On behalf of the faculty and staff of the Department of Obstetrics and Gynecology at the University of Iowa Hospitals and Clinics, I am delighted to introduce Iowa OBGYN—a semiannual newsletter created to feature new clinic endeavors, highlight research discoveries, and share faculty accomplishments.

One of our more noteworthy milestones was recently celebrating 145 years of excellence. As I reflected on how much we have grown and accomplished since the department was established in 1870, I wondered if the physicians who staffed the department at the time—all eight of them—could have imagined where we are now. Today, we have 47 primary faculty members who staff our five clinical divisions, 10 fellows who are being trained in one of our four fellowship programs, and 20 residents who are completing our four-year ACGME accredited residency program.

In this issue of Iowa OBGYN, we are excited to: introduce Thomas Gellhaus, MD, as president of the American Congress of Obstetricians and Gynecologists, share details about an innovative program that utilizes cellular-enabled technology, and feature a new statewide research study. You can flip to page six to get to know our graduating fellows and residents and, on page seven, read about our remarkable providers who have recently been recognized for their hard work.

The significant strides highlighted in this publication are a result of the forward-thinking, passionate physicians and researchers who dedicate their lives to improving medicine. I hope you enjoy learning more about us and about the progress we are making to the advancement of women’s health care.
Preeclampsia is a cardiovascular disorder that generally occurs late in pregnancy and causes high blood pressure leading to a number of complications. Preeclampsia affects between 5 and 7 percent of all pregnancies in the United States.

In 2015, preeclampsia researchers at the University of Iowa utilized the Department of Obstetrics and Gynecology’s Maternal Fetal Tissue Bank to make a groundbreaking discovery—maternal plasma copeptin is a clinically useful biomarker that can predict preeclampsia as early as six weeks into a woman’s pregnancy.

A year later, researchers have launched a statewide study to test their findings among a larger, more diverse population.

“PREDICTV is a new, population-based research study that allows us to collect blood and urine samples from pregnant women around the state,” study coordinator, Debra Brandt, PhD, says. “Currently, we have partnered with sites in Des Moines, West Des Moines, Cedar Rapids, and Waterloo.”

PREDICTV is one of three preeclampsia-related research projects funded by a four-year grant from the American Heart Association (AHA). The AHA awarded the University of Iowa $3.7 million to participate in a national network dedicated to finding the causes and potential cures for high blood pressure.

“After collecting clinical data and samples from this study, we hope to provide a simple method to determine which women are at highest risk of developing preeclampsia as well as to diagnose preeclampsia,” says study director, Mark Santillan, MD, PhD.

The research lab is also working to identify the early factors that lead to the development of preeclampsia.

“The only known treatment option for preeclampsia is to deliver the baby, which can create immediate and potentially lifelong risks to both mother and baby,” says Donna Santillan, PhD, director of the Maternal-Fetal Tissue Bank. “Understanding early pathways may help us design new therapeutics to block or prevent the development of preeclampsia.”
Erin Guthrie was expecting a new baby, not diabetes. The Cedar Rapids resident developed gestational diabetes during her first pregnancy and has been managing type 2 diabetes ever since her daughter was born in 2013.

So when Guthrie learned she was pregnant with her second child in September 2015, she immediately scheduled an appointment to receive high-risk pregnancy care at UI Hospitals and Clinics.

For the first six weeks of her second pregnancy, Guthrie managed her diabetes traditionally—giving herself insulin injections and checking glucose levels several times a day, tracking her numbers manually, and calling the clinic to report her results.

“It was already starting to be a struggle to take care of myself along with all of my other responsibilities,” Guthrie says.

For women like Guthrie, the UI Department of Obstetrics and Gynecology has launched a new service that makes it more convenient for pregnant women with diabetes to communicate with their obstetric providers. Patients are given an advanced blood glucose meter that automatically sends results to their care team. No manual tracking is necessary.

“The meter is an FDA-approved device that allows us to see the patient’s blood glucose levels in real time,” says Janet Andrews, MD, a maternal and fetal medicine specialist in the UI Department of Obstetrics and Gynecology. “This also gives us the opportunity to make necessary, timely changes to the patient’s medication plan.”

The cellular-enabled TelCare® device does not require patients to have a data plan. Through this Health Insurance Portability and Accountability Act (HIPAA)-secured system, the care team can provide instant feedback and coaching to patients by texting the glucose meter itself, calling by phone, or sending MyChart messages.

“To hear feedback not only from the meter but directly from my provider makes me feel more connected and comfortable,” Guthrie says.

The meter also allows patients to give loved ones access to their personal online portal. For Guthrie, this feature allows her husband, Robert, who travels five days a week, and her sister in California to feel more connected to her pregnancy.

“We believe that individuals who maintain regular remote contact with their health care provider and receive ongoing self-management and decision support will have fewer unscheduled clinic visits, fewer emergency department visits, fewer hospitalizations, and will achieve better overall glycemic control,” says Diedre Fleener, the program’s nurse coordinator. “This is a population where we can show a significant impact in improving the health and outcomes of the pregnant mother and her unborn child.”

The Centers for Disease Control and Prevention says pregnant women who have diabetes are at an increased risk for preterm labor, high blood pressure, cesarean section, and other complications caused by diabetes. Babies born to women with uncontrolled diabetes are at an increased risk for birth defects, low blood sugar after birth, excessive weight, and stillbirth.

“I like that it’s just one diabetic nurse and one doctor focused on my diabetic care,” Guthrie says. “You get that one-on-one, patient-led care with this program.”

New diabetes program connects pregnant patients and providers using glucose meter ‘phone’
After dedicating more than 20 years of service and holding 35 different leadership roles at the district, state, national, and international level, Thomas Gellhaus, MD, took his seat as the 67th president of the American Congress of Obstetricians and Gynecologists.

“As ACOG president, it is my responsibility to represent the premier organization that promotes women’s health care here in the United States and around the world,” Gellhaus said. “I am passionate about this organization because it is dedicated to improving and safeguarding health care for women.”

Gellhaus is focused on implementing three key initiatives during his term as president: promoting government advocacy, offering global health opportunities, and improving resident education models.

Activism is an area in which Gellhaus demonstrates passion and experience. In 1999, he spent a month in Washington, D.C., completing a McCain Fellowship, learning what it meant to be an advocate. In 2001, he went back to complete a Primary Care Fellowship at the United States Department of Health and Human Services, where he learned how to write and develop policy.

“For physicians, advocacy is not an option—it’s our responsibility,” Gellhaus says. “You have to advocate for your patients and their health care, but you have to advocate for your specialty, too.”

ACOG has a mantra that Gellhaus includes in all of his presentations, including his inaugural speech: if you’re not at the table, then you’re on the menu.

He says, “If we are not at that table, fighting...
for what is right for women and for our specialty, we will be on the menu and there are many, many organizations and special interest groups that are very happy to decide what’s best for us."

After completing his fellowships, Gellhaus recognized that ACOG was not offering programs geared toward motivating younger members of the organization to become more involved. So, in 2009, he founded the Gellhaus Residency Advocacy Fellowship, a month-long program developed specifically for senior OBGYN residents that provides exposure to health care policy at the federal level.

“Can you imagine the unified voice we could have and the difference we could make if ACOG members responded to a call for advocacy?” Gellhaus says. “We have to mobilize our members to get involved.”

His second initiative is to focus on global health opportunities for OBGYN physicians. Gellhaus says that 40 percent of college students interviewing for medical school have been involved in some kind of global health care, and more than half of medical students expect to participate in global health programs as a resident.

“I want to create opportunities for residents and for faculty,” Gellhaus says. “I really think young people today are committed to giving to others, and if we don’t provide these opportunities for residents and faculty, then we may lose [talented] candidates.”

His third objective is to review and possibly improve resident education training models in an effort to fill more jobs. In 2020, it’s forecasted that 6,000 to 8,000 OBGYN providers will retire. Also, in the next 10 years, the OBGYN workforce is expected to decrease by 20 percent.

“We need to work to increase graduate medical education funding so we can increase the number of OBGYN residency slots and hopefully fix the workforce problem.”

The total number of residency openings is based on graduate medical education funding. He says the number of OBGYN residency positions in the United States has not changed since 1980.

“I’ve already been told that my goals are too ambitious, but I’m not going to sit back,” he says. “I’m going to devote all my energy to making a difference.”

Gellhaus shared these presidential initiatives during his inauguration ceremony in May where he delivered an inspiring speech that revealed his passion for ACOG, hunger for change—and, his pride for the Hawkeyes.

Upon his first introduction as ACOG’s 67th President, the lights in the convention center dimmed and the large screen lit up with footage of the Hawkeye football team. Gellhaus, led by six of his esteemed mentors, marched toward center stage surrounded by applause, and the beat of AC/DC’s Back in Black.
2016 GRADUATING FELLOWS:

Maternal Fetal Medicine Fellowship
Jena Swanson, MD
MD, Medical College of Georgia, Augusta, GA
Residency, University of Iowa Hospitals and Clinics, Iowa City, IA
Future Plans: CentraCare Health, Saint Cloud, MN

“I have had a fantastic experience at the University of Iowa. Over the past seven years I have had excellent teachers and mentors in both obstetrics and gynecology through residency and now maternal fetal medicine through fellowship. I will miss this department tremendously, and I thank everyone who has taught me along the way.”

Reproductive Endocrinology and Infertility Fellowship
Erika Munch, MD
MD: Baylor College of Medicine, Houston, TX
Residency, Texas Medical Center, Houston, TX
Future Plans: Texas Fertility Center, San Antonio, TX

“I’m most grateful to have had the opportunity to train among some of the leaders in our field. I’m proud to call these mentors my colleagues and friends, and I look forward to making them proud in the years to come.”

Female Pelvic Medicine and Reconstructive Surgery Fellowship
Gerardo Heredia, MD
MD, Universidad Autonoma de Guadalajara, Guadalajara, Mexico
Residency, Northwestern Memorial Hospital, Chicago, IL
Future Plans: The Georgia Center for Pelvic Health, Augusta, GA

“My biggest takeaway from my time at the University of Iowa is the professional collaborations that have helped me grow as a physician. I will miss the patients and the people I worked with from whom I learned so much.”

2016 GRADUATING RESIDENTS:

Elyse Brock, MD
MD, University of Minnesota Medical School, Minneapolis, MN
Future Plans: Huron Regional Medical Center, Huron, SD

“From the moment I interviewed at the University of Iowa, I knew that it was where I belonged. Over the past four years, this department has not only trained me as a physician but has supported me as a person, and for that I will be forever grateful.”

Whitney Cowman, MD
MD, University of Iowa Roy J. and Lucille A. Carver College of Medicine, Iowa City, IA
Future Plans: Iowa Methodist Medical Center, Des Moines, IA

“My training at Iowa has been outstanding and prepared me to be a competent, compassionate, and dedicated physician to the field of OB/GYN. The faculty has supported my growth as a physician, surgically and clinically, but equally as important, supported my growth as a person, mom, colleague, and friend.”

Michelle Krohn, DO
DO, Des Moines University-Osteopathic Medical Center, Des Moines, IA,
Future Plans: Black Hills ObGyn, Rapid City, SD

“I am thankful to have received such great training and feel prepared to go out on my own. I am most thankful for the care I received as a patient and the support from the staff and fellow residents. Our faculty have not only taught me medicine but also how to be a good compassionate doctor.”

Andrea O’Shea, MD
MD, University of Iowa Roy J. and Lucille A. Carver College of Medicine, Iowa City, IA
Future Plans: Gynecologic Oncology Fellowship, University of Wisconsin, Madison, WI

“iowa City will always be the place that made me a doctor. Everything I know about medicine and how to care for patients I learned here. Although I am excited for the next phase of my training, I will forever be indebted to the physicians at the University of Iowa for teaching me how to be a physician.”

Eric Tyler, MD
MD, University of Iowa Roy J. and Lucille A. Carver College of Medicine, Iowa City, IA
Future Plans: Spokane OBGYN, Spokane, WA

“I think of the University of Iowa as a place where you can get top-notch training among the most down-to-earth professionals you will ever meet. Not only has the faculty prepared me to be a competent physician, but I am a better person for having known them and having the chance to learn from them.”
Abbey Hardy-Fairbanks, MD:
Clinician of the Year Award
The University of Iowa Physicians (UIP) Clinic Awards honor clinical excellence in six categories among all University of Iowa physicians. The Clinician of the Year award is given to the physician 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. Watch Dr. Hardy-Fairbanks’ acceptance video.

Veronika Kolder, MD:
Patient Satisfaction and Service Excellence Award
The University of Iowa Physicians (UIP) Clinic Awards honor clinical excellence in six categories among all University of Iowa physicians. The Patient Satisfaction and Service Excellence Award is given to an individual or team in recognition of outstanding patient satisfaction. Metrics can include Press Ganey Satisfaction Score, most improved score, and/or other patient feedback. Watch Dr. Kolder’s acceptance video.

Noelle Bowdler, MD:
College of Medicine Faculty Service Award
Noelle Bowdler, MD received the College of Medicine Faculty Service Award for her impact on patient care through her service on the Surgical Site Infection Task Force, as well as her commitment to service at the statewide and national level.

Eugenia Mazur, MD:
Outstanding Educator Award
Eugenia Mazur, MD, received a Outstanding Educator Award, which recognizes faculty who significantly contributed to medical student education or went above and beyond the requirements of his or her job over the past year.

Jenna Herrig, MSN, WHNP:
Excellence in Interprofessional Education & Practice Award
The Office of Graduate Medical Education honored Jenna Herrig, MSN, WHNP, with the Excellence in Interprofessional Education & Practice Award. This award recognizes non-physician health care team members for their outstanding performance in interprofessional education and practice helping create the next generation of stellar physicians.

114th Aesclapian Frolics Awards
Medical students in each class of the Carver College of Medicine had the opportunity to vote for the faculty member or resident whom they viewed as demonstrating the highest level of teaching excellence. Two physicians from the Department of Obstetrics and Gynecology received awards. Colleen Stockdale, MD, MS, was voted M3 Senior Faculty of the Year and Abbey Hardy-Fairbanks, MD, was voted M3 Junior Faculty of the Year.

OBGYN RESIDENT SELECTED AS A 2016 QUILLIGAN SCHOLAR
Third-year resident, Sarah Wernimont, MD, PhD, was named a 2016 Quilligan Scholar by the Society for Maternal Fetal Medicine and The Pregnancy Foundation. She is one of five residents in the United States to receive this honor.

“The Quilligan scholar program is extremely competitive and prestigious,” Residency Director, Marygrace Elson, MD, says. “The program identifies future leaders in Maternal Fetal Medicine and offers them mentoring and special educational opportunities for two years.”

The scholarship was created in 2014 to recognize third-year obstetrics and gynecology residents who demonstrate unparalleled potential in the field of perinatology. The award was named after maternal fetal medicine pioneer, Dr. Edward J. Quilligan.

“Meeting with Dr. Quilligan and other leaders in the field has been incredibly inspiring and has motivated me to seek new opportunities to improve care for pregnant women both here in Iowa and beyond,” Wernimont says. “From formal and informal mentorship, I better appreciate major challenges ahead for our field and ways I can prepare myself to help manage the challenges ahead.”

Each year, residency programs across the nation nominate a candidate for the scholarship. Once selected, the scholars have the opportunity to attend the Society for Maternal Fetal Medicine’s annual conference where they spend a day immersed in the lives of various leaders in the field.

“Dr. Wernimont is simply excellent in her knowledge base, evidence-based clinical care, leadership, and teaching,” Elson says. “She shows extraordinary promise as a clinician scientist.”
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Please direct comments and inquiries to:
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Save the Date

OBGYN Postgraduate Conference
Friday, November 4

Hotel Vetro in Iowa City, IA
For more details and to register, please visit medicine.uiowa.edu/cme