General Hospital where she served as Chief Resident in the Ambulatory Clinic. She practices in an ENH Medical Group practice with Drs. Drachler, Hirsch, Nagel, Schlossberg, Simon, and Swenson.

Aimee Nguyen, MD received a medical degree from the University of Texas San Antonio Health Science Center. She then completed her fellowship in the Department of OBGYN, where she is a fellow in the Department of Urogynecology. She practices in an ENH Medical Group practice with Drs. Sand, Goldberg, Botros, Aochser, Steinberg, and Gamble.

Kristin Paychek, RN, BSN received a Bachelor of Science Nursing degree from Loyola University and her Bachelor of Science degree from Ohio University. She works in the Department as a Research Nurse. Focusing on MFM-Unit initiatives.

Kristen Pozolo, BS received a Bachelor of Science degree in Movement Science from the University of Michigan. She currently serves as the Research Coordinator in the Department with projects centering in the Division of Gynecologic Pain and Minimally Invasive Surgery.

Sangeeta Senapati, MD, MS received medical and clinical research design/statistical analyses degrees from University of Michigan. She then completed her residency in Obstetrics & Gynecology at the University of Michigan as well as a fellowship in minimally invasive surgery as well as her public health degree. She has joined with Dr. Frank Tu in Gynecological Pain and Minimally Invasive Surgery.

Judith Senka, RN received an Associate Degree in Nursing from Richard J. Daley College. She is certified in inpatient obstetrics and perinatal grief support. She is currently serving as a Research Nurse in the Department of Research.

Erica Smith, MD received a medical degree from Northwestern University Medical School. She then completed her residency in Obstetrics & Gynecology at William Beaumont Hospital in Royal Oak, Michigan. She practices in an ENH Medical Group practice with Drs. Buccionello, Kramer, Lee, Torkildsen, and Tyler.

Kerry Swenson, MD, PhD received medical and philosophy degrees from The Chicago Medical School. She then completed her residency at Johns Hopkins University School of Medicine. She practices in an ENH Medical Group practice with Drs. Drachler, Hirsch, Loehrke-Sichteth, Nagel, Jr., Schlossberg, and Simon.

SERVICE TO THE DEPARTMENT Committees

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Richard Aksa, MD
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Deanna Hanks, MHSA
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Chieme Pellar, MD
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H. Jacob Salish, MD
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Richard Silver, MD
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Arnold Wagner, MD

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Karen Piewe, RNC, MS
Jennifer Roeder, RN
Kerry Swenson, MD

FEINBERG SCHOOL OF MEDICINE FACULTY APPOINTMENTS & PROMOTIONS

The following members of the Department received contributed services or fulltime faculty appointments or promotions from the Feinberg School of Medicine in 2007:

Laura Friedel, MA, LSW
Anthony Kosinski, MD
Sangeeta Senapati, MD, MS
Erica Smith, MD
Kerry Swenson, MD, PhD
William Banzhaf, MD
Elisabeth Leeth, MS, CGC
Appointed to Instructor (CS)
Appointed to Instructor (CS)
Appointed to Assistant Professor (FT)
Appointed to Instructor (CS)
Appointed to Assistant Professor (CS)
Promoted to Associate Professor (CS)
Promoted to Associate Professor (CS)

Kathy Pula, CNM
Myra Salibi, RN
John Sholl, MD
Susan Warner, MD
Ex-Officio Members
Michael Caplan, MD
Richard Silver, MD

Dorothy Kase, RN (operating room)
Dyan Kelly, RN
Anthony Kosinski, MD
Susan Kramer, MD
Anita Little, RNC
Phyllis Marx, MD
Kimberly Moloney, MD
Kenneth Nelson, MD
Gus Rodriguez, MD
Myra Salibi, RNC
Richard Silver, MD
Frank Tu, MD
Arnold Wagner, MD
William Watkin, MD (pathology)

Appointed to Instructor (CS)
Appointed to Instructor (CS)
Appointed to Assistant Professor (FT)
Appointed to Instructor (CS)
Appointed to Assistant Professor (CS)

Laura Pearlman, MD

William Banzhaf, MD (anesthesia)
Carol Ellman, ME
Elizabeth Forbes, MD
Tom Forbes, MD (risk management)
Dorothy Kase, RN (operating room)

Marci Adams, MPH
Carol Ellman, ME
Elizabeth Forbes, MD
Tom Forbes, MD (risk management)
Dorothy Kase, RN (operating room)

Mark Deshur, MD
Carol Ellman, MD
Elizabeth Forbes, MD
Tom Forbes, MD (risk management)
Dorothy Kase, RN (operating room)

Laura Friedel, MA, LSW
Appointed to Instructor (CS)

Vivienne M. Feinberg, MD
Deanna Hanks, MHSA
University of Michigan. She formerly served as the Senior Practice Manager in the Divisions of Urology and Otolaryngology and is currently serving as the Director of Women’s Health.

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William Banzhaf, MD Promoted to Associate Professor (CS)
Elizabeth Leeth, MS, CGC Promoted to Assistant Professor (CS)
**GRANTS & SUPPORT**

**CURRENT RESEARCH GRANTS**

- **PI:** Pierceman, Co-I: Mara Dinsmoor; NICHD, U10 Cooperative Multi-center MFM Units Network.
- **PI:** Emmet Hirsch; March of Dimes Birth Defects Foundation, Prematurity Research Initiative Program Grant. Prevention of toll-like receptor-dependent preterm birth.
- **PI:** Dör Halata, Co-I: Emmet Hirsch; March of Dimes Birth Defects Foundation, Prematurity Research Initiative Program Grant. Defining the essential roles of maternal and fetal apolipoprotein-E and inter leukin-1, in parturition.
- **PI:** Emmet Hirsch; ENH Research Career Development Award (mid-career), The molecular pathophysiology of infection-induced preterm labor.
- **PI:** Emmet Hirsch, Satter Foundation. Toward the prevention of preterm birth.
- **PI:** Jean Hurtaux, ENH Research Career Development Award (early career), Diet modification for chemoprevention of ovarian cancer.
- **PI:** Mark Neerhof, NICHD, R01 Mechanisms of vascular mediators in fetal growth restriction.
- **PI:** Frank Tu, ENH Research Career Development Award, Pelvic floor dysfunction in female chronic pelvic pain.
- **PI:** Frank Tu, Berlex Foundation Scholar Award in Clinical Research, Intravesical alkalide lidocaine in the treatment of overactive bladder.
- **PI:** Frank Tu, ENH Auxiliary Research Grant, Enhanced specificity of pelvic pain diagnoses.
- **PI:** Larry Thaite, NICHD, R01 Endothelin and Platelet-Activating Factor Synergism in Intrauterine Growth Restriction.
- **PI:** Mark, Co-I: Gus Rodriguez, NIH, USA Nanomaterials for cancer diagnostics and therapeutics: Development of barcode assays for the detection of ovarian cancer.
- **PI:** Maxwell, Co-I: Gus Rodriguez, USAAMRRC/CIBMRR, Molecular biology and prevention of endometrial cancer.
- **PI:** Beshuuk, Co-I: Gus Rodriguez, USAAMRRC/CIBMRR, Chemoprevention of ovarian cancer with progestin agents.
- **PI:** Richard Silver, ENH Faculty Practice Associates Grant, Postpartum depression program: Determining the efficacy of universal screening and integrated community-based care.
- **PI:** Shalom; Co-I: Richard Silver NICHD, U01 Community Action for Child Health Equity - Perinatal Health & Preterm Birth.


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- **$50,000 to $99,999**
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*While best efforts are used to acknowledge all of our supporters, we regret any unintentional oversight.*
PUBLICATIONS


(Relations represent publications during the 2006/2007 academic year.)

Rinhart JS, Obesity in Adolescent Girls: The Female Patient: Mar 2007; Vol 32 No 3 pg 44.


The importance of the omega-6:omega-3 fatty acid ratio in chemoprevention of ovarian cancer. Selected for abstract presentation at the AORTIC meeting in Cape Town, South Africa, September, 2007.

Filoponov Y and Hirsch E. Resistance to E. coli-induced preterm labor in mice deficient in IL-1 and TNF signaling does not depend on altered production of ceramide (MSD, IL-1β, IFNβ or TNF. Abstract #19, 54th annual meeting of the Society for Gynecologic Investigation, Reno, Nevada, March 15, 2007.


Hurstaja JM. Management of biochemical recurrent ovarian cancer: to treat or not to treat? Presented at the 2007 annual winter meeting of the Society of Gynecologic Oncology, Beaver Creek, Colorado, February 1-3.


Neerhof MG. Fetal Growth Restriction. Presented at the Resident lecture series, Northwestern University, August, 2006.


Neerhof MG. Fetal Growth Restriction. Presented at the American College of Osteopathic Obstetricians and Gynecologists Fall Conference, September, 2006.


Rinehart JS. “Stem Cells” IL State Bar Assoc, Chicago, IL, April 20, 2007.

Rinehart JS. “PODS Treatment Options and Latest Advances” Electrology Association of IL, Benedictine University, Chicago, IL.


Staskin DR, Sand PK. Zinner NR. Trospium Chloride 60 mg QD is Effective in Improving Health-Related Quality of Life in Subjects with Overactive Bladder Syndrome, presented at the Annual Meeting of the Northeastern Section of the American Urological Association, Rochester, New York, September, 2007.

Staskin DR, Zinner NR, Sand PK. Trospium Chloride 60 mg Once Daily are Significantly Superior to Placebo From Week 1 of Treatment in Subjects with Overactive Bladder Syndrome, presented at the Annual Meeting of the Northeastern Section of the American Urological Association, Rochester, New York, September, 2007.

Staskin DR, Zinner NR, Sand PK. Trospium Chloride 60 mg Once Daily Demonstrates Rapid Relief From Urgency, Frequency, and Urgency Urinary Incontinence When Compared with Placebo as Assessed Using the Overactive Bladder-Symptom Composite Score, presented at the Annual Meeting of the New England Section of the American Urological Association, Boston, Massachusetts, September, 2007.

Staskin DR, Dmochowski RR, Sand PK, Zinner NR. Correlation of Bladder Diary Symptoms and Self-Assessment of Improvement in Subjects with Overactive Bladder Syndrome Administered Trospium Chloride 60 mg Once Daily, presented at the Annual Meeting of the New England Section of the American Urological Association, Boston, Massachusetts, September, 2007.


Staskin DR, Sand PK, Dmochowski RR. Trospium Chloride 60 mg is Effective and Well Tolerated for Treating Overactive Bladder, presented at the American Urological Association, San Diego, California, February, 2007.

Dmochowski RR, Zinner NR, Sand PK. Trospium Chloride Extended-Release Formulation Provides Improved Relief for the Symptoms of Overactive Bladder, Improves Patient-Reported Quality of Life, and is Well Tolerated: Results From a Multicenter Phase III Trial, presented at the Annual Meeting of the Society for Urodyamics and Female Urology, San Diego, California, February, 2007.


Staskin DR, Dmochowski RR, Zinner NR, Sand PK. Trospium Chloride 60 mg QD is Effective in Improving Health-Related Quality of Life, and is Well Tolerated: Results From a Multicenter Phase III Placebo-Controlled Study, presented at the Annual Meeting of the Society for Urodyamics and Female Urology, San Diego, California, February, 2007.

Sand PK, Dmochowski RR, Zinner NR, Sand PK. Trospium Chloride Extended-Release Formulation Provides Effective Relief of Symptoms of Overactive Bladder, Improves Patient-Reported Quality of Life, and is Well Tolerated: Results From a Multicenter Phase II Placebo-Controlled Study, presented at the Annual Meeting of the International Continence Society, Rotterdam, Netherlands, August, 2007.


Dmochowski RR, Zinner NR, Sand PK. Trospium Chloride Extended-Release Formulation Provides Improved Relief of Symptoms of Overactive Bladder, Improves Patient-Reported Quality of Life, and is Well Tolerated: Results From a Multicenter, Phase II Placebo-Controlled Study, presented at the Annual Meeting of the International Continence Society, Rotterdam, Netherlands, August, 2007.


Zinner NR, Staskin DR, Sand PK, Dmochowski RR. Trospium Chloride 60 mg Once Daily is Effective and Well Tolerated for the Treatment of Overactive Bladder Syndrome: Results form a Phase III Trial, presented at the Annual Meeting of the South Central Section of the American Urological Association, Colorado Springs, Colorado, September, 2007.

MacDiamid S, Staskin DR, Dmochowski RR, Sand PK, Zinner NR. Trospium Chloride 60 mg QD is Effective in Improving Health-Related Quality of Life in Subjects with Overactive Bladder Syndrome, presented at the Annual Meeting of the Northeastern Section of the American Urological Association, Rochester, New York, September, 2007.

Tu FF. Current Understanding of Pelvic Pain Disorders: Implications for Multidisciplinary Approaches, symposium at the 6th World Congress on Low Back Pain and Pelvic Pain, November, 2007.

Tu FF. Holz J, Gonzales J, Fitzgerald CM. Physical therapy evaluation of chronic pelvic pain patients, a controlled study, 6th World Congress on Low Back Pain and Pelvic Pain, November, 2007, poster presentation accepted.


Gonton TE, Tu FF. Beauumont JL. Six Year Comparison of the Teaching Hospital Status on Performance of Obstetric and Gynecologic Procedures. Poster presentation at the 55th Annual Clinical Meeting of the ACOG- May, 2007.

Tu FF. Fitzgerald CM, Kulken T, Farnell T, Harden RN. Women with chronic pelvic pain display enhanced pelvic floor pain sensitivity. Poster presentation at the 55th Annual Clinical Meeting of the ACOG- May, 2007.

Tu FF. Fitzgerald CM, Kulken T, Farnell T, Harden RN. Women with chronic pelvic pain display enhanced pelvic floor pain sensitivity. Poster presentation at the Third Annual Lewis Landberg Research Day, Feinberg School of Medicine, March, 2007.