



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

AMERICAN COLLEGE OF OSTEOPATHIC OBSTETRICIANS & GYNECOLOGISTS

Year of 2020

Winter Edition

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Message from the President



Patrick Woodman, DO, FACOOG (Dist.)

As 2020 limps to an end, I can't say that I am sad to see it go... My Presidential year will forever be associated with the COVID-19 virus that infected me and ruined my inauguration; and challenged our capable ACOOG staff to change (now) three wonderfully-planned educational conferences to a virtual format. In addition to the personal, medical and financial challenges that COVID has imposed on our lives, our families and our practices, we've seen an incredible flurry of activity surrounding the development of a number of vaccines, two of which will be given Emergency-Authorization before the end of the year. This incredible accomplishment may be the exact foothold that the medical community needs to finally get a handle on the pandemic here in the United States.

The year has had other challenges, as well: we lost the staunch Women's Rights advocate Ruth Bader Ginsberg from the US Supreme Court, just weeks before an important election. President Trump took the opportunity to nominate his third conservative Justice to the Court, shifting the balance of the court 6-3 for the foreseeable future. Abortion-rights have been challenged in courts all over the country, and ultimately, we may still see a review of Roe v. Wade in the US Supreme Court very soon.

The American College of Osteopathic Obstetricians and Gynecologists has

advocated for a variety of issues our members find important, including COVID-19 relief, abortion rights, the CMS E/M changes for 2021, and others. We have paired with the ACOG and other organizations to file amicus briefs, and lobby for legislative relief. I'd like to thank Jodi Bennet, DO for her efforts on the Governmental Affairs Committee to keep us all informed.

Although I will not be handing the torch to Marydonna Ravasio, DO in person in Bonita Springs, FL in April, Cecilia Banga, DO and Draion Burch, DO have planned an outstanding conference that is planned for a virtual format. Marydonna has contributed so much to the college, and her organization and vision will be a beacon for the future. Until then, I hope that you and your families have the most wonderful of holiday seasons: safe, quiet, quarantined, and COVID-free.

My best,

A handwritten signature in black ink that reads "Patrick Woodman DO". The signature is written in a cursive, flowing style.

Thomas S. Dardarian, DO, FACOOG (Dist.)
President 2020-2021

Message from the Executive Vice President



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

Dear Colleagues,

Winter is here and 2020 will never be forgotten. The fall conference was unfortunately a virtual conference, but still a huge success and a credit to the CME committee and wonderful ACOOG staff. I congratulate and thank program chairs, Rosalyn Miller, DO, FACOOG and Jessica Branham, DO, FACOOG. The Continuing Medical Education Committee is now under the leadership of Cecelia Banga, DO, FACOOG. I commend her for taking on this responsibility in the midst of the current pandemic and the effect it has had on every aspect of our lives.

The student program once again was once again a huge success. Many programs directors once again helped with the mock interviews. I extend a thank you to all our members who helped make this annual event a great success. The student turnout continues to be strong and growing. As previously stated, the goal is to keep our Osteopathic medical students engaged and involved in our organization. Their input is vital to the direction of our college. At this time of year, we also welcome a new NSS president, Cassandra McDiarmid, OMS 3. Cassandra is a member of the class of 2022 at the Touro University Nevada College of Osteopathic Medicine.

Keeping in line with the virtual format, a residency fair took place during the fall

conference and as always was a huge success. Our legacy (OB/GYN residency programs formally accredited by the American osteopathic Association) programs continue to attract large numbers of qualified osteopathic medical students. The specialty is still in demand and highly competitive with respect to the residency application process.

The five-year transition to the Single Accreditation System came to an end on June 30, 2020. As I have previously stated, the majority of our osteopathic residency and fellowship programs successfully made the transition to ACGME accreditation.

We must remember that even though the American Osteopathic Association will no longer be in the residency accreditation business, it does not mean that Osteopathic Board Certification will go by the wayside.

The ACOOG is now accredited by the ACCME independently from the AOA. This means that individuals who are not Osteopathic physicians are now able to obtain CME credits by attending our CME conferences. We are still able to offer Osteopathic CME credits.

With a vaccine on the horizon, let's hope that 2021 puts us back on track in every aspect of our lives. The option of virtual attendance at our CME events is here to stay but in person CME conferences will resume as soon as possible. I know that many of us miss the

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Message from the President

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camaraderie of these events. That camaraderie cannot be reproduced in the virtual world

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

Sincerely,



Michael J. Geria, DO, MS, FACOOG(Dist) CS
Executive Vice President



ACOOG STAFF

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CME Article

Supplements and Herbs for Female Fertility

0.5 Category 2-A AOA CME Credit
0.5 AMA PRA Category 1 Credit(s)TM

Overview

According to a survey conducted by the Council for Responsible Nutrition, up to 76% of Americans report daily use of dietary supplements, up from 64% ten years ago. In an attempt to exploit the financial benefits of this expanding market, there are numerous herbs and supplements that are advertised to the infertile couple touting benefits related to fertility. Unfortunately, many of these claims are unfounded and are rarely substantiated by quality scientific evidence. This article is designed as an evidence-based guide to assist with counseling of patients.

Instructions

1. Read this article
2. Log into your account at www.acoog.org
3. Click “Education” and “CME” and select this activity’s posttest/evaluation
4. Complete the posttest and evaluation. A score of 70 or greater is required to receive credit.

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

Please contact ACOOG with questions.
(cme@acoog.org)

Target Audience

This activity is designed for obstetricians and gynecologists, and other providers of women’s healthcare.

Learning Objectives

Those who participate in this activity will receive information and develop skills that should allow them to:

- Identify common herbs and supplements are advertised to infertile couples;
- Review existing scientific evidence to related to the use of herbs and supplements for infertility; and
- Discuss which patients might benefit from specific supplements.

Fee

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

Release Date: March 1, 2021

Review Date: February 28, 2022

Faculty & Conflict of Interest Disclosures

This article was authored by:

(Continued on Page 9)

Jillian Kurtz, DO



Dr. Kurtz has no conflict of interest to disclose.

Dr. Kurtz is currently in her second year REI fellowship with Drexel University College of Medicine. She is originally from Portland, Oregon and obtained her undergraduate degree from University of Oregon. Upon graduation, she moved to Denver, Colorado where she earned her Doctorate degree from Rocky Vista University College of Osteopathic Medicine. She completed her residency at Doctors Hospital in Columbus Ohio.

John J. Orris, DO, MBA, FACOG, FACOOG



Dr. Orris has no conflict of interest to disclose.

Dr. Orris is a partner at Main Line Fertility & Reproductive Medicine and co-owner of the Center for Reproductive Medicine located in Bryn Mawr, Pennsylvania. Dr. Orris serves as the Division Head of Reproductive Endocrinology and Infertility for the Main Line Health System. Dr. Orris is an Associate Professor at the Drexel University College of Medicine and also holds the position of Fellowship Director for Reproductive Endocrinology and Infertility for Drexel University College of Medicine and Main Line Fertility. He also serves as a Clinical Educator for the Thomas Jefferson University.

Dr. Orris is currently President of the Philadelphia Area Reproductive Endocrinology Society (PARES). He maintains a position on the Editorial Board for the American College of Osteopathic Obstetricians and Gynecologists (ACOOG). Dr. Orris is a member of the American Society of Reproductive Medicine, the Society of Reproductive Endocrinology and Infertility (SREI), the American Congress of Obstetricians and Gynecologists (ACOG), the American College of Osteopathic Obstetricians and Gynecologists, the American Society of Gynecologic Laparoscopists, the Philadelphia Obstetrical Society and Resolve.

Dr. Orris has special interests in Assisted Reproductive Techniques including but not limited to IVF, ICSI, preimplantation diagnosis and screening. Orris is the founder of Main Line Fertility's anonymous egg donor program and oocyte bank. Dr. Orris remains committed to academics and the ongoing education of future physicians.

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This article has been peer reviewed.

Peer Reviewers

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Dr. Vasques has indicated she has no conflict of interest to disclose.

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Dr. Geria has indicated he has no conflict of interest to disclose.

The ACOOG, any member of the ACOOG CME Committee, or any staff members in a position to influence content of this CME activity have no conflicts of interest to disclose.

Competencies Supported

Osteopathic & ACGME Core Competencies

- Patient Care and Procedural Skills
- Medical Knowledge
- Interpersonal and Communication Skills

Institute of Medicine Core Competencies

- Provide patient-centered care
- Employ evidence-based practice

CME Accreditation

The American College of Osteopathic

Obstetricians and Gynecologists is accredited by the American Osteopathic Association to provide osteopathic continuing medical education for physicians.

The American College of Osteopathic Obstetricians and Gynecologists is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

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The American College of Osteopathic Obstetricians and Gynecologists designates this program for a maximum of 0.5 AOA Category 1-B credits and will report CME and specialty credits commensurate with the extent of the physician's participation in this activity.

The American College of Osteopathic Obstetricians and Gynecologists designates this enduring material for a maximum of 0.5 *AMA PRA Category 1 Credit(s)*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

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Supplements and Herbs for Female Fertility

Jillian Kurtz, DO

John J. Orris, DO, MBA, FACOG, FACOOG

According to a survey conducted by the Council for Responsible Nutrition, up to 76% of Americans report daily use of dietary supplements, up from 64% ten years ago¹. In an attempt to exploit the financial benefits of this expanding market, there are numerous herbs and supplements that are advertised to the infertile couple touting benefits related to fertility. Unfortunately, many of these claims are unfounded and are rarely substantiated by quality scientific evidence. When studies do exist, they are often limited to case studies of heterogeneous populations without controls. Patients often come to the office with bottles in hand, listing unheard of ingredients which claim to “boost fertility,” leaving the provider in the difficult position of trying to provide counsel regarding said supplement. This article is designed to serve as a guide to assist with counseling of patients. We will review a variety and herbs and supplements and when available provide the scientific support for their use.

- **Antioxidants:** In a healthy body, there is a good balance of reactive oxygen species (ROS) and antioxidants. When this ratio is disrupted and we have an overabundance of reactive oxygen species, oxidative stress occurs. Oxidative stress leads to cellular damage. Increased oxidative stress could be due endogenous or exogenous factors. The most common causes of exogenous oxidative stress are environmental pollutants, smoking, alcohol, poor nutrition and obesity². While the negative impact of oxidative stress on sperm parameters has been well documented, the influence of ROS on the female reproductive tract is a little less clear. It is believed that oxidative stress can impact early embryo development, disrupt

implantation and fertilization. It has also been associated with premature menopause and potentially endometriosis². Antioxidants scavenge ROS and prevent them from damaging cellular structures. Some examples include **Vitamin C, Vitamin E, N-acetyl-Cysteine, L-arginine and coQ10**. These supplements are widely available and relatively inexpensive and according to a Cochrane review updated August 2020, there is a low to very low-quality evidence suggesting some benefit to antioxidant supplementation in subfertile women. There was no increased risk of miscarriage, multiple births, ectopic pregnancies or GI side effects³.

- **Folate:** Crucial to formation of DNA, folate (natural form of Vitamin B9) or folic acid (the synthetic form of Vitamin B9) plays an important role in fertilization, gametogenesis and pregnancy⁴. A prospective cohort study in the Green Journal found that pretreatment supplementation of patients with at least 800 mcg of folic acid increased fertilization rates, implantation and live birth rates in women undergoing assisted reproductive technologies⁴. This finding could theoretically be extrapolated to women attempting a natural conception and therefore all women who are trying to conceive should be encouraged to start a prenatal vitamin.
- **Inositol:** Inositols act as second messengers for insulin and it is thought that their deficiency contributes to the pathophysiology of PCOS⁵. Similar to metformin, inositol has been shown in numerous studies to lead to insulin sensitization, decreased BMI and improvement of ovulation induction in women with PCOS⁶. The recommended dose is 4mg/day. This would be appropriate

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for women who have some evidence of ovulation dysfunction related to insulin resistance.

- **Vitamin D:** Vitamin D receptors are ubiquitous throughout the reproductive tract and have been found in endometrium, uterus and ovaries. Studies have shown that female rodents with knock-outs for vitamin D receptors or female rodents fed deficient diets in vitamin D have reduced fertility. Supplementation in humans; however, has not conclusively demonstrated benefit. We do know, however, that in women with a true deficiency, supplementation can improve ART outcomes⁷.
- **Fatty Acids:** Fatty Acids may play an important role on reproductive function through a variety of mechanisms. They serve as precursors for substrates for prostaglandins and steroid hormones and are also used as energy substrates for oocyte maturation and early embryo development⁷. On the other hand, *trans* fatty acids increase insulin resistance and can therefore disrupt normal ovulation. Higher pre-conception omega-3 fatty acid concentrations seem to have a positive impact on ART outcomes. Some studies show better embryo morphology in women with higher preconception omega-3 PUFA levels while another study reported an increase in live birth weight with increasing omega-3 fatty acid levels. Furthermore, supplementation of **fish oil** in pregnancy has been shown to support fetal neurologic development. Children born to mothers who supplemented omega 3 fatty acids had higher IQ's than children born to mothers who supplemented omega 6 fatty acids (corn oil) during pregnancy and 3 months postpartum⁸.
- **DHEA:** Androgens play an important role in follicular maturation and supplementation has even been shown to improve functional ovarian reserve reflected by an increase

in anti-mullerian hormone (AMH)⁹.

Testosterone supplementation is associated with several side effects including acne, hair loss and oily skin. Dihydroepiandrosterone is a precursor to androgens. Within minutes of ingestions, DHEA is metabolized to DHEAS in the body and lives in a balance in the body with DHEA and DHEAS with organ systems taking up only as much DHEA as is needed for testosterone production. Side effects are rare and usually much less profound than those seen with androgen supplementation. The zona reticularis of the adrenal gland shrinks with age and thus DHEAS levels decline with advancing age. A Cochrane Review that looked at 10 RCT's, 7 of which were in poor responder patients found a statistically significantly higher live birth rate in women with pretreatment with DHEA. However, once studies at high risk of performance bias were removed, the live birth rate and ongoing pregnancy rate were no longer statistically significant¹⁰. DHEA administration works with FSH on the granulosa cells of the growing follicular pool. The follicles that benefit from DHEA supplementation still undergo further maturation for 6-8 weeks before they enter the gonadotropin sensitive stage of development. The recommended dose of supplementation is 25mg micronized DHEA TID (total of 75mg daily).

Although much work still needs to be done to validate the above supplements, some support does exist in the scientific literature to support their use in selected populations. The following herbs are also advertised as “boosting fertility” though their benefit is much less clear.

- **Chinese Herbs:** Chinese herbs have been used for thousands of years in most of Asia, Korea and Japan to treat any number of ailments. Traditionally, this is given as a mixture of herbs each of which may be targeted for a specific ailment and could represent hundreds of different combinations.

Over the years this has been adapted and marketed as a fertility supplement touting an increase in endometrial blood flow to improve implantation, decreasing ovarian inflammation and reducing oxidative stress¹¹. While there have been several studies done looking at these effects in combination with ART, the data is confounding as the herbs used are often heterogenous between studies and the active ingredients not known or regulated¹².

- ***Vitex agnus-castus (Chaste Tree)***: Originally thought to be an aphrodisiac, the flowers, seeds and leaves made into an elixir, tablet or essential oil were thought to “calm” the male and female reproductive systems giving rise to its common name “Chaste Tree.” This idea has transcended into a modern-day alternative medicine claiming to treat abnormal menstrual bleeding, hyperandrogenism and PCOS¹³. Several studies have been conducted that show overall reduction in luteinizing hormone (LH), prolactin, fasting insulin and testosterone levels but these studies had limited pre-clinical data, poor quality clinical evidence and safety making them unreliable predictors of effect¹⁴.
- ***Cinnamomum sp.***: *Cinnamomum* represents a genus of evergreen trees native to North America, Central America, South America and Asia. Several of the species included are responsible for Cinnamon Spice and Camphor Oil¹⁶. Cinnamon spice recently has been targeted at helping to reduce fasting insulin levels and reduce Hgb A1C values making it potentially valuable for women with PCOS. Data on this is limited but overall shows no benefit when using cinnamon or *Cinnamomum* genus compared to placebo at reducing fasting insulin levels. In addition, some subspecies (*C. cassia* and *C. verum*) can also contain a toxic substance Coumarin that in high doses can cause liver and renal failure¹⁵.

- ***Evening Primrose Oil (Oenothera biennis)***: This oil is rich in omega-6 fatty acids and has been suggested to improve chronic pain/inflammation related to cyclic mastalgia, premenstrual syndrome, atopic dermatitis and rheumatoid arthritis¹⁸. Its main effects work by production of series 1 prostaglandins which help reduce inflammatory mediators such as IL-6 and TNF-alpha. As stated above (please see section on ***Fatty Acids***) omega-3 and omega-6 fatty acids have been implicated in potentially better outcomes in ART when omega-3 fatty acids were present at preconception, improved embryo morphology and higher live-birth rates¹⁷. While the overall benefit is demonstrated at the chemistry level these do not directly translate to clinical data. Studies show mixed results often showing no change when compared to the placebo in reducing pain associated with cyclic mastalgia and premenstrual syndrome¹⁸.

The above listed supplements and herbs represent some of the more commonly used medications to enhance female fecundity. It is important to note that the FDA is not authorized to review dietary supplements for safety and effectiveness before they are marketed to the public. It is responsibility of the manufacturers and distributors to make sure their products are safe before going out on the market. The FDA does, however, have the power to remove products off the market that may be deemed unsafe or produce false claims. When the FDA is taking steps to further evaluate a particular ingredient within a dietary supplement, it will be placed on the FDA Dietary Supplement Ingredient Advisory List which is intended to quickly alert the public of a pending evaluation by the FDA¹⁹. As medical providers, we have the responsibility to guide our patients towards treatments that are safe and evidence-based. When there is insufficient evidence we must rely on our experience and clinical judgement for proper use of these supplements.

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Highlights

2020 Advances in Women's Health

October 16-18, 2020

Virtual Conference

Past President Honorary Lecture Award



The ACOOG Past President Honorary Lecture Award was given by David Pugach, JD.

Virtual Connection with Colleagues

- **Happy Hour:** Meeting with colleagues and catch-up with a refreshing beverage.
- **Coffee Talk:** Pick your Zoom Room and have a *Cup O' Joe* with colleagues from around the country



ACOOG Membership News

New Members

Welcome new members! The Board of Trustees approved the following new members on the 2020 Advances in Women's Health Virtual Conference on October 16-18, 2020.

New Regular Members

*Senior Member in Bold

Kelly Anderson, DO
Megan Avesian, DO
Anne Baker Bealer, DO
Kaitlin Barabash, DO
Ellen Bianchi, DO
Jacquelyn Boyd, DO
Alexis Colter, DO
Chelsea Cox, DO
Paul Dente, DO
Deidra Duncan, DO
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Andrea Partida, DO
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Sara Pulito, DO
Sarah Roadhouse, DO
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Jessica Talbot, DO, FACOOG
Leonel Trujillo, DO
Cassandra Weidman, DO
Xiaoqian Yu, DO
Erica Zaworski, DO
Rachel Zilles, DO

New Life Members

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Gustav Barkett, DO, FACOOG
David Boes, DO, FACOOG (Dist)
Thomas Boesen, DO, FACOOG
Nasreen Khan, DO, FACOOG

In Memoriam

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Mark S. Cooperstein, DO, FACOOG (Dist)
Joseph Novi, DO, FACOOG
Anita L. Pinc, DO, FACOOG
George E. Stefenelli, DO, FACOOG (Dist)
Dennis William McNally, DO

The ACOOG Board of Trustees has donated to MEFACOOG in their memory.



ACCOG Calendar of Events & AOBOG News

ACCOG CME

Calendar of Events



INNOVATE: 88th Annual Conference

April 11-14, 2021
Virtual Conference



2021 Advances in Women's Health

October 21-24, 2021
Sheraton Grand Chicago
Chicago, IL 60611



89th Annual Conference

April 3-8, 2022
Grand Hyatt San Antonio Riverwalk
San Antonio, TX



90th Annual Conference

March 26-31, 2023
Manchester Grand Hyatt
San Diego, CA

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AOBOG News

COVID-19 Updates

Because the AOBOG prioritizes the health and well-being of the osteopathic physician community and the public, the decision was made to postpone all Spring and Fall 2020 exams. The Written Exam is being administered via Pearson VUE's remote proctoring platform. The Board is actively investigating options to administer the Oral and Subspecialty Exams remotely as well, and will announce the selected vendor and testing dates as soon as possible.

All physicians who are currently board eligible (or will become board eligible in 2020) were granted a one-year extension on their board eligibility as a result of COVID-19.

AOBOG Innovates OCC Component 3 | Cognitive Assessment

The AOBOG is pleased to announce the launch year of its new, innovative platform for Osteopathic Continuous Certification (OCC) Component 3 (Cognitive Assessment) has been successful. Developed using components of adult learning theory, the longitudinal assessment model delivers content at fixed intervals providing diplomates with a flexible and recurring assessment experience. The platform is online, which makes it available anytime, anywhere. Diplomates receive topics relevant to their attested scope of practice (OB/GYN, OB only, or GYN only).

Primary OB/GYN diplomates with certificates expiring December 31, 2020 began the process earlier this year. Subspecialty diplomates with certificates expiring December 31, 2020, began this past Spring. Diplomates

who participated in 2020 and those whose certificates expire December 31, 2021, should register now for the 2021 longitudinal assessment.

All diplomates holding certificates that expire in 2022-2025 will register to begin the new longitudinal assessment, the year before the expiration of their certificate and begin taking their questions during the year their certificate expires. With the new assessment, the traditional exam fee has been replaced with an annual OCC fee (\$300/year for the first certificate, plus \$150/year for each additional certificate). Annual OCC fees will be paid at the time of registration.

Visit the AOBOG website to find more information on longitudinal assessment at <https://certification.osteopathic.org/obstetrics-gynecology/occ-overview/component-3/>. The Physician Portal (physicianportal.osteopathic.org) is also a great resource for you to review your OCC requirements and progress.

Become an AOBOG Examiner!

Be the Change | Set the Bar

Join the AOBOG as an examiner and work with cutting edge physicians who are making a difference. For more information or to apply, please visit the Get Involved page on the AOBOG website (certification.osteopathic.org/obstetrics-gynecology/volunteers/) or email aobog@osteopathic.org.

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2021 Exam Dates and Deadlines:

April 26 – May 1, 2021 – Primary Written Exam – Pearson VUE remote proctoring (final deadline to apply is April 11, 2021)

May 7-8, 2021– Primary Oral Exam – Location TBD (application closed - cap on candidates has been reached)

May 7-8, 2021 – Subspecialty Certification Exams (initial subspecialty certification only) – Location TBD (final deadline to apply is January 15, 2021)

October 25 – 30, 2021 – Primary Written Exam – Pearson VUE testing centers and/or remote proctoring (final deadline to apply is October 10, 2021)

Fall 2021 Primary Oral and Subspecialty Exam dates: TBD

All examination applications are exclusively available on the AOBOG website.

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

What's **your** role?



Part time



Full time



Leadership



Travel



Explore your career possibilities
@ obhg.com/clinician-roles





Boy or Girl? Get a SneakPeek.

The only **99.1% accurate** early gender DNA test,
as early as **8 weeks** into pregnancy

- \$129 patient cost. Cash pay, no insurance required.
- DNA blood draw for gender only. No disease screening.
- Results emailed directly to patient in 2 days or less.

Have patients eager to find out gender before their 20 week scan? Are standard NIPTs out of the price range or not covered by insurance? SneakPeek Clinical is an affordable gender determination solution for patients looking to bond with their baby sooner and plan ahead.

Contact bizdev@gatewaygenomics.org to set up an account.

Gateway  Genomics

bit.ly/SneakPeekClinical

Practice Opportunities

UNC WOMEN'S HEALTH AT LENOIR KINSTON, NC

At UNC Women's Health at Lenoir we are proud to offer expertise and patient-centered care for women of all ages and stages. Our OB services provide both routine prenatal and postpartum care, and our GYN services range from routine yearly examinations to full evaluation and treatment of most gynecologic disorders. We strive to deliver the appropriate care to meet your needs:

Services include:

- Prenatal care and delive
- Birth control including IUD inserti
- Well-Woman ex
- Hysterectomy
- Laparoscopy
- Infertility services
- Pre-pregnancy counseling
- STD screening and treatment
- In-office procedures

Responsibilities include:

- Average deliveries for the practice 15-20 a month
- Physician call is shared with 2 other practices in town
- Practice covers every other third weekend, with midwife taking primary call those weekends.

Starting your career at UNC Health!

For more information about this great opportunity or to apply contact Sheila Barnes, In-house Physician Recruiter at Sheila.barnes@uncheathl.unc.edu or 919-622-6220

Qualifications:

- Graduation from an accredited school of Medicine or DO school
- BC/BE OB/GYN
- One or more years of OB/GYN experienced preferred
- 2020/21 New Trainee are highly welcomed
- North Carolina licensed or in progress
- BLS certified

Compensation:

- Competitive Salary plus incentives
- Generous benefit plan including CME Allowance, Health & Life Insurance, Retirement

ADDING AN OB/GYN TO THE SEVIERVILLE COMMUNITY

At UNC Women's Health at Lenoir we are proud to offer expertise and patient-centered care for women of all ages and stages. Our OB services provide both routine prenatal and postpartum care, and our GYN services range from routine yearly examinations to full evaluation and treatment of most gynecologic disorders. We strive to deliver the appropriate care to meet your needs:

About Covenant Health:

LeConte Medical Center is a member of Covenant Health, the region's top-performing healthcare network with nine acute-care hospitals, outpatient and specialty services, and Covenant Medical Group, our area's fastest-growing physician practice division. We are the area's largest employer with more than 10,000 employees, volunteers, and 1,500 affiliated physicians that are dedicated to improving the quality of life for the more than one million patients and families we serve every year. Covenant Health is the only healthcare system in East Tennessee to be named three years in a row by Forbes as One of America's Best Employers

About Sevierville, Tennessee

Nestled in the foothills of the Appalachian Mountains, Sevierville offers a close-knit community culture, an abundance of entertainment, dining, outlet shopping, and never ending list of things to do. Home to 16,000, Sevierville is next to major tourist destinations of Gatlinburg and Pigeon Forge, and is less than a 30 minute drive to Knoxville A dream location for the outdoor enthusiast....

(Continued on Page 23)

- Great Smoky Mountain National Park-the most visited park in the US
- DollyWood theme park
- Smokies stadium, home of the TN Smokies
- Home to 25 public schools, and two private schools.

More Information

- <http://www.leconteobgyn.com/>
- <https://www.lecontemedicalcenter.com/>
- www.covenantnewphysician.com

OB/GYN PHYSICIAN

JOIN US AT BANNER HEALTH'S NEWEST MOST INNOVATIVE HEALTH CAMPUS LOCATED IN THE PHOENIX WEST VALLEY IN GLENDALE, ARIZONA

Excellent opportunity for BC/BE OB/GYN PHYSICIANS to join Banner Medical Group (BMG) in the rapidly growing West Valley. We are actively recruiting team-oriented physicians interested in building a practice at our:

Position details include:

- Board Certified or Board Eligible in Obstetrics/Gynecology
- Minimum of two years of experience preferred
- Interested in full-scope Ob/Gyn
- Schedule | Monday - Friday office hours; weekday and weekend shared call 1:4
- The Ob/Gyn team will include four Physicians, Medical Assistants, dedicated surgery scheduling, Front Office staff, and leadership support
- Privileges at Banner Thunderbird Medical Center

Phoenix West Valley offers:

- Premier restaurants, shopping and nightlife
- Endless recreational activities including hiking, cycling, boating, golf, and refreshing Lake Pleasant
- Excellent private and public-school options

Banner Health is a financially sound non-profit organization, with a Fitch rating of AA-. Experience

the relief of practicing with a large, integrated health system that offers its physicians a financially stable environment, resources and support to provide excellent patient care, and dedication to physician well-being unmatched in the industry. Couple this with a growing community that offers year 'round outdoor recreation, world-class entertainment, professional sports, a reasonable cost of living, and you have made a great career move with opportunity to thrive.

SUBMIT YOUR CV TODAY FOR IMMEDIATE CONSIDERATION, TO: doctors@bannerhealth.com.

For questions, please call Chanelle Kisting, Sourcing Strategist, at: (602) 747-6326. Visit our website at: www.bannerdocs.com Please, No Agency Solicitations! As an equal opportunity and affirmative action employer, Banner Health recognizes the power of a diverse community and encourages applications from individuals with varied experiences and backgrounds. Banner Health is an EEO/AA - M/W/D/V Employer.

OB/GYN OPPORTUNITY

ASPIRUS MEDFORD HOSPITAL AND CLINICS – MEDFORD, WISCONSIN

Position Summary:

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

Aspirus offers a competitive compensation:

- Up to \$200,000 in student loan repayment
- Up to \$75,000 Sign on Bonus
- Up to \$15,000 Relocation Assistance
- Two Retirement Plans – 403(b) & 457(b)
- Excellent PTO/Vacation Allowance
- Residency Stipend possibilities
- CME Time Off & Allowance
- EPIC EMR System-Wide.

For more information, visit www.Aspirusprovideropps.org
Call 1-800-792-8728 or
e-mail PhysicianRecruitment@aspirus.org

(Continued on Page 24)

OB/GYN OPPORTUNITIES IN ILLINOIS

Come work for OSF HealthCare, named best healthcare employer in Illinois by Forbes Magazine.

Job Specifics:

- **Rockford, IL** - OSF Medical Group seeks a board certified/board eligible OB/GYN physician to join a robust and growing practice including four OB/GYN physicians and one APN. Single hospital responsibilities at OSF HealthCare Saint Anthony Medical Center. Highlights of this position consist of academic appointment available with the UIC College Medicine, clinic is located two blocks from OSF HealthCare Saint Anthony Medical Center and call is 1:5.
- **Pontiac, IL** - OSF Medical Group seeks a board certified/board eligible OB/GYN physician to join a supportive work environment practice of an OB/GYN physician and a midwife. Single hospital responsibilities at OSF Saint James-John W. Albrecht Medical Center. Work/life balance exists in this new position as an employed OB/GYN physician and call is every 3rd weekend. H1B visa application accepted.
- **Bloomington, IL** – OSF Medical Group has an outstanding opportunity for an OB/GYN physician with a focus/interest in natural family planning (NFP) and NaPro TECHNOLOGY (Natural Procreative Technology), to practice in our modern beautiful designed, and well equipped medical office. Sponsorship of a one-year fellowship-training program in Medical and Surgical NaProTECHNOLOGY through the Saint Paul VI Institute for the Study of Human Reproduction will be considered for interested OB/GYNs. H1B visa application accepted.

The Benefits:

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

Please contact or send CV to:

- Brandi McCombs
- OSF HealthCare Physician Recruitment
- Ph: (309) 683-8351 | Fax: (309) 683-8353
- Email: Brandi.n.mccombs@osfhealthcare.org
- Web: www.osfhealthcare.org

*Recruiting ads can be submitted to
ACCOG by fax 817-377-0439,
mail at P.O. Box 17598
Fort Worth, TX 76102
or by email to newsletter@acog.org
Subject: Opportunity Ad*

LIVE SESSION AGENDA*

IMPORTANT:



All educational sessions will be pre-recorded and ready for viewing by April 1, 2021 and available through April 30, 2021.



All live-streamed sessions will be Q&A panels for presenters.



Credit is available for pre-recorded sessions and live Q&A panels.

AVAILABLE CREDITS:

OPTIONAL SESSIONS	GENERAL SESSIONS	LIVE Q&A (Automatically Tabulated with login)	TOTAL CME CREDITS AVAILABLE
6	31	14	51

Sunday, April 11



11 AM – 12 PM Central General Membership Meeting
 12 PM – 1 PM Central President's Day Awards Ceremony

OPTIONAL SESSIONS – Registration Required for Recorded & Live Q&A)

(1.5 extra CME Credits)

LIVE Q&A: GYN/ONC Subspecialty (S01)

1-2 PM
 (1 CME Credit) Endometrial Cancer - *Robin Wilson Smith, DO*
 Vulvar Cancer - *Emma Rossi, MD*
 Ovarian Cancer - *Georges Chamoun, DO*

LIVE Q&A: OMM (S02)

2:15 PM-2:45 PM OMM for OBGYNs - *Millicent King Channell, DO*
 (0.5 CME Credit)

GENERAL SESSION

Monday, April 12 (3 extra CME Credits)

8:45 AM-9 AM

LIVE (M01):

President's Welcome – *Patrick Woodman, DO*
 Program Chairs' Welcome – *Cecilia Banga, DO & Draion Burch, DO*

LIVE Q&A: Stressors and Mental Health Management (M02)

9 – 10 AM
(1 CME Credit) Physician Mental Health
Psych in Pregnancy/Peri/Postpartum Depression
Nicole Bernard Washington, DO
COVID-19, Influenza & The OBGYN “What Have We Learned” -
Torre Leigh Halscott, MD
Medical Marijuana/Opioids - *Julie Kmiec, DO*

LIVE Q&A: Maternal and Neonatal Morbidity and Wellness (M03)

10:15 – 11:15 AM
(1 CME Credit) Challenges facing Global Women's Health- *Grace Chen, MD*
Gestation Kills/ StillBirths OCC 2020 - *Anila Ricks-Cord, MD*
Neonatal Morbidity and Mortality - *Terri Major-Kincaide, MD*
Breastfeeding & Lactation Tips - *Carol Penn, MD*

LIVE Q&A: Gynecologic Updates in Care (M04)

1-2 PM
(1 CME Credit) GYN Management of Women with Seizures - *Sean Hubbard, DO*
New Medical Devices /Morcellators / Use of Hysteroscopy/
ERAS (Enhanced Recovery After Surgery) Updates/
Reducing Post-op Complications - *Carlos Roberts, MD*
Vasomotor Symptoms – *Betsy Greenleaf, DO, MBA*
Incontinence – *Grace Chen, MD*

Tuesday, April 13 (4.5 extra CME Credits)**LIVE Q&A: Improving Obstetrical Care (T01)**

9-10:30 AM
(1.5 CME Credits) Thyroid Disease and Pregnancy - *Dana Ambler, DO*
Gestational Hypertension/ Operative Vaginal Birth/External Cephalic
Version: Preventing the First C/S - *Dan Berger, DO*
Obese gravidas, Macrosomia/ Pre-Labor Rupture of Membranes -
Eddie Miller, MD

LIVE Q&A: Critical Considerations for Obstetric Care (T02)

10:45 -11:15 AM
(0.5 CME Credits) OB Emergencies/ Sepsis - *Robert Debbs, DO*
Anemia in Pregnancy – *Eric Carlson, DO*

LIVE Q&A: Gynecologic Considerations for Care (T03)

1-2 PM
(1 CME Credit) Vulvar Skin Disorders - *Cynthia Wesley, MD*
Contraception Updates - *Madeline Sutton, MD*
STDs & Vaginitis in Non-pregnant Patients - *Madeline Sutton, MD*
Hepatitis C - *William Short, MD*

LIVE Q&A: General Gynecologic Management - from Office to OR (T04)

2:15 PM – 3:45 PM
(1.5 CME Credits) Updates on Well Women Visit/Pap/Sexual Misconduct/Confidentiality
in Adolescent Gynecology/Female Genital Cosmetic Surgery -
Cecilia Banga DO
Menopause Issues/Updates in HT/VMS – Lessons Learned since WHI -
Peter Schnatz DO
LGBTQI Care/Gender Nonconforming/Transgender Care/ Fertility -
Christine McGinn, DO

Wednesday, April 14 (5 extra CME Credits)

LIVE Q&A: Distinguished Lecture Series (W01)

9 AM – 10 AM
(1 CME Credits)

Distinguished Fellows Honorary Lecture: Diversity and Equity – *Bonnie S Mason, MD*
MEFACCOG Distinguished Lecture: Substance Use Disorders and Maternal Health during the Pandemic – *Elizabeth Krans, MD, MSc*
Barbara Hawkes Memorial Lecture: Intimate Partner Violence – The Effects of COVID-19- *Judy C. Chang, MD, MPH*

LIVE Q&A: Business of Medicine (W02)

1-2 PM
(1 CME Credit)

Telemedicine - *Jaquel Patterson, MD*
Concierge Medicine - *Draion Burch, DO*
Locums Tenens - *Stephanie Freeman, MD*
Direct Primary Care - *Delicia Haynes, MD*
How to Retire – *Robert Debbs, DO*
Laborist Model – *Hodon Mohamed, DO*

LIVE HANDS-ON WORKSHOP – **PRE-REGISTRATION REQUIRED** **STRICTLY LIMITED TO THE FIRST 100 WHO REGISTER (W03)**

2-5 PM
(3 CME Credits)

LEGO SERIOUS PLAY HANDS-ON WORKSHOP – PREREGISTRANTS ONLY (First 100)
Flu & Tdap Immunizations in Pregnant Patients
Optimizing Practice to Improve Vaccine Update
Emmie Strassberg, DO
Jonathan Silk, PhD

Accreditation & Credit

CME Accreditation

The American College of Osteopathic Obstetricians and Gynecologists is accredited by the American Osteopathic Association to provide osteopathic continuing medical education for physicians.

The American College of Osteopathic Obstetricians and Gynecologists is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

CME Credit Designation

The American College of Osteopathic Obstetricians and Gynecologists designates this program for a maximum of 51 AOA Category 1-A credits and will report CME and specialty credits commensurate with the extent of the physician's participation in this activity.

The American College of Osteopathic Obstetricians and Gynecologists designates this Other activity (online/live hybrid) for a maximum of 51 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

ACOOG Contact Information:

420 Throckmorton St Suite 200
Fort Worth, TX 76102

P.O. Box 17598
Fort Worth, TX 76102

817-377-0421 main line
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