It is an honor and pleasure to become the Department Head of Obstetrics and Gynecology at the University of Illinois at Chicago. With this appointment in July 2012 comes change, and there are several new initiatives in progress. My vision for the Department is to build interdisciplinary clinical, educational and research programs by promoting collaboration, mentoring and productivity.

We welcome new additions to our faculty since July 2012, including Dr. Nonyem Onujiogu in the Division of Gynecologic Oncology and Dr. Howard Grundy in the Division of Maternal Fetal Medicine. We have a total of seven fellows in four subspecialties for this academic year, including the new Recurrent Pregnancy Loss Fellowship, which is the first of its kind in the country.

One of my initiatives is to meet and engage UIC OBGYN alumni in the revitalization of the Department. With your support, we can build our clinical and basic science research, support leadership advancement in medical education and serve the needs of our local community, especially underserved minorities. Please feel free to call or email me to discuss how you could contribute to the growth of our department (312.996.7006; msteph@uic.edu); I would be delighted to connect with you.

The two day UIC OBGYN Update CME activity for November 2nd and 3rd, honoring Dr. Scommegna’s and Dr. Wilson’s distinguished careers and commitment to improving women’s reproductive health, will bring the latest in clinical care and research by experts in the field, including Dr. Elizabeth Stewart, known internationally for her noninvasive management of uterine leiomyomas, and Dr. Sarah Kilpatrick, former OBGYN Department Head at UIC. Look forward to meeting alumni at the reception following the November 2nd program. See you there!

New Fellows, New Fellowship

We welcome our three new fellows this year. Yvette Cordova, MD joined us from completing her residency at the University of Miami Health System. She also attended University of Miami for undergraduate and medical school.

Rachel Perry, MD, our new Family Planning fellow completed her residency here, and plans to conduct research in the area of pregnancy options for women pregnant as a result of sexual assault.

Lia Bernardi, MD graduated from Rush Medical College and then completed her residency in Obstetrics and Gynecology at the University of Chicago. Dr. Bernardi is currently participating in a one year Recurrent Pregnancy Loss Fellowship.

Our Recurrent Pregnancy Loss Fellowship is the only one of its kind in the country and helps fellows gain clinical and research experience in the area of pregnancy loss.
GYNECOLOGIC ONCOLOGY

NEW FACULTY

MEET OUR NEW FACULTY

Dr. Rajul Kothari and Nonyem Onujiogu are part of the division of Gynecologic Oncology. Dr. Kothari joined the division in December 2011. She did her residency at The Ohio State University and fellowship at the University of Minnesota.

Dr. Onujiogu joined the division in August 2012. She did her residency at the University of Chicago and fellowship at the University of Wisconsin.

Over the past year, the division has been rebuilt and continues to grow. Both doctors treat gynecologic cancers, perform complex pelvic surgery, and offer minimally invasive surgery whenever possible.

The division is proud to offer participation in Gynecologic Oncology Group (GOG) trials. Dr. Kothari is also co-investigator with Dr. He from the department of biopharmaceutical sciences and Dr. Balla from the department of pathology on a study involving the role of epithelial splicing regulatory protein in epithelial ovarian cancer. This study was recently awarded a grant from the Cancer Center.

Other research within the department is focused on disparities in cervical cancer and human papilloma virus vaccination. Upcoming trials include studies on sexual dysfunction in gynecologic cancer survivors. The combination of clinical expertise and research allows our physicians to provide the most up-to-date care to patients with gynecologic cancers.

MEDICAL EDUCATION

Over the past year Megan App, MD MPH, Medical Student Clerkship Director, has been enhancing the medical student clerkship program by developing teaching resources and additional workshops.

Dr. App developed new learning resources to enhance their education and their experience. Students now have easy online access to lecture powerpoints, videos, ACOG Practice Bulletins, website tutorials, and more.

The College of Medicine has recognized our medical student resource site as a model for medical students and have encouraged other clerkships in the College of Medicine to develop similar sites.

A new pocket-sized Survival Guide has provided the students with numerous resources: labor information, OB/GYN abbreviations, sample notes, and Spanish translations.

Dr. App has also been developing opportunities for students to engage in more hands-on learning during the Friday didactics. Students now have the option of a one-on-one session with the Noelle labor simulator and get extended time in the suturing workshop giving them more time to practice their suturing and knot-tying skills before going into the OR for the first time.

These changes have improved our medical education greatly; more than 15 students applied for Residency in OB/GYN this year.
his has been a productive and exciting year for Global Health in OB/Gyn. Dr Nuriya Robinson, the very first Global Women’s Health (GWH) Fellow, completed her residency at UCSF in June of 2011 and joined UIC in August of the same year. She is clinically active as a general OB/GYN, taking public health classes, and doing global research and service provision.

GUATEMALA. For the past 2 years, members of our department, Drs. Sherry Nordstrom, Tracy Irwin and William Kobak travelled to San Juan Sacatapequez, Guatemala to provide life-changing surgeries for low-income, rural women through a collaborative project with the MIMA Foundation and Partner for Surgery (PFS), a Guatemalan non-profit organization. The majority of surgeries performed were hysterectomies and reconstructive surgeries related to vaginal prolapse. Prior to the surgical weeks, Drs. Nordstrom and Megan App traveled to remote villages in Guatemala with PFS to identify appropriate patients for surgical intervention.

Our clinicians were accompanied by residents on each trip. Dr Elmira Manoucheri (currently pursuing her MIS fellowship at Brigham and Women’s Hospital in Boston, MA) and Dr. Jordan Winter (current chief resident) have accompanied the team on the past two surgical missions, and both reported that their experience was very rewarding and hope to continue global work in their future careers.

In November of 2011, Drs Nordstrom, Irwin and App worked with the Partner for Surgery team to provide training to Guatemalan government nurses in screening and treatment for cervical cancer. The VIAA technique, a same-day, simple alternative to pap smear/colposcopy programs, has been introduced in many low resource areas including Guatemala. The UIC team taught 23 nurses how to identify precancerous lesions using VIAA, and 10 nurses to provide cryotherapy treatment for those patients who tested positive with VIAA. Over 800 women were screened - and more than 40 cryotherapy treatments were performed. Follow-up through Partner for Surgery’s outreach program show that VIAA/cryotherapy have been continuing in the government clinics since the training, indicating success for the program.

SENEGAL. In February of 2012, Dr. Tracy Irwin once again joined forces with Drs. Andrew Dykens of Family Medicine and Karen Peterson of the School of Public Health. For the 2nd time, they led a team of residents and students, travelling to rural Senegal to provide capacity-building and workforce training in cervical cancer screening using VIAA. Peace Care, a non-profit organization founded by Dr Dykens, partners with Peace Corps volunteers to provide community based health programs. Dr Irwin will be returning to Senegal with Peace Care in Feburary of 2013 to train VIAA screeners in the use of cryotherapy.

GHANA. With funding from the John D. and Catherine T. MacArthur Foundation and the Millennium Villages project, Dr. Stacie Geller is conducting an operations research study to test the feasibility, acceptability and safety of a program for direct distribution of misoprostol to pregnant women in rural villages of Ghana. Dr. Geller has engaged Nuriya Robinson, M.D., the Global Women’s Health Fellow, and Chisina Kapungu, Ph.D., Assistant Professor of Obstetrics and Gynecology, in her research in Ghana. Both faculty members have been directly involved in the planning, implementation and evaluation of this work. From February through June of 2012, Dr. Robinson worked in Ghana supporting Dr. Geller’s research. Additionally, she traveled to a rural area in Northern Ghana and conducted focus group discussions with healthcare workers, community leaders and community members to address gaps in maternal health care provision. Additionally, she met with government officials and project leaders in Nigeria to learn about the national scale-up plan for misoprostol use in the country.

INDIA. Over the past year, Dr. Stacie Geller has continued to pursue a program of global health research to improve maternal health outcomes among underserved populations in Africa and SE Asia. She is currently working on several projects using misoprostol to reduce postpartum hemorrhage in India and Africa. In India, Dr. Geller is principal investigator (PI) of a study funded by Gynuity and the Bill and Melinda Gates Foundation to compare two dosing strategies for misoprostol use for births at home or in unskilled facilities.

NEW ZEALAND. Dr. Stacie Geller is working with the University of Otago and the Ministry of Health for New Zealand to improve maternal outcomes among their native Maori people. Dr. Geller is engaged in developing a surveillance system for all of New Zealand births to track near miss and severe maternal morbidity cases.

ZIMBABWE. Dr. Chisina Kapungu, in collaboration with Research Bureau International Zimbabwe, investigated factors associated with engagement in multiple concurrent partnerships (MCP) among men and women in Zimbabwe. Men and women reported that condom use was dependent on the type of relationship and that regardless of type of relationship, condom use became inconsistent over time. Findings will be used to submit a R21 grant focused on multiple concurrent partnerships and safer sex practices within different types of partner relationships.
Sadia Haider, MD, MPH has recently been chosen as a BIRCWH Scholar. The Building Interdisciplinary Research Careers in Women’s Health (BIRCWH) Program was designed to provide mentorship and training to scholars in women’s health.

Sadia Haider is an Assistant Professor in Obstetrics and Gynecology. Prior to her arrival at UIC, Dr. Haider worked at BIDMC, Harvard Medical School where she was the Director of the Division of Family Planning and the Ryan residency program in Family Planning from 2007 to 2011.

As a BIRCWH scholar, Dr. Haider will focus on the reproductive health disparities that affect adolescent women in the U.S. Her goal is to create effective strategies to prevent adolescent unintended pregnancy by focusing on the complex interplay between the health care system, primary care providers and adolescent women’s perspectives and behaviors.

Dr. Haider is the 3rd BIRCWH scholar from Obstetrics and Gynecology. Dr. Michelle Kominarek is in her last year of the program, and Dr. Bryna Harwood is a graduate of the program.

For years doctors told Cleola Lee that she would never have a child. She refused to believe them.

“I was told that scarring from two previous ectopic pregnancies made getting pregnant impossible. But one doctor referred me to the University of Illinois Hospital & Health Sciences System’s In Vitro Fertilization Program.

At the clinic, Dr. Humberto Scoccia, Director of the University of Illinois IVF Program, said, “I can’t promise you a baby but we are going to try.”

I had one disappointment after another, (two unsuccessful fresh IVF cycles, and one unsuccessful frozen embryo transfer) then, one morning, a week before the IVF team was supposed to try again to implant (frozen) embryos, I went to the emergency room in excruciating pain. They found blood clots in both lungs, one pressing against my heart. I was in intensive care for eight days.

I was lucky to be alive, but still, I was heartbroken. I had missed the frozen embryo transfer. I was told by Dr. Damiano Rondelli with the Hematology team at UI Hospital, that I would have to take blood thinners twice a day if I wanted to attempt another IVF cycle. After that, even Dr. Scoccia thought pregnancy would be too risky for me, but I said, “we have to make it work.” So we started again with the in vitro fertilization process, after getting clearance from Hematology and Maternal Fetal Medicine services at the University of Illinois Hospital.

Following our fourth pregnancy attempt, this time with frozen embryos, I went before work to take a pregnancy test. After I got to work, Debbie Stevenson, one of the IVF nurses, called and said, “Cleola, guess what?” I already knew I was pregnant. Nobody believed it, but I was already feeling sick.

My pregnancy was high-risk, but the IVF team watched over me. I had ultrasounds twice a week. At five weeks after the embryo transfer, Dr. Scoccia transferred me to my obstetrician, Dr. Isabelle Wilkins, Director of Maternal Fetal Medicine at UI Hospital. On Sept. 26, 2011, Isaiah was born at UI Hospital. I had my oldest son from a previous relationship when I was 20. I had waited 18 years between babies. My baby boy Isaiah, he’s just such a joy, such a blessing.

UI Hospital has given me a miracle. I love them all at UI Hospital.”
Dr. Mary Stephenson has joined the Department of Obstetrics and Gynecology as Professor and Head, and is the Director of the upcoming University of Illinois Recurrent Pregnancy Loss (RPL) Program. The RPL Program will provide state-of-the-art evaluation to women and their partners who have suffered recurrent pregnancy loss, fetal demise and recurrent in vitro fertilization failure. We will offer management based on randomized trials conducted by our faculty. Dr. Stephenson has also established a one year fellowship in RPL, which is the only Fellowship of its kind in North America. Dr. Lia Bernardi is this year’s fellow and did her residency training at the University of Chicago. She plans to study the role of thyroid dysfunction in patients with RPL.

Dr. Jennifer Hirshfeld-Cytron has joined the Department of Obstetrics and Gynecology as Assistant Professor. She did her Fellowship in REI at Northwestern University and is Director of the University of Illinois Fertility Preservation Program, which offers women the opportunity to preserve their eggs (oocytes), embryos or ovarian tissue prior to cancer treatment or when using medications that may impact future fertility.

Dr. Bert Scoccia is the Director of the Division of Reproductive Endocrinology & Infertility at the University of Illinois and Medical Director of the University of Illinois In Vitro Fertilization Program, which has excellent live birth rates, especially in women over 35 years of age (see graphs below). Our IVF Program is JCAHO accredited, and is recognized nationally for individualized patient care, especially in women with poor response to ovarian stimulation in prior IVF cycles.

Dr. Nichola Winston is the Director of the University of Illinois Embryology Laboratory and is responsible for our high quality IVF laboratory results. Our laboratory recently successfully completed inspections by the College of American Pathologists and the Food and Drug Administration.
**Barriers to Gardasil administration.**

Although previous research shows that the intention to prescribe Gardasil is high, there are often barriers in recommending the vaccine to young adolescents. Lindsey Malone, MD surveyed OB/Gyn residency programs in the US, who reported on current ultrasound training. 67% of programs had dedicated ultrasound resident rotations; pelvic ultrasound experience was gained in diverse settings including outpatient clinics, REI rotations, and OB triage. Programs predominantly used didactics and supervised ultrasounds for training. 60% rated ultrasound education as “extremely important,” and 67% reported a need to expand ultrasound training. However, resident time and lack of qualified instructors were obstacles to training expansion. Mentor Allison Cowett, MD, MPH

Presented at International Society of Ultrasound in Obstetrics andGynecology, September 2012

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**Maternal intensive care unit (ICU) admission in a contemporary OB population.** Using the Consortium on Safe Labor’s data, Amy Hermesch, MD PhD examined maternal factors related to post partum (pp) ICU admission (N= 179,666 patients). 1,003 women were admitted to the ICU: maternal age, gravity, and parity did not predict admission. Pre-gestational diabetes, chronic hypertension, history of heart disease, GI disease, depression, gestational hypertension, pre-eclampsia, eclampsia and superimposed pre-eclampsia were related to ICU admission, however. Cesarean delivery did not increase the risk of ICU admission; IOL lead to a decreased risk of admission to the ICU. Mentor Judith Hibbard, MD Present at Society for Gynecologic Investigation, March 2012

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**Pelvic ultrasound training in OB/Gyn in the US.** Carla Bossano, MD surveyed OB/Gyn residency directors to compare transvaginal ultrasound education in OB/GYN residency programs in the US, who reported on current ultrasound training. 67% of programs had dedicated ultrasound resident rotations; pelvic ultrasound experience was gained in diverse settings including outpatient clinics, REI rotations, and OB triage. Programs predominantly used didactics and supervised ultrasounds for training. 60% rated ultrasound education as “extremely important,” and 67% reported a need to expand ultrasound training. However, resident time and lack of qualified instructors were obstacles to training expansion. Mentor Allison Cowett, MD, MPH

Presented at International Society of Ultrasound in Obstetrics andGynecology, September 2012

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**Urogenital injuries in gynecologic surgeries and associated risk factors.** Mary Nowak, MD is currently studying the rate of iatrogenic urinary tract injury occurring in major gynecologic surgeries performed at UIC across one year to compare factors that differed between injury and non-injury cases to determine which factors pose the greatest risk for injury. Factors to be studied include patient demographics, indication for surgery, past history of pelvic surgery, pelvic radiation or pelvic infection, presence of adhesions, uterine/mass size, length of procedure, intraoperative identification of ureters, time in the resident calendar year, primary surgeon’s volume, and resident surgeon’s level of training. Mentor Humera Asem, MD

Presented at American Society for Reproductive Medicine, October 2012

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**Laparoscopic tubal re-anastomosis versus in vitro fertilization: cost- based decision analysis.** Jordan Winter, MD examined the cost-effectiveness of surgical tubal re-anastomosis or assisted reproductive techniques with in vitro fertilization (IVF) for couples who regret having had tubal ligation. Cost effectiveness was evaluated for three separate groups of woman; <35 years of age, 35-40 years and > 40 years. Winter also incorporated delivery costs of singleton, twin and multiple births to address impact of high order multiples in IVF. Data was extracted by studies available in the literature. The most cost-effective choice for women desiring pregnancy after tubal ligation is laparoscopic re-anastomosis after a prior clip or ring tubal ligation for all woman less than or equal to 40 years of age. It is also the most cost effective for the oldest cohort, assuming IVF costs > $4500. Mentor Jennifer Hirshfeld-Cytron, MD

Present at American Society for Reproductive Medicine, October 2012

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**Increasing primary cesarean section rate and adverse neonatal outcomes.** Maansi Piparia, MD is examining and comparing trends in primary cesarean section rates at the University of Illinois Hospital. A retrospective case control study is being performed looking at number of primary C-sections, due to fetal distress, performed from 2005-2010. Inclusion criteria include cases of primary cesarean sections, cephalic presentation, singleton pregnancy, and gestational age greater than 34 weeks. Neonatal outcomes include Apgar score, cord gases, admission to NICU, length of stay, neonatal death, need for intubation, sepsis, IUGR and hypoxic-ischemic encephalopathy. Mentor Isabelle Wilkins, MD

Presented at the Society of American Gynecologic Surgeons, March 2012
NEW FACULTY

Jessica Shepherd, MD, MBA  joined Obstetrics & Gynecology this past year as Assistant Professor of General Obstetrics & Gynecology. She joined us after completing a fellowship in Minimally Invasive Pelvic Surgery at the University of Louisville. Dr. Shepherd has specific interests in chronic pelvic pain, endometriosis, fibroids and minimally invasive approaches to these diseases.

She hopes to establish a strong community presence as an advocate for women’s health, and as an educator on women’s options for the treatment of endometriosis and fibroids. She is collaborating with Rick Kittles, PhD to examine the epidemiology of fibroids among minority women. They will be examining both genetic and environmental factors that may explain the increased prevalence of fibroids among women of color. As an international lecturer on minimally invasive topics, she is passionate about promoting minimally invasive surgery for women.

Tamika Alexander, MD joined the Department of Obstetrics and Gynecology as Assistant Professor in General Obstetrics & Gynecology. Dr. Alexander, who completed her residency here wanted to stay at the University of Illinois Health System largely because of its commitment to ending health disparities. Dr. Alexander spends 50% of her time at the University of Illinois Mile Square Health Centers, which enables her to provide care in an environment where access to care has been an issue for many patients.

Over the next few years, Dr. Alexander wants to improve health literacy among the underserved populations we serve. She has found her experience at Mile Square Health Center invaluable in understanding the true difficulties of caring for the underinsured and the uninsured and believes this experience could be a valuable part of resident training.

MATERNAL FETAL MEDICINE UPDATES

Heidi Leftwich, DO  presented multiple abstracts this year, including an oral presentation at the ACOG Clinical Meeting in San Diego titled, “Does increase in birth weight change the normal labor curve?” with senior faculty member Dr. Isabelle Wilkins. She presented 2 posters at the SMFM Annual meeting in Dallas: “Do different modes of induction affect the overall risk and success of trial of labor?” and “Comparing twin and triplet gestations: How much added risk with a third fetus?” both with senior faculty member, Dr. Judith Hibbard. She was a recipient of the Obstetrics & Gynecology 2011-2012 Seed Grant award for a prospective study, “Maternal arterial stiffness throughout pregnancy in gestational diabetes and pre-gestational diabetes,” with senior faculty member Dr. Judith Hibbard. This September she gave a lecture on the care of high risk obstetrics patients at the Virginia Osteopathic Medical Association. She recently had an abstract accepted for SMFM’s 2013 Annual Meeting, “Labor Patterns in Twin Gestations” with senior faculty members Drs. Hibbard and Wilkins. She is first author on a paper she co-authored in residency which was recently accepted in the Journal of Reproductive Medicine, “Abdominal Wall Defects: Neonatal Outcomes by Mode of Delivery.”

Ann Lal, MD published 2 first author publications in the last year with mentors from her residency program. Her article, “Resolution of Placenta Previa: Does Previous Cesarean section matter?” was published in the Journal of Ultrasound Medicine (April, 2012) and her article “Laparoscopic Appendectomy in Women With No Identifiable Pathology Undergoing Laparoscopy for Chronic Pelvic Pain,” was accepted for publication in the Journal of the Society of Laparoendoscopic Surgeons (September 2012). Dr. Lal presented a poster, “Placenta previa: An outcomes-based cohort study in a contemporary obstetrics population,” at the SMFM annual meeting in 2012. She also had an oral presentation at the 36th Annual Midwest Conference on Perinatal Research.

Both Drs. Leftwich & Lal attended the Exxcellence course on clinical research in August to support their research endeavors.
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