We celebrated another milestone year in 2016, thanks to an incredible team of professionals whose dedication to our patients is relentless and unwavering. As a result of consistent efforts to provide collaborative, integrated care that treats the “whole patient,” we’re expanding our knowledge base while improving our processes and practices to better serve women, children and entire families.

The following pages illustrate how far we’ve come during the past year. But we’re just getting started. Through a continued focus on research, education, clinical care and global community initiatives, our vision for the future knows no bounds.
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PRIVATE PRACTICE LOCATIONS

1. TEXAS CHILDREN’S 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. HOUSTON METHODIST WEST HOSPITAL
   18400 Katy Freeway, Ste. 540
   Houston, TX 77094

PUBLIC PRACTICE LOCATIONS

1. BEN TAUB HOSPITAL
   5004 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
   1654 North Main Street
   Houston, TX 77009

5. GULF GATE HEALTH CENTER
   7750 Office City Drive
   Houston, TX 77012

6. MARTIN LUTHER KING JR. HEALTH CENTER
   3350 Swingle Road
   Houston, TX 77047

7. SMITH CLINIC
   2525 A Holly Hall
   Houston, TX 77054
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
2016 BY THE NUMBERS

- $3,754,578 Total Research Funding
- $2,706,307 National Institutes of Health Funding
- 157 Publications
- 127 Presentations at National and International Meetings
- 39 Faculty Principal Investigators with Active Protocols
PREVENTING THE LONG-TERM EFFECTS OF GESTATIONAL DIABETES

Gestational diabetes (GDM) is one of the most common obstetrical complications, and the dangers it poses for mothers-to-be don’t end with pregnancy.

In fact, the American Diabetes Association estimates that women who suffer from diabetes during pregnancy are seven times more likely to develop type 1 diabetes later in life.

Dr. Kathleen Pennington, assistant professor of obstetrics and gynecology at Baylor College of Medicine, hopes to make this statistic a thing of the past. Working with her research team and mentor, Chandra Yallampalli, PhD, in partnership with Texas Children’s Hospital, Dr. Pennington has developed an animal model dedicated to studying long-term maternal health complications that result from glucose intolerance during pregnancy.

“This animal model allows us to study the health impacts of gestational diabetes in ways we aren’t able to in pregnant women,” says Dr. Pennington.

The challenge with conducting a study of this kind in human subjects has largely been due to the fact that extracting certain tissue, particularly pancreatic beta cells, from pregnant women is only possible once a patient dies. In addition, women with GDM represent only about 10 to 20 percent of expectant mothers, making it even more difficult to get the tissues needed for research.

The animal model has recapitulated in mice the correlation between glucose intolerance and diminished pancreatic beta cell expansion that occurs in pregnant women. The study has also mirrored in mice the same issues with elevated triglycerides and mobilization of fat cells common to women with GDM.

“At Baylor, I found the research resources I need, in a collaborative environment with state-of-the-art facilities in a fast-paced environment, all resulting in being able to publish faster, finding answers to critical questions. Understanding the mechanisms that cause gestational diabetes is a key factor for stopping or reversing it, and ultimately preventing or abating its long-term health risks to mothers,” explains Dr. Pennington.
SHAPING THE FUTURE OF PEDIATRIC GYNECOLOGY

Post-operative vaginal care in pediatric patients may soon look a lot different thanks to Dr. Julie Hakim.

Inspired by the lack of existing technology to prevent vaginal scar tissue from forming after reconstructive surgeries, she created a first-of-its-kind pediatric vaginal stent during her fellowship in Pediatric and Adolescent Gynecology at Baylor College of Medicine.

“We just didn’t have the right tools or knowledge to prevent scar tissue forming in the vagina,” says Dr. Hakim. “That’s where I felt I could make the greatest contribution.”

Similar in concept to cardiac stents, which have been used for years in patients with heart disease, the vaginal stent features an inner core surrounded by an inflatable balloon. However, unlike cardiac stents, which require a medical procedure for placement, the vaginal stent is ergonomically designed for girls and young women to be able to insert, inflate and remove on their own.

Dr. Hakim says the vaginal stent also has applications for the adult population since there is no longer anything similar on the market. In addition, she’s hoping to develop another device that will create long-term changes in vaginal structure and allow for customization based on a patient’s anatomy. Such a device would benefit mature women who often endure discomfort from the trial-and-error fit of pessaries.

Using seed grant money she received after winning a pediatric medical device pitch competition last year in Washington, D.C., Dr. Hakim has partnered with BioTex Inc., a local medical device development company, to navigate the path to FDA approval. The vaginal stent is currently being tested with female mini-pigs to satisfy the live-animal testing requirement.

She credits the collaborative environment at Baylor College of Medicine with facilitating her inventions. “At Baylor, there is a spirit of innovation and entrepreneurship, a willingness to take a chance on an ‘out there’ idea that is driven by passion and perseverance.”
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**

**2016 BY THE NUMBERS**

- **200** Medical students rotating through OB/GYN Core Clerkship
- **48** OB/GYN residents
- **50%** of 2016 graduating OB/GYN residents entered academics or fellowships
- **10** OB/GYN faculty participated in additional formal educational training
- **15** fellows
- **10.2%** of BCM medical students pursuing OB/GYN residency programs in 2016-2017 (National average = 5.9%)
- **6** physician assistant students
- **10** BCM medical students matched to OB/GYN residency programs in March 2016 (5.5%)
- **10** OB/GYN faculty with undergraduate or graduate degree in education (8.1%)
- **3** Norton Rose Fulbright Faculty Excellence in Education Awards
Imagine the possibilities if all birth defects could be prevented or minimized before an unborn child ever took its first breath outside the womb.

Dr. Oluseyi Ogunleye is learning to bring those possibilities to light through his work as the first Fetal Intervention (FI) Fellow at Baylor College of Medicine. The one-year, Texas Medical Board-accredited FI Fellowship complements the Perinatal Surgery Fellowship as part of the Department of Obstetrics and Gynecology’s efforts to evolve medical care for expectant mothers and their babies.

Baylor fetal interventionists work with an extensive team of specialists that bring expertise from many fields, including pediatrics, cardiology, neonatology, nursing, social work, and others. This broad knowledge base results in an all-inclusive program with diverse applications, offering patients life-changing options that have only recently become available as well as a fertile training environment for fellows.

The fellowship includes opportunities to collaborate in clinical, ultrasound, and basic science research with members of Baylor’s FI team including Drs. Michael Belfort, Jimmy Espinoza, Alireza Shamshirsaz, Magdalena Sanz Cortes, and others.

What sets Baylor’s FI Fellowship program apart from other programs is its comprehensive nature, exposing fellows to a diverse set of fetal conditions and related procedures and the relatively high volumes of surgical opportunities for the FI fellow.

Dr. Ogunleye specializes in multifetal gestation, or twin pregnancies. At Baylor and Texas Children’s Pavilion for Women, he is refining his surgical skills, utilizing laser technology and surgical procedures to treat anomalies such as Twin to Twin Transfusion Syndrome (TTTS), lower urinary tract obstruction (LUTO) and congenital diaphragmatic hernias (CDH), fetoscopic repair of neural tube defects (NTD), and shunt placement for pleural effusion, among others.

“Some fellowship programs might offer one aspect of fetal intervention – bits and pieces – but Baylor provides the whole package,” says Dr. Ogunleye. “We’re a one-stop shop for everything from CDH repair to cardiac intervention and all things in between.”
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.
Global Women’s Health
2016 BY THE NUMBERS

+1,000
WOMEN SEEN BY OUR GLOBAL HEALTH TEAM

+700
OBSTETRIC FISTULA SURGERIES
including surgeries performed by faculty, adjunct faculty, fellows, and residents

17
MALAWIAN RESIDENTS BEING TRAINED IN OB/GYN

6
PUBLICATIONS

2
GLOBAL HEALTH FELLOWS
## Teen Clinic

### 2016 by the Numbers

<table>
<thead>
<tr>
<th>Metric</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Clinic Visits</td>
<td>32,849</td>
</tr>
<tr>
<td>New Patients</td>
<td>5,134</td>
</tr>
<tr>
<td>Return Patients</td>
<td>3,812</td>
</tr>
<tr>
<td>STD Screenings</td>
<td>8,792</td>
</tr>
<tr>
<td>Immunizations Given</td>
<td>+4,780</td>
</tr>
<tr>
<td>Increase in Immunization Uptake Year Over Year</td>
<td>+100%</td>
</tr>
</tbody>
</table>

## Centering Pregnancy® for Women Living with HIV

### 2016 by the Numbers

<table>
<thead>
<tr>
<th>Metric</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prenatal Visits by Women Living with HIV at Our Harris Health Specialty Clinic</td>
<td>306</td>
</tr>
<tr>
<td>Deliveries by Women Living with HIV from Our Harris Health Specialty Clinic</td>
<td>40</td>
</tr>
<tr>
<td>Participants Finished the Program with Undetectable Viral Loads</td>
<td>7 of 8</td>
</tr>
</tbody>
</table>
For women with HIV, the joy of pregnancy can be masked by fear and uncertainty. The social stigma and pressures of managing a chronic condition often lead to depression, especially among those who are newly diagnosed.

Nobody understands this better than Dr. Judy Levison, professor of obstetrics and gynecology at Baylor College of Medicine. As physician coordinator of obstetric and gynecologic care for women living with HIV in the Harris Health System, she offers new hope through community and nutrition.

Working closely with the Centering® Healthcare Institute in Boston, Dr. Levison heads a program that leads expectant mothers living with HIV in Houston through 10 two-hour interactive sessions. Group participants receive prenatal care, information, and support while gaining a sense of kinship and belonging.

Another unique component of Dr. Levison’s program is its partnership with the Houston Food Bank (HFB). For the past year, thanks to a food scholarship from HFB, each group member receives a large bag of produce and other shelf-stable groceries at every meeting. The feedback from the women is that they are cooking with the fresh produce before going out and buying food that might be less healthy.

“This program has been a godsend,” says Dr. Levison. “So many women get diagnosed and just plummet because it’s overwhelming. Then they come to this group and look across the room and see all these healthy women having babies, and they think, ‘Wait a minute, I can handle this.’”

After three years, and with the 13th group now underway, Dr. Levison has the data to prove her program is working:

- The program has cared for 46 women to date, some during two pregnancies.
- In the last group, seven of eight participants finished the program with undetectable viral loads, and the other one had a viral load under 1,000.
Midwifery
2016 BY THE NUMBERS

- **11,171**: Certified Nurse Midwife (CNM) outpatient visits at Harris Health System
- **2,539**: CenteringPregnancy® group prenatal visits in Harris Health
- **803**: Vaginal deliveries by CNM in Harris Health System
- **3**: American College of Nurse-Midwives “Best Practice” Awards in 2016 to Baylor CNM's within Harris Health: Triple Aim award, VBAC success rate, low preterm birth rate.

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.
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.

BAYLOR ST. LUKES 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 the onsite Maternal-Fetal Medicine Clinic, we’re providing OB/GYN patients at this leading Houston hospital direct access to our 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 our innovative, collaborative effort with Texas Children’s Health Plan, 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 MATERNAL-FETAL MEDICINE AND OB/GYN 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.

WHERE WE PRACTICE
You’ll find our physicians treating patients in a wide range of healthcare settings throughout the Texas Medical Center and the greater 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.
The Centers for Women and Children

2016 BY THE NUMBERS

30,672
PATIENT VISITS
At Greenspoint and Southwest Centers

1,293
DELIVERIES

3,488
WOMEN SERVED AT GREENSPoint AND SOUTHWEST CENTERS

93.4%
TDAP VACCINATION RATE OF OB PATIENTS

98%
PREGNANT WOMEN SCREENED FOR POSTPARTUM DEPRESSION
At 1st visit, 3rd trimester and postpartum

28%
CESAREAN DELIVERY RATE VS. 32% U.S. WIDE

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. In 2016 The Centers for Children and Women pioneered an integrated approach to prenatal and postpartum care, making onsite behavioral health care available to our patients.
BRINGING BEHAVIORAL HEALTH TO PRE- AND POSTNATAL CARE

Modern medicine has underscored the importance of prenatal care in expectant mothers for decades. However, little attention has been given to the mental demands inherent to motherhood — until now.

The Centers for Children and Women, a collaborative effort with Texas Children’s Health Plan, are pioneering an integrated approach to prenatal and postpartum care, making onsite behavioral health care available to its patients. The Centers staff a complete behavioral health team, including a psychiatrist, psychologists, clinical therapists, and social workers.

As part of The Centers’ prenatal care program, patients are screened at three different pregnancy milestones: during their first prenatal visit, then again in their third trimester and postpartum. Women who screen positive for behavioral health issues immediately receive the appropriate next level of care.

Since the implementation of its integrated model, The Centers have screened 98 percent of more than 3,000 patients. With approximately 11 percent of women screening positive for behavioral health issues, Dr. Hollier is excited about the long-term implications for improved pregnancy outcomes, particularly among this underserved population.

The collaborative relationship among a patient’s team of providers is key, and may even foster opportunities for partnership with behavioral health professionals outside The Centers. This would allow women with pre-existing mental health conditions to continue a treatment plan that is already working for them, without interruption.

Dr. Hollier is passionate about reducing the rate of maternal death in Texas. She leads the state’s Maternal Mortality and Morbidity Task Force, focused on identifying high-risk populations and the reasons behind the higher risk. “I think that access to healthcare across a woman’s lifespan is incredibly important, and things that we can do to permit that access are very important,” states Hollier.

As a provider in the state-funded Healthy Texas Women program, The Centers are able to provide greater continuity of care to low-income women who have traditionally been underserved in the medical community.

“We have an opportunity to significantly improve pregnancy outcomes for women, and reduce the overall cost of their care,” adds Hollier.

In addition to her roles at Baylor College of Medicine, Dr. Hollier is the President Elect for the American College of Obstetricians and Gynecologists with her term beginning in May 2017.
## Gynecologic and Obstetric Specialists (GOS)

### 2016 BY THE NUMBERS

**Texas Children’s Pavilion for Women**

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Visits</td>
<td>25,679</td>
</tr>
<tr>
<td><strong>Unique Patients Treated</strong></td>
<td>9,880</td>
</tr>
<tr>
<td>Patient Visits At TCH Pearland location</td>
<td>4,837</td>
</tr>
<tr>
<td>Pelvic Health Center Patient Visits</td>
<td>1,632</td>
</tr>
<tr>
<td><strong>Unique Patients Treated</strong> At TCH Pearland location</td>
<td>1,500</td>
</tr>
<tr>
<td>Births by GOS Attending Provider</td>
<td>1,498</td>
</tr>
<tr>
<td>Deliveries by GOS Attending Provider</td>
<td>1,451</td>
</tr>
<tr>
<td>Surgical Procedures (excluding cesarean deliveries)</td>
<td>696</td>
</tr>
<tr>
<td><strong>Menopause Center Patient Visits</strong></td>
<td>348</td>
</tr>
<tr>
<td><strong>Single Incision Gynecologic Surgical Procedures</strong></td>
<td>+180</td>
</tr>
<tr>
<td><strong>Urogynecology Surgeries and Procedures</strong></td>
<td>55</td>
</tr>
<tr>
<td><strong>Presentations at National and International Meetings</strong></td>
<td>6</td>
</tr>
<tr>
<td><strong>Publications</strong></td>
<td>10</td>
</tr>
</tbody>
</table>

**Division**

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Visits</td>
<td>1,500</td>
</tr>
<tr>
<td>Pelvic Health Center Patient Visits</td>
<td>696</td>
</tr>
<tr>
<td><strong>Urogynecology Surgeries and Procedures</strong></td>
<td>65</td>
</tr>
<tr>
<td><strong>Publications</strong></td>
<td>10</td>
</tr>
<tr>
<td><strong>Presentations at National and International Meetings</strong></td>
<td>6</td>
</tr>
</tbody>
</table>
PATIENT VISITS

7,703

SURGERIES AND PROCEDURES

4,755

UROGYNECOLOGY CLINIC VISITS

1,645

OB EMERGENCY/TRAIGE VISITS

5,650

SUCCESSFUL VBACS
72.4% success rate

254

LIVE BIRTHS

2,794

MINIMALLY INVASIVE SURGERIES AND PROCEDURES

590

UROGYNECOLOGY PROCEDURES

97
As medical director for the Baylor OB/GYN clinic at Texas Children’s Pavilion for Women, Dr. Riera supports an integrated approach to medicine that offers a more comprehensive level of care.

A longtime advocate of total population care, Dr. Riera is a pioneer for improving access to quality care for everyone. Following an ACOG-endorsed recommendation from the U.S. Preventive Services Task Force, he and his team recently began a pilot program that screens patients for depression as part of their annual well-woman exam.

Patients provide yes-or-no responses to a nine-question electronic form, and the Baylor team receives their score before their scheduled appointment. Scores range from 0 to 27, and patients scoring higher than 10 are identified as at risk for depression.

“Depression is the most common psychiatric disorder,” says Dr. Riera. “Many patients suffer from depression but haven’t been diagnosed, which makes them more likely to experience lower quality of life — or even death or suicide.”

Although some patients who score above 10 on the questionnaire may not be depressed, it helps determine which patients might be. Identifying at-risk patients is the first step; providing them with the appropriate level of care comes next. Dr. Riera and his staff work closely with Dr. Lucy Puryear and her team at The Women’s Place - Center for Reproductive Psychiatry at Texas Children’s Pavilion for Women to ensure cohesive, adequate care.

Dr. Riera hopes to expand screenings to eventually include identifiers for cardiovascular disease and diabetes. He thinks big when it comes to the direction of his clinical team, including physicians, nurses, medical assistants, schedulers and an increasing number of nurse practitioners.

“We want our patients to see their provider as a team, not just an individual,” explains Dr. Riera. By working together and being more accountable, we’re able to improve patient access and quality of care.”
Gynecologic Oncology
2016 BY THE NUMBERS

Texas Children’s Pavilion for Women

- 2,518 PATIENT VISITS
- 1,170 UNIQUE PATIENTS TREATED

Harris Health System

- 2,791 CLINIC VISITS
- 673 SURGERIES AND PROCEDURES

Division

- 583 PROCEDURES AND SURGERIES PERFORMED
  - Texas Children’s Pavilion for Women, Baylor St. Luke’s Medical Center, Methodist Hospital, Park Plaza Hospital, and Woman’s Hospital of Texas
- 5 PUBLICATIONS
Gynecological Oncology Specialist Dr. Tracilyn Hall is taking a deeper look at patient disparity and healthcare outcomes in Harris County by studying patient navigation systems to determine the best way for patients to have access to quality care.

Dr. Hall and her associates have compiled a database of abnormal Pap smears to establish the amount of time between diagnosis of cancer and entry into oncology clinics and treatment. Studying the patient navigation system database allows doctors to determine the time elapsed from diagnosis to treatment and identify those who become lost in the system. This helps them to know what factors are limiting access to patient care, and take steps to overcome them.

Dr. Hall’s interest in patient disparity first developed during her role as student body president at the Texas Tech University Health Sciences Center School of Medicine in El Paso, Texas. Later, during her residency at Houston Methodist, she became involved in the American Congress of Obstetricians and Gynecologists. As part of her fellowship, Hall also studied at the John F. Kennedy School of Government at Harvard University, focusing on healthcare politics and funding systems.

Another area of interest for Dr. Hall is continuity of care at Harris Health. She explains that, with oncology, patients typically see several different doctors as they deal with cancer diagnosis, surgery, chemotherapy, and radiation. She is now dedicated to spending all of her time at Ben Taub Hospital, “so our patients know who their doctor is.”

“A consistent face really has seemed to help our patients,” says Dr. Hall.

Passionate about teaching residents and medical oncology fellows, Dr. Hall recently became gynecologic oncology division liaison to the resident education committee. She is devoted to “truly teaching them what a privilege it is to be able to both learn and provide healthcare.”
THROUGH THIS 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.
DELIVERING MORE EFFICIENT HOSPITAL CARE THROUGH NEW PATIENT INITIATIVES

The hospitalist group at Texas Children’s Pavilion for Women continues to expand its role as Baylor College of Medicine OB/GYNs, like Dr. Karen Schneider, work toward developing new initiatives for improved patient outcomes.

Doctors are focusing on creating evidence-based outcome groups and reviewing data to produce algorithms for treatment plans.

That way, says Dr. Schneider, “we’re utilizing resources within the hospital more effectively.”

The teams, consisting of physicians, nurses, administrators, and statisticians, are taking a systematic approach to assess which women require admission and which need follow-up and treatment through outpatient providers. Doctors are evaluating, for example, instances of hypertension in pregnancy and developing algorithms for treatment plans so that women will not be readmitted unnecessarily.

One major area doctors are concentrating on is the diagnosis of preterm labor to evaluate women experiencing contractions, and who may or may not be in labor. The fetal fibronectin test assesses the production of a certain protein that allows doctors to determine the likelihood of preterm labor over the following two weeks. This information helps to lessen anxiety and preterm concerns for mothers, while also decreasing overutilization of patient care.

The hospitalist group is also dedicated to improving patient safety and recently created a “just-in-time debriefing” program to examine incidents, such as postdelivery hemorrhages, in order to provide assessment and initiate change. Furthermore, doctors are working to improve maternal and fetal outcomes by overseeing fetal monitoring during labor, striving, says Dr. Schneider, to “move toward having a safer environment for both the mother and the baby.”

Within the last year, the hospitalist group has expanded to include three new physicians and two midwives for a team total of 13, an addition that provides the option for natural laboring techniques and non-medical therapies for labor pains.

Currently, Dr. Schneider and her colleagues are working on developing a hospitalist fellowship.
Maternal-Fetal Medicine
2016 BY THE NUMBERS

Texas Children’s Pavilion for Women

- 23,870 PATIENT VISITS
- 21,748 PATIENT VISITS
  At the MFM community clinics
- 7,618 UNIQUE PATIENTS SEEN
  At the MFM community clinics
- 3,050 SURGICAL PROCEDURES
- 1,809 PERINATAL GENETICS CONSULTS
  At the MFM community clinics
- 1,513 PERINATAL GENETICS CONSULTS FOR MFM ALONE

Harris Health System

- 6,813 CLINIC VISITS
- 3,390 SURGERIES AND PROCEDURES
- 629 DELIVERIES
  As the attending provider
- 35 DELIVERED WOMEN WITH MORBIDLY ADHERENT PLACENTA TREATED
- 89 PUBLICATIONS
- 72 PRESENTATIONS
  AT NATIONAL AND INTERNATIONAL MEETINGS

Division

- 2016 BY THE NUMBERS
- 7,618 UNIQUE PATIENTS SEEN
  At the MFM community clinics
- 6,124 UNIQUE PATIENTS SEEN
- 3,050 SURGICAL PROCEDURES
- 1,809 PERINATAL GENETICS CONSULTS
  At the MFM community clinics
- 1,513 PERINATAL GENETICS CONSULTS FOR MFM ALONE
- 708 BIRTHS AS THE ATTENDING PROVIDER
The MAP Program at Texas Children’s Pavilion for Women and at Harris Health is putting Houston on the map for treatment of morbidly adherent placenta.

With an approximate 30 percent increase in cases in 2016, the program celebrated several achievements during 2016, including:

- Development of a database where doctors collect patient data and share outcomes
- Participation in a national consortium for centers of excellence to establish best practices
- Conservative management of specific accreta cases that allows for safe removal of the placenta while sparing the uterus in select patients
- Ongoing system-wide improvement in transfusion protocol, including “surprise bleed” readiness
- Evidence supporting improved outcomes with the multidisciplinary team approach
- Groundbreaking research on minimizing blood loss during the cesarean portion of cesarean-hysterectomies

“If you can save 500 cc from the cesarean portion of the procedure, that is 500 cc you didn’t lose before you started the hysterectomy portion,” says Dr. Karin Fox, assistant professor of obstetrics and gynecology. “It adds up, and we want to save every drop of blood we can.”

On the horizon for the Baylor MAP Program:

- Studies exploring new ways to use MRIs to better delineate the invasive placenta
- Participate in national, multi-center research
- Development of more training protocols to expand the MAP team and train others in team-based care

The MAP Program’s lower-than-normal average blood loss and multidisciplinary approach to treatment differentiate it from similar programs.

Traveling from New York to receive treatment at Texas Children’s Pavilion for Women, Eva Canaan shared her enthusiasm for the MAP Program.

“After talking to Dr. Belfort on the phone, I felt confident that Texas Children’s was the best place for me and my unborn baby,” says Ms. Canaan. “We will always fondly remember our time in Houston, and our little Texan will have quite a story to tell about the journey to her birth and its very happy ending.”
Pediatric and Adolescent Gynecology
2016 BY THE NUMBERS

Texas Children’s Hospital

7,794
CLINIC VISITS

1,952
PATIENTS TREATED FOR BLEEDING DISORDERS

670
SURGERIES AND PROCEDURES

276
RECONSTRUCTIVE SURGERIES FOR CONGENITAL ANOMALIES

230
GIRLS AND THEIR CAREGIVERS ATTENDED GIRLS ELEVATED 2016

45
PATIENTS TREATED FOR TORSION OF THE OVARIAS, ADNEXAL, OVARIAN PEDICLE OR FALLOPIAN TUBE

9
PATIENTS TREATED FOR TUMORS OF REPRODUCTIVE SYSTEM

Division

12
PRESENTATIONS AT NATIONAL AND INTERNATIONAL MEETINGS

11
PUBLICATIONS
Dr. Jennifer Dietrich has taken her commitment to pediatric and adolescent gynecology to the next level. The director of the division of Pediatric and Adolescent Gynecology at Baylor College of Medicine was recently elected president of the North American Society for Pediatric and Adolescent Gynecology (NASPAG).

Established in 1986, the NASPAG mission is to provide multidisciplinary leadership in education, research, and gynecologic care to improve the reproductive health of youth. The organization is considered the leader and go-to resource in pediatric and adolescent gynecology worldwide.

Dr. Dietrich intends to broaden the society’s impact through advocacy and the reinforcement of its multidisciplinary focus – which she considers vital to addressing the gynecological needs of young patients, particularly as they transition from childhood to adolescence.

"A multidisciplinary approach ensures greater continuity of care and access to providers with diverse specializations," she explains. "I want to continue to bring many minds together to grow our field. There’s so much more we can do as a team, rather than doing it alone."

Her plan is to foster collaboration and education through fellowships, NASPAG events and activities, and partnerships with patient advocacy groups. The society currently partners with the Beautiful You MRKH Foundation, which serves patients born with congenital anomalies such as utero-vaginal agenesis. Dr. Dietrich hopes to build on this relationship and grow the partner base.

Her vision includes providing education, beyond specialty or fellowship training, through utilization of modern technology to make national meetings, webinars and other continuing education accessible electronically.

Dr. Dietrich officially took the reigns as active president at the NASPAG annual meeting in April 2017. She will work closely with the previous president and next president-elect to lead the society in a transition year marked by the retirement of the inspirational founding executive director, Dr. Joseph Sanfilippo.
Reproductive Endocrinology and Infertility
2016 BY THE NUMBERS

Texas Children's Pavilion for Women

7,835 Patient Visits at the Family Fertility Center

1,612 Unique Patients Seen at the Family Fertility Center

144 Surgeries and Procedures

Harris Health System

285 Clinic Visits

Division

13 Presentations at National and International Meetings

5 Publications

Texas Children's Pavilion for Women

2016 BY THE NUMBERS

New Infertility Visits

Follicular Scans

IUIs

Transvaginal Aspirations

Embryo Transfers

Viabilities

Surgery

Family Fertility Center: CY 2015 vs. 2016

Total IVF Cycles

Total Patient Volume

Deliveries with Previous Family Fertility Center Visits


Texas Children's Hospital Fiscal Year

Texas Children's Hospital Fiscal Year

Texas Children's Hospital Fiscal Year
Dr. Terri Lynn Woodard, assistant professor of obstetrics and gynecology at Baylor College of Medicine, leads a collaborative oncofertility program between the Family Fertility Center at Texas Children’s Pavilion for Women and MD Anderson Cancer Center. The program counsels young women with cancer on their fertility risks prior to treatment, and then educates them about their options for fertility preservation.

“We serve as a bridge between oncology and reproductive medicine,” says Dr. Woodard. “We help patients see the big picture in their family planning.”

Currently, the standard of care for fertility preservation is egg and embryo freezing. Ovarian-tissue freezing, which Dr. Woodard hopes will become available for patients as soon as next year, opens up the possibility of fertility preservation for young girls who have not yet gone through puberty.

The program also provides counseling to patients who are post-cancer treatment and women who are at high risk of developing cancer. This is especially valuable for BRCA carriers who may benefit from pre-implementation genetic testing.

Another important component of the oncofertility program is research designed to help women navigate the decision-making process. Utilizing an interactive app developed to improve patient knowledge and facilitate referral to reproductive specialists, patients will be able to decide what fertility preservation options might be best for them at the doctor’s office or in the comfort of their home.

Patients are generally advised to wait about two years from completion of their cancer treatment before conceiving to ensure they are past the early-recurrence window. However, timeframes vary by cancer type, making it imperative for patients to consult with their provider.

As the program celebrates the birth of the first baby born from its fertility preservation efforts, Dr. Woodard has big plans for the future. “I would love to disseminate our app so that even women in remote settings can use it to find the fertility care they need.”
Reproductive Psychiatry

2016 BY THE NUMBERS

Texas Children’s Pavilion for Women

4,821
PATIENT VISITS
Including Pearland location

1,369
UNIQUE PATIENTS SEEN
Including Pearland location

296
MENOPAUSE CENTER
PATIENTS TREATED
Including new patients

113
INPATIENT CONSULTS
At the Pavilion for Women

Texas Children’s Pediatrics Practices

2,657
MOTHERS SCREENED FOR
POSTPARTUM DEPRESSION

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 to postpartum depression to emotional changes during menopause.
Expanding the Reach of Reproductive Psychiatry in Houston

Expectant and postpartum mothers in Northwest Houston now have a more convenient option for addressing their mental health concerns.

Last September, Dr. Osarumen Nicole Doghor, assistant professor of reproductive psychiatry at Baylor College of Medicine, began providing perinatal mental health services at a Texas Children’s clinic in Northwest Houston two days each week. She also provides care for women dealing with pregnancy loss and infertility.

Her patients come primarily from underserved populations in Spring, Tomball, The Woodlands and surrounding areas. They can usually get an appointment within seven to 10 days and are able to receive care close to home. Diligent screening ensures that those with acute needs are seen more quickly.

Patients’ mental and emotional needs are integrated into their prenatal care, and they are educated about what to expect after their baby is born. The result so far has been better clinical outcomes with fewer complications during pregnancy, and less postpartum depression and anxiety.

“There’s a lot of evidence linking depression during pregnancy to poor outcomes, including inadequate prenatal care and preterm births,” says Dr. Doghor. “When a mother’s overall mental health is stable, it helps with her physical health and well-being during pregnancy.”

The Northwest Houston clinic provides medication management for patients and assists them in finding a local psychotherapist when counseling is necessary. Patients typically visit once a month but may see Dr. Doghor more or less frequently, depending on their needs.

After only a few months, Dr. Doghor’s patient load has grown to between eight and ten patients daily. She hopes a third day will soon be added to her rotation at the clinic to accommodate the growing demand.

“Our patients are so grateful to finally have close and convenient care available for their emotional well-being,” says Dr. Doghor.

Dr. Osarumen Nicole Doghor, MD
Division of Reproductive Psychiatry
Texas Children’s Fetal Center®

2016 BY THE NUMBERS

2,107
TOTAL FETAL ECHOCARDIOGRAMS

1,677
PATIENT VISITS

1,422
UNIQUE PATIENTS SEEN

1,308
TOTAL FETAL ECHOCARDIOGRAM PATIENTS

839
TOTAL EVALUATED CASES
Anomaly evaluated cases: 718
Fetal Intervention (FI) evaluated cases: 121

458
TOTAL FETAL CENTER DELIVERIES

94
TOTAL FETAL INTERVENTIONS AND SURGERIES

CY 2016 Fetal Center Referred Cases

Total Fetal Center Procedures in CY 2016

64 Fetal Intervention Procedures
30 Fetal Surgeries
Texas Children’s Pavilion for Women

- **36,048**
  - Total MFM Ultrasound Scans
  - Excluding viability US

- **19,750**
  - MFM Ultrasound Scans
  - Excluding viability U.S.
  - Ultrasound scans at the Pavilion for Women

- **16,298**
  - MFM Ultrasound Scans
  - Excluding viability U.S.
  - Ultrasound scans at the MFM community clinics

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Division

- **21**
  - Publications

- **16**
  - Presentations
  - At national and international meetings
Dr. Joan Mastrobattista, professor of obstetrics and gynecology at Baylor College of Medicine, is at the forefront of implementing a new technique in maternal-fetal imaging for scanning fetuses with spina bifida.

She is the principal investigator of a study utilizing ultrasound to evaluate lower extremity function in fetuses with this serious condition. The study compares the anatomic level of the defect to the expected functional (neurological) level by observing movements of lower extremity muscle groups.

“We think the neurological level is a predictor of a baby’s motor function and future ability to walk,” says Dr. Mastrobattista.

Functional levels observed by ultrasound are compared to the neonate’s physical exam. This comparative information allows doctors to follow lower extremity function over the course of pregnancy and predict the functional level after birth.

She hopes to integrate this technique of interpreting lower extremity movements in fetuses with spina bifida to predict cases at greatest risk of having neurological problems. In this way, says Dr. Mastrobattista, “It’s not just a research protocol, but is an evaluation tool that we can use on a clinical basis.” This research was presented at the 2017 annual clinical meetings for the Society for Maternal-Fetal Medicine and the American Institute of Ultrasound in Medicine (AIUM).

As the MFM ultrasound clinic chief, Dr. Mastrobattista works daily with various fetal abnormalities including neural tube defects, genetic abnormalities and growth problems. She is particularly focused on streamlining the quality of ultrasound scans performed at the Pavilion for Women and in the surrounding MFM community clinics to ensure that a high level of care is provided.

Dr. Mastrobattista holds key leadership positions with national organizations and serves as Chair of the Obstetric Community of Practice, member of the Continuing Medical Education and Clinical Standards for the AIUM and serves as a content expert for the Fetal Echocardiography Task Force and is a member of the Compliance Panel for the American Registry for Diagnostic Medical Sonography.
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Associate Program Director, Global Women’s Health Fellowship

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Program Director, Maternal-Fetal Medicine Fellowship

KARIN FOX, MD, MED
Associate Program Director, Maternal-Fetal Medicine Fellowship

XIAOMING GUAN, MD, PHD, MS
Program Director, Minimally Invasive Gynecologic Surgery Fellowship

JENNIFER DIETRICH, MD, MSC
Program Director, Pediatric and Adolescent Gynecology Fellowship

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Program Director, Perinatal Surgery Fellowship

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Program Director, Reproductive Endocrinology and Infertility Fellowship

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Chief of Pediatric and Adolescent Gynecology, Texas Children’s Hospital

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Chief of Gynecology, Texas Children’s Pavilion for Women

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CHAIR’S REPORT - BAYLOR COLLEGE OF MEDICINE DEPARTMENT OF OBSTETRICS AND GYNECOLOGY


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Baylor College of Medicine
Department of Obstetrics and Gynecology

Texas Children’s Pavilion for Women
6651 Main St.
Houston, TX 77030

www bcm edu/obgyn
www bcm edu/giving
832 826 7500