UI Hospitals and Clinics is expanding midwifery services to facilitate a growing demand—echoing a national trend in pregnancy care that has been steadily climbing for the past two decades.

After hiring two more midwives in September, UI Hospitals and Clinics is now home to seven of the 100 certified nurse-midwives in the state of Iowa.

“We are and will continue to expand our midwifery services, because we have found that our patients like the intimate relationship they get with a midwife,” says Dale Geerdes, director of clinical functions for the Department of Obstetrics and Gynecology.

Choosing a midwife instead of a formally trained obstetrician is a trend that has been increasing nearly every year since 1989. Certified nurse-midwives attend over 8.33 percent of all births nationally, and 8.35 percent of all births in Iowa, according to the most recent data from the American College of Nurse-Midwives.

That number is significantly higher at UI Hospitals and Clinics.

“A certified nurse-midwife attends almost 15 percent of all deliveries and more than 20 percent of all vaginal deliveries,” says Geerdes.

Traditionally, a midwife is somebody who assists women during childbirth. In Iowa, midwives who deliver babies in hospitals are certified nurse-midwives, or CNMs. CNMs are licensed, health care providers required to have a graduate degree in nursing, complete standardized training, as well as a certification exam.

“Our focus is on listening to women and understanding their needs so they can have the best possible outcome and achieve a sense of empowerment,” says Laura Dellos, ARNP, CNM. “Through ‘watchful waiting’ and minimization of interventions, we support the normal physiologic process of birth.”

Midwife patient Megan Rife was drawn to the high touch, low-tech model of care.

“I knew that I wanted to be treated as a healthy mom who was just having a baby,” says Megan. “At the same time, if anything went wrong, it was comforting to know that we had the best pediatricians possible for the care of my baby and that I had some of the best obstetricians possible for the care of myself.”

While Megan saw all the midwives throughout her pregnancies, Lynne Himmelreich, ARNP, CNM, attended her son Holden’s birth.

“When Holden arrived, Lynne allowed him to be on my chest for nearly an hour, so I could have the experience of staring at my son for the first hour of his life,” Megan said. “That was one of the best moments of my life and Lynne gave me that gift, so of course I came back to the midwives to have my daughter.”

Holden is now four years old and is a big brother to his 18-month-old sister, Cecilia.

“Even though the midwives see hundreds of women and assist births every single day, they treated me like my story to motherhood was special and that it really mattered,” says Megan. “I could have just been another number in the system, but they never allowed me to feel that way.”

Laura Dellos, CNM

To learn more about our midwifery services, please visit uihc.org/midwifery-clinic
Genetic testing helps identify cancer risks for an entire family.

Jill Asprey knows the importance of timing and tough decisions. She credits both with helping doctors find an ovarian tumor early and getting her on the path to further reducing her risk of cancer.

In 2011, during a gynecology visit, Jill was talking with her doctor about her family’s cancer history. Jill’s mother died of breast cancer at age 64, and her grandmother had had ovarian and colon cancer.

Jill’s gynecologist, Veronika Kolder, MD, a University of Iowa clinical associate professor of obstetrics and gynecology and a staff gynecologist at UI Hospitals and Clinics, suggested that Jill consider genetic testing to determine whether she was at risk for those cancers, too.

“At the time we didn’t know if insurance companies could drop you if you were found to be at risk for something in the future, and we had too many unanswered questions, so we just kind of decided against it,” Jill says.

Three years later, the subject came up again. By then, genetic testing had become more widely recognized as a valuable tool in health management, and laws were in place to protect patients. In addition, her brother had been diagnosed with aggressive stage 4 prostate cancer under the age of 50. Jill decided to have the testing done.

“There were some red flags in her family that would make us suspicious, so we wanted to see what we could find out,” says Krysten Shipley, a certified genetic counselor at Holden Comprehensive Cancer Center at the UI. “Our testing is targeted just to the hereditary cancer genes that we think may exist in the family. We were looking for hereditary breast or gynecologic cancers.”

Jill tested positive for a BRCA2 gene mutation. The BRCA2 gene produces tumor suppressor proteins that help prevent cells from growing and dividing too rapidly or in an uncontrolled way. A mutation of this gene means that cells are more likely to form a tumor.
Jill’s genetic testing results indicated that her specific mutation was associated with a 45 to 84 percent lifetime risk for breast cancer and an 11 to 18 percent lifetime risk of ovarian cancer. Other cancers associated with this mutation are male breast cancer, prostate cancer, melanoma, and pancreatic cancer.

“The BRCA2 diagnosis starts a whole series of evaluations with lab testing, imaging, and consultations about options to address the risk associated with your mutation,” Jill says.

Jill and her husband, Dave, were concerned about the results—and what implications they could have for them and their immediate and extended family.

“Even as Jill started going down this path, we had to think about it—those implications could be fairly far-reaching at some level,” Dave says. “Would we share the results with our family members? Would we keep it to ourselves? Even if they say they don’t want to know, if you go through those procedures they’re going to know something.”

Children of BRCA2 mutation carriers and their siblings each have a 50/50 chance of testing positive. Because genetic testing had identified the actual chromosome mutation, testing could be more streamlined for other family members as the lab already knew where to look for the mutation.

Shipley helped guide Jill through the process and connected her to gynecologic oncologist Jesus Gonzales Bosquet, MD, PhD, at the Women’s Health Center at UI Hospitals and Clinics. Jill worked with Gonzalez to determine her best options to reduce her risks of ovarian cancer. She opted to have her ovaries removed.

While undergoing a minimally invasive robotic hysterectomy and oophorectomy in February 2015, doctors discovered a tumor which was determined to be a rare type of ovarian cancer. The cancer was determined to be stage 1A. Only about 25 percent of ovarian cancers are caught in the early stages, Gonzalez Bosquet says, with the remaining 75 percent detected at an advanced stage.

Although Jill’s ovarian tumor was unrelated to the BRCA2 gene mutation, Gonzalez Bosquet says the genetic testing served a vital role in Jill’s early diagnosis. It could help others as well.

“There’s no good screening for ovarian cancer, but for patients like Jill, who have a family history, we can do a test and determine whether they have a high susceptibility for these cancers,” he says.

As Jill’s genetic counselor, Shipley connected her with a breast oncologist, breast oncology surgeon, and a plastic and reconstructive surgeon for consultations. She started on the drug tamoxifen immediately to reduce her risk of breast cancer while considering surgical options. A decision was made to undergo a risk-reducing, skin-sparing double mastectomy in November 2015, and the reconstruction was completed in March 2016.

“Because the risk of developing breast cancer is so high in women with a BRCA mutation, many decide to undergo preventative mastectomies,” says Ingrid Lizarraga, MBBS, Jill’s breast oncology surgeon at Holden Comprehensive Cancer Center. “This gives them the best chance of avoiding a breast cancer diagnosis and the treatments that go with it, such as lymph node surgery, chemotherapy, and radiation. Also, when we do mastectomies for prevention instead of for cancer treatment, we have more options for giving a woman the best cosmetic outcome, and she is able to choose the time that works best for her to have surgery.”

A benefit of making the tough decisions of testing and surgeries, Jill says, is that her extended family has become more aware of the risks and can make informed decisions about enhanced surveillance, chemo prevention, and prophylactic (risk-reducing) surgeries. Since her own diagnosis, Jill says nine family members have been tested, and four have been found to be at high risk.

“Having a BRCA mutation is very difficult news to learn, but we have decided to consider this knowledge as a blessing rather than a curse, and our hope and prayer is that others in our family also be able to eliminate or have early detection of hereditary cancers as well,” Jill says.

“Having a BRCA mutation is very difficult news to learn, but we have decided to consider this knowledge as a blessing rather than a curse, and our hope and prayer is that others in our family also be able to eliminate or have early detection of hereditary cancers as well.”

–Jill Asprey

To learn more about our services and providers, please visit uihc.org/obygn
Faculty Focus: Andrea Greiner, MD

When did you become interested in medicine?
As a child, looking at my mom's nursing textbooks, and watching her cut up a whole chicken while explaining what each chicken part did.

What interested you to pursue a career in OBGYN?
As a medical student, I enjoyed staying up at night to deliver babies. I enjoyed the combination of medicine and surgery, and helping women.

How or why did you choose the University of Iowa?
I wanted to be in an academic center where I can care for women in uncomplicated and high-risk pregnancies.

How does your work help translate new discoveries into patient-centered care and education?
I hope my telemedicine project to provide high-risk pregnancy consults and ultrasound will allow us to provide care for more women across Iowa.

What led to your interest in your field?
I am fascinated by the complex maternal-fetal physiology of pregnancy and how it is affected by disease. The placenta is a fascinating organ that is only temporary! I find it very rewarding to help women through a complicated pregnancy and delivery. There is so much we don't understand and can't control during a pregnancy, but I am drawn to care for these women during what will hopefully be the best day of their lives, their baby's birthday.

How does working in a collaborative academic medical center benefit your work?
So many experts are just a phone call away plus the culture of dedication to patient care is very strong here.

What are some of your outside interests?
Yoga, knitting and crochet, baking, and spending time with my husband and two boys.

Do you have an insight or philosophy that guides you in your professional work?
Trust your intuition and know your strengths.

If you could change one thing about the world (or the world of medicine/science), what would it be?
That every single woman has access to excellent reproductive care throughout her life without interference from anyone outside of her doctor's office.

What advice would you give to today's students?
Your number one guiding principle should be ALWAYS do what is right for the patient.

To learn more about Dr. Greiner, please visit medicine.uiowa.edu/obgyn/profile/andrea-greiner
Three physicians in OBGYN honored by UIP

The University of Iowa Physicians (UIP) Clinical Awards were established to honor clinical excellence in six categories. Three physicians in the Department of Obstetrics and Gynecology were honored in 2016.

David Bender, MD: Clinician of the Year Award

This award is given to a clinician who most embodies those aspects of a truly great patient service provider, including technical skill, humanism to patients and families, collaboration with colleagues, and advocacy.

“To me, an outstanding clinician is someone who has an unwavering effort to want to excel in their field and to connect with their patients.”
-David Bender, MD

Michael Goodheart, MD: Best Consulting Provider Award

This award is given to an individual in recognition of his or her outstanding consulting or specialized services to the inpatient and ambulatory surgery patients of UI Health Care.

“Being a good consulting physician is somebody who not only keeps the patient informed, but keeps providers informed. After all, it’s a team effort.”
-Michael Goodheart, MD

Craig Syrop, MD: Excellence in our Workplace Award

This award is given to a medical director, whose leadership and innovation demonstrably improves the “practice life” and satisfaction of providers in the delivery of clinical care.

“Being recognized by your peers is extremely special. In our organization, what unites people is trying to improve the quality of care or patient experience.”
-Craig Syrop, MD

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