“The American College of Osteopathic Obstetricians and Gynecologists is committed to women’s health through the Osteopathic and holistic practice of obstetrics and gynecology.”
Message from the President

Thomas Dardarian, DO, FACOOG (Dist.)

Happy 2020!

I can’t believe that my year as president is quickly coming to a close. From the bottom of my heart, thank you for allowing me to represent you.

As you can imagine, this year was a whirlwind of activity in Washington and at the Supreme Court. The American College of Osteopathic Obstetricians and Gynecologists weighed in. They joined with our sister organizations on behalf of our members in regards to access to care, preserving title X funding, preserving the affordable healthcare act pre-existing condition clause, and increasing Medicare/Medicaid coverage to 12 months postpartum. Our voices were heard, and our expertise was taken to heart.

In January of this year, the Strategic Planning Committee met and reviewed your responses to our poll on diversity and inclusion. I would like to thank all of you who filled out the member survey. I would also like to send a special thank you to Dr. Octavia Cannon, whom I appointed chair of this task force. Dr. Cannon reviewed your responses, took your comments to heart, and brought forth a thoughtful report to the board. We worked with a diversity and inclusion specialist, and the college updated our strategic plan. As I said in my presidential speech, ACOOG will be an even stronger organization when we appreciate and celebrate our differences.

I want to thank all the committee chairpersons and members who serve on our committees. Your tireless work and dedication made my job very easy. You all should be very proud of the work that you do. Thank you for your sacrifice of time, which came at the expense of spending if with your family.

I look forward to seeing everyone in San Diego for the annual conference. I am very excited to pass the presidential torch on to Rick Woodman, DO. I know the college is going to be in great hands under his leadership. Furthermore, I know that Dr. Bernardini and her committee have put together an incredible program for us.

For those of you who will be attending the meeting, I would encourage you to attend the general membership meeting as Dr. Ashley Hood and his committee have spent countless hours revising our bylaws and bringing forth some exciting changes.

Again, thank you for allowing me to serve as the 77th president of the American College of Osteopathic Obstetricians and Gynecologists. I hope that I made you proud.

Thomas Dardarian, DO, FACOOG (Dist.)
President 2019-2020

Thomas S. Dardarian, DO, FACOOG (Dist.)
Message from the Executive Vice President

Michael J. Geria, DO, FACOOG, (Dist.)

Dear Colleagues,

Winter is upon us. Our fall conference in Columbus Ohio was a huge success. Congratulations and thank you to program chairs, Cecilia Banga, DO, FACOOG and Andrew Zink, DO, FACOOG. The Continuing Medical Education Committee under the leadership of Dr. Catherine Bernardini should once again be commended for all their efforts. Also, a special thank you to the ACOOG staff for all of their hard work. Their hard work in dealing with some technology issues during this conference was greatly appreciated.

The student program once again was outstanding. Dr. David Forstein outdid himself this year to lead the program. Many programs directors once again helped with the mock interviews. There was a record turnout of volunteers from our membership for this event. I extend a thank you to all our members who helped make this annual event a great success. The student turnout continues to be strong and growing. As previously stated, the goal is to keep our Osteopathic medical students engaged and involved in our organization. Their input is vital to the direction of our college. At this time of year, we also welcome a new NSS president, Sarah Frank. Sarah is a member of the class of 2021 at the Philadelphia College of Osteopathic Medicine.

We also welcomed a new member of the Board of Trustees, Christopher Ackerman, DO. Dr. Ackerman is the resident representative to the board. He is a third-year resident at Inspira Health in Vineland New Jersey.

The social events scheduled were a huge success. As always, Osteopathic student members and Osteopathic residents in attendance made these events even more special. These events are vital to continue to demonstrate our close bonds of friendship and comradery which make our college even more special.

The end of the transition to a single accreditation system in graduate medical education is six months away. All of our residency programs who applied for ACGME accreditation are currently in initial accreditation or continued accreditation. Most of our fellowship programs were able to make the transition. Unfortunately, some were not able and were forced to close. The AOA continues to be a readily available resource for all residency programs making this transition.

The leadership of our college will continue to work with the AOA during this time of change in the Osteopathic profession. We must remember that even though the American Osteopathic Association will no longer be in the residency accreditation business, it does not mean that Osteopathic Board Certification will go by the wayside.

Thomas Dardarian, DO, FACOOG (Dist) President 2019-2020.

The ACOOG will soon be accredited by the ACCME independently from the AOA. This will mean that individuals who are

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Message from the President
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not Osteopathic physicians will be able to
obtain CME credits by attending our CME
conferences. We will still be able to offer
Osteopathic CME credits.

Our organization remains strong and
financially stable. Membership continues
to grow, and our strategic plan will carry us
into the future with the potential for many
positive changes. Changes in our bylaws to
reflect those of the AOA are in the works.

I look forward to seeing all of you in
San Diego at the ACOOG 87th Annual
La Jolla Torrey Pines.

In closing, from all of us at the ACOOG,
I wish all of you and your families a safe
and joyous Holiday Season as well as a
prosperous New Year.

Sincerely,

Michael J. Geria, DO, MS, FACOOG(Dist)
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Overview
Bacterial vaginosis (BV) is associated with multiple adverse outcomes including preterm birth, pelvic inflammatory disease (PID), and increased risk of acquisition and transmission of sexually transmitted infections (STIs), including human immunodeficiency virus (HIV). Among women who have sex with women (WSW), as many as 1 out of 2 have BV. BV is more common among women who report new or multiple male sex partners, condomless sex with a male partner, or sex with another woman. In fact, women who identify as lesbian have a 2.5-fold increased likelihood of BV versus heterosexual women. Although BV is not officially considered a sexually transmitted infection (STI), it has characteristics of an STI and is considered a sexually-associated condition. Effective management of treatable STIs requires treatment of current sex partners to prevent re-infection. However, national guidelines do not currently recommend treating partners of women with BV, despite a large body of epidemiologic data indicating that BV can be sexually transmitted. In this article, we will review epidemiologic data suggesting that BV is sexually transmitted in addition to the data regarding partner treatment for women with BV.

Instructions
1. Read this article
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4. Complete the posttest and evaluation

Your participation will be reported based on when you complete the activity. You will receive a certificate following the activity to the e-mail address you provide.

Target Audience
This activity is designed for obstetricians and gynecologists.

Learning Objectives
To be a lifelong learner, physicians must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Those who participate in this activity will receive information and develop skills that should allow them to:
• Identify the prevalence and associated complications of BV
• Analyze the epidemiologic data that supports sexual transmission of BV
• Discuss current CDC STD Treatment guidelines regarding management of sexual partners of women with BV
• Assess the methodological shortcomings of prior partner treatment trials

Fee
This activity is offered at no charge to ACOOG members in good standing.

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Faculty & Disclosures
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This activity is supported by an educational grant from Lupin Pharmaceuticals.
Dr. Christina Muzny obtained her medical degree at the Texas A&M University Health Sciences Center College of Medicine. She subsequently completed an internal medicine residency and an infectious diseases fellowship at the University of Mississippi Medical Center prior to joining the infectious diseases faculty at the University of Alabama at Birmingham (UAB) in 2010. She has since obtained a Masters of Science in Public Health (Epidemiology) at the UAB School of Public Health.

Her clinical and research interests focus on HIV and sexually transmitted infections (STIs), specifically vaginal infections including bacterial vaginosis (BV) and trichomoniasis. Dr. Muzny currently has a K23 career development award from NIH to study the pathogenesis of BV. She has also recently participated in an NIH-funded clinical trial to compare different dosing regimens of metronidazole for vaginal trichomoniasis among HIV-negative women.

Dr. Muzny is an Associate Professor in the Division of Infectious Diseases at UAB with a secondary appointment in the UAB Department of Epidemiology. In addition, she is a medical consultant for the 2020 CDC STD Treatment Guidelines as well as a teaching faculty for the Alabama-North Carolina STD/HIV Prevention Training Center and an Associate Scientist for the UAB Center for AIDS Research.
**Introduction**

Bacterial vaginosis (BV) is the most common cause of vaginal discharge in women\(^1\). The global prevalence of BV in the general population was recently found to range from 23-29%\(^2\). The estimated annual economic burden of treating symptomatic BV in the U.S. has been found to be $4.8 billion dollars (95% CI, $3.7-$6.1)\(^2\). BV is associated with multiple adverse outcomes including preterm birth, pelvic inflammatory disease (PID), and increased risk of acquisition and transmission of sexually transmitted infections (STIs), including human immunodeficiency virus (HIV)\(^3-9\). Among women who have sex with women (WSW), as many as 1 out of 2 have BV\(^1,10\). BV is more common among women who report new or multiple male sex partners, condomless sex with a male partner, or sex with another woman\(^11\). In fact, women who identify as lesbian have a 2.5-fold increased likelihood of BV versus heterosexual women\(^12\).

BV is a vaginal dysbiosis characterized by depletion of hydrogen peroxide and lactic acid-producing lactobacilli that comprise the normal vaginal flora and increases in facultative (i.e. Gardnerella vaginalis) and strict anaerobes\(^13,14\). However, its precise etiology remains unclear. A clinical diagnosis of BV is made by using the Amsel criteria\(^15\), which requires the presence of at least three of four characteristics: a milky white, homogeneous discharge coating the vaginal walls; clue cells visible on wet prep by microscopy (Figure 1); vaginal pH > 4.5; and a positive whiff test. In research settings, BV is defined microbiologically by the Nugent score. Scores of 0-3 are consistent with lactobacillus-predominant normal vaginal flora, 4-6 as intermediate flora with the emergence of G. vaginalis/Bacteroides morphotypes, and 7-10 as BV flora with disappearance of lactobacillus species, numerous G. vaginalis/Bacteroides, and curved gram-variable anaerobic rods\(^16\).

**Figure 1.** Clue cell on vaginal Gram stain

Photo credit: Charles Rivers, PhD, Division of Infectious Diseases, University of Alabama at Birmingham

There are now five commercially available, nucleic acid amplification tests (NAATs) available for BV diagnosis in symptomatic women, all of which have excellent sensitivity and specificity\(^17-20\). Treatment for BV is currently recommended in symptomatic women to relieve vaginal signs and symptoms of infection as well as reduce the risk of acquisition of HIV/STIs\(^21\). However, despite initial cure rates approaching 80% with currently approved
BV treatments (22), 2 out of 3 women experience a recurrence within 6 months of treatment with the 7-day twice daily oral metronidazole (MTZ) regimen (23). One factor that may contribute to BV recurrence is re-infection with BV-associated bacteria (BVAB) by an untreated sexual partner (23).

Although BV is not officially considered a sexually transmitted infection (STI), it has characteristics of an STI and is considered a sexually-associated condition (11). Effective management of treatable STIs requires treatment of current sex partners to prevent re-infection (21). However, national guidelines do not currently recommend treating partners of women with BV (21, 24), despite a large body of epidemiologic data indicating that BVAB can be sexually transmitted. In this change to article, we will review epidemiologic data suggesting that BV is sexually transmitted in addition to the data regarding partner treatment for women with BV.

**Epidemiologic data indicate BV is sexually transmitted**

The notion that BV is sexually transmitted has been investigated for several decades. An early study conducted by Gardner and Dukes in the 1950s demonstrated that BV could be transmitted between women (25). Healthy women were inoculated with secretions from women with BV; 11/15 (73.3%) of the women subsequently developed BV. Partner concurrency (i.e. a female partner reporting that her male partner had other partners) has been found to be associated with prevalent BV (26) and male circumcision reduces the risk of BV in women (27).

A wealth of epidemiological data also support the exchange of vaginal bacterial species between women (10, 12, 28-30). Among monogamous female couples, vaginal Gram stains have been found to be 95% concordant (10). In addition, genital Lactobacillus strains, particularly L. crispatus, are shared between female sexual partners (31). Similarly, an investigation of G. vaginalis diversity found that the vaginal flora was concordant among 87% of female couples (12). The risk of BV in women is directly related to exposure to a partner with BV (28). Among 21 monogamous female couples, the likelihood of a partner having BV was 19.7 times greater (p<0.008) if the index woman had BV (28). High levels of concordance in BV status between female sexual partners have been reported in several studies, including concordance in BV status ranging from 81% to 95% among female couples across four studies (10, 28-30).

Adding to the body of evidence that BV is a sexually transmitted is that BVAB can be found on the penis and urethra of men, particularly men who have female partners with BV (32-36). A study of the genital microbiota in uncircumcised men from Uganda found that men with more diverse genital microbiota were more likely to be colonized with BV-associated bacteria and more likely to have female sexual partners with BV (34). Further, a cross-sectional study that compared the genital microbiota of monogamous heterosexual couples in the U.S. confirmed that the penile skin of male partners of women with BV is colonized with several of the same bacteria that are strongly associated with BV (35). This study also found that the penile microbiota of male partners was significantly more similar to the vaginal microbiota of their female sexual partner compared to that of non-partners. Heterosexual monogamous sexual partners have also been found to harbor the same strains of G. vaginalis (37). These studies support the hypothesis that BVAB are exchanged during sexual intercourse.
Despite the extensive epidemiological evidence supporting the concept that BV is sexually transmitted, current national guidelines only recommend treatment for symptomatic women with BV and not for partners of women with BV (21).

**Partner treatment studies**

Partner treatment is not currently recommended for women with BV (21). This guidance is primarily based on the results of 6 studies conducted in the 1980s and 1990s (38-43) (Table 1). No significant benefit from partner treatment with antibiotics was observed in 5 of the studies (38-42). Only one study by Mengel et al in 1989 found benefits from partner treatment: women whose male sexual partners were treated were significantly more likely to not have BV, based on vaginal Gram stain, at 2 and 5 weeks, and were more likely to report resolution in any of their BV symptoms at 8 weeks (43).

Although the results from these studies suggest that little benefit is derived from treating male sexual partners of women with BV, all 6 studies had methodological

**Table 1. Prior BV Partner treatment studies**

<table>
<thead>
<tr>
<th>Study, year</th>
<th>N</th>
<th>Treatment of women</th>
<th>Treatment of men</th>
<th>Comparator</th>
<th>Primary outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swedberg et al, 1985 (38)</td>
<td>64</td>
<td>Oral MTZ 2 g single dose or oral MTZ 500 mg BID x 7 days</td>
<td>Oral MTZ 2 g single dose or oral MTZ 500 mg BID x 7</td>
<td>Standard of care</td>
<td>Culture negative for G. vaginalis and improved vaginal symptoms at 21 days: 68% vs 64% (RR=1.06; 95% CI: 0.74-1.52)</td>
</tr>
<tr>
<td>Vejtorp et al, 1988 (39)</td>
<td>106</td>
<td>Oral MTZ 2 g on days 1 and 3</td>
<td>Oral MTZ 2 g on days 1 and 3</td>
<td>Placebo</td>
<td>Clinically diagnosed BV at 5 wks: 25% vs 29% (RR=0.85; 95% CI: 0.45-1.61)</td>
</tr>
<tr>
<td>Mengel et al, 1989 (43)</td>
<td>98</td>
<td>Oral MTZ 2 g single dose or Oral MTZ 500 mg BID x 7 days</td>
<td>Oral MTZ 2 g single dose</td>
<td>Placebo</td>
<td>Symptoms and clinical cure of BV at 2, 5, and 8 wks: BV on vaginal Gram stain at 2 and 5 wks. No point estimates reported.</td>
</tr>
<tr>
<td>Moi et al, 1989 (40)</td>
<td>190</td>
<td>Oral MTZ 2 g on days 1 and 3</td>
<td>Oral MTZ 2 g on days 1 and 3</td>
<td>Placebo</td>
<td>Relapse of clinically diagnosed BV at 12 wks: 21.1% vs 15.8% (RR=1.33; 95% CI: 0.73-2.44)</td>
</tr>
<tr>
<td>Vutyavanich et al, 1993 (41)</td>
<td>106</td>
<td>Oral TIN 2 g single dose</td>
<td>Oral TIN 2 g single dose</td>
<td>Placebo</td>
<td>Clinical cure rate of BV at 4 wks: 71.6% vs 63.2% (RR=1.13; 95% CI: 0.95-1.35)</td>
</tr>
<tr>
<td>Colli et al, 1997 (42)</td>
<td>139</td>
<td>2% clindamycin vaginal cream qhs x 7 days</td>
<td>Clindamycin 150 mg orally QID x 7 days</td>
<td>Placebo</td>
<td>Clinically diagnosed BV recurrence at 12 wks: 31.9% vs 30.0% (RR=1.06; 95% CI: 0.65-1.75)</td>
</tr>
</tbody>
</table>

*Adapted from Mehta et al (44); CI, confidence interval; MTZ, metronidazole; qhs, at bedtime; QID, 4 times daily; RR, risk ratio; TIN, tinidazole
limitations (44). Many of the BV treatment regimens used in these studies (i.e. oral MTZ 2 g single dose) are now considered sub-optimal (21). In addition, three of the studies had substantial dropout rates, small treatment groups, or both (38, 40, 43). All 6 studies used only Amsel criteria for diagnosis and did not include the more rigorous Nugent score. Additionally, Mengel et al presented results graphically and did not state effect sizes (43).

In addition to untreated partners contributing to BV recurrence, lack of adherence to treatment among partners may also play an important role in recurrence of BV in women with BV. Lack of partner adherence to treatment could attenuate the potential therapeutic benefit of the treatment in men. Among the 6 trials assessing partner treatment, only 2 of the trials reported adherence among the men participating. In the trial by Vutyanavich et al (41), 4 men in the tinidazole group and 2 men in the placebo group were reported by their female partners as refusing medication. In the study by Colli et al (42), 19% of the male partners were non-adherent (27 men of 139 randomized) but this did not differ by treatment arm.

Next steps
Epidemiological data strongly suggest that BV is sexually transmitted. However, prior partner treatment studies have not shown a significant effect. These studies had multiple methodological limitations and were conducted 20–30 years ago. Needed are more recent, rigorous partner treatment trials using currently approved medications for BV treatment.

The acceptability and tolerability of treating women and men for 7 days with MTZ 400 mg orally twice daily, plus 2% clindamycin cream topically to the penile skin of the men twice daily, was recently assessed in a pilot study (n=16) of women with recurrent BV and their regular male sexual partner (45). Completed in 2018, it showed a decrease in the prevalence and abundance of BV-associated bacteria in the penile microbiota immediately following treatment at day 8. A phase 3 randomized, double-blinded trial to evaluate the efficacy of oral MTZ 400 mg twice daily and topical 2% clindamycin cream applied to the glans penis and upper shaft (under the foreskin if uncircumcised) twice daily for 7 days is currently underway in Australia (Australia New Zealand Clinical Trials Registry #12619000196145). In addition, a phase 3 multi-center randomized, double-blinded trial to evaluate the efficacy of 7 days of oral MTZ versus placebo for treatment of male sexual partners of women with recurrent BV is underway in the U.S. (NCT02209519).

Results from the ongoing phase 3 studies treating male partners of women with recurrent BV will help determine whether or not male partner treatment can effectively reduce BV recurrence in women with BV. Female partner treatment trials of WSW with recurrent BV are also needed. Furthermore, less complex treatment regimens such as that of single-dose oral secnidazole 2 g (46, 47), recently FDA-approved for the treatment of BV, may help to improve adherence among sexual partners.

Summary Points
• A wealth of epidemiological evidence supports the sexual transmission of BV.
• Currently, national guidelines do not recommend treating partners of women with BV due to prior partner treatment trials conducted in the 1980s-1990s, the majority of which did not show a significant effect.
• Prior partner treatment trials used

(Continued on Page 15)
outdated treatment regimens and had methodological limitations.

• Rigorous partner treatment trials in the current era are needed, including trials with female partners.

References:


Should Partners of Women with Bacterial Vaginosis be Treated?

(Continued from Page 15)

Once upon a time, I worked in a safety-net hospital in South Bronx, New York. The South Bronx is like a developing country. The majority of our patients were indigent and uneducated. Many were either on public assistance or uninsured; many were undocumented immigrants. Medical care compliance was a major issue, and patients often showed up late for their appointments, if at all. One bone-chilling winter evening, I had a challenging patient yet again, but somehow, this time it was different.

It was late at night and the weather was bleak as I was on my way out of clinic. It had already been a long day. Just then, I saw a bright-eyed, petite, dark-skinned, malnourished Hispanic teenager in jeans with a gravid abdomen, slowly dragging her feet into the clinic door. In her hand was a referral, for an initial prenatal visit. I was a little perturbed. I should have been on my way out. Carmen (pseudonym) should have been to the clinic months before. Like the weather, professional ethics froze me in my tracks. I read her referral paper: “AIDS” and “advanced pregnancy” triggered my catastrophe radar. I immediately took her in for a bedside ultrasound examination and established her gestational age at 36 weeks.

During my evaluation, Carmen was quiet, inattentive, and in her own world. She expressed no interest in prenatal care and her unborn baby. I wondered if Carmen was an intravenous drug addict.

With this in the front of my mind, I proceeded with history-taking. I inquired why Carmen did not come for care earlier and what she was thinking by waiting until this late stage of pregnancy to seek medical attention. If she was so irresponsible for her own prenatal care, how, exactly, did she plan to take care of a newborn? How did she contract HIV (human immunodeficiency virus)? What was the HIV status of her partner and on and on. Patiently, I educated her about the importance of prenatal care. I documented this thoroughly and robotically on the electronic medical record (EMR). Then, and only then, did I stop and listen to what Carmen had to say.

I learned the following facts: Carmen’s parents died of acquired immunodeficiency syndrome (AIDS) and “blessed” her with HIV. She was raised by her grandmother, who died when Carmen was a preschooler. Carmen was an elementary school dropout and lived on the streets and intermittently in homeless shelters. She survived by prostitution and became an intravenous drug addict.

On hearing her incredibly tragic history, all my self-righteousness and condescending
thoughts suddenly dissipated. Not only did Carmen lack social support, she also inherited a congenital HIV infection. Carmen grew up in South Bronx ghettos deprived of the basic housing and education that is rightfully due to everyone at that age. Carmen was abandoned by New York City, with its abundance of wealthy and powerful intellectuals, and by society as a whole. How did the City and Bureau of Child Welfare bypass her?

Carmen received appropriate intrapartum care at our safety-net hospital and was discharged to a homeless shelter after delivery with a curly-haired, 7-pound, sparkling-eyed, HIV-positive newborn cooing in her arms. I fervently wished for Carmen and her newborn son to triumph against the odds of adverse outcomes and not become statistics. But statistics predicted that such a disadvantaged adolescent was more likely than anyone to face doom. Indeed, Carmen’s child died of sudden infant death syndrome 2 months after birth.

Carmen returned to my clinic 8 months later with her second pregnancy. I reviewed her limited medical records but was unable to locate and identify crisis intervention opportunities to prevent another tragedy. Puzzled, hesitantly after all other avenues were exhausted, I openly asked Carmen, “What would it take for your life to be improved after this tragedy?” Carmen simply replied, “If no one cares about me, then why should I care about others?”

This statement struck me like lightning. Optimal clinical outcomes do not depend solely on technology and the skills of clinicians. They also depend on breaking away barriers encountered by patients for medical care. Yet, we all forget this, including me. When the EMR was adopted in my hospital, I was the section chief of clinic and became the master of charting in the EMR. I completed every mandatory field of notes—mechanically, robotically, perfectly every time. But by focusing only on the mechanical side of medicine, I had missed the point.

Because of Carmen, my practice drastically veered away from robotic medicine toward individualized care. Instead of steering ahead with all my technological savvy, I stopped, I looked at each one of my patients, and I listened. I focused my clinical emphasis on both medical care and social determinants for patients with special circumstances. My sympathy and empathy, which had been torn and ragged, eventually transformed into practical, humanistic clinical practice. Thanks to my experience treating Carmen, my passion for patient care was revived. I now emphasize medical care and the social determinants of health.

Carmen needed my knowledge and care. Thus, I went the extra mile for her. I anticipated each of her subsequent visits on my calendar. I prepared little sweet treats or personal items for her in advance. On her appointment date, I would bring treats, socks, or gloves for her so her fingers and toes would not freeze in the bitter winter. In return, Carmen started to share her circumstances with me. Carmen started, for the first time, to comply with medical care.

It didn’t take much—far less than I feared—from either of us before things started to improve. I updated Carmen’s demographics on every single prenatal visit so I would not lose her contact information. I aggressively assigned a high-risk case manager to coordinate her care, including medical, social, and nursing
care. This manager was responsible for scheduling all her prenatal appointments and following up on test results, arranging for transportation between the hospital and the shelter, setting reminder alarms on her smart phone for highly active antiretroviral therapy, making reminder calls before appointments, making home visits to shelters, and reporting all findings to me. Within months, I no longer saw needle marks on Carmen’s extremities.

Granted, things were far from perfect. If Carmen missed appointments, the manager would notify me so I could start contacting Carmen to get her in immediately. When Carmen came in, she would casually explain the reason she did not come to her prior visit. Eventually, Carmen stopped missing appointments. After all this effort of coordination in prenatal care, Carmen delivered an HIV-negative baby. Her second son remained HIV-negative for 2 years.

Carmen’s life was better for a while, but no effort could make the ending remotely like a fairy tale. Carmen died at age 22 from AIDS-related lymphoma. During her final days of hospitalization, just before Carmen died, I was the sole and frequent visitor at her lonely bedside. “To be, or not to be” is a quote from William Shakespeare. To practice medicine in today’s milieu, physicians are faced with challenges of access, availability, and affordability. It is the choice of individual physicians in these circumstances to be either a robot vying for uniformly good clinical outcomes. Then, I was privileged—not saddled or cursed—privileged to take care of a lonely, forgotten teenager. Carmen inspired me to practice humanistic medicine, to connect both medical care and social determinants, to care across generations, to connect a woman neglected by her parents to her own unborn child—a child whose safe passage into this world depended on my ability to hear what his soon-to-be mother was really telling me. Carmen was telling me, “Sure, do a detailed root cause analysis to investigate if losing my first son was avoidable. But that won’t prevent disastrous outcomes for my subsequent pregnancies. You know what will, and it isn’t digital technology, smart devices, or an EMR.” I know what will, what can, for patients like Carmen. I have all the evidence I need before me. And you do, now, too.

Highlights
2019 Advances in Women’s Health

October 3-6, 2019

Hyatt Regency Downtown, Columbus, OH

**Ultrasound Pre-Course**

(Continued on Page 21)
Third and Fourth Year Medical Students Participated in Mock Interviews

Past President Honorary Lecture Award

Octavia Cannon, DO presents the ACOOG Past President Honorary Lecture Award to Theresa Flores, LSW, MS.
New Members
Welcome new members! The Board of Trustees approved the following new members at the October 2019 meeting in Columbus, OH.

New Regular Members
Rachel Anderson, DO
Jessica Baldetti, DO
Kristopher Bedi, DO
Joseph Bell, DO
Katie Bieber, DO
Anne Bowes, DO
Catherine Brankin, DO
Alisa Bray, DO
Katina Brown-Burruss, DO
Catherine Caponero, DO
John Carr, DO
Rachael Colpaert, DO
Jenha Dargin, DO
Aylia Downey, DO
Lindsey Eason, DO
Jennifer Enos, DO
Sheena Favors, DO
Robert Fresch, DO
Dawn Hannah, DO
Jennia Harrison, DO
Emily Henning, DO
Kathryn Klayum, DO
Carissa Kulczycki, DO
Deirdre Lahey, DO
Jennifer Lichon, DO
Melisa Lott, DO
Helen Martinez-Costa, DO
Lauren Mellor, DO
Courtney Murray, DO
James Murray, DO
Van Nguyen, DO
Danielle Prentice, DO
Lauryn Przeslawski, DO
Sara Robison, DO
Steven Rood, DO
Mariel Rotundo-Patino, DO
Zainab Saifee, DO
Sarah Spencer, DO
Benjamin Steinberg, DO

New Life Members
Laura Dalton, DO
Stephen Graham, DO
David Kaufman, DO
Fiorina Pellegrino, DO

New Affiliate Members
Robert Stevenson, MD
Angelica Etheridge, WHNP-BC,NP-C

In Memoriam
Mark Cooperstein, DO, FACOOG(Dist)

The ACOOG Board of Trustees has donated to MEFACOOG in their memory.
ACOOG Calendar of Events & AOBOG News

ACOOG CME

Calendar of Events

87th Annual Conference
March 29-April 3, 2020
Hilton La Jolla Torrey Pines
San Diego, CA

2020 Advances in Women’s Health
October 15-18, 2020
Westin Peachtree Plaza
Atlanta, GA 30303

88th Annual Conference
April 11-16, 2021
Hyatt Regency Coconut Point
Bonita Springs, FL

2021 Advances in Women’s Health
October 21-24, 2021
Sheraton Grand Chicago
Chicago, IL 6061 I

89th Annual Conference
April 3-8, 2022
Grand Hyatt San Antonio Riverwalk
San Antonio, TX

90th Annual Conference
March 26-31, 2023
Manchester Grand Hyatt
San Diego, CA

(Continued on Page 24)
AOBOG News

AOBOG Adds Second Administration of Primary Written Exam
AOBOG has added a second administration of the Primary Written Exam. In addition to the current administration in the spring, there will now be a fall administration. This change is to provide residents and practicing physicians with more opportunities to take the exam each year. View the entire calendar of upcoming exams at certification.osteopathic.org/obstetrics-gynecology/important-dates/

OCC Changes
AOBOG is currently launching its new exam format for OCC Component 3. The new platform is called Advanced Real-Time Certification (ARC) and will consist of small batches of questions delivered online periodically throughout your certification.

Primary OB/GYN diplomates with certificates expiring 12/31/2020 must register and begin the process by March 31, 2020.

Subspecialty diplomates with certificates expiring 12/31/2020 will begin the process in April 2020, and will be notified when their registration is available.

Anyone with certificates that expire in 2021 or beyond should be on the lookout for more information about ARC and when you will begin the process!

You can find more information on ARC at https://certification.osteopathic.org/obstetrics-gynecology/occ-overview/component-3/. The Physician Portal (physicianportal.osteopathic.org) is also a great resource for you to review your OCC requirements and progress.

Become an AOBOG Examiner!
Be the Change! Set the Bar!!!!

Join the AOBOG as an examiner! Participate in question and test development, work with cutting edge physicians who are making a difference! Go above and beyond by committing to the future of the osteopathic profession. We meet twice a year for exams, and all examiners earn CME while contributing to their lifelong learning. Become a part of a great group of OB/GYN leaders by joining this prestigious group of physicians!

For more information or to apply, please visit certification.osteopathic.org/obstetrics-gynecology/volunteers/ or email aobog@osteopathic.org.

AOBOG welcomes its newest examiners: Benjamin DiJoseph, DO; Robert Malsby, DO; and Todd Moyerbrailean, DO!

AOBOG also extends its sincere thanks to William Stanley, DO, for his many years of dedicated service to the board.

2020 Exam Dates and Deadlines:
• April 13-18, 2020 – Primary Written Exam – Pearson VUE testing centers across the US (final deadline to apply is March 9, 2020)
• April 24-25, 2020 – Primary Oral Exam – Rosemont, IL (final deadline to apply is January 27, 2020 or when the cap on candidates has been reached)
• April 24-25, 2020 – Subspecialty Certification Exams (initial subspecialty

(Continued on Page 25)
• April 24-25, 2020 – Subspecialty Certification Exams (initial subspecialty certification only) – Rosemont, IL (final deadline to apply is December 13, 2019)

• September 25-26, 2020 – Primary Oral Exam – Rosemont, IL (final deadline to apply is June 29, 2020 or when the cap on candidates has been reached)

• September 25-26, 2020 – Subspecialty Certification Exams (initial subspecialty certification only) – Rosemont, IL (final deadline to apply is June 8, 2020)

• November 9-14, 2020 – Primary Written Exam – Pearson VUE testing centers across the US (final deadline to apply is October 25, 2020)

All examination applications are exclusively available on the AOBOG website.

View the entire calendar of upcoming exams at certification.osteopathic.org/obstetrics-gynecology/important-dates/ Visit the AOBOG website for up-to-date information about certification, examinations, applications, and Osteopathic Continuous Certification (OCC).
INNOVATION THAT DELIVERS WHAT SHE WANTS

In nationwide surveys, over 1200 women between the ages of 30 to 50 were asked to share their thoughts about reducing or eliminating their heavy menstrual bleeding.

48% of women were interested in a 3-4 MINUTE TREATMENT TO REDUCE OR ELIMINATE THEIR HEAVY BLEEDING.

90% of women interested in ENDOMETRIAL ABLATION WANT ZERO BLEEDING over a significant reduction in bleeding.

72% of treated women reported AMENORRHEA AFTER MINERVA ES twice as high as the nearest competitor (36%)\(^2,3,4\).

And 93% of women reported bleeding was reduced to normal levels or less after Minerva (versus 78% for the nearest competitor)\(^2,3,4\).

FOR THE BEST PERIOD OF HER LIFE

1. In nationwide surveys of over 1,200 women between the ages of 30 and 55. Of the 579 interested in endometrial ablation to reduce bleeding, 90% preferred amenorrhea. Data as of Oct. Minerva Surgical Inc. 2017.
4. Data based on in vivo head study. © 2019 Minerva Surgical, Inc. Minerva ES is a trademark of Minerva Surgical, Inc.

M093 Rev. A
About MEFACOOG

The Medical Education Foundation of ACOOG (MEFACOOG) fosters ongoing improvements in women’s healthcare and supports osteopathic lifelong educational opportunities. Through donations alone, MEFACOOG helps each current and future member of ACOOG through:

- The Resident Reporter Program
- The Resident Research Forums
- Resident Poster Awards at Annual Conference
- Four endowed lectures at ACOOG CME events
- Community Service Projects

Please Donate to MEFACOOG

Your donations enable MEFACOOG to strengthen ACOOG’s CME programs and be a resource to the next generation of obstetricians and gynecologists. How can you help?

- Donate to MEFACOOG today at the conference registration desk
- Shop AmazonSmile (smile.amazon.com) and designate Medical Education Foundation of the Amer Coll of Osteopathic Ob-Gyn, Location: Fort Worth, TX as your charity and a portion of everything you buy goes to MEFACOOG
- Donate online any time at www.acoog.org/WEB/Online/Fundraising/Donate_Now.aspx (you can even set up a monthly gift)

Participate in the “Give Your Age” Challenge

All ACOOG members are challenged to make a monthly donation equal to their age every year. It’s easy. We’ll do all the work AND send you a donation receipt each year. Your donations will help advance and expand MEFACOOG’s impact on medical education and CME. Use the form below to start next month!

By signing below, I authorize MEFACOOG to charge my card a monthly donation in the amount of my age until I request recurring donations end.

Signed_________________________________   Date___________

Please fax this completed form to Jimmie at 817-377-0439 or mail to MEFACOOG, 201 Main Street, Suite 600, Fort Worth, TX 76102
CLINICAL ASSISTANT PROFESSOR-
OB/GYN CENTER FOR HEALTH SCIENCES - TULSA

Position Summary:
The Clinical Assistant/Associate Professor of OB/GYN Medicine (Clinical Faculty Non-Tenure) will be responsible for directing both low and high risk obstetrical services and gynecological care of patients in the Department of Obstetrics and Gynecology. Duties will include supervision of residents and medical students in the clinic and hospital settings, participation in didactic exercises, and diagnosis and care of patients in clinics as directed by the Department Chair

Physical Requirements:
Ability to lift, carry push, and pull 20 pounds, stoop, reach, stand, walk, finger, grasp, feel, talk, hear, see, and perform repetitive motions with or without reasonable accommodations. For full consideration, please ensure all employment history is correct and complete.

In addition, OSU Medicine’s Customer Service Philosophy is:
“We enrich lives by providing compassionate care and amazing service to every life we touch.”
We achieve our service standards with employee behaviors centered on safety, courtesy, presentation, and efficiency.

Safety is:
-Be aware of environment
-Be intentional in your actions
-Ensure accuracy
-Mitigate potential hazards

Courtesy is:
-Welcome and actively engage in a friendly and respectful manner
-Be responsive, polite, and helpful
-Smile
-Demonstrate care and concern
-Show appreciation and say “Thank You”

Presentation is:
-Be professional
-Have a clean and neat appearance
-Maintain a clean and organized work area
-Remember what you represent at all times

Efficiency is:
-Respond to needs in a timely manner
-Organize and prioritize your work
-Be available and respect others’ time
-Be innovative

Position Qualifications:
Required:
-D.O. or M.D. Field of Study Ob/Gyn
-Two (2) years of experience in direct patient care and the management of gynecological conditions and both low and high risk pregnancies.
Appropriate history of clinical research, service, and scholarly activity will also be necessary as well as a clinical record of sufficient depth to qualify for faculty appointment at the rank of Clinical Assistant Professor.

Certifications, Registrations or Licensure:
This position requires a Doctor of Osteopathic Medicine or Doctor of Medicine, Board Certification in Obstetrics and Gynecology through the AOBOG or ABOG, Board certified or eligible in Obstetrics and Gynecology, and licensed to practice in Oklahoma.

To apply online for this position please click the link below or copy and paste into your browser.
Position #: 211245 | Req ID: req6914

Center for Health Sciences - Tulsa
700 N. Greenwood Ave.
Tulsa, Oklahoma, 74106

(Continued on Page 29)
Practice Opportunities . . .
(Continued from Page 28)

OB/GYN WISCONSIN MICHIGAN
Aspirus Medford Hospital and Clinics – Medford, Wisconsin
• Flexible with clinic schedule
• Typical patient load is 15-20 patients per day
• Great team of seasoned, supportive nurses
• Average of 200-250 births per year
• 4 Private delivery rooms
• Nurse triage available for general practice needs
• Level IIIA NICU located at our tertiary center in Wausau, WI
• Level IV Trauma Center
• Will consider full-time or part-time

Aspirus Keweenaw Hospital and Clinics – Houghton/Laurium, Michigan
• Join a group of 1 OB/GYN Physician, 2 Midwives, 8 Family Medicine Physicians, 5 APC’s, and 2
  Pediatric Providers
• Flexible with clinic schedule
• 15-18 clinic patients per day
• Average 200 annual births; low c-section rate
• Full-Service Hospital on site with 3 OR suites and 3D ultrasound. Nitrous Oxide and water birth
  options.
• Level III Trauma Center
• Will consider full-time or part-time

Aspirus offers a competitive compensation and benefits package including:
• Up to $200,000 in student loan repayment
• Up to $75,000 Sign on Bonus
• Up to $15,000 Relocation Assistance
• Two Retirement Plans - 403(b) & 457(b)
• Excellent PTO/Vacation Allowance
• Residency Stipend Possibilities
• CME Time off & Allowance
• EPIC EMR System-Wide

To learn more, call 1-800-792-8728, email PhysicianRecruitment@aspirus.org or visit www.aspirus.org/provider-opportunities

OB/GYN – ROWAN MEDICINE
Rowan Medicine is more than our name. It is who we are. Rowan Medicine is our community – our
physicians, nurses, physician assistants, nurse practitioners, social workers, therapists and staff members –
uniting to bring the best and most convenient health care available to you and your family. For more than
three decades, our deep commitment to South Jersey has continued to grow, combining compassion with
expertise throughout the region.

Our employed positions offer:
Because we also teach the next generation of physicians at Rowan University’s acclaimed School of
Osteopathic Medicine, we provide the leading edge of medical innovation that focuses on promoting
wellness for the whole person

We are seeking an OB/GYN physician to join an established, progressive, to be five physician and five-
midwife practice providing obstetric and gynecologic care. Current structure allows for first call to be taken

(Continued on Page 30)
Practice Opportunities . . .
(Continued from Page 29)

by practice midwives, with physicians handling back up call only. The selected candidate will provide and manage comprehensive care to women of all ages at our Sewell, NJ location. Additionally, the candidate will participate in the training and education of medical students, interns, residents and fellows. We practice value-based care, creating a high value delivery organization for women’s healthcare that produces the best outcomes and patient experience, while maintaining a great quality of life for the Physician. Come join us!

Status: Full Time
Availability: July 2020
Call Coverage: Back up call only - Practice midwives take first call.

Opportunity Highlights:
Great location – growing area in Southern New Jersey; approximately 8 miles from Philadelphia, 1 hour from the Atlantic Ocean and 2 hours from New York City. Work in a safe, family-oriented community with a superb quality of life offering great schools and neighborhoods. Resident/medical student teaching opportunity through Rowan University School of Osteopathic Medicine

Recruitment Package:
Salary is competitive, accompanied by a comprehensive benefits package including a second-to-none deferred contribution and Rowan undergraduate tuition for eligible dependents.

Qualifications:
The selected candidate must hold the following:
• Valid NJ Medical License
• CDS
• DEA
• Board Certified/Eligible in Obstetrics and Gynecology

Applicants should submit an online application. Please include letter of interest and curriculum vitae. Any questions regarding position prior to applying, please contact Professor and Chair of OB/GYN, Dr. Adam Holzberg at holzberg@rowan.edu or (856) 566-7099. Rowan University values diversity and is committed to equal opportunity in employment. All positions are contingent upon budget appropriations.

Qualified candidates are invited to apply on the Rowan University job site at: https://jobs.rowan.edu/en-us/job/494129/full-time-obgyn-physician

PERMANENT OBSTETRICS & GYNECOLOGY POSITION
At Patrow, Harbin & Poist OB/GYN, M.D., P.C., our employee culture combines a friendly and collegial work environment with high performance standards. We are actively seeking a BE/BC Obstetrics & Gynecology Physician to join our team! In addition to excellent compensation, the incoming provider can expect to be a part of a busy practice with opportunity for partnership after 3 years.

Practice Highlights:
• 1 and 6 call covering 1 Hospital, Level 3 Nursery
• Da Vinci Robotics Available
• Excellent Support staff model
• No Visa Sponsorship

Interested candidates please contact:
Kelly Hargrove
314-236-4454
khargrove@cejkasearch.com

Please reference Position ID 161241 when responding.

Tuscaloosa, Alabama Highlights:
Home to top ranked University of Alabama
• Vast array of festivals and cuisines
• Mild weather for year round outdoor fun
• Culturally diverse communities
• Thriving metro area full of southern charm

(Continued on Page 31)
MATERNAL FETAL MEDICINE PHYSICIANS (OHIOHEALTH)
OhioHealth Maternal Fetal Medicine Physicians is hiring a Maternal Fetal Medicine Physician to join a well-established practice serving the Columbus, Ohio, community.

The practice has locations at OhioHealth Riverside Methodist Hospital (RMH), OhioHealth Grant Medical Center (GMC), OhioHealth Dublin Methodist Hospital (DMH) and additional outreach locations. RMH and GMC both have Level III Maternity Service and Level III NICU and DMH has level II Maternity Service and Level II NICU, proving world-class healthcare. Strong partnership through a loyal referral base of OB/GYNs. The three main practice locations offer advanced diagnostics, including 3D/4D ultrasound and genetic counseling services. 1:9 weekend call schedule. Enjoy the stability of employment along with highly competitive compensation, comprehensive benefits, relocation assistance, and student loan reimbursement.

Partnering for Healthcare Excellence Today and in the Future
Today’s complex healthcare environment requires physicians and hospitals to work together to achieve excellence in clinical quality, patient safety and service quality. One of the ways we achieve that kind of partnership is through the OhioHealth Physician Group (OPG), a medical group of OhioHealth physicians, advanced practice providers and associates. We value the expertise of our strong physician network. We seek out your ideas for improving the patient experience and implement them. It’s one of the reasons why we are regularly ranked in the top 10 percent of Press Ganey’s hospital experience survey, which measures physician engagement and satisfaction.

You can contribute to a culture that has repeatedly made OhioHealth one of the Fortune “100 Best Companies to Work For.” And you can collaborate with MD Anderson Cancer Network-certified physicians, use telemedicine to seek the real-time advice of experts across the system, be a part of our state-of-the-art Neuroscience facility, Level 1 Trauma Center or Primary Stroke Center, or find your fit in any of our ambulatory or specialized care sites across the central region of the state.

We Never Stop Learning
At OhioHealth, we want to do more than support the careers of our physicians — we want to grow their talents and help them reach their highest aspirations. We see your education not as an expense, but as a strategic investment in the health system.

We know growth isn’t limited to just education, so we rely on the voices and leadership of our physicians. We have Clinical Guidance Councils, a Physician Diversity Workforce Group, and the OhioHealth Physicians Leadership Institute to help you lead, grow and innovate in all facets of your career.

We Want to Talk About Your Future
Columbus is one of the top locations in the country for young professionals, with a mix of big-city amenities and small-town affordability. OhioHealth offers a wide range of professional experiences in communities throughout central and southeast Ohio, giving you the opportunity to find the perfect fit for your family and your career.

For more information, please contact Jessica Federer at (614) 544-4355 or email your CV to Jessica.Federer@ohiohealth.com.
OB/GYN – FQHC IN CENTRAL CA
Are you a newly trained or experienced OB/GYN Physician in search of a challenging yet supportive practice opportunity? If so, consider joining the expanding provider team at Family HealthCare Network. Located in the heart of California’s growing Central Valley, we are a dedicated team, working together with patients to optimize the health of the community. Our providers are committed to offering exceptional primary care, and have the opportunity to build their skills among a team of multi-specialty providers. With access to on-site services such as ultrasound, imaging, laboratory services, and other specialty services, you will have the opportunity to focus on providing quality medicine with a mission.

Our employed positions offer:
- a team approach to care
- a stable work environment with a competitive income
- an attractive benefits package with an extensive list of professional benefits
- located within a couple of hours from the state’s beautiful foothills, lakes, the Sequoia National Park and the Central Coast.

You will be fully supported to provide the patient care you have been trained to do. We are currently seeking board certified or board eligible providers seeking to offer quality health care services with a mission.

For more information contact or send your CV to:
Marya Vela, Provider Staff Recruiter
mvela@fhcn.org or providerrecruitment@fhcn.org
559-737-4710

OB/GYN - PEORIA, IL - ACADEMIC PHYSICIAN OPPORTUNITY
Job Specifics:
The Department of Obstetrics and Gynecology at the University Of Illinois College Of Medicine at Peoria is seeking an obstetrician/gynecologist to serve as a non-tenured, clinical discipline track faculty at the rank of Assistant/Associate/Professor.

Candidates must have a MD/DO degree, be board certified or eligible, and licensed or eligible for licensure in the State of Illinois. The position will supervise and educate OB/GYN residents in out-patient clinics, in-patient services, labor & delivery, and surgery. Opportunities exist for clinical research. Prior experience in graduate medical education is highly desirable. Minimal call is required. EEO Employer M/F/Vet/Disabled.

The Community
Peoria, the largest Illinois metropolitan area outside of Chicago and St. Louis, is home to a large collection of medical research, educational and clinical facilities including the University of Illinois College of Medicine at Peoria and Jump Trading Simulation & Education Center. Peoria, Illinois, offers a range of residential opportunities whether you are looking for something out of the way, in the woods, along the river or right in the heart of the city. Peoria is also home to a number of performance venues, museums, art galleries and more than two dozen historic landmarks of both local and national fame.

About The University of Illinois College of Medicine at Peoria.
The University of Illinois College of Medicine Peoria makes up one of the nation’s largest public medical school. The Peoria campus is known among students for its small class sizes, rigorous curriculum and hands-on clerkships; to residents and fellows for the strong academic setting, large referral base and
exceptional facilities; and by physicians seeking the ideal combination of teaching and practicing medicine in a research-based university setting.

Please contact or send CV to:
Brandi McCombs, OSF HealthCare Physician Recruitment
Ph: (309) 683-8351 | Fax: (309) 683-8353
Email: brandi.n.mccombs@osfhealthcare.org
Web: osfhealthcare.org

OB/GYN - VALLEJO, CA    - SUTTER MEDICAL GROUP
Sutter Medical Group is currently seeking a BC/BE OB/GYN for an established practice in Vallejo, CA.

Sutter Medical Group is a successful, 1000+ member multi-specialty group offering physicians the opportunity to build their practices within a progressive, financially sound and collaborative organization. SMG is recognized as a Top Performing Physician Group by the Integrated Healthcare Association. Our members are dedicated to providing the highest quality and most complete health care possible to the people in the communities we serve in the greater Sacramento Sierra Region of Amador, Placer, Sacramento, Solano and Yolo Counties.

Join us and enjoy:
- Income guarantee with shareholder track
- Generous compensation and benefits, including 401(k)
- Advanced practice technology, including Electronic Medical Records
- A positive work-life balance and Northern California’s natural beauty and lifestyle
- Community Information
- Our inviting Northern California location offers a rich variety of lifestyle advantages. Come experience exhilarating outdoor activities with convenient access to the Napa Valley wine country, the splendor of Lake Tahoe, the majestic Sierra Nevada Mountains and the excitement of San Francisco.

Contact Information
Jason Tafoya, Physician Recruiter
Sutter Health, Sacramento Sierra Region
2750 Gateway Oaks, Sacramento, CA 95833
800.650.0625
Tafoyajp@sutterhealth.org
www.checksutterfirst.org

CENTRAL OHIO REGION (OHIOHEALTH)
OhioHealth is seeking OB/GYN physicians to join their successful hospital employed teams at multiple locations in the Central Ohio region, including Athens and Marion. These well-established practices are extremely busy with a loyal patient base.

Join us and enjoy:
- Both practices are in close proximity to the hospital
- Supportive team environment
- Excellent benefits and retirement packages

OhioHealth, a family of not-for-profit, faith-based hospitals, has been serving patients in central Ohio since 1891. Its campuses are comprised of 11 award-winning hospitals and more than 200 neighborhood care
sites within the central Ohio region. Our network is comprised of approximately 3,500 of Ohio’s finest physicians. These physicians work in practices, hospitals and ambulatory sites throughout the communities we serve. The OhioHealth Physician Group (OPG) employs more than 600 physicians, in primary care and a wide range of specialties. We also partner with hundreds of independent practicing physicians, to add to the overall healthcare quality in central Ohio.

For the twelfth consecutive year, OhioHealth was recognized by FORTUNE Magazine as one of the “100 Best Companies” to work for in the nation. OhioHealth has also been named one of the nation’s top 15 health systems for clinical performance by IBM Watson Health six times – more than any other health system. OhioHealth has ranked first or second nationally for the last seven years in Press Ganey’s Physician Engagement Survey.

For more information, please contact Jessica Federer at (614) 544-4355 or email your CV to Jessica.Federer@ohiohealth.com.

OB/GYN - OTTAWA, IL
What are you looking for? Great base salary? Work/life balance? Proximity to a big city? We have the total package...

Job Specifics
- Work/life balance exists in this new position as an employed physician of OSF HealthCare Medical Group
- Call is 1:4 weekends; single hospital responsibilities at OSF Saint Elizabeth Medical Center
- Supportive work environment including 3 OB/GYN, Midwife, Nurse Practitioner and onsite Maternal Fetal Medicine Clinic
- Epic electronic health record is utilized in OSF inpatient and outpatient settings
- H1B visa applications accepted.
- EEO Employer M/F/Vet/Disabled

The Benefits
- Competitive base salary plus incentives.
- 4 weeks paid vacation and 6 paid holidays
- 480 hours sick time/year
- Signing bonus
- Loan repayment options
- Paid occurrence based malpractice, CME, association membership dues
- Health, life, and dental insurance, retirement plan, and paid relocation

The Community
- Ottawa, a town with a population of 18,000, has easy access to I-80 and I-39, offers ready access to major cultural centers in Chicago, Rockford, and Peoria (each approximately 80 to 90 minutes by car)
- The community has a family-oriented environment and boasts excellent public and parochial schools.
- Recreational opportunities abound with four beautiful State parks located within ten minutes of Ottawa (Starved Rock, Mathieson Park, Buffalo Rock and Illini State Park) and the Illinois & Michigan Canal Trail.

Not enough? OSF HealthCare, named best employer in Illinois by Forbes magazine!

Please contact or send CV to:
Brandi McCombs, OSF HealthCare Physician Recruitment
Ph: (309) 683-8351 or (800) 232-3129, press 8 | Fax: (309) 683-8353
Email: brandi.n.mccombs@osfhealthcare.org Web: osfhealthcare.org

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Practice Opportunities . . .
(Continued from Page 34)

KSB HOSPITAL - DIXON, IL
Excellent opportunity for a board certified or eligible OB/GYN to join our Hospital Employed practice at KSB in Dixon, IL. You will be joining 2 physicians and 2 APPs in this busy practice with a healthy mix of obstetrics and gynecology. Our BirthPlace, with an exciting remodel completing in early 2019, averages approx. 350 births per year. Call is 1:3.

You can expect:
• Very competitive compensation plan
• Comprehensive benefit plans for the physician and their family
• 4 week’s vacations in addition to 2 weeks CME
• Relocation assistance
• Education loan repayment assistance
• Signing bonus
• And more!

About KSB
KSB Hospital is an independent, 80 bed community hospital. We currently employ 55 physicians in a multi-specialty, hospital integrated group practice. At KSB, it’s the people – our patients, our team, our families – that make us special!

About Our Community
KSB Hospital lies on the banks of the Rock River in historic Dixon, IL. Dixon has much to offer a physician and their family! Living in Dixon offers the advantages of a smaller town with a great quality and cost of living, welcoming neighbors, and a safe environment - all while still being less than 2 hours from anywhere in Chicago including O’hare International Airport and the Magnificent Mile. With Dixon’s more than 25 parks, a selection of golf courses, a beautiful riverfront, and a vibrant downtown; we have plenty to offer for everyone!

Direct Contact Information
To hear more about this opportunity, please contact Ryan Miller, Physician Recruiter, KSB Hospital, rmmiller@ksbhospital.com, 815-285-5901

OB/GYN ESCANABA, MI
Job Specifics:
• Seeking an additional OB/GYN physician to join a stable practice of four Board Certified OB/GYN physicians and one APN at OSF HealthCare St. Francis Hospital & Medical Group in Escanaba, MI
• Equal mix of obstetrics and gynecology
• Average more than 300 deliveries per year
• Regional leader in minimally invasive gynecologic surgeries
• Call is taken one week at a time. Reduced time is allocated for office patients and the focus is on the care of the obstetric patient.
• EEO Employer M/F/Vet/Disabled

Benefits:
• Competitive base salary plus incentives.
• 4 weeks paid vacation and 6 paid holidays
• 480 hours sick time/year
• Signing bonus
• Loan repayment options
• Paid occurrence based malpractice, CME, and association membership dues
• Health, life, and dental insurance, retirement plan, and paid relocation

Hospital:
• OSF St. Francis is part of OSF HealthCare, a 13-hospital health system that has been serving the South Central Upper Peninsula of Michigan and Illinois since 1884

(Continued on Page 36)
Designated a “Top Rural Hospital” by the Leapfrog Group for six years
Second busiest critical access hospital in the state of Michigan.
Physician longevity

Community:
- Located on Lake Michigan in the Upper Peninsula of Michigan, Escanaba is in the heart of Delta County and is known for the largest stretch of fresh water shoreline in the U.S. and is surrounded by nearly 900,000 acres of national
- Escanaba has a population of about 16,000 residents with about 45,000 residents throughout the entire service area.
- The area schools are ranked among the best in the U.S.
- Enjoy four distinct seasons of recreational activities, including hiking, rock climbing, kayaking, golfing, bicycling, fishing, sailing, snowmobiling, snowshoeing, skiing, swimming and camping.

Please contact or send CV to:
Brandi McCombs, OSF HealthCare Physician Recruitment
Ph: (309) 683-8351 | Fax: (309) 683-8353
Email: Brandi.n.mccombs@osfhealthcare.org
Web: https://www.osfhealthcare.org/st-francis/
YouTube: https://www.youtube.com/watch?v=r4IgrREeIH8

OB/GYN ROCKFORD, IL WHAT ARE YOU LOOKING FOR?
GREAT BASE SALARY? WORK/LIFE BALANCE? PROXIMITY TO A BIG CITY? WE HAVE THE TOTAL PACKAGE

Job Specifics:
- OSF Medical Group, part of OSF HealthCare, seeks a board certified/board eligible Ob/GYN physician to join a robust and growing practice including four physicians and one APN.
- OSF HealthCare would welcome and embrace an OB/GYN physician focused on Natural Family Planning methods.
- Academic appointment is available with the UIC College of Medicine, Rockford, Illinois.
- Clinic is located just two blocks from OSF Saint Anthony Medical Center.
- Group has approximately 500 deliveries per year.
- Call is 1:5.
- EEO Employer M/F/Vet/Disabled

The Benefits:
- Competitive base salary plus incentives.
- 4 weeks paid vacation, 6 paid holidays and 480 hours sick time/year
- Signing bonus
- Loan repayment options
- Paid occurrence based malpractice, CME, association membership dues
- Health, life, and dental insurance, retirement plan, and paid relocation

The Community:
- OSF HealthCare Saint Anthony Medical Center, is a 254-bed, Level I Trauma Center located in Rockford, Illinois. Serving Northern Illinois, OSF HealthCare Saint Anthony Medical Center is home to the Center for Cancer Care, Cardiovascular Institute, Illinois Neurological Institute and OSF Wound Healing Center. https://www.osfhealthcare.org/saint-anthony/. The Rockford area is home to some of the greatest variety in residential opportunities and is consistently ranked as one of the top five metropolitan areas in the United States for affordable housing.
- The Rockford area is home to some of the greatest variety in residential opportunities and is consistently ranked as one of the top five metropolitan areas in the United States for affordable housing.
- The Rockford Park District consists of over 150 public parks, 10 golf courses and more than 7,000 acres of land, providing residents plenty of room to bike, hike, swim, boat, picnic, camp and fish

(Continued on Page 37)
Please contact or send CV to:
Brandi McCombs
OSF HealthCare Physician Recruitment
Ph: (309) 683-8351 | Fax: (309) 683-8353
Email: Brandi.n.mccombs@osfhealthcare.org

OBSTETRICS/GYNECOLOGY – ESTABLISHED PRACTICE, ABOUT ONE HOUR TO PHOENIX-METRO
Excellent opportunity for BC/BE Ob/Gyn physician to join Banner Medical Group in the beautiful, mountainous town of Payson, AZ. We are actively recruiting for an experienced, team-oriented physician to join this established practice.

Imagine a career where you can:
- Drive health care change
- Experience a physician-led environment where your voice matters
- Collaborate with top specialists and medical centers in an integrated setting
- Access academic medicine, research and clinical trials
- Advance into key leadership roles or other subspecialties
- Experience greater professional stability with access to sound systems in place
- Enjoy a culture where physician well-being is weaved into our values

We seek candidates who are:
- Board Certified or Board Eligible in Obstetrics/Gynecology
- Minimum two years of experience
- Interested in full scope Ob/Gyn
- Patient-focused, friendly and energetic

Payson is a beautiful town that offers a lower cost of living, loads of outdoor activities, and a small-town feel. With a mild four seasons, Payson acts as a gateway to some of the state’s most popular outdoor activities: hiking, photography, camping, skiing, fishing, hunting, etc. With hospital privileges at Banner Payson Medical Center, our practice provides care to a population of over 15,000 as well as several surrounding communities. Some additional details about the position:

- Monday - Thursday office hours; weekday and weekend (low-volume) call shared 1:2
- Medical Assistants, dedicated Surgery Scheduler, Front Office, and leadership support
- Expected patient load of 20-25 patients/day/physician

Banner Health is one of the largest non-profit health care systems in the country with twenty-eight hospitals (15 in Arizona), six long term care centers and an array of other services, including family clinics, home care services and home medical equipment, in six western states. As a leading nonprofit provider of health care in every community we serve, Banner Health is deeply committed to our providers with a customer-obsessed approach to making health care easier, so life can be better. Your voice is valued, your well-being matters, and strong teams are fostered.

In addition to a culture where innovation and improvement are encouraged, WE OFFER YOU a generous compensation package including: competitive base salary + paid time off + relocation assistance + paid malpractice + paid CME plus allowance + paid professional fees + 401k matching + excellent benefit package options that provide security for you and your family.

Please submit your CV for immediate consideration, to: doctors@bannerhealth.com.
For questions, please contact Pam Disney, Sourcing Strategist, at: (602) 747-4397. Visit our website at: www.bannerdocs.com

As an equal opportunity and affirmative action employer, Banner Health recognizes the power of a diverse community and encourages applications from individuals with varied experiences and backgrounds. Banner Health is an EEO/AA - M/W/D/V Employer. Please, No Agency Solicitation.
THE 87TH ANNUAL CONFERENCE

THE RIGHT CARE FOR EVERY WOMAN

MARCH 29 - APRIL 3, 2020
HILTON TORREY PINES | LA JOLLA, CA

LATEST RESEARCH
RELEVANT TOPICS
HEALTHCARE INNOVATIONS
NETWORKING OPPORTUNITIES

WWW.ACOOG.ORG
CONFERENCE AGENDA*

33 CME Credits
Category 1A, AOA Credit and AMA PRA Category 1 Credit™

Sunday, March 29, 2020 (4 CME Credits, optional)

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 – 5 PM</td>
<td>Early Registration Open (Grand Foyer)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 – 5</td>
<td>Networking Lounge (Grand Foyer)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 – 5</td>
<td>Optional Preconference Workshops ($)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:00</td>
<td>REI Subspecialty Pre-course</td>
<td>Nicole Kummer, MD</td>
<td>Scripps Ballroom II</td>
</tr>
<tr>
<td>2:00</td>
<td>4 Extra CME Credits</td>
<td>$150</td>
<td>Scripps Ballroom II</td>
</tr>
<tr>
<td>3:00</td>
<td>1 PM - 5:15 PM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:00</td>
<td>Amenorrhea</td>
<td>Nicole Kummer, MD</td>
<td></td>
</tr>
<tr>
<td>2:00</td>
<td>Recurrent Pregnancy Loss</td>
<td>Nicole Kummer, MD</td>
<td></td>
</tr>
<tr>
<td>3:00</td>
<td>Break</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3:15</td>
<td>What is Pre-implantation Genetic Testing</td>
<td>Jillian Kurtz, DO</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and Who Needs It? PGT-A, PGT-M, PGT-SR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4:15</td>
<td>Lifestyle Effects on Fertility</td>
<td>Ellen Wood, DO</td>
<td></td>
</tr>
<tr>
<td>5:15</td>
<td>Adjourn</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 – 7:30</td>
<td>Non-CME Symposium Opportunity</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Monday, March 30, 2020 (6 CME Credits available)

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:30 AM</td>
<td>Breakfast &amp; Exhibits</td>
<td>Thomas Dardarian, DO</td>
<td>Fairway Ballroom</td>
</tr>
<tr>
<td>7:30 AM</td>
<td>President's Welcome Address</td>
<td></td>
<td>Grande Ballroom</td>
</tr>
<tr>
<td>7:45 AM</td>
<td>Distinguished Fellows Honorary Presentation</td>
<td>Bernard L. Lopez, MD, MS</td>
<td>Grande Ballroom</td>
</tr>
<tr>
<td>8:30 AM</td>
<td>The Latest &amp; Greatest in REI</td>
<td>Tara Budinetz, DO</td>
<td>Grande Ballroom</td>
</tr>
<tr>
<td>9:15 AM</td>
<td>The Past and Present of IVF: Over Forty</td>
<td>Michael Sobel, DO</td>
<td>Grande Ballroom</td>
</tr>
<tr>
<td></td>
<td>Years of Reproductive Technology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:00 AM</td>
<td>Break &amp; Visit Exhibits</td>
<td></td>
<td>Fairway Ballroom</td>
</tr>
<tr>
<td>10:45 AM</td>
<td>Current Recommendations and Guidelines</td>
<td>John Orris, DO</td>
<td>Grande Ballroom</td>
</tr>
<tr>
<td></td>
<td>for Diagnosis &amp; Management of PCOS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
11:30 AM  Thinking Like an Obesity Physician: Nutrition and Weight Loss Strategies for PCOS  Carolynn Francavilla, MD  Grande Ballroom

12:15 PM  Lunch with Exhibits  Fairway Ballroom

1:30 PM  Gender Transitions: The Journey from Man to Woman: The Good, The Bad and The Ugly  Danielle Weitzer, DO  Grande Ballroom

2:15 PM  Gender Transitions: Caring for the Transgender Patient, with little Evidence but A lot of Love - Lessons Learned Creating a Transgender Health Clinic in the South  Shayne Sebold Taylor, MD  Grande Ballroom

3:00 PM  Break and Visit Exhibits  Fairway Ballroom

3:45 PM  Fertility Preservation: The Elective and Oncofertility Perspectives  Tara Budinetz, DO  Grande Ballroom

4:30 PM  Adjourn for the Day

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### Tuesday, March 31, 2020 (7.5 CME Credits)

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 – 7:30 AM</td>
<td>Breakfast and Visit Exhibits</td>
<td></td>
<td>Fairway Ballroom</td>
</tr>
<tr>
<td>7:30</td>
<td>Using Data to Assess Your Practice and Make Your Life Easier</td>
<td>Harry C. Sax, MD</td>
<td>Grande Ballroom</td>
</tr>
<tr>
<td>8:15</td>
<td>Self-valuation: Attending to the Most Important Instrument in the Practice of Medicine</td>
<td>Miccy Trockel, MD, PhD</td>
<td>Grande Ballroom</td>
</tr>
<tr>
<td>9:00</td>
<td>Screening and Management of Depression in Women at Midlife and Beyond</td>
<td>Claudio Soares MD, PhD, FRCPC, MBA</td>
<td>Grande Ballroom</td>
</tr>
<tr>
<td>9:45</td>
<td>Break and Visit Exhibits</td>
<td></td>
<td>Fairway Ballroom</td>
</tr>
<tr>
<td>10:15</td>
<td>Girl Power- Pearls for the Adolescent's First Ob/Gyn Visit and Common Referral Questions</td>
<td>Emily Barnard, DO</td>
<td>Grande Ballroom</td>
</tr>
<tr>
<td>11:00</td>
<td>Considerations for Partner Therapy in Patients with Bacterial Vaginosis</td>
<td>Diane Bruessow, PA-C, DFAAPA</td>
<td>Grande Ballroom</td>
</tr>
<tr>
<td>12:00 – 1:00 PM</td>
<td>ACOOG Membership Meeting and Luncheon (ACOOG members only, please)</td>
<td></td>
<td>Grande Ballroom</td>
</tr>
<tr>
<td>1:15 PM</td>
<td>ERAS (Enhanced Recovery After Surgery) Pathways to Expedite and Enhance Recovery</td>
<td>Eric Carlson, DO</td>
<td>Grande Ballroom</td>
</tr>
<tr>
<td>2:00</td>
<td>Advances in Undergraduate Training in Obstetrics and Gynecology</td>
<td>David Forstein, DO</td>
<td>Grande Ballroom</td>
</tr>
<tr>
<td>2:45</td>
<td>Break</td>
<td></td>
<td>Grand Foyer</td>
</tr>
<tr>
<td>3:00</td>
<td>Maternal Complications in Breastfeeding</td>
<td>Katrina B. Mitchell, MD, IBCLC</td>
<td>Grande Ballroom</td>
</tr>
<tr>
<td>3:45</td>
<td>Substance Use and Abuse in Pregnancy: Tobacco, Vaping, Opioids, Cannabis/CBD</td>
<td>Corinna Muller, DO</td>
<td>Grande Ballroom</td>
</tr>
<tr>
<td>5:15 PM</td>
<td>Adjourn for the Day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6:30 – 7:30 PM</td>
<td>New Fellows/Distinguished Fellows Reception (invitation only)</td>
<td></td>
<td>Parterre Gardens</td>
</tr>
</tbody>
</table>

### Wednesday, April 1, 2020 (5.75 CME Credits)

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:45 – 7:15 AM</td>
<td>Breakfast</td>
<td></td>
<td>Grand Foyer</td>
</tr>
<tr>
<td>7:15</td>
<td>Osteopathic Medicine: Today and Beyond</td>
<td>Thomas El, DO, AOA President Elect</td>
<td>Grande Ballroom</td>
</tr>
<tr>
<td>7:45</td>
<td>ACOOG Update</td>
<td>Eva Chalas, MD, FACOG ACOG President-Elect</td>
<td>Grande Ballroom</td>
</tr>
<tr>
<td>Time</td>
<td>Topic</td>
<td>Presenter</td>
<td>Location</td>
</tr>
<tr>
<td>-------</td>
<td>-----------------------------------------------------</td>
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</tr>
<tr>
<td>8:15</td>
<td>MEFACOOG Update: Impact on Resident, Fellow and Practicing Physician Education</td>
<td>MEFACOOG Chair</td>
<td>Grande Ballroom</td>
</tr>
<tr>
<td>8:30</td>
<td><strong>MEFACOOG Distinguished Lecture</strong></td>
<td>Saroj Misra, DO</td>
<td>Grande Ballroom</td>
</tr>
<tr>
<td></td>
<td>Remembering our Roots: Applying Our Osteopathic Tenets to The Practice of Women’s Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:15</td>
<td><strong>Barbara Hawkes Honorary Fellows Presentation</strong></td>
<td>Colleen McNicholas, DO</td>
<td>Grande Ballroom</td>
</tr>
<tr>
<td></td>
<td>Physician Advocacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:00</td>
<td>Break (New Fellows, Boards, Past Presidents assemble for entrance processional)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:30</td>
<td>Awards Ceremony &amp; Presentation of New Fellows</td>
<td></td>
<td>Grande Ballroom</td>
</tr>
<tr>
<td>12 PM</td>
<td>Non-CME Lunch Symposium</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 – 4:15 PM</td>
<td><strong>Breakout Sessions (Scripps Ballroom)</strong></td>
<td><strong>Breakout Sessions (Grande Ballroom)</strong></td>
<td></td>
</tr>
<tr>
<td>1:00 PM</td>
<td>MFM: Heme Disorders</td>
<td>Ask the Specialists: Roundtable Discussion</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Corinna Muller, DO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:45 PM</td>
<td>MFM: HIV in Pregnancy</td>
<td>Ask the Specialists: Roundtable Discussion</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Jason Wheatley, DO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2:30 PM</td>
<td>Break</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>2:45 PM</td>
<td>GynOnc: Hyperplasia EIN</td>
<td>Amniotic Fluid Embolism: A Patient Safety Perspective</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ajit Gubbi, DO</td>
<td>William Bradford, DO and Miranda Klassen (AFE Foundation)</td>
<td></td>
</tr>
<tr>
<td>3:30 PM</td>
<td>GynOnc: Ovarian Cancer</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Jeffrey James, DO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4:15 PM</td>
<td>Adjourn for the Day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6:30 PM</td>
<td>Presidential Celebration (Tickets Required)</td>
<td></td>
<td>(Fairway Gardens)</td>
</tr>
</tbody>
</table>

### Thursday, April 2, 2020 (6 CME Credits)

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30 – 8 AM</td>
<td>Breakfast</td>
<td></td>
<td>Grand Foyer</td>
</tr>
<tr>
<td>8:00 AM</td>
<td>Maternal Cardiac Arrest: Difficult Cases</td>
<td>Niamh Condon, DO</td>
<td>Grande Ballroom</td>
</tr>
<tr>
<td>8:45 AM</td>
<td>The High-Risk Patient on Labor and Delivery</td>
<td>Emmie Strassberg, DO</td>
<td>Grande Ballroom</td>
</tr>
<tr>
<td>9:30 AM</td>
<td>Recommendations for Sepsis Management in Pregnancy</td>
<td>Roger Packard, DO</td>
<td>Grande Ballroom</td>
</tr>
<tr>
<td>10:15 AM</td>
<td>Break</td>
<td></td>
<td>Grand Foyer</td>
</tr>
<tr>
<td>10:30 AM</td>
<td>Trauma in Pregnancy</td>
<td>Meike Schuster, DO</td>
<td>Grande Ballroom</td>
</tr>
<tr>
<td>11:15 AM</td>
<td>Endometriosis Diagnosis &amp; Treatment: A Call to Action</td>
<td>Sanjay Agarwal, MD</td>
<td>Grande Ballroom</td>
</tr>
<tr>
<td>12 – 1 PM</td>
<td>Non-CME Symposium with Lunch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:00 PM</td>
<td>Management of Diabetes in Pregnancy</td>
<td>Emmie Strassberg, DO</td>
<td>Grande Ballroom</td>
</tr>
<tr>
<td>1:45 PM</td>
<td>Hypertension Disorders</td>
<td>Niamh Condon, DO</td>
<td>Grande Ballroom</td>
</tr>
<tr>
<td>2:30 PM</td>
<td>The Latest and Greatest: MFM Updates for 2020</td>
<td>Meike Schuster, DO</td>
<td>Grande Ballroom</td>
</tr>
<tr>
<td>3:15 PM</td>
<td>Adjourn for the Day</td>
<td></td>
<td></td>
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</tbody>
</table>

### Friday, April 3, 2020 (3.75 CME Credits)

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:30 – 7 AM</td>
<td>Breakfast</td>
<td></td>
<td>Grand Foyer</td>
</tr>
<tr>
<td>7:00 AM</td>
<td>The Latest &amp; Greatest: GynOnc Update for 2020</td>
<td>Jeffrey James, DO</td>
<td>Grande Ballroom</td>
</tr>
<tr>
<td>7:45 AM</td>
<td>Surgical Pearls</td>
<td>Ajit Gubbi, DO</td>
<td>Grande Ballroom</td>
</tr>
<tr>
<td>8:30 AM</td>
<td>Breast Masses</td>
<td>Beth DuPree, MD</td>
<td>Grande Ballroom</td>
</tr>
<tr>
<td>9:15 AM</td>
<td>Break</td>
<td></td>
<td>Grand Foyer</td>
</tr>
<tr>
<td>9:30 AM</td>
<td>Hypoactive Sexual Desire Disorder</td>
<td>Betsy Greenleaf, DO</td>
<td>Grande Ballroom</td>
</tr>
<tr>
<td>10:15 AM</td>
<td>Osteoporosis Management in Postmenopausal Women</td>
<td>David Boes, DO</td>
<td>Grande Ballroom</td>
</tr>
<tr>
<td>11:00 AM</td>
<td>Conference Adjourns</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# IMPORTANT MEETINGS DURING THE CONFERENCE

## Saturday, March 28

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 AM – 5 PM</td>
<td>AOBOG Meeting (La Jolla Canyon)</td>
</tr>
</tbody>
</table>

## Sunday, March 29

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 AM – 12 PM</td>
<td>ACOOG Board of Trustees Meeting (Scripps Ballroom)</td>
</tr>
<tr>
<td>8 AM – 5 PM</td>
<td>AOBOG Meeting (La Jolla Canyon)</td>
</tr>
<tr>
<td>1 PM – 5 PM</td>
<td>AOBOG Meeting (Ocean)</td>
</tr>
</tbody>
</table>

## Monday, March 30

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:30 – 7:30 AM</td>
<td>Resident Reporter Orientation Breakfast (Required for ALL Resident Reporters) (La Jolla Cove)</td>
</tr>
<tr>
<td>9:00 – 11:00 AM</td>
<td>Research &amp; Awards Committee Poster Presentation Judging (Meet at 8:45 AM near conference registration) (Grand Foyer)</td>
</tr>
<tr>
<td>1 PM – 5 PM</td>
<td>AOBOG Meeting (La Jolla Shore)</td>
</tr>
</tbody>
</table>

## Tuesday, March 31

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00 – 8:30 AM</td>
<td>Historian &amp; Traditions, Membership &amp; Promotions Committee Meeting (La Jolla Canyon)</td>
</tr>
<tr>
<td>8:30 – 11:30 AM</td>
<td>MEFACOOG Board of Directors Meeting (La Jolla Cove)</td>
</tr>
<tr>
<td>11:45 AM – 12:45 PM</td>
<td>ACOOG Membership Meeting/Luncheon (Grand Ballroom)</td>
</tr>
<tr>
<td>6:30 – 7:30 PM</td>
<td>New Fellows/Distinguished Fellows Reception (invitation only) (Parterre Gardens)</td>
</tr>
</tbody>
</table>

## Wednesday, April 1

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:30 – 3:00 PM</td>
<td>ACOOG Board of Trustees Re-Organizational Meeting (La Jolla Cove)</td>
</tr>
<tr>
<td>6:30 – 9:30 PM</td>
<td>Presidential Celebration (tickets required) (Fairway Gardens)</td>
</tr>
</tbody>
</table>

## Thursday, April 2

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30 – 8:30 AM</td>
<td>Resident Reporter Debrief (Required for ALL Resident Reporters) (La Jolla Canyon)</td>
</tr>
<tr>
<td>10:30 AM – 12 PM</td>
<td>CME Committee Meeting (La Jolla Canyon)</td>
</tr>
</tbody>
</table>
Accreditation & Credit

Physicians
The American College of Osteopathic Obstetricians & Gynecologists is accredited by the American Osteopathic Association to award continuing medical education credits to physicians.

The AOA Council on Continuing Medical Education approves this program for up to 33 credits of AOA Category 1-A CME for The American College of Osteopathic Obstetricians & Gynecologists. Physicians should only claim credit commensurate with the extent of their participation in the activity.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Antidote Education Company and the American College of Osteopathic Obstetricians and Gynecologists. Antidote Education Company is accredited by the ACCME to provide continuing medical education for physicians.

Antidote Education Company designates this live activity for a maximum of 33 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

NPs & PAs
The American Academy of Nurse Practitioners Certification Board (AANPCB) recognizes activities approved for Category 1-A credit through the American Osteopathic Association as providing advanced practice CE content hours for applicants seeking renewal through continuing education credit.

The National Commission on Certification of Physician Assistants (NCCPA) recognizes activities approved for Category 1-A credit through the American Osteopathic Association as Regular Category 1 CME for national certification maintenance. All NPs and PAs participating in this activity will receive a certificate of completion commensurate with the extent of their participation in the activity. ACOOG recommends that NPs & PAs check with their certification/licensing authority to confirm credit reciprocity.

Grievances
Any registrant finding evidence that the continuing medical education program presented is inappropriate with regard to facilities, materials, content, or observes any unacceptable promotion by a commercial interest in the same room as the educational activity, whether by company representative or presenter, may submit a grievance in writing to ACOOG, 201 Main Street, Suite 600, Fort Worth, TX 76102. Unresolved issues regarding this activity will require a formal written complaint to the AOA Division of CME, 142 East Ontario Street, Chicago, IL 60611.

Agenda Changes
We make every attempt to finalize the agenda as soon as possible. However, unforeseen issues often cause presentations to be rearranged. ACOOG reserves the right to modify the agenda at any time without advanced notice. The current agenda will be displayed on the ACOOG App and website as soon as possible.
**ACOOG 87th Annual Conference**

**Registration Form**

**General Session**

<table>
<thead>
<tr>
<th>Description</th>
<th>Early-Registration (payment received by February 25, 2020)</th>
<th>Late Registration (payment received by February 25, 2020)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Member (Regular, Senior, Fellow, DF)</td>
<td>$900</td>
<td>$1,100</td>
</tr>
<tr>
<td>Non-Member Physician</td>
<td>$1,200</td>
<td>$1,400</td>
</tr>
<tr>
<td>Life Member</td>
<td>$500</td>
<td>$650</td>
</tr>
<tr>
<td>Affiliate Member (Non-physician member)</td>
<td>$500</td>
<td>$650</td>
</tr>
<tr>
<td>Affiliate Non-Member</td>
<td>$650</td>
<td>$800</td>
</tr>
<tr>
<td>Candidate (Resident member)</td>
<td>$500</td>
<td>$650</td>
</tr>
<tr>
<td>Non-Member Resident</td>
<td>$650</td>
<td>$800</td>
</tr>
<tr>
<td>Student Member</td>
<td>$50</td>
<td>$75</td>
</tr>
<tr>
<td>Non-Member Student</td>
<td>$150</td>
<td>$200</td>
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Daily rates available. Please contact ACOOG at 817-377-0421 for more information.

**Supplemental Sessions**

<table>
<thead>
<tr>
<th>Session</th>
<th>Day</th>
<th>Time</th>
<th>CME</th>
<th>Limit</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gynecologic Surgery Simulation Lab</td>
<td>March 29, 2020</td>
<td>12:00-5:00 PM</td>
<td>4</td>
<td>30</td>
<td>$400</td>
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<tr>
<td>Sub-Specialty Pre-Course REI</td>
<td>March 29, 2020</td>
<td>1:00-5:00 PM</td>
<td>4</td>
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<td>$175</td>
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<tr>
<td>OMM Pre Course Workshop</td>
<td>March 29, 2020</td>
<td>2:00-5:00 PM</td>
<td>3</td>
<td>100</td>
<td>$150</td>
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</table>

Workshops and supplemental sessions are space limited. Your registration will be returned if a session has reached maximum capacity. Medical students may audit workshops free of charge if space is available.

**Additional Events**

<table>
<thead>
<tr>
<th>Event</th>
<th>Day</th>
<th>Time</th>
<th>Cost Per Ticket</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADULT- Presidential Celebration: Dinner, Drinks, &amp; Entertainment</td>
<td>April 1, 2020</td>
<td>6:30-9:30 PM</td>
<td>$95</td>
<td></td>
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<tr>
<td>DONATE-Presidential Celebration Ticket</td>
<td>April 1, 2020</td>
<td>6:30-9:30 PM</td>
<td>$95</td>
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<tr>
<td>CHILD- Presidential Celebration Ticket</td>
<td>April 1, 2020</td>
<td>6:30-9:30 PM</td>
<td>$30</td>
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**Payment**

<table>
<thead>
<tr>
<th>Total Due</th>
<th>Payment Method</th>
<th>Check (payable to ACOOG)</th>
<th>Credit Card (complete below)</th>
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</thead>
<tbody>
<tr>
<td>$</td>
<td></td>
<td></td>
<td>Exp. Date</td>
</tr>
</tbody>
</table>

American College of Osteopathic Obstetricians and Gynecologists
201 Main Street, Suite 600, Fort Worth, TX 76102 • Phone: 817-377-0421 • Fax 817-377-0439 • www.acoog.org