In 2015 we had another great year and our collective achievements were, once again, nothing short of extraordinary. This is thanks to a remarkable team of men and women who continue to push the boundaries in our four core mission areas — research, education, clinical care and global community initiatives — to improve the lives of women, fetuses, children and families the world over.

In the pages that follow, you'll find real data highlighting these achievements. We hope you like our new format. This year I'll simply let the numbers do the talking!

Dr. Michael A. Belfort, MBBCH, DA (SA), MD (Cape Town), PhD, FRCSC, FRCOG
Ernst W. Bertner Chairman and Professor, Department of Obstetrics and Gynecology
Professor, Michael E. DeBakey Department of Surgery and Department of Anesthesiology, Baylor College of Medicine
Obstetrician and Gynecologist-in-Chief, Texas Children’s Hospital and CHI St. Luke’s Health - Baylor St. Luke’s Medical Center
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OUR MISSIONS

Through our remarkable achievements in four core mission areas—research, education, healthcare and community—we are improving the lives of women, children and families the world over. We are proudly and passionately driving continued advancements in OB/GYN care, leading the way to healthier mothers, healthier babies, and improved quality of life for women of all ages.
PRIVATE PRACTICE LOCATIONS

1. **Texas Children’s Hospital Pavilion for Women**
   6651 Main Street
   Houston, TX 77030

2. **Texas Children’s Hospital**
   6621 Fannin Street
   Houston, TX 77030

3. **Baylor St. Luke’s Medical Center**
   6720 Bertner Avenue
   Houston, TX 77030

4. **Houston Methodist Hospital**
   6550 Fannin Street
   Houston, TX 77030

5. **Michael E. DeBakey VA Medical Center**
   2002 Holcombe Boulevard
   Houston, TX 77030

6. **The Woodlands**
   17350 St. Luke’s Way
   Medical Arts II, Ste. 300
   The Woodlands, TX 77384

7. **Northwest Houston**
   13215 Dotson Road, Ste. 360
   Houston, TX 77070

8. **West Houston**
   18400 Katy Freeway, Ste. 540
   Houston, TX 77094

9. **Methodist Sugar Land Hospital**
   Medical Office Building 3
   16605 Southwest Freeway, Ste. 500
   Sugar Land, TX 77479

10. **Pearland**
    9003 Broadway Street
    Pearland, TX 77584

11. **Baytown - Telemedicine**
    2610 North Alexander Drive, Ste. 208
    Baytown, TX 77520

PUBLIC PRACTICE LOCATIONS

1. **Ben Taub Hospital**
   1504 Taub Loop
   Houston, TX 77030

2. **Texas Children’s Health Plan - The Center for Children and Women at Greenspoint**
   700 North Sam Houston Pkwy W.
   Houston, TX 77067

3. **Texas Children’s Health Plan - The Center for Children and Women - Southwest Houston**
   9700 Bissonnet Street
   Houston, TX 77036

4. **Casa de Amigos Health Center**
   1615 North Main Street
   Houston, TX 77009

5. **Gulfgate Health Center**
   7550 Office City Drive
   Houston, TX 77012

6. **Martin Luther King Jr. Health Center**
   3550 Swingle Road
   Houston, TX 77047

7. **Smith Clinic**
   2525-A Holly Hall
   Houston, TX 77054

8. **Vallbona Health Center**
   6630 DeMoss Street
   Houston, TX 77074
Backed by Baylor College of Medicine’s renowned research infrastructure, we are continually enhancing the world’s understanding of women’s health, translating new knowledge into new treatments that save and transform lives.
Research
2015 BY THE NUMBERS

TOTAL RESEARCH FUNDING
$3,900,020
17% increase year-over-year

NATIONAL INSTITUTES OF HEALTH FUNDING
$2,783,892
47% increase year-over-year

NUMBER OF PUBLICATIONS
137
17% increase year-over-year

NUMBER OF PRESENTATIONS AT NATIONAL AND INTERNATIONAL MEETINGS
130
91% increase year-over-year

FACULTY PRINCIPAL INVESTIGATORS WITH ACTIVE PROTOCOLS
48

BLUE RIDGE INSTITUTE FOR MEDICAL RESEARCH RANKING FOR NIH FUNDING
28TH
Despite effective tools for its prevention, cervical cancer remains a significant public health issue for women living in the United States, particularly those lacking access to routine preventive care.

It’s a disparity Dr. Matthew Anderson, associate professor of obstetrics and gynecology at Baylor College of Medicine, is working to correct. In 2012, with funding from the Cancer Prevention & Research Institute of Texas (CPRIT), he and his team developed a comprehensive cervical cancer screening program to improve access for the medically underserved in Harris County to Pap tests and colposcopy, the procedure used to screen women with abnormal Pap test results.

To date, he and his team have screened and/or navigated care for more than 10,000 women. Likewise, they have carefully examined the care continuum, identifying and addressing barriers to both access and timely follow up. These efforts have led to significant system-wide improvements and dramatically decreased the proportion of women with abnormal Pap test results lost to
follow up from nearly 20% to less than 4%. Time to diagnostic resolution has also decreased markedly, resulting in a shift in the cervical cancers diagnosed at Harris Health System (HHS) facilities to earlier, more treatable stages.

Now, with a second, $1.5 million grant awarded from CPRIT, they plan to broaden access still further. “In this next phase, screening facilities established as part of the initial project will be reorganized to improve both patient continuity and access, allowing an additional 9,000 women to be screened over the next three years,” he says. “We will also improve capacity so that women with abnormal screenings can more readily obtain needed colposcopy services, even if referred from a facility outside HHS.”

Dr. Anderson adds that the program will focus on engaging the large population of Hispanic and African American women who have never been screened for cervical cancer despite the fact that they are receiving other types of primary care at an HHS facility and ensuring that women with abnormal results undergo treatment. They will also develop guidelines addressing the ambiguity surrounding the evaluation of abnormal cervical screenings to improve timeliness and efficiency of colposcopy services and decrease the number of colposcopy services that are cancelled due to patient misunderstanding or fear. Finally, they are working on novel technologies to screen women for cervical cancer in ways that may be more acceptable to the 10% of women enrolled in HHS who have never had a Pap test. They hope that these approaches can also be used to improve access to screening outside the United States, where the majority of cervical cancers are diagnosed.

Prevalence of cervical cancer, 2007-2011
Source: Centers for Disease Control and Prevention

<table>
<thead>
<tr>
<th></th>
<th>Hispanic Women in Harris County</th>
<th>Harris County</th>
<th>Texas</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007-2011</td>
<td>15.0/100,000</td>
<td>10.8/100,000</td>
<td>9.4/100,000</td>
<td>7.8/100,000</td>
</tr>
</tbody>
</table>
Fetal Imaging Research Group Earns NIH Contract Award

Normal fetal growth is an important part of a healthy pregnancy and the long-term health of the offspring. According to the National Center for Health Statistics (2014), an estimated 1 in every 13 babies in the United States is born with low birth weight. Mounting evidence suggests these babies are at increased risk of developing hypertension, diabetes, or stroke during later adult life. One of the central challenges for obstetricians has been to identify truly malnourished fetuses that require special monitoring and treatment from those who are small but otherwise normal. On the other end of the spectrum, fetuses with excessive growth (macrosomia) may pose increased risk for a difficult delivery from a shoulder blocking the labor process. This condition also increases the chances for a cesarean delivery.

In September 2015, the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) selected Dr. Wesley Lee to lead a research effort to analyze results from a national study of fetal growth that was started by the National Institutes of Health (NIH) in 2009. Dr. Lee is a professor of obstetrics and gynecology and division director of Women’s and Fetal Imaging at Baylor College of Medicine. He

Wesley Lee, MD
Professor
Department of Obstetrics and Gynecology
Division of Women’s and Fetal Imaging
Director, Division of Women’s and Fetal Imaging
Director, Fetal Imaging Research Group, BCM
Co-director, Texas Children’s Fetal Center
also serves as co-director of the Texas Children’s Fetal Center. This three-year, $2.4 million NIH contract on fetal growth is part of the Fetal Body Composition and Volumes Study. Dr. Lee has a long time related interest in his development of a 3D fractional limb volume measurement tool that helps doctors assess limb soft tissue as a reflection of fetal nutritional status.

“Historically, obstetricians have largely relied on 2D measurements of the head, abdominal circumference, and femur bone to assess fetal weight and health,” explains Dr. Lee. “We have previously collaborated with the NICHD Perinatology Research Branch to validate a new method that combines 3D fractional limb volume measurements with 2D estimates of the head diameter and abdominal circumference to improve the precision of predicted birth weight.”

“Growth is a complicated biological process and abnormal growth can be expressed in different ways among different individuals,” he notes. “Working with our Baylor colleague Dr. Russell L. Deter, we have also been developing freely available internet-based software that permits individualized growth assessment. This approach evaluates multiple size parameters, with each fetus acting as its own control, instead of relying on the more variable population-based reference ranges.”

“With our extensive expertise in prenatal 3D ultrasound, fetal growth, and sonographic weight prediction, we are uniquely qualified to develop novel approaches for how to best detect, monitor, and possibly even treat fetal growth problems, promoting the best chances for a healthy pregnancy outcome.”

DR. LEE HAS A LONG TIME RELATED INTEREST IN HIS DEVELOPMENT OF A 3D FRACTIONAL LIMB VOLUME MEASUREMENT TOOL THAT HELPS DOCTORS ASSESS LIMB SOFT TISSUE AS A REFLECTION OF FETAL NUTRITIONAL STATUS.

-Wesley Lee, MD
We are home to one of the nation’s most diverse training grounds. Our outstanding facilities and programs attract outstanding candidates, producing scientists and healthcare providers destined to make unprecedented gains in OB/GYN care and outcomes.
Education
2015 BY THE NUMBERS

- 427 Faculty and Staff participated in simulation lab training
- 200 Medical students rotated through OB/GYN core clerkship
- 48 OB/GYN Residents
- 14 Fellows
- 6 Physician Assistant Students began training in Fall 2015
- 3 New Associate Program Directors
  - 2 for Undergraduate Medical Education Clerkship (Helen Dunnington, MD and Jocelyn Greely, MD)
  - 1 for Residency Program (Celestine Tung, MD, MPH)
- 1 New Critical Care Track Fellow
  One year track for Maternal-Fetal Medicine fellow
1ST
CRITICAL CARE OBSTETRICS
CONFERENCE

87
ATTENDEES

10
SPEAKERS
In 2015, Baylor College of Medicine welcomed guest lecturer Dr. Philip Steer to the department of Obstetrics and Gynecology for a week-long visit of presentations to faculty, fellows, residents, and medical students. Dr. Steer is emeritus professor of Obstetrics and Gynecology at Imperial College London, former editor-in-chief of the British Journal of Obstetrics and Gynecology, and a longtime peer and colleague of department chair Dr. Michael Belfort. For Drs. Belfort and Steer, the visit was the latest chapter in their 25-year history of exchanging information to advance women’s healthcare.

“That’s the way science works,” says Dr. Steer. “We learn through the exchange of information, sharing our ideas, arguments and hypothesis with others to discover where the flaws are. That critiquing process – when someone says ‘hang on a minute, have you thought about this?’ – is vital to continually advancing our research and our clinical practices.”

For example, while he has evidence that cesarean delivery may influence the way a baby’s microbiome develops, after learning more about the work being done by Baylor’s maternal-fetal medicine specialist...
Dr. Kjersti Aagaard suggesting breastfeeding is particularly important in that process, he will be examining that aspect more closely.

Today much of his research is focused on cardiac disease in pregnancy, the topic of his lecture to residents. He is in the early stages of two prospective studies, one examining the use of oxytocics in women with heart disease during the third stage of labor, the other studying the length of the second stage for patients delivering vaginally, and when to intervene.

His Grand Rounds presentation, The Evolution of Human Childbirth, is an area of interest developed through 30 years of regular trips to South Africa, where he is an honorary professor at the University of Cape Town. “It became apparent to me the term ‘Africans’ is misleading when there are so many diverse groups. That stimulated my interest in racial diversity and the need to adjust our OB/GYN practices to allow for those differences,” he says.

This evolutionary perspective is a much more dynamic approach to the practice of medicine, he notes. “The way we practice today is not the way we practiced a hundred years ago, and it will be different in another hundred years, much more personalized. We need to keep moving forward.”

-Philip Steer, MD
Community

We go where the OB/GYN needs are greatest. From underserved populations in nearby neighborhoods to underdeveloped nations across the globe, we are bringing life-changing healthcare and hope where it is needed most.
The Centers for Children and Women
2015 BY THE NUMBERS

1204
WOMEN RECEIVED OB/GYN CARE
at The Centers for Women and Children

971
WOMEN DELIVERED THEIR INFANTS
with The Centers for Children and Women

98%
TDAP (TETANUS, DIPHTHERIA, PERTUSSIS) VACCINATION RATE
OF OB PATIENTS

97%
OF PREGNANT WOMEN SCREENED
FOR DEPRESSION
At 1st visit, 3rd trimester and postpartum

46%
OF ELIGIBLE PATIENTS RECEIVED
PROGESTERONE
to prevent another preterm birth

46%
OF PATIENTS CHOOSE CENTERINGPREGNANCY®
THROUGH A COLLABORATIVE EFFORT WITH TEXAS CHILDREN’S HEALTH PLAN, WE PROVIDE UNDERSERVED POPULATIONS IN THE HOUSTON AREA EASY ACCESS TO HIGH-QUALITY HEALTHCARE CLOSE TO HOME, CREATING HEALTHIER PREGNANCIES, HEALTHIER CHILDREN, AND HEALTHIER COMMUNITIES.

12% OF WOMEN DESIRING CONTRACEPTION RECEIVED LONG-ACTING REVERSIBLE CONTRACEPTION

10% OF WOMEN DELIVERED PRETERM (<37 weeks) compared to almost 13% in Houston
Teen Health Clinics
2015 BY THE NUMBERS

TOTAL VISITS
+29,000

STD SCREENINGS, MALES AND FEMALES COMBINED
8,982

NEW PATIENTS
6,481

RETURN PATIENTS
4,847

IMMUNIZATIONS GIVEN
+2,000

SPORTS PHYSICALS
+800

INCREASE IN IMMUNIZATION UPTAKE YEAR OVER YEAR
224%
THROUGH EASILY ACCESSIBLE CLINICS – INCLUDING HIGH SCHOOL CAMPUS LOCATIONS – WE ARE MEETING THE HEALTHCARE NEEDS OF INDIGENT AND MEDICALLY UNDERSERVED YOUTH IN THE HOUSTON METRO AREA, REDUCING UNINTENDED PREGNANCIES AND AT-RISK BEHAVIORS AND IMPROVING THE HEALTH AND FUTURE FOR THESE INNER-CITY TEENS.
Improving Healthcare Access and Outcomes for Uninsured Teens

Ten years ago the first Baylor Teen Health Clinic opened on the campus of a Houston-based urban high school, an unprecedented move that would not only improve student access to primary and preventive healthcare services, but reduce unintended pregnancies and pregnancy-related school drop-out rates among its indigent and underserved youth.

Beginning our teen outreach at an inner-city school answered the call of a then largely Hispanic student body, the vast majority of whom were identified as low-income or even below the federal poverty level. Ten years later, the campus is much more diverse ethnically but 90% of the school’s students remain without medical insurance, underscoring the fact that without the campus clinic, the needs of these young men and women might otherwise go unmet.

According to Dr. Peggy Smith, director of Baylor Teen Health Clinics, there is a significant disparity in access to basic medical care among pregnant Hispanic women and adolescents. “In Texas, only 57% of Hispanic mothers receive prenatal care during their first trimester,” she said. “With 70.8% of teen births in Harris County born to Hispanic women under the age of 17 and Hispanic women having the highest rate of subsequent pregnancies, providing access to appropriate care for this demographic is especially important.”

Peggy B. Smith, PhD
Professor
Department of Obstetrics and Gynecology
Division of Gynecologic and Obstetric Specialists
Director, Baylor Teen Clinics
The clinic delivers a full range of on-site medical, gynecological, nutritional, and mental health services to students at little or no cost. Dr. Smith says the clinic saw a 12.5% increase in the number of sports physicals conducted for the 2014-2015 school year, comprising 16.7% of all student visits to the clinic. “These sports physicals may be the only time some of these youths have seen a doctor in years. We are able to diagnose and treat many conditions unrelated to sports participation at these visits,” she said.

Likewise, over the last four years, they have conducted a slightly higher number of pregnancy tests. “Interestingly, while the positive pregnancy test rate five to seven years ago ranged between 11% and 12%, for the 2014-2015 school year the rate of positive tests reduced on average to about 5%,” she said. “This demonstrates we are making progress in reducing unintended pregnancies.”

What started a decade ago in an urban Houston high school has served as a healthcare model for Baylor Teen Health Clinics to expand into other areas of the city, resulting in over 29,000 clinic visits in 2015 alone. Today, we offer 10 easily accessible clinics – including five high school campus locations – to service the pressing healthcare needs of the indigent and medically underserved youth in the Houston, Texas metro area.

What started a decade ago in an urban Houston high school has served as a healthcare model for Baylor Teen Health Clinics to expand into other areas of the city, resulting in over 29,000 clinic visits in 2015 alone.

-Peggy B. Smith, PhD
Midwifery Services
2015 by the Numbers

**Certified Nurse Midwife (CNM) Outpatient Visits**
16,982
At Harris Health System facilities

**CenteringPregnancy® Group Prenatal Visits**
3,726
At Harris Health System facilities

**Vaginal Deliveries by CNM**
778
At Harris Health System facilities

**Top 25%**
Of similar midwifery practices nationwide for total number of vaginal births and vaginal birth after cesarean section (VBAC) rate

**Lowest 25%**
Of midwifery practices nationwide for primary cesarean section rate, low birth weight (less than 2500 gm), and number of labor inductions
At Harris Health System facilities
AN ALTERNATIVE TO TRADITIONAL OB/GYN CARE, OUR CERTIFIED NURSE-MIDWIVES PROVIDE SERVICES RANGING FROM PRENATAL CARE AND DELIVERIES TO CONTRACEPTIVE VISITS AND WELL-WOMAN GYNECOLOGIC CHECKUPS. WITH THEIR SPECIALIZED TRAINING, TRADEMARK COMPASSION, AND TIME COMMITMENT TO EACH PATIENT, OUR MIDWIVES ARE ENHANCING OUTCOMES FOR MOTHERS AND BABIES, REDUCING HEALTHCARE COSTS AND INCREASING PATIENT SATISFACTION BY PROVIDING THE CENTERINGPREGNANCY® MODEL OF GROUP PRENATAL CARE.
We are improving the health and well-being of women at every stage of life, from preconception to menopause, through the highest-quality, comprehensive OB/GYN care, and expertise across a full range of subspecialties.
WHERE WE PRACTICE

You’ll find our physicians treating patients in a wide range of healthcare settings throughout the Texas Medical Center and Houston area, from private hospitals to inner-city clinics to specialized centers in suburban communities. Through these diverse practice locations, we are improving access to the highest-quality OB/GYN care, encountering and treating an incomparable range of women’s health issues, and gaining invaluable knowledge to improve the lives of women worldwide.
TEXAS CHILDREN’S PAVILION FOR WOMEN
This landmark facility is home to our primary private practice, where we’re meeting the OB/GYN needs of women across their lifespan, from preconception through menopause. We are providing sought-after specialized services to a record number of patients, including nationally recognized fetal intervention and maternal care for high-risk pregnancies, pelvic floor and urogynecologic surgical procedures, and robotic gynecologic surgery.

BEN TAUB HOSPITAL
Through this highly acclaimed Harris Health System institution, our physicians are providing comprehensive OB/GYN care to thousands of underserved women in the nation’s third most populous county, and improving birth outcomes for healthier generations to come.

TEXAS CHILDREN’S HOSPITAL
Within the nation’s largest pediatric hospital, you’ll find our fellowship-trained pediatric and adolescent gynecologists providing expert medical and surgical care to improve the lives of young girls with gynecologic conditions, including rare congenital anomalies of the female reproductive system. We offer the only established program in Texas for the surgical treatment of pediatric and adolescent gynecologic disorders.

BAYLOR ST. LUKE’S MEDICAL CENTER
Our gynecologic surgeons at Baylor St. Luke’s Medical Center are offering women more options than ever before for the surgical treatment of gynecologic conditions, including the latest advancements in minimally invasive procedures for shorter hospital stays and faster recovery.

HOUSTON METHODIST HOSPITAL
Through our onsite Maternal-Fetal Medicine Clinic, we’re providing OB/GYN patients at this leading Houston hospital direct access to Baylor’s renowned, specialized care for high-risk pregnancies, a collaborative effort that is improving maternal and fetal outcomes.

MICHAEL E. DEBAKEY VETERANS AFFAIRS (VA) MEDICAL CENTER
Our affiliation with one of the largest VA hospitals in the nation enables us to proudly serve the healthcare needs of female veterans in Harris County and 27 surrounding counties. We’re honoring the contributions and sacrifices these women made in service to their country by providing the highest-quality women’s healthcare available today, from primary OB/GYN care to a wide range of specialized services.

THE CENTERS FOR CHILDREN AND WOMEN
Through this innovative, collaborative effort between Texas Children’s Health Plan and Baylor College of Medicine, we’re addressing the needs of communities known for large populations of children and pregnant women, and high rates of pre-term births.

TEXAS CHILDREN’S HOSPITAL COMMUNITY CLINICS
Local clinics in The Woodlands, Northwest Houston, West Houston, Sugar Land, Pearland and Baytown extend our leading-edge OB/GYN care out into the communities making it easier for women to stay on top of their healthcare needs.

HARRIS HEALTH SYSTEM COMMUNITY CLINICS
We’re improving access to prenatal care, family planning, and other outpatient services through Harris Health System clinics throughout the Houston area, including Casa de Amigos Health Center, Gulfgate Health Center, Martin Luther King Jr. Health Center, Smith Clinic, and Vallbona Health Center.
Global Women’s Health Initiative
2015 BY THE NUMBERS

+150
OBSTETRIC FISTULA REPAIRS LAST YEAR IN MALAWI AND SIERRA LEONE

14
MALAWIAN RESIDENTS BEING TRAINED IN OB/GYN

6
PEER-REVIEWED PUBLICATIONS IN SCIENTIFIC LITERATURE

3
PRESENTATIONS AT INTERNATIONAL OBSTETRICS AND GYNECOLOGY MEETINGS

2
NEW GLOBAL WOMEN’S HEALTH FELLOWSHIPS

2
COLLABORATIONS WITH OTHER LEADING OB/GYN DEPARTMENTS:
Columbia University Medical Center and Stanford Medicine
WE ARE FILLING A CRITICAL NEED FOR OB/GYN CARE IN DEVELOPING NATIONS, PROVIDING HEALTHCARE AND TRAINING TO REDUCE STAGGERING MATERNAL AND INFANT MORTALITY RATES, PREVENT DISEASE IN THESE VULNERABLE POPULATIONS, AND BRING NEW HOPE TO A NEW GENERATION.
In medical school, Dr. Jeff Wilkinson had all but ruled out the field of OB/GYN when a trip to India changed everything.

“Working in a poor rural village for three months, I witnessed firsthand the fundamental impact women’s healthcare can have on the health of these communities as a whole,” says Dr. Wilkinson, professor of obstetrics and gynecology and director of the Global Women’s Health fellowship program at Baylor College of Medicine. It was life-changing, setting him down a path that has advanced women’s healthcare in some of the world’s most vulnerable populations, transformed thousands of lives, and brought new awareness to a devastating condition known as obstetric fistula.

Virtually unseen in the United States, obstetric fistula is an injury caused by prolonged, obstructed labor. Without medical assistance, a hole develops in the birth canal, leaving the woman leaking urine, feces or both uncontrollably from the vagina. In most cases, the baby is stillborn.

An estimated 2 million women in Asia and Africa live with untreated obstetric fistula and another 50,000 to 100,000 new cases develop worldwide.
each year, reports the World Health Organization. Often rejected by their spouses and communities because of the incontinence and smell, these women face a lifetime of humiliation, infection and isolation.

Dr. Wilkinson, a fellowship-trained urogynecologist and highly skilled surgeon, has dedicated much of his career to helping women suffering from this debilitating, preventable injury. Over the past decade, he has surgically repaired fistulas for women in Niger, Tanzania and Malawi, collaborated with the Freedom From Fistula Foundation to build an obstetric fistula unit in Malawi, where he lived for four years, and trained as many healthcare providers as possible in these low-resource settings.

“Nothing is more rewarding than watching a woman leave the hospital ‘dry’ after a successful fistula surgery, with a new lease on life, and knowing she was repaired by someone I taught,” he says.

Today, he returns to Malawi regularly, working alongside his growing team of Baylor OB/GYN fellows and Malawian trainees on the ground there. In 2015, Dr. Wilkinson and his two fellows performed over 150 obstetric fistula repairs and mentored many local physicians and clinical officers.

“Through our Global Women’s Health fellowship program, we’re filling Malawi’s critical need for OB/GYN care and education, and providing meaningful in-country experiences in every aspect of women’s healthcare. Our fellows are treating patients, teaching residents, conducting research and learning program development, with support from both Baylor and Malawian faculty members. It’s a model education program,” he says. “One that is changing lives today and cultivating tomorrow’s leaders in global women’s healthcare.”

THROUGH OUR GLOBAL WOMEN’S HEALTH FELLOWSHIP PROGRAM, WE’RE FILLING MALAWI’S CRITICAL NEED FOR OB/GYN CARE AND EDUCATION, AND PROVIDING MEANINGFUL IN-COUNTRY EXPERIENCES IN EVERY ASPECT OF WOMEN’S HEALTHCARE.

-Jeffrey Wilkinson, MD

HEALTHCARE || 43
Gynecologic and Obstetric Specialists (GOS) 2015 BY THE NUMBERS

PATIENT VISITS AT THE PAVILION FOR WOMEN 25,879
Procedures were performed during >50% of clinic visits

DELIVERIES AT THE PAVILION FOR WOMEN BY GOS ATTENDING PROVIDER 2,410

TDAP VACCINATIONS GIVEN TO PATIENTS DELIVERING AT THE PAVILION FOR WOMEN - 74% 1,883

PELVIC HEALTH CENTER PATIENT VISITS 1,442

UROGYNECOLOGY PATIENT VISITS 1,325
At the Pavilion for Women and Harris Health facilities combined
OUR SPECIALISTS ARE IMPROVING WOMEN’S HEALTH AT EVERY AGE THROUGH THE HIGHEST-QUALITY OBSTETRIC CARE, COMPREHENSIVE GYNECOLOGIC SERVICES, AND SUBSPECIALTY SERVICES THAT INCLUDE UROGYNECOLOGY, MINIMALLY INVASIVE SURGERY, MENOPAUSE TREATMENT, VULVOVAGINAL HEALTHCARE AND OTHER PELVIC CARE.
Gynecologic and Obstetric Specialists
2015 BY THE NUMBERS

16,184
UNIQUE PATIENTS TREATED
At Harris Health System

14,409
OUTPATIENT CLINIC VISITS
At Harris Health System

5,966
SURGERIES AND PROCEDURES PERFORMED
At Harris Health System

3,111
LIVE BIRTHS
At Harris Health System facilities

345
SUCCESSFUL VBACs AT HARRIS HEALTH FACILITIES
At Harris Health System facilities

216
UROGYNECOLOGY SURGERIES AND PROCEDURES PERFORMED
At Harris Health System facilities
PUBLICATIONS

PROVIDERS INCLUDING ONE NEW FACULTY MEMBER, TARA HARRIS, MD

NEW TRANSITIONAL CARE CLINIC FOR WOMEN WITH SPECIAL PHYSICAL MEDICAL NEEDS, TRANSITIONING FROM CHILDHOOD TO ADULTHOOD

PATIENTS SEEN AT MICHAEL E. DEBAKEY VA MEDICAL CENTER
Based on 2.5 clinic days/week

OPERATING ROOM CASES AT VA
30% were minimally invasive, including 25 robotic procedures

SINGLE INCISION GYNECOLOGIC SURGICAL PROCEDURES

OF VA CLINIC VISITS REQUIRED A PROCEDURE
Including 103 endometrial biopsies, approximately 150 IUD placements or replacements, 143 colposcopies, 47 Nexplanon placements and 40 other procedures

PUBLICATIONS

31

NEW TRANSITIONAL CARE CLINIC FOR WOMEN WITH SPECIAL PHYSICAL MEDICAL NEEDS, TRANSITIONING FROM CHILDHOOD TO ADULTHOOD

1,396

>50%

101

122

20
Saving Lives through High-Tech Simulation Training

Dr. Susan Leong-Kee was drawn to academic medicine, in part, for the opportunity to teach. Today, this assistant professor in the division of Gynecologic and Obstetric Specialists is reaching new milestones in OB/GYN education, using high-tech simulation training to save lives and improve the quality of care for women and babies.

In 2011, Dr. Leong-Kee was named associate medical director of the Simulation Center at Texas Children’s Hospital, responsible for all OB/GYN simulation training. Her first major project was groundbreaking: conduct hospital-wide simulation testing to prepare the newly built Pavilion for Women for opening. It marked the first time an entire woman’s hospital had been tested before the doors opened. Using a series of high-fidelity, hands-on simulations, she put the new facility to the test, identifying and addressing potential latent safety threats and ensuring the hospital’s readiness even in the worst-case obstetric scenarios.

Susan Leong-Kee, MD
Assistant Professor
Department of Obstetrics and Gynecology
Division of Gynecologic and Obstetric Specialists
Associate Medical Director, Texas Children’s Hospital Simonulation Center
Director, Undergraduate Medical Education
Director, Departmental Simulation
Today, her pioneering work is improving a wide range of OB/GYN environments, systems and processes, enhancing safety and outcomes in major obstetric events and everyday patient care. “We get new requests weekly,” she says, from help testing emergent cesarean deliveries to testing the coordination of care for high-risk OB patients involving multiple specialties.

Recently, she and her team conducted large-scale simulation training to reduce maternal morbidity and mortality in the event of postpartum hemorrhage, a leading cause of maternal mortality worldwide. They started by creating five different interdisciplinary, high-fidelity simulation scenarios based on newly developed postpartum hemorrhage and mass transfusion protocol algorithms. Using those scenarios, they conducted a total of 36 simulations in five clinical areas, training 85% of the obstetric team, or 346 providers.

“Our goal was to decrease the risk of adverse events in these high-risk cases by increasing knowledge, teamwork and communication across our obstetrics team,” she says. Results of the training exceeded expectations, including contributing to a 66% decrease in the need for maternal transfusions of four or more units of packed red blood cells since the hospital opened.

As one seasoned physician noted after participating in a simulation, her innovative training is saving lives and improving outcomes everywhere Baylor faculty members practice. “As an educator and an OB/GYN, that’s incredibly fulfilling to know the work I’m doing is having such a far-reaching impact on women and children,” says Dr. Leong-Kee.

HER PIONEERING WORK IS IMPROVING A WIDE RANGE OF OB/GYN ENVIRONMENTS, SYSTEMS AND PROCESSES, ENHANCING SAFETY AND OUTCOMES.
Gynecologic Oncology

2015 BY THE NUMBERS

- **3,504** Outpatient Clinic Visits
  At Harris Health System facilities

- **2,827** Unique Patients Treated
  At Harris Health System facilities

- **2,746** Patient Visits at the Pavilion for Women

- **674** Procedures and Surgeries
  Performed at all partner facilities

- **8** Publications

- **Part of the Dan L. Duncan Comprehensive Cancer Center**
  At Baylor College of Medicine
WE OFFER SPECIALIZED CARE AND TRAINING IN THE TREATMENT OF CANCERS OF THE FEMALE REPRODUCTIVE SYSTEM – INCLUDING CERVICAL, OVARIAN, UTERINE, VAGINAL AND VULVAR CANCER – TO IMPROVE PATIENT OUTCOMES AND SURVIVAL RATES. OUR BOARD-CERTIFIED GYNECOLOGIC ONCOLOGISTS ARE PART OF THE DAN L DUNCAN COMPREHENSIVE CANCER CENTER AT BAYLOR COLLEGE OF MEDICINE.
“To know the road ahead, ask those coming back.”

That’s the premise behind “Woman to Woman,” a new cancer support program at Baylor College of Medicine that pairs patients undergoing treatment for gynecologic cancer with women who have survived it – those who know that proverbial road ahead.

“We are thrilled to be able to offer this specialized support to our growing number of patients, reassuring these newly diagnosed women that they are not alone,” says Dr. Celestine Tung, medical director of the Woman to Woman program.

Launched in 2015 by the division of Gynecologic Oncology, the program helps alleviate the fear, loneliness and shock that often come with a cancer diagnosis. Patients who are just beginning their treatment have someone they can talk openly with about their illness – someone who knows from experience what they’re going through, what lies ahead, and how to make the journey easier.

“That perspective can make all the difference in a woman’s treatment experience and outcomes,” says Courtney Vastine, medical social worker and Woman to Woman program coordinator.

Each survivor volunteer or “mentor” is carefully selected and trained before being matched with
a newly diagnosed patient. Then the relationship begins and a unique bond is forged. “Our volunteers provide support in so many ways – from phone calls, texts, emails and Skype, to coffees, lunches and sitting with the patient during infusion appointments,” Vastine says. “They are there every step of the way providing emotional support and encouragement, while serving as a constant reminder of hope.”

The program also empowers patients through education about their cancer and treatment, and helps identify and address treatment-related needs that might otherwise go unmet, from professional counseling to financial assistance for expenses such as home medical equipment, transportation, child care, or wigs during chemotherapy.

In 2015, Vastine trained 10 survivor volunteers who provided much-needed emotional support to 29 patients. With the help of a $50,000 start-up grant from the Ovarian Cancer Research Fund, the program is offered at no cost to all Baylor College of Medicine gynecologic oncology patients being treated at Texas Children’s Pavilion for Women and Harris Health System’s Smith Clinic. Gynecologic oncology patients include those suffering from cervical, ovarian, uterine, vaginal and vulvar cancer.

In 2016, Dr. Tung looks forward to extending the program to include metastatic breast cancer patients at the Lester & Sue Smith Breast Center at Baylor College of Medicine, providing emotional support and mentorship to improve the cancer experience and outcomes for even more women.

WE ARE THRILLED TO BE ABLE TO OFFER THIS SPECIALIZED SUPPORT TO OUR GROWING NUMBER OF PATIENTS, REASSURING THESE NEWLY DIAGNOSED WOMEN THAT THEY ARE NOT ALONE.

-Celestine Tung, MD
Obstetric Hospitalists

2015 BY THE NUMBERS

+1,000

WOMEN’S ASSESSMENT CENTER VISITS/MONTH

402

DELIVERIES
At the Pavilion for Women as the delivering provider

91

SURGICAL PROCEDURES AT THE PAVILION FOR WOMEN

2

NEW FACULTY MEMBERS
8 total
THROUGH THIS NEW DIVISION, WE’RE MEETING THE UNPRECEDENTED DEMAND FOR OUR OB HOSPITALISTS – OB/GYNS DEDICATED SOLELY TO THE CARE OF HOSPITALIZED PATIENTS. OUR EXPERIENCED, BOARD-CERTIFIED OB HOSPITALISTS ARE ONSITE AT TEXAS CHILDREN’S PAVILION FOR WOMEN 24/7, PROVIDING EMERGENCY CARE FOR PREGNANT WOMEN AND URGENT GYNECOLOGIC NEEDS, ELIMINATING DELAYS IN TREATMENT AND IMPROVING OUTCOMES FOR WOMEN AND THEIR BABIES.
The rapid growth of our Obstetric Hospitalist program is a testament to this team’s success in meeting the critical care needs of OB patients at Texas Children’s Pavilion for Women, improving patient safety and outcomes through round-the-clock coverage of triage, labor and delivery, postpartum care and other OB services.

Less obvious but equally vital to advancing patient safety and outcomes is the role they play as educators, providing residents and medical students unique training in the management of obstetric emergencies.

“As hospitalists, we are onsite 24/7, responding to critical obstetric needs that other OB/GYNs may rarely, if ever, encounter. It’s what we do,” says Dr. Karen Schneider, associate professor of obstetrics and gynecology at Baylor and director of the division of Obstetric Hospitalists. “We use that unique experience to educate others.”

A prime example: their expertise in the treatment of postpartum hemorrhage, the most critical rapid response call they receive, notes Dr. Schneider. “With our experience responding to these high-risk scenarios, and the regular training we receive in the latest treatment protocols, we play an integral role in educating others on how to optimize maternal outcomes.”
For residents and medical students, working with the hospitalists is a one-of-a-kind learning opportunity.

“With the residents, we’ve found they really appreciate knowing there is always someone with our experience onsite that they can call on for backup, or if they just need a sounding board, especially when the patient’s physician is offsite,” says Dr. Schneider. “Under our guidance, they get hands-on experience managing the needs of OB patients in a private hospital setting.”

For medical students rotating through the hospital’s triage unit, they may be surprised to find themselves working one-on-one with the OB hospitalist staffing the unit – there’s no resident layer in between them.

“It’s just us and the student, so they get to do so much more,” explains Dr. Tobey Stevens, OB hospitalist and assistant professor of OB/GYN at Baylor. “Under our supervision, students get to hone their triage skills, from ruling out labor to taking care of pregnant women. They really value that direct contact with the patient and with us, as the attending, and they learn more in the process.”

“We’re here to help everyone, from residents and med students to nurses and physicians,” says Dr. Schneider. “We’re proud to be an integral part of the team, improving patient safety and maternal and fetal outcomes and educating caregivers along the way.”

Their next goal, she adds: funding to establish an Obstetric Hospitalist fellowship, to meet the growing demand for hospitalist training.

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AS HOSPITALISTS, WE ARE ONSITE 24/7, RESPONDING TO CRITICAL OBSTETRIC NEEDS THAT OTHER OB/GYNS MAY RARELY, IF EVER, ENCOUNTER.

-Karen Schneider, MD
Maternal-Fetal Medicine (MFM)

2015 BY THE NUMBERS

43,908
MFM CLINIC VISITS
At Texas Children’s Pavilion for Women and Maternal Fetal Medicine community clinics

655
DELIVERIES AS THE ATTENDING PROVIDER
At the Pavilion for Women

1,516
PERINATAL GENETICS CONSULTS FOR MFM PATIENTS

719
PROCEDURES AND SURGERIES
At Texas Children’s affiliated facilities (excluding cesarean deliveries)

32
WOMEN WITH MORBIDLY ADHERENT PLACENTA TREATED
At the Pavilion for Women and Harris Health facilities
WE OFFER SPECIALIZED CARE FOR HIGH-RISK PREGNANT WOMEN AND THEIR UNBORN BABIES TO IMPROVE MATERNAL AND FETAL OUTCOMES. OUR PROGRAM IS ONE OF THE FEW IN THE WORLD OFFERING THE FULL SPECTRUM OF MATERNAL-FETAL MEDICINE SERVICES, INCLUDING FETAL INTERVENTION FOR BABIES REQUIRING SURGICAL THERAPY PRIOR TO BIRTH.
Maternal-Fetal Medicine
2015 BY THE NUMBERS

5,583
OUTPATIENT CLINIC VISITS
At Harris Health System

5,029
UNIQUE PATIENTS TREATED
At Harris Health System

2,617
SURGERIES AND PROCEDURES PERFORMED
At Harris Health System

319
HIV PATIENT PRENATAL VISITS

+100
ENROLLEES IN THE INTERNATIONAL AMNIOTIC FLUID EMBOLISM REGISTRY

76
PEER-REVIEWED PUBLICATIONS
**54**

**Abstracts accepted for presentation**
At the 2016 Society for Maternal-Fetal Medicine (SMFM) annual meeting

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**15**

**Oral presentations accepted out of 115 oral presentations**
At 2016 SMFM annual meeting

---

**5**

**Year approval of MFM fellowship**
By American Board of Obstetrics and Gynecology (ABOG)

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**4**

**New MFM specialists added**
For a total of 33 faculty members and 3 fellows

---

**1st**

**Fellow graduated**
Dr. Katie Antony, graduated from MFM fellowship program

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**1st**

**Maternal-Fetal Medicine Telemedicine Clinic launched**
Making Pregnancy Possible for Congenital Heart Patients

Times have changed for babies born with congenital heart defects. Once considered a fatal condition, in today’s new era of advanced interventions and surgical repairs these babies are living longer, healthier lives – and even having babies of their own.

In the last five years, maternal-fetal medicine specialist Dr. Manisha Gandhi, an expert in high-risk pregnancies, has treated an increasing number of these survivors. “Many of these women came here 30 years ago as a baby to have their heart defect repaired,” says Dr. Gandhi, assistant professor of obstetrics and gynecology at Baylor College of Medicine and medical director of the Maternal-Fetal Medicine Clinic at Texas Children’s Pavilion for Women. “They’ve come full circle, returning to have a baby of their own.”
To meet the unique needs of this growing patient population, she teamed up with Dr. Wayne Franklin, associate professor of cardiology in the departments of Pediatrics and Medicine at Baylor, and medical director of the Adult Congenital Heart Disease program at Texas Children's Hospital. With his extensive experience helping pediatric heart patients transition to adulthood, Dr. Franklin offers a vital understanding of the potential risks these women face during pregnancy and delivery.

Initially the two specialists saw these pregnant congenital heart patients independently, meeting afterwards to collaborate on their care. Then in November 2015, they opened an innovative clinic where they provide maternal-fetal medicine and cardiology care together in one visit, collaborating in real-time to optimize patient safety and outcomes. “Patients are more confident knowing everyone is on the same page,” says Dr. Gandhi.

Their unique approach is critical to managing the increased risks that come with these complex pregnancies, says Dr. Gandhi, including arrhythmias, pulmonary edema, premature delivery, fetal growth restriction, and inherited congenital heart disease.

“Historically these women were advised against getting pregnant,” says Dr. Franklin. “Today, with this type of specialized care and collaboration, in the majority of cases pregnancy is now an option.”

Dr. Gandhi hopes the clinic will lead to similar collaborations with other specialties. “It’s an exciting concept with the potential to help women who are now surviving other pediatric conditions, such as cystic fibrosis, and want to start a family,” she says.

The new clinic also offers exciting clinical education opportunities for MFM and cardiology fellows as well as research opportunities to study the effects of repaired congenital heart defects on pregnancy and the fetus, she adds, improving management of these pregnancies.
Pediatric and Adolescent Gynecology
2015 BY THE NUMBERS

7,725 GIRLS TREATED
312 PROCEDURES AND SURGERIES

68 RECONSTRUCTIVE SURGERIES FOR CONGENITAL ANOMALIES
47 SURGERIES FOR TORSION OF THE OVARY, OVARIAN PEDICLE, OR FALLOPIAN TUBE

92% SALVAGE RATE FOR OVARIAN TORSION SURGERIES
For patients age 1 to 18
GIRLS AND THEIR CAREGIVERS ATTENDED GIRLS ELEVATED
An annual event to improve the health and well-being of young girls in the community

OUR PEDIATRIC-adoLESCENT GYNECOLOGISTS ARE FELLOwSHIP TRAINED IN THE TREATMENT OF GYNECOLOGIC CONDITIONS IN GIRLS RANGING FROM NEWBORN TO AGE 21, INCLUDING RARE CONDITIONS AND COMPLEX CONGENITAL ANOMALIES OF THE FEMALE REPRODUCTIVE SYSTEM. WE ARE HOME TO THE LARGEST ESTABLISHED PROGRAM IN TEXAS FOR THE SURGICAL TREATMENT OF PEDIATRIC AND ADOLESCENT GYNECOLOGIC DISORDERS.

PRESIDENT, NORTH AMERICAN SOCIETY OF PEDIATRIC AND ADOLESCENT GYNECOLOGY, JENNIFER DIETRICH, MD
Ovarian Torsion – Timing is Everything to Maintain Future Fertility

Dr. Jennifer Dietrich, chief of pediatric and adolescent gynecology at Baylor College of Medicine, has been called the “go to” resource for pediatric surgeons, sharing her expertise to advance the treatment of gynecologic conditions in young girls, including ovarian or adnexal torsion, an often challenging condition in which timing is everything. “Accurate diagnosis and timely management help us achieve a 92% salvage rate in patients aged 1 to 18,” says Dr. Dietrich.

Ovarian or adnexal torsion is a condition in which an ovary and in some cases the fallopian tube become twisted, cutting off their blood supply. Typically considered an adult condition, it can occur at any age. It is the fifth most common gynecologic emergency, and the most common reason for gynecologic surgery in prepubertal girls presenting to our service, notes Dr. Dietrich.

Diagnosis can be difficult, with symptoms similar to appendicitis, delaying treatment and risking loss of the ovary, fallopian tube or both. “Ovarian torsion should always be considered in cases of acute onset abdominal pain in a prepubescent female,” she stresses.

Consider the case of a 13-year-old female who comes to the ER with acute onset of abdominal pain, nausea and vomiting. Following a thorough history and a pregnancy
test for reproductive-age patients, a pelvic ultrasound is used to evaluate the ovaries, including asymmetry, follicle characteristics, edema, lesions, and the presence or absence of blood flow.

“In this clinical picture, the complete absence of blood flow is the most reliable and indicative,” emphasizes Dr. Dietrich. “Presence of blood flow on the ultrasound does not rule out ovarian torsion – it could be intermittent or loose torsion, or a torsed tube. If uncertainty remains regarding the diagnosis, observe the patient. If the pain worsens, reorder an ultrasound and look for changes.”

Once the clinical diagnosis is made, immediate laparoscopy to detorse the ovary is critical – salvage rates are higher within the first 24-72 hours. “Unless the ovary is grossly necrotic and falling apart when we untwist it, we try to salvage it, avoiding an oophorectomy or salpingo oophorectomy.” Dr. Dietrich explains. “You’d be surprised how many black and blue ovaries recover over time, with follow-up studies showing a remarkable return of ovarian function.”

**ACCURATE DIAGNOSIS AND TIMELY MANAGEMENT HELP US ACHIEVE A 92% SALVAGE RATE IN PATIENTS AGED 1 TO 18.**

-Jennifer Dietrich, MD
Reproductive Endocrinology and Infertility

2015 BY THE NUMBERS

6,313 PATIENT VISITS

158 IVF CYCLES

141 DELIVERIES BY FORMER FAMILY FERTILITY CENTER PATIENTS

8 PUBLICATIONS

CHAIRMAN OF WOMEN’S HEALTH REGISTRY ALLIANCE, WILLIAM GIBBONS, MD

INCREASE IN FELLOWSHIP COMPLEMENT, EARNING A MASTERS DEGREE AT THE SAME TIME, DR. AMY SCHUTT
WE ARE ADVANCING THE TREATMENT AND UNDERSTANDING OF REPRODUCTIVE DISORDERS, BRINGING NEW HOPE TO WOMEN FACING EVEN THE MOST CHALLENGING CASES OF INFERTILITY. OUR SPECIALISTS ADDRESS A WIDE RANGE OF CONDITIONS IMPACTING FERTILITY, INCLUDING SEVERE MALE FACTOR, ENDOMETRIOSIS, UNEXPLAINED INFERTILITY, AND FERTILITY PRESERVATION AFTER CANCER. WE OFFER CONSERVATIVE MANAGEMENT OF INFERTILITY, ADVANCED ASSISTED REPRODUCTION (IVF/ICSI, PRE-IMPLANTATION GENETIC DIAGNOSIS, AND EMBRYO AND EGG CRYOPRESERVATION), SURGICAL TREATMENT OF INFERTILITY (UTERINE FIBROIDS, ENDOMETRIOSIS, TUBAL DISEASE, AND UTERINE MALFORMATIONS), AND EXPERT EVALUATION AND CARE OF ENDOCRINE AND HORMONAL ISSUES.
Reproductive Endocrinology and Infertility
2015 BY THE NUMBERS

A GROWING NUMBER OF ANNUAL IVF CYCLES

Texas Children’s Hospital Fiscal Year
A rapidly increasing number of deliveries by former Family Fertility Center patients.

Texas Children’s Hospital Fiscal Year

- 2012: Family Fertility Center opens
- 2013: 15
- 2014: 101
- 2015: 141

HEALTHCARE || 71
When Dr. Amy Schutt joined the Reproductive Endocrinology and Infertility (REI) Fellowship program at Baylor College of Medicine (BCM), she brought with her far more than a strong academic background in the treatment of reproductive and hormonal disorders. With her own daughter conceived through in vitro fertilization (IVF), she says it’s her personal experience as an infertility patient that has heightened her intellectual curiosity in the area of reproductive health and, ultimately, enhanced her role as a clinician, researcher, and educator.

Her fellowship has provided widespread exposure to the many groundbreaking techniques and technologies that have earned the department worldwide attention. “We see highly complex endocrinology cases as well as unique congenital anomalies of the reproductive tract that we would not have exposure to in the private hospital setting,” she says.

Dr. Schutt has also led a robust research study in the area of developmental programming. While research has shown that a mother’s poor diet during pregnancy can affect her baby long into adulthood through the onset of hypertension, diabetes, and other metabolic disorders, her
research further advances this finding. “As a reproductive endocrinologist, my interest is before pregnancy,” she says. “My research looked at developmental programming in the egg itself, specifically examining amino acid metabolism, because they are the building blocks for proteins, as well as the structure of the mitochondria, or the energy ‘powerhouses’, and asked ‘What happens if the mother is protein starved prior to pregnancy?’”

In an animal model, Dr. Schutt looked at two groups: one where females were given a protein-restricted diet, and another where females were on a protein-restricted diet but also given a “rescue agent,” folic acid. She found that while high doses of folic acid can reverse some of the changes in amino acid metabolic pathways, mitochondria within the eggs of females fed a protein-restricted diet – with or without folic acid – were irreversibly damaged. Further research will focus on what role the compromised mitochondria play in fertility.

Dr. Schutt is also involved in collaborative research as part of a USDA-funded study on the effects of obesity on the expression of different markers of inflammation and oxidative stress in the fluid that feeds the egg. This clinical research could play a significant role in determining the effects of obesity, and subsequent weight loss, on the hormonal milieu surrounding the egg before and during pregnancy.

After completing her fellowship, Dr. Schutt will join the BCM REI faculty. “We are delighted to have Dr. Schutt join our division. She brings great compassion to her wonderful intellect. She is a great addition to our team, both scientifically and medically,” shares William E. Gibbons, MD, director, division of Reproductive Endocrinology and Infertility, department of Obstetrics and Gynecology at Baylor.
Reproductive Psychiatry
2015 BY THE NUMBERS

**Clinic Visits**
At the Pavilion for Women and in Pearland

**3,983**

**Mothers Screened for Postpartum Depression**
At Texas Children’s Pediatrics practices in Pearland and Shadow Creek Ranch as part of a pilot project to screen women at the 2-week newborn visit for earlier identification and treatment of maternal depression.

**577**

**Menopause Center Patients Treated, Including 76 New Patients**

**381**

**Additional Faculty Members Added**

**2**
WE ARE ONE OF ONLY A HANDFUL OF PROGRAMS IN THE NATION DEDICATED TO WOMEN’S REPRODUCTIVE MENTAL HEALTH. WITH OUR COMBINED EXPERTISE IN PSYCHIATRY AND OBSTETRICS/GYNECOLOGY, WE OFFER SPECIALIZED CARE AND TREATMENT FOR MOOD DISORDERS AND PSYCHIATRIC CONDITIONS RELATED TO A WOMAN’S REPRODUCTIVE CYCLE, FROM PREMENSTRUAL DYSPHORIC DISORDER (PMDD) TO POSTPARTUM DEPRESSION TO EMOTIONAL CHANGES DURING MENOPAUSE.
For most new mothers, bonding with their newborn comes naturally. Yet in some cases, particularly those with substance-abuse issues, women find they are unable to attach with their babies or respond to their needs as they desire.

For Dr. Sohye Kim, psychologist, in the division of Reproductive Psychiatry at Baylor College of Medicine, understanding the underlying mechanisms that lead to maternal disengagement, as well as investigating therapeutic interventions that may halt it, has been a chief area of focus. Since joining the department in 2015, her work as a clinician, researcher and educator has brought new insight – and renewed hope – for these mothers and their babies.

“We know from our past research that an infant’s smiles and positive expressions trigger a natural ‘high’ in the dopamine system of a mother’s brain, but in some cases, the maternal response can go awry,” she says. “In mothers with severe drug addiction, we found that because the drugs target the same dopamine system of the brain, not only are these women not likely to feel a ‘high’ from their infants’ smiling faces, but this area of the brain can actually be deactivated in response to their babies.”

She says they are now looking at whether oxytocin (a hormone produced in the hypothalamus and important to social bonding) administered through a nasal spray can reverse this and enable drug-dependent mothers to enjoy a healthy
attachment to their babies. “We have preliminary evidence that introducing oxytocin artificially can have a beneficial effect. However, there are many factors that seem to complicate the outcome, such as a history of early trauma. We do not believe that simply inhaling oxytocin will cure everything. However, it will help us to understand underlying mechanisms that can lead to lasting changes in these mothers,” says Dr. Kim.

Teaming with Dr. Lucy Puryear, associate professor and chief of the division of Reproductive Psychiatry, Dr. Kim is also studying the role of oxytocin nasal spray in mothers with postpartum depression. In addition, Dr. Kim is looking at differences of oxytocin functioning at a genetic level to determine how a mother’s oxytocin-related deficits might affect her baby’s risk for socio-emotional difficulties as they mature.

As a clinician, Dr. Kim sees patients at The Women’s Place - Center for Reproductive Psychiatry at Texas Children’s Pavilion for Women, one of only a handful of programs in the United States dedicated to the care and treatment of women’s reproductive mental health. She also teaches students, residents, and fellows who are serving a rotation in the lab.

“I find it very meaningful to help women who are struggling with psychiatric difficulties -- particularly new mothers who are unable to be as responsive to their infants as they would like to be, which often results in guilt and shame,” she says. “Through proper treatment, including cognitive behavioral therapy, most women do get better, which is highly rewarding.”
Texas Children’s Fetal Center®
2015 BY THE NUMBERS

1,832
TOTAL FETAL ECHOCARDIOGRAMS

1,188
UNIQUE FETAL ECHOCARDIOGRAM PATIENTS

764
TOTAL EVALUATED CASES

654
ANOMALY EVALUATED CASES
Our expertise in the diagnosis and treatment of anatomic abnormalities in unborn and newborn infants attracts parents from around the world seeking the best possible care and outcomes for their children. We are one of the few programs in the nation offering the full spectrum of fetal interventions, reducing the life-threatening or debilitating consequences of rare and complex birth defects.
2015 Texas Children’s Fetal Center® Referrals

Abdominal Wall Defects 28
Amniotic Band 2
CDH (Congenital Diaphragmatic Hernia) 18
Congenital Pulmonary Airway Malformations 31
Fetal Tumors 3
LUTO (Lower Urinary Tract Obstruction) 22
Neck Mass 1
NTD (Neural Tube Defects) 58
Pleural Effusion 6
TRAPS (Twin Reversed Arterial Perfusion Sequence) 3
TTTS (Twin to Twin Transfusion Syndrome) 56
### Fetal Intervention Procedures

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>Bipolar Cord Coagulation</td>
<td>1</td>
</tr>
<tr>
<td>IUT (Intrauterine Transfusion)</td>
<td>12</td>
</tr>
<tr>
<td>Laser</td>
<td>31</td>
</tr>
<tr>
<td>LUTO Bladder Shunt</td>
<td>15</td>
</tr>
<tr>
<td>Pleural Effusion Shunt Placement</td>
<td>18</td>
</tr>
<tr>
<td>RFA (Radio Frequency Ablation)</td>
<td>1</td>
</tr>
<tr>
<td>Amniotic Band Release</td>
<td>1</td>
</tr>
<tr>
<td>Other Fetal Interventions</td>
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### Fetal Surgeries

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Count</th>
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</thead>
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<tr>
<td>FETO (Fetal Endotracheal Occlusion)</td>
<td>1</td>
</tr>
<tr>
<td>Fetoscopic NTD Repair</td>
<td>12</td>
</tr>
<tr>
<td>NTD (Neural Tube Defect repair)</td>
<td>6</td>
</tr>
<tr>
<td>Cardiac Surgery</td>
<td>1</td>
</tr>
<tr>
<td>Cardiac Intervention</td>
<td>1</td>
</tr>
<tr>
<td>EXIT (Ex Utero Intrapartum Treatment)</td>
<td>5</td>
</tr>
</tbody>
</table>

**Open Cases**
Women’s and Fetal Imaging
2015 BY THE NUMBERS

MATERNAL-FETAL MEDICINE
ULTRASOUND SCANS
At TCH affiliated facilities (excluding early viability evaluations)

13,293

PEDIATRIC RADIOLOGY
FETAL MRI PROCEDURES
At TCH affiliated facilities

374

INTERNATIONAL SOCIETY OF
ULTRASOUND IN OBSTETRICS AND
GYNECOLOGY - PRESENTATION AWARDS
WORLD CONGRESS 2015,
MONTREAL, CANADA

BEST ORAL COMMUNICATIONS -
ANIL SHETTY, PH.D.
Constructive averaging improves motion-induced signal loss in fetal brain magnetic resonance spectroscopy (MRS)

NEW TECHNOLOGY -
MAGDALENA SANZ-CORTES, MD, PH.D.
Improving the performance of fetal brain magnetic resonance spectroscopy (MRS) at 1.5T in a multicentric study

WILLIAM J. FRY LECTURE
MEMORIAL AWARD
AMERICAN INSTITUTE OF
ULTRASOUND IN MEDICINE
For significant contributions to the scientific progress of medical diagnostic ultrasound. 2015 RECIPIENT - WESLEY LEE, MD
The Women’s and Fetal Imaging Division specializes in using state-of-the-art imaging technologies (including 2D/3D/4D ultrasonography and fetal MRI) to improve our capacity to evaluate high-risk pregnancies. Our unique expertise plays a critical role in assessing the health of a developing fetus by enabling earlier detection, monitoring and possibly treatment of pregnancy-related complications.
Our comprehensive fetal imaging program aims to help more babies enjoy the strongest possible start to life. In 2015, we welcomed Dr. Magdalena Sanz-Cortes, associate professor in the division of Women's and Fetal Imaging. A clinician and researcher, she is an expert in using the latest imaging technologies to predict, diagnose and treat congenital abnormalities, improving fetal outcomes today and advancing our understanding of fetal growth to improve the lives of future generations.

She is a key member of the Fetal Imaging Research Group (FIRG) which is under the direction of Dr. Wesley Lee. Dr. Sanz-Cortes’ research focuses on the neurodevelopmental differences of fetuses with congenital abnormalities, as well as fetuses that are too small. Her research investigations particularly emphasize the unique capabilities of magnetic resonance imaging (MRI) in assessing fetal growth in combination with ultrasound that is more typically used in maternal-fetal medicine practice.

“Fetuses with congenital heart disease are at increased risk for neurodevelopmental delay. Routine ultrasound may initially show that in an affected fetus with a smaller head size. However, using advanced MRI techniques such as in-vivo spectroscopy, which provides metabolic information, we’re able to detect subtle signs of brain damage, helping us identify those babies at highest risk of neurodevelopmental impairment.”
In one major ongoing study, she and her research team are investigating whether oxygen therapy given to mothers of small babies can help distinguish between fetuses that are constitutionally small and those that are too small due to placental insufficiency (when the placenta does not provide adequate oxygen and nutrients) — putting them at risk of adverse cardiovascular events and neurologic outcomes later in life.

“Using advanced MRI sequences, we determined that the placenta perfusion was increased after maternal exposure to additional oxygen — changes that Doppler ultrasound did not detect,” says Dr. Sanz-Cortes. “These preliminary findings are an exciting first step in identifying cases of placental dysfunction in growth-restricted babies, and may enable us to develop therapies to improve fetal developmental and long-term outcomes for these babies.”

On the clinical front, she is a vital member of the fetal intervention team, where her imaging expertise is allowing earlier detection and innovative treatment of a wide range of fetal abnormalities, from in-utero surgery for twin-twin transfusion syndrome (TTTS) to fetoscopic repair of spina bifida, giving these babies every advantage as they begin their life journey outside the womb.
THE CENTERS FOR CHILDREN AND WOMEN
Elizabeth Campbell, MD
Faunda Campbell, MD
Ritu Dutta, MD
Dayna Ellison, MD
Erica Giwa, MD
Stacey Godley, MD
Lisa Hollier, MD, MPH
Michelle Jones, MD
Aminata Mansaray Young, MD
Ivvanee Martinez, MD
Chinyere Ohakweh, MD
Esohe Ohuoba, MD
Bani Ratan, MD
Anju Suhag, MD
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