Our Commitment

“As the health care environment evolves and changes, we continue to grow and learn, further develop our skills and expertise, invest in the development of new models of care and foster our thriving academic program."

Maureen G. Phipps, MD, MPH
Chair, Department of Obstetrics & Gynecology
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This year saw the introduction of several new programs and enhanced services, including the development of the Women’s Infectious Disease Consultative Service, and the opening of a new, state-of-the-art operating suite, a beautiful new Infusion Center and a contemporary Obstetric Evaluation Unit within our Emergency Department. Our department continues to be involved in and lead local and national initiatives that are focused on innovative care and improving quality. Our 39-week initiative – ensuring that mothers do not deliver their baby prior to 39 weeks unless medically indicated – has been recognized as a model program locally and nationally.

As the year came to a close, the work of the Care New England administration, the leadership of our Department and our community-based physicians came to the fore through the focus of the Women’s Health Council. We also worked to develop an integrated model of care that addresses the triple aim – cost, quality and patient experience – through the introduction of a maternity bundle in collaboration with Blue Cross Blue Shield of Rhode Island. This will help us streamline care and address our commitment to the community in providing high-quality, cost-sensitive care.

Message from the Chief

This past year was again one of tremendous growth and accomplishments in the Department of Obstetrics and Gynecology at The Warren Alpert Medical School of Brown University and Care New England’s Women & Infants Hospital of Rhode Island. As the health care environment evolves and changes, we continue to grow and learn, further develop our skills and expertise, invest in the development of new models of care and foster our thriving academic program. The department has maintained an unwavering dedication to quality and clinical care, research, education and leadership.

Dedicated to research

This year was again marked by significant accomplishments for original, independent, investigator-initiated research. Our department also continues to be part of multiple national collaborative research programs funded through the National Institutes of Health, including the Maternal Fetal Medicine Units Network, the Gynecologic Oncology Group, the Pelvic Floor Disorders Network, the Contraceptive Clinical Trials Network and the Women’s Reproductive Health Research Program. Several new grants
were awarded and researchers were recognized for their contributions and accomplishments. Our residents and fellows continue to represent us well on the national stage with scholarly research presentations and publications.

“The department has maintained an unwavering dedication to quality and clinical care, research, education and leadership.”

Dedicated to education
As the health care industry changes and evolves, so too does the way that we educate the next generation of caregivers. We are continually looking at how we grow and foster our academic program, working collaboratively with our community-based providers who are vital in teaching our students, residents and fellows.

Women & Infants and Brown University provide a comprehensive and integrated clinical experience and training. The department includes more than 50 hospital-based faculty members, in addition to nearly 100 community-based physicians. This year, our Obstetrics and Gynecology Residency Program was ranked among the top 10 by U.S. News & World Report and Doximity, and, as Brown University announced six annual resident awards, the Obstetrics and Gynecology Residency Program was delighted to learn that four of those coveted awards would be presented to residents in our department.

Collectively, we have accomplished much this year, and I look with anticipation and excitement toward the future as we continue our work to improve the lives of women and families in our community and across the globe. Please take a moment to review our annual report, a presentation of highlights from our department’s accomplishments in 2014.

Maureen G. Phipps, MD, MPH
Chair and Chace-Joukowsky Professor of Obstetrics & Gynecology
Assistant Dean for Teaching and Research in Women's Health
Warren Alpert Medical School of Brown University

Professor of Epidemiology
Brown University School of Public Health

Chief of Obstetrics and Gynecology
Women & Infants Hospital of Rhode Island
Care New England Health System
In fiscal year 2014, the WPCC registered 20,915 patient encounters. WPCC providers saw 1,150 new obstetric patients, performed 520 colposcopic exams, inserted 570 intrauterine devices and 290 contraceptive implants, and administered 2,100 vaccines.

- Patrick Sweeney, MD, PhD, long-time beloved director of the division, began a well-earned retirement in June.

- Sarah D. Fox, MD, interim medical director, was selected as vice president of the International Pelvic Pain Society and was program chair of the 2014 International Pelvic Pain Society Annual Meeting in Chicago, IL.

- Amy Gottlieb, MD, was invited to serve on the AAMC’s Group on Women in Medicine & Science Research and Product Development Subcommittee and chaired the Society of General Internal Medicine’s Career Advising Program, a professional development initiative to advance women in academic medicine.

- Renee Eger, MD, was selected as an oral board examiner for the American Board of Obstetrics and Gynecology.

- Rebecca H. Allen, MD, MPH co-edited a book released this year entitled, *Contraception for the Medically Challenging Patient*.

- Darcy Renagan, MSN, WHNP-BC, joined the WPCC practice this year with more than 20 years of experience in ob/gyn care.

The faculty in the Division of Ambulatory Care is responsible for the administration, teaching, and clinical care conducted in the Women’s Primary Care Center (WPCC). The WPCC provides comprehensive women’s health services to a diverse population, including a large percentage of patients who are uninsured and/or medically underserved. Clinical services include women’s primary care, prenatal care, postpartum care, family planning, general gynecology including specialty clinics in colposcopy and vulvar disorders, pre-operative consultation, ultrasound, and fetal evaluation. The clinic is the primary outpatient teaching site for the third-year medical student clerkship in obstetrics and gynecology at Alpert Medical School and for the obstetrics and gynecology residency at Women & Infants.
Best Fed Beginnings

The Women’s Primary Care Center has organized a series of free breastfeeding classes for its patients as part of the hospital’s Best Fed Beginnings initiative to achieve Baby Friendly designation. As part of the Ten Steps to Successful Breastfeeding, step three involves informing all pregnant women about the benefits and management of breastfeeding. Taught by WPCC nurses, the classes are divided into first, second, and third trimester topics. The classes focus on the benefits of breastfeeding, the mechanics of breastfeeding including position and attachment, as well as Women & Infants policies that promote breastfeeding initiation: skin-to-skin contact after delivery between mother and baby, rooming-in together after birth while in the hospital, and resources to support breastfeeding after going home. Patients can register for the classes at the front desk when they make their prenatal appointments.

The WPCC provides comprehensive women’s health services to a diverse population, including a large percentage of patients who are uninsured and/or medically underserved.
year. Over the past year, the unit has seen an increase in patients presenting with behavioral health issues including depression, anxiety, suicidal ideation, and substance abuse/acute withdrawal. Providing prompt and effective management of this population is critical to the safety of patients and staff. A major educational goal this year was to create a protocol for the evaluation and management of behavioral health emergencies in the emergency care unit. Training focused on the appropriate medical screening of behavioral health patients, caring for patients in a calm, controlled and respectful manner, and providing staff with the tools necessary to maintain a safe and appropriate clinical environment.

The Division of Emergency Obstetrics and Gynecology is part of a unique, free-standing women’s emergency care unit specializing in the care of women across the life spectrum. The patient care team remains at the forefront of establishing treatment guidelines and clinical care protocols related to issues such as early pregnancy loss, complications of pregnancy and sexual assault. The division serves as a major resource for local emergency departments, urgent care centers and physician groups, in addition to providing medical training across multiple disciplines including obstetrics and gynecology, emergency medicine and pediatrics.

The division’s patient care team is comprised of 45 staff nurses, 10 board-certified/board-eligible obstetrics/gynecology attending physicians, six certified nurse midwives, four nurse practitioners, residents, medical students, and other trainees. Care centers on highlighting the needs of patients and families while maintaining high quality, evidenced-based and efficient clinical care.

The emergency care unit is the entry point for patients who access Women & Infants with nearly 29,000 visits this year. The new Obstetric Evaluation Unit opened in April 2014. The emergency care unit adopted a new model of care centered around care teams. Erin Christine Brousseau, MD, was accepted into the Women’s Reproductive Health Research Program in January 2014 and is actively working on obtaining her master’s of public health at Brown University while developing research proposals and grant applications.

Staff continues to undergo crisis prevention and de-escalation training through partnership with Care New England partner, Butler Hospital. The department developed a new protocol for the evaluation and management of behavioral health emergencies.
On April 3, 2014, Women & Infants held a ribbon-cutting ceremony for the Division of Emergency Obstetrics and Gynecology’s new Obstetric Evaluation Unit. This new, state-of-the-art, seven-bed unit, an expansion of the main emergency division, serves as a dedicated space to provide high-quality, efficient care to obstetric patients. The expansion increases the emergency division’s bed capacity by 60% to 19 total beds, and also provides two dedicated ultrasound rooms, a three-bed triage bay, and a dedicated infant resuscitation area for Women & Infants’ neonatal intensive care unit team to safely and effectively evaluate infants following an imminent delivery. In addition, the Obstetric Evaluation Unit fosters a more integrated model of care between the emergency division and the hospital’s Labor and Delivery and Antenatal Care units.

Roxanne Vrees, MD, medical director of emergency obstetrics and gynecology at Women & Infants, said, “Working in a specialty emergency division affords my team the unique opportunity and privilege to interact with patients during some of the most exciting and challenging moments in a woman’s life. Our new Obstetric Evaluation Unit allows our highly-skilled team to continue to provide efficient, high-quality care while emphasizing our dedication to a family-centered model.”

“Our new Obstetric Evaluation Unit allows our highly-skilled team to continue to provide efficient, high-quality care while emphasizing our dedication to a family-centered model.”

– Roxanne Vrees, MD

Front center: Roxanne Vrees, MD; Second row: Alexandra Mainiero, MD, Kate Zaluski, MD, E. Christine Brousseau, MD, Rachel Shepherd, MD; Back Row: Michael Sisitsky, MD, Beth Cronin, MD, Amy Snyder, MD. Missing from photo: Chelsy Caren, MD
Gynecologic Oncologist Richard G. Moore, MD, director of the Center for Biomarkers and Emerging Technologies, led a team of researchers that published an article in *Gynecologic Oncology* on the use of a chemoresponse assay to guide the treatment of women with persistent or recurrent ovarian cancer. The publication capped the release of the results of an eight-year study, which showed that women diagnosed with ovarian cancer who undergo cancer tumor testing to determine the best treatment have better survival rates than women who do not.

Ovarian Cancer Research Fund (OCRF) awarded a $50,000 grant to the Program in Women’s Oncology for the creation of Woman to Woman, a mentoring program that pairs gynecologic cancer patients with survivors, supporting women and their families through all phases of treatment, recurrence and recovery. The program is led by Katina Robison, MD, and Diane Thompson, LICSW.

Cornelius O. “Skip” Granai III, MD, was selected as “America’s Top Doctor” for 2014 and is listed in the 13th edition of the Castle Connolly’s acclaimed guide to the top medical specialists in the nation.

The Research Program in Women’s Oncology held the Fourth Annual “Research: An Event or an Environment?” Program, entitled “E-Consenting: The Brave New World of Research in the 21st Century,” and presented by Lindsay McNair, MD, MPH, MS.
Ovarian Cancer Tool Pioneered at Women & Infants

Research done by a team led by a Program in Women’s Oncology physician yielded a revolutionary way to test if a pelvic mass is ovarian cancer. Richard G. Moore, MD, who is also director of the Center for Biomarkers and Emerging Technology at Women & Infants, earned approval from the U.S. Food and Drug Administration (FDA) to use tools his team developed that show the greatest specificity in estimating the risk of ovarian cancer.

The FDA granted 510(k) clearance for marketing and use of a combination of blood tests for proteins HE4 and CA125 with the Risk of Ovarian Malignancy Algorithm (ROMA™). Research demonstrates that examining levels of HE4 and CA125 using the ROMA algorithm shows the highest accuracy in determining ovarian cancer risk in pre-and post-menopausal women.

The combination of the blood tests and ROMA algorithm were developed through the research of Dr. Moore’s team. He is also the lead author of a multi-center study investigating the use of HE4 and CA125 to determine ovarian cancer risk.

The CA125 test has been the gold standard for monitoring patients diagnosed with ovarian cancer. The test, however, is limited in its sensitivity and specificity, as well as its ability to detect all types of ovarian cancer. HE4 has been shown to be elevated in epithelial ovarian cancers, the most common type of ovarian cancer, but not elevated in many benign gynecologic diseases. Combining physician assessment with the independently validated ROMA algorithm more accurately stratifies benign disease from ovarian cancer in women who present with a pelvic mass. It also enables physicians to identify those patients at high likelihood of malignancy who should have their surgery performed by a gynecologic oncologist.

The program is built around a steadfast philosophy and core values that focus on a multidisciplinary, prospective and patient-centered care team.
On May 20, 2014, The Program in Women’s Oncology hosted “The Sexual Self” featuring Jennifer Gass, MD, co-director of the Breast Health Center; Tina Rizack, MD; Elizabeth Ricci, NP; and Laura Drury, LICSW. The panel answered questions on sexual health and well-being, and the impact of cancer on sexuality and sexual function.

Jennifer Gass, MD, served as the program chair for the annual meeting of the National Consortium of Breast Centers which took place in Las Vegas, NV in March. Dr. Gass, who is president-elect of this organization, was joined by Dr. Rizack and William Sikov, MD, who also gave lectures at this national meeting.

Robert D. Legare, MD, co-director of the Breast Health Center, was selected as “America’s Top Doctor” for 2014, and is listed in the 13th edition of the Castle Connolly’s acclaimed guide to the top medical specialists in the nation.
Treating triple-negative breast cancer

Researchers in the Breast Health Center have been studying more effective therapies for a particularly aggressive form of breast cancer, called ‘triple negative’ breast cancer. William Sikov, MD, associate director for clinical research in the Program in Women’s Oncology, was principal investigator and lead author on a paper entitled, “Impact of the Addition of Carboplatin and/or Bevacizumab to Neoadjuvant Once-Per-Week Paclitaxel Followed by Dose-Dense Doxorubicin and Cyclophosphamide on Pathologic Complete Response Rates in Stage II to III Triple-Negative Breast Cancer: CALGB 40603 (Alliance)” that was published in the September 2014 issue of the Journal of Clinical Oncology, the premier journal for medical oncology internationally. Co-authors of the preceding oral abstract presented at the American Society of Clinical Oncology annual meeting included Bachir Sakr, MD, Tina Rizack, MD, and Robert D. Legare, MD.

This major national study could lead to improvements in outcomes for women with triple-negative breast cancer, an aggressive form of the disease that disproportionately affects younger women. Because of its rapid growth rate, many women with triple-negative breast cancer receive chemotherapy to try to shrink it before undergoing surgery. With the standard treatment, the cancer is eliminated from the breast and lymph nodes in the armpit before surgery in about one third of women. This is referred to as a pathologic complete response (pCR). In patients who achieve pCR, the cancer is much less likely to come back, spread to other parts of the body, and cause the patient’s death than if the cancer survives the chemotherapy. Dr. Sikov and his collaborators studied the addition of other drugs – carboplatin and/or bevacizumab – to the standard treatment regimen to see if they could increase response rates. More than 440 women from cancer centers across the country enrolled in this randomized clinical trial; the largest U.S. study ever conducted for this cohort.

Dr. Sikov reported that both carboplatin and bevacizumab significantly increased the likelihood of shrinking and eliminating the breast cancer. While both drugs also increased some of the toxicities of chemotherapy, the side effects associated with carboplatin were less concerning than those caused by bevacizumab. While we await more data from this study – including whether the more effective treatments actually reduce recurrences and deaths – many U.S. and European oncologists have started to consider adding carboplatin to preoperative chemotherapy in patients with high-risk triple negative breast cancer on the basis of these findings.
Expertise

The Division of Maternal-Fetal Medicine (MFM) is a team of nine faculty members and three fellows who serve both as consultants and primary obstetric providers for women with a wide range of chronic medical conditions, obstetric complications, and fetal abnormalities. The maternal-fetal medicine specialists not only provide the full range of prenatal diagnosis and pregnancy monitoring services, but they are also dedicated to taking care of vulnerable, high-risk women in the hospital. The division’s goal is to provide the most up-to-date, evidence-based medical, obstetrical, and surgical care; to train medical students, residents and fellows; and to conduct the highest quality research in the specialty.

Achievements

- The Fetal Treatment Program of New England, which is housed in the Division of Maternal-Fetal Medicine and is a joint venture of Women & Infants Hospital, Hasbro Children’s Hospital and Brown University, hosted the 34th annual meeting of the International Fetal Medicine and Surgery Society at Chatham Bars Inn, bringing together the world’s elite investigators and practitioners in fetal intervention. Members of the MFM division moderated scientific sessions and presented key insights into the structure and function of prenatal hospice programs.

- The MFM division is a member of the Eunice Kennedy Shriver NICHD Maternal Fetal Medicine Units (MFMU) Network. This year, Women & Infants ranks third (of 14 centers) in patient recruitment for all three currently ongoing clinical trials, an achievement made possible by the strong support of our many community-based doctors and midwives.

- MFM division members published 65 peer-reviewed papers.


- Dwight Rouse, MD, authored an obstetric care consensus on safe prevention of primary cesarean delivery.
The Women’s Infectious Diseases Consult Service

The Women’s Infectious Diseases Consult Service provides consultation to referring providers for patients with any infectious disorder. The service – directed by Brenna L. (Anderson) Hughes, MD, of the Division of Maternal-Fetal Medicine and co-directed by Erica Hardy, MD, of the Division of Obstetric Medicine – serves as a regional referral center for infections in women. The service provides consultation to both inpatients at Women & Infants and outpatients from the entire region.

This service is one of only few in the country that offers specific expertise in obstetric and gynecologic infections. For pregnant women, the impact of an infection is considered for both mother and fetus. Highly specialized diagnostic and treatment plans are developed, in conjunction with the referring physician, targeting both patients in the maternal/fetal dyad. Examples of important infections that may impact mother and fetus include HIV infection, cytomegalovirus infection, streptococcal or staphylococcal infections, and chorioamnionitis. Management of each involves a collaborative approach, with either one-time or ongoing management considerations based on gestational age and risk.

Together, the team has multiple research grants, all of which are aimed at improving the health of women suffering from infections.

The service provides general infectious disease care for women in addition to management of gynecologic infections. Post-operative consultation may be provided as well as assistance in management of resistant organisms. Sexually-transmitted infections, which can have a lifelong impact on women, are a major focus for proper treatment and prevention in order to prevent long-term complications.

Drs. Hughes and Hardy also perform research on infections in women. Dr. Hughes currently directs two randomized trials of pregnant women examining methods to decrease the risk of congenital cytomegalovirus, a leading cause of childhood deafness. Dr. Hardy is working on examining the impact of sexual assault on the vaginal health of non-pregnant women. Together, the team has multiple research grants, all of which are aimed at improving the health of women suffering from infections.
The Division of Medical Education encompasses the Alpert Medical School’s Obstetrics and Gynecology Undergraduate Medical Education Core Clerkship Program, as well as the Graduate Medical Education Residency Program. Students in these programs benefit from the teaching of excellent residents, nurse practitioners, midwives, and faculty physicians.

Women & Infants is the single teaching site for the core clerkship, hosting all of the third-year medical students for a total of eight six-week rotations per year. Curriculum is based on the educational objectives designated by the Association of Professors of Gynecology and Obstetrics (APGO). Didactics and hands-on workshops, including breast and pelvic exams using gynecologic teaching associates as live models as well as other simulation models, are taught by department faculty and fellows.

Women & Infants also houses the only obstetrics and gynecology residency training program in Rhode Island with eight residents per year. The program’s graduates are highly respected and recruited, with all residents who desire a fellowship consistently obtaining these competitive slots.

The outstanding teaching and mentoring that students receive during their core clerkship continues to inspire them to pursue ob/gyn as a career – ten students once again matched into the specialty.
Advocacy

To maintain its leadership position among residency alongside serving the mission of the hospital, the Obstetrics and Gynecology Residency Program has incorporated new learning objectives in the area of patient advocacy.

In addition to formal education, residents have the opportunity to participate directly in advocacy at both the state and federal levels. Interested residents participate in local policy and legislation affecting Rhode Island women’s access to health care. Residents are invited to Washington, DC to attend the American College of Obstetrics and Gynecology (ACOG) Congressional Leadership Conference each year. This conference brings ACOG fellows and junior fellows from all over the country together to learn more about the current legislative priorities for women’s health. Our residents also visit Capitol Hill to meet with our U.S. senators and representatives.

Throughout this process, residents have both a local impact while also learning the importance of their voice in advocating for their patients and their profession.

The Residency Program continues to draw the best and brightest medical students from around the country, with a greater than 20 percent increase in the number of applicants this year for the eight positions.

*Left to right: Rebecca Allen, MD; Gary Frishman, MD; Roxanne Vrees, MD; B. Star Hampton, MD*
Achievements

- Diane Angelini, EdD, CNM, NEA-BC, FACNM, FAAN, and Elisabeth Howard, PhD, CNM, FACNM, were awarded Best Practice Paper for 2014 in *MCN: The American Journal of Maternal Child Nursing* for their paper, “Obstetric Triage: A Systematic Review of the Past Fifteen Years: 1998–2013.” This article was the featured cover for MCN for the September/October issue.

- Edie McConaughey, MSN, CNM, presented at the 59th Annual Meeting of the American College of Nurse Midwives on “Midwives in Medical Education: The Brown University Intern Boot Camp Experience,” in Denver, CO.

- Diane Angelini began her 30th year as senior and perinatal editor for the *Journal of Perinatal and Neonatal Nursing*.

- Elisabeth Howard and Diane Angelini had an international oral research presentation at the 15th Annual Healthcare Interdisciplinary Research Conference sponsored by the School of Nursing and Midwifery, Trinity College, Dublin, Ireland.

- Edie McConaughey was an invited scholar in the medical mission of the International Organization of Women and Development (IOWD) for clinical teaching of midwives, residents and medical students in a district hospital in Kigali, Rwanda.

Expertise

The Midwifery Program at Women & Infants is an academic midwifery practice model within the Department of Obstetrics and Gynecology focused on interprofessional education. The core aims of this program are to educate medical students and obstetric residents; to participate in providing clinical services in obstetric triage, labor and delivery, postpartum and gestational diabetes clinic; to provide additional educational and mentoring opportunities for learners; and to advance the academic mission.

This midwifery practice has been a model for other practices and midwifery divisions across the United States. It is a member of the Medical Education Caucus of the American College of Nurse Midwives for those midwives primarily involved in medical education. The Midwifery Program at Women & Infants and Brown University is set to celebrate the beginning of its 25th anniversary commencing February 2015.
Simulation and the Midwifery Boot Camp Experience

In 1993–1994, the first three-day orientation program for interns was initiated at Women & Infants. Each year, this program has grown to what is now Intern Boot Camp week in which midwives have actively participated for more than 20 years. Since 2003, Edie McConaughey, CNM, MSN, has coordinated the midwifery workshop at Intern Boot Camp. This is a foundational workshop whose goal is to improve the transition from medical student to intern where critical skills are learned in a simulation environment. Simulation-based mastery learning has been shown to improve confidence, clinical skills and reduce variation.

This workshop is an in-depth (10 hours) introduction to basic skills with simulation practice. The content consists of seminars and skill sessions addressing clinical dexterity and novice level clinical management. The skills and simulation sessions include abdominal assessment, vaginal exams, rupture of membranes, prolapsed cord, use of fetal scalp electrode and intrauterine pressure catheter, amnioinfusion, electronic fetal monitoring, local anesthesia, cutting and repair of episiotomy/lacerations, hand maneuvers for birth (including variations of nuchal cord, meconium, and shoulder dystocia), and third-stage management including postpartum hemorrhage.

The workshop concludes with an immersive simulation of an imminent, precipitous birth. Objectives include identification of factors that enhance situational awareness, taking a pertinent history, securing support and equipment for imminent birth, and maintenance of sensitive, effective communication. This simulation incorporates the previously learned skills with electronic fetal monitoring, cervical examination, hand maneuvers for birth, and management of third stage labor. There is a formal debriefing on aspects of communication, team work, and outcomes. The confederate patient and nurse participate and provide feedback on the provision of care and communication. The residents rate the workshop as extremely helpful in preparation for their initial experiences as an obstetric resident. The Intern Boot Camp Workshop was recently highlighted at the American College of Nurse Midwives Annual Meeting (2014) as part of the Midwives in Medical Education Series.

Front row: Janet Singer, MSN, CNM; Diane Angelini, EdD, CNM; Linda Steinhardt, MS, FNP-C, CNM. Back row: Linda Hunter, EdD, CNM, FACNM; Edie McConaughey, MSN, CNM; Elisabeth Howard, PhD, CNM, FACNM
The mission of the Division of Reproductive Endocrinology and Infertility (REI) is to provide the necessary services, coordinate care and walk the journey with patients in building their family, one step at a time.

The staff is dedicated to the needs of patients first, while enhancing technological innovations and teaching the future leaders in the field, and providing comprehensive care to couples experiencing fertility difficulties, those seeking to preserve their fertility, those experiencing recurrent pregnancy loss, those who are carriers or affected by genetic disorders, and those suffering from reproductive hormonal dysfunction across the spectrum of their reproductive timeline.

The division also plays a pivotal role in medical student, resident and fellow education. Several new educational initiatives were recently launched by faculty that led to the development of a residency curriculum in gynecological ultrasound, as well as pediatric and adolescent gynecology. The division is also home to an American Board of Obstetrics and Gynecology (ABOG) fellowship in REI, from which four young leaders have graduated to date.

The profile of the division over the past year has been enhanced not only by the clinical work and educational initiatives of its members, but by the endless research contributions of the team in the field of reproductive sciences. The team was the major recruiter of data for the FDA approval of a rapid serum beta hCG assay, performed and resulted at the bedside that would enable the confirmation of a pregnancy within 15 minutes. As pioneers in new in-vivo technology that will enable the aspiration of in-vivo derived human blastocysts that can undergo genetic testing negating the need for in vitro fertilization, the division’s research endeavors continue to complement the quest to provide patients the opportunity to be involved in the latest technological advances in the field.
Third-Party Reproduction

The faculty in the Division of Reproductive Endocrinology and Infertility is dedicated to women and couples building their families even when it is not naturally possible through third-party reproduction. The program was initiated more than two decades ago and was the first of its kind in Rhode Island.

The phrase “third-party reproduction” refers to the use of eggs, sperm or embryos that have been donated by a third person to allow an individual or couple to become parents. The division has helped hundreds of women and couples who are unable to use their own eggs or sperm, or to carry a pregnancy due to advanced age, lack of sperm, absent uterus, or same-sex partner to build their families through the use of third-party reproductive technologies. The commitment to the program transcends any barriers imposed by nature to achieve the dream of achieving parenthood.

Kelly Pagidas, MD, interim director, was named a 2014 Top Doctor by Rhode Island Monthly. She is the chair of the Women’s Council of the American Society for Reproductive Medicine (ASRM), and her presentation, “A novel device for the recovery of in vivo derived human embryos by non-surgical uterine lavage,” was highlighted at the Annual ASRM Meeting in Hawaii in October 2014.

Gary Frishman, MD, was named to the ACGME Residency Review Committee and was named a 2014 Top Doctor by Rhode Island Monthly.

John Buster, MD, received “The Patients’ Choice 5th Anniversary Award,” a recognition granted only to those doctors whose ratings have reflected excellence in care for five years in a row. Only one percent of all doctors in the United States are bestowed this honor by their patients. He was also named fellowship director for the ABOG REI Fellowship Program.

Carol Wheeler, MD, was named a 2014 Top Doctor by Rhode Island Monthly. She conducted the Pediatric and Adolescent Gynecology Special Interest Group (PAGSIG) workshop, “Tools to teach your residents” at the Annual ASRM Meeting in Hawaii in October 2014.

Lynae Brayboy, MD, received the Reproductive Scientist Development Program National Career Award supported by the NICHD’s Fertility and Infertility Branch.
The Division of Research works to increase grant funding in the Department of Obstetrics and Gynecology, support publication of the research activities in the department, enhance the careers of junior investigators and provide support for clinical research. The work of the Division of Research is driven by collaboration, education, training and investigator support. Achievements for the division in the past year include:

- Provided statistical support for 60 research projects.
- Coordinated the research program for obstetrics and gynecology residents – 75 percent of residents who graduated in 2014 presented at a national meeting or had a peer-reviewed publication.
- Maureen Phipps, MD, MPH, was appointed to the U.S. Preventive Services Task Force.

Women & Infants Hospital is leading the way in developing and retaining women’s reproductive health physician-scientists as nationally recognized academic leaders.
Women’s Reproductive Health Research Program

The Division of Research in the Department of Obstetrics and Gynecology directs and manages the NIH/NICHD-funded Brown University/Women & Infants Hospital Women’s Reproductive Health Research (WRHR) Program under the direction of Maureen Phipps, MD, MPH (principal investigator) and Kristen Matteson, MD (research director). Funded since 2005, this program provides a tailored research and career development plan in a supportive research environment to enable junior faculty obstetrician-gynecologists to develop into leaders in women’s health research.

The WRHR Program at Women & Infants has been remarkably successful. Our former WRHR scholars have successfully transitioned on to independent grant funding. Dr. Matteson received R01 funding from the NICHD for her study entitled, “The Levonorgestrel Intrauterine System Versus Combined Oral Contraceptives for Heavy Menses.” Likewise, Vivian Sung, MD, secured NICHD funding for her studies “Tailored Outcomes for Female Urinary Incontinence” (R21) and “Effects of Surgical Treatment Enhanced with Exercise for Mixed Urinary Incontinence” (U10). In addition, Brenna (Anderson) Hughes, MD, is currently funded by the Maternal-Fetal Medicine Units Network for “A Registry Study of Novel Swine-Origin H1N1 Influenza A Virus Among Hospitalized Pregnant and Immediately Postpartum Women” and by the CDC for “Clinical Trial of Behavioral Modification to Prevent Congenital Cytomegalovirus.” A fourth scholar, Vinita Goyal, MD, has received funding from the Society of Family Planning Research Fund.

Current scholars Katina Robison, MD, and Erin Christine Brousseau, MD, are also on the path to career and funding success. Dr. Robison has spent four years with the program and recently submitted grant proposals to the NCI and the Patient-Centered Outcomes Research Institute. Dr. Brousseau was accepted into the program in January 2014 and is actively working on obtaining her master’s of public health at Brown University while developing research proposals and grant applications.

With the mentorship, guidance and support provided through the WRHR program, Women & Infants has successfully launched the careers of leaders in women’s health research. By investing in the development of clinician-researchers in obstetrics and gynecology, the department is leading the way in developing and retaining women’s reproductive health physician-scientists as nationally recognized academic leaders.
The Division of Urogynecology and Reconstructive Pelvic Surgery at Women & Infants is a tertiary care center whose faculty is all subspecialty fellowship trained board-certified/board-eligible in Female Pelvic Medicine and Reconstructive Surgery (FPMRS). It is the only group of fellowship trained and FPMRS-certified urogynecologists in Rhode Island. The division’s clinical expertise is in the diagnosis and treatment of pelvic floor disorders such as urinary incontinence, pelvic organ prolapse, defecatory dysfunction, interstitial cystitis, and fistulas. Its clinical center is one of eight national clinical sites of the NICHD Pelvic Floor Disorders Network (PFDN) and conducts multi-centered trials studying pelvic floor disorders.

This is the only group of fellowship-trained and FPMRS-certified urogynecologists in Rhode Island.

Achievements

• Cassandra Carberry, MD, was named director of clinical services for the Division of Urogynecology and Reconstructive Pelvic Surgery.

• B. Star Hampton, MD, was selected to be the chair of the American Urogynecologic Society membership committee.

• Deborah L. Myers, MD, published a review article in *JAMA* on female mixed urinary incontinence. Dr. Myers was also named vice chair of the Department of Obstetrics and Gynecology.

• Vivian Sung, MD, is protocol chair for the ESTEEM project of the NICHD PFDN in which more than 400 women with mixed urinary incontinence who are undergoing a mid-urethral sling are randomly selected to participate in a combined peri-operative behavioral/pelvic floor therapy to see if combined therapy can improve patient outcomes.

• Charles Rardin, MD, was selected to be program chair of the 41st annual scientific meeting of the Society of Gynecologic Surgeons.

• Kyle Wohlrab, MD, was awarded the Association of Professors of Gynecology and Obstetrics Excellence in Teaching Award.
Beyond Our Borders

Global issues
Each year in sub-Saharan Africa, it is estimated that more than 33,000 women develop obstetric fistulae and subsequent debilitating urinary and/or fecal incontinence. The lack of training of local physicians and inadequate resources for evaluation and repair are two of the many reasons the majority of these women are unable to be treated for their condition.

Global outreach
Yearly since 2008, the Division of Urogynecology and Reconstructive Pelvic Surgery has sponsored B. Star Hampton, MD, associate professor of ob/gyn at the Alpert Medical School and a fellow in FPMRS, to travel to sub-Saharan Africa as part of a fistula repair team organized by the International Organization for Women and Development (IOWD). Initially Dr. Hampton traveled to Niger, but since 2010, has traveled to Kibagabaga Hospital in Kigali, Rwanda. During the two-week trip, more than 150 women are triaged, many of whom have traveled hours to days for help, and more than 50 women undergo surgery. The team changes the lives of each woman they operate on by giving them hope and restoring their dignity and life. In 2012, Dr. Hampton was selected to be an IOWD team leader.

Global education
As part of their training, the FPMRS fellows have this unique opportunity to take part in the evaluation and management of complicated surgical patients, giving them insight into the care of obstetric fistulae as well as global health efforts. The Division of Urogynecology at Women & Infants is one of the few FPMRS fellowships in the nation to sponsor a fellow on a yearly basis. The design and curriculum of this program, which includes a scholarly project, has served as a national model. Many graduated FPMRS fellows now include global health work in their careers, attributing this experience as life-changing.

The team changes the lives of each woman they operate on by giving them hope and restoring their dignity and life.

Front row: Deborah Myers, MD; Vivian Sung, MD. Back row: Kyle Wohlrab, MD; Charles Rardin, MD; Brittany Star Hampton, MD; Cassandra Carberry, MD
2014 was another year of growth and enhancement of the Minimally-Invasive and Robotic Surgical Services at Women & Infants and across Care New England. The program supports the availability of all forms of minimally-invasive surgery (MIS), so that each patient has access to the type of surgery that suits her specific needs.

Since the development of the MIS service, Women & Infants has seen the rate of open hysterectomy – requiring a larger abdominal incision – decrease from more than 60 percent (in line with national levels) to a sustained rate below 30 percent. Women with MIS approaches to hysterectomy can enjoy shorter hospitalization and recuperation, fewer infections, less pain, and quicker return to work and other activities.

Women & Infants is committed to providing excellence in care in all forms of surgery, whether open, vaginal, laparoscopic, or minimally-invasive. With this commitment, patients and their surgeons can select the right approach, with a surgeon with the right training and ongoing experience that meets their individual needs.

- This year, the rate of open hysterectomy dropped even further – to below 15 percent. This remarkable achievement speaks to the skills of Women & Infants surgeons in vaginal, laparoscopic and robotic surgery.

- This year saw the opening of a Minimally-Invasive Surgical Suite, a state-of-the-art surgical operating room, with another scheduled to open in the near future.

- The addition of simulation modules into the credentialing of our surgeons has helped to assure current experiences that have been shown to translate into improved outcomes.

- The program has been designated as a Center of Excellence in Minimally-Invasive Gynecology.

- A quality infrastructure of surgical support, from steering committees to peer review groups to credentialing processes, are all designed to support the surgical teams with best practices and program outcomes data. These systems have been shared with and employed by colleagues regionally and nationally.

- Processes continue to be developed to support vaginal surgery, including lectures, new surgical equipment, policies, simulation and preceptorships for trainees and attendings alike. These efforts have helped to distinguish Women & Infants from many other institutions nationally in preserving vaginal hysterectomy.
Surgical Services

Achievements

Refinements were many and included:

• A decrease in turnaround time from 37 minutes at the beginning of the year to 33 minutes by the end of the year.

• A reduction in overall operating room delays by more than 280 hours or approximately 36 percent.

• Maintenance of best-in-class status for first case, on time starts and subsequent cases.

• Updates in central processing capabilities.

• Development of cost per case capabilities.

• Major update in technologies and capabilities of all eight existing operating rooms.

2014 has been a year of advancement and refinement for Surgical Services at Women & Infants. June saw the opening of a brand new, state-of-the-art operating room. This room, equipped with all of the latest technology, signifies Women & Infants’ commitment to keeping the surgical care of women at the forefront of technology.

During the course of the year, Women & Infants also added Plasma Jet technology to the hospital’s armament of techniques available for cytoreduction of metastatic carcinoma and, for the first time ever, the hospital’s inventory of instruments has been placed on-line for a more efficient and timely utilization of assets.
The Care New England Simulation Program moved into its flagship Simulation Center located at Women & Infants this past year. The center occupies 2,085 square feet of space and consists of three separate simulation arenas that are capable of hosting a variety of educational, quality and preparedness activities running simultaneously. A dedicated education room with video debriefing capabilities facilitates immersive learning and immediate feedback. In addition, the second floor surgical simulation room at Women & Infants also opened this year. This room provides 24-hour access to all surgeons, regardless of skill level, allowing them to hone their surgical skills on high-fidelity virtual reality laparoscopic and robotic trainers.

The Simulation Center has grown over the past year to host educational and quality improvement projects throughout the hospital. More than 70 percent of Women & Infants employees have participated in some type of activity in the center.

Ob/gyn medical students, residents and fellows have also benefitted from the new simulation program through workshops and courses offered throughout the year. Whether immersed in a simulated maternal cardiac arrest or learning laparoscopic suturing, the Simulation Center helps to shift the learning curve out of the live patient care setting to a safe learning environment.

In 2014, simulation activities included:
- Cadaver surgical workshops.
- MIS skills training.
- Obstetric emergency workshops.
- Pelvic anatomy teaching.
- Forceps and severe obstetrical laceration skills workshops.
- Cardiac arrhythmias.
- Palliative care simulation.
Inpatient Obstetrics

Achievements

- Development and rollout of the Care New England-wide OB Dashboard with related initial work to develop a report card to make personal and practice data available to all obstetrical providers within the department.

- Recognition of Women & Infants’ efforts to eliminate elective deliveries at less than 39 weeks gestation by being named as recipient of the inaugural Edward J. Quinlan Award for Patient Safety Excellence by the Hospital Association of Rhode Island.

- Sustained improved performance in obstetrical readmissions and other obstetrical quality indicators in the Council of Women and Infants Specialty Hospitals (CWISH) hospital group.

- Implemented web-based educational information on trial of labor after cesarean section (TOLAC) as the first installment in the development of Care New England/Women & Infants library as authoritative resource for obstetrical patient education.

Fiscal year 2014 saw 8,426 births at Women & Infants, ranking us the 11th largest stand-alone obstetrical service in the nation. Inpatient Obstetrics continued to work toward improved clinical performance and patient satisfaction. All clinical indicators continued to show high levels of performance or improvement. In an effort to sustain and continue that improvement, the department’s first Obstetrical Dashboard was developed as part of the ongoing effort of Inpatient Obstetrics to lead Care New England-wide initiatives to standardize care.

In addition, Inpatient Obstetrics played an integral role in Women & Infants’ Best Fed Beginnings initiative, implementing the 10 Steps to Successful Breastfeeding as outlined by the World Health Organization, and continued collaborative work with Blue Cross Blue Shield of Rhode Island to develop the region’s first Maternity Bundle.

Fiscal year 2014 saw 8,426 births at Women & Infants, ranking us the 11th largest stand-alone obstetrical service in the nation.
Achievements

- Delivering care to a community of patients with diverse health care needs, the expertise in obstetrics and gynecology of the community-based faculty partners seamlessly with the subspecialty-trained faculty, resulting in the delivery of high quality, state-of-the-art, cost-effective clinical care to women of all ages.

- Committed to research, innovation and high-quality, evidence-based medicine, the success of the department’s research program is based on the commitment of the community-based faculty to enroll their patients in clinical research protocols that will impact women’s health for generations to come.

- Highlighted by the countless teaching awards, the community-based faculty members play a vital role in teaching our medical students and residents, sharing their expertise in obstetrics and gynecology and giving trainees clinical exposures to the practice of women’s health care.

- Women & Infants is fairly unique in our ability to tap into the hundreds of years of experience of our community-based faculty. These physicians are divided up into teams, each with a team chief and associate team chief, to provide in-house, direct supervision to our residents-in-training, helping them provide outstanding care to our clinic population.

Expertise

The dedicated community-based faculty in the Department of Obstetrics and Gynecology add to the continued growth and preeminence of the department. Outstanding clinicians and educators, the faculty are integrally involved in the training of medical students and residents at the Alpert Medical School. In addition to obstetricians and gynecologists, community midwives and other allied health professionals care for their patients at Women & Infants and involve trainees in their patients’ care.
• Our community-based faculty members are a vital part of our resident mentoring program. Beginning in the second year, residents choose a community-based faculty member in addition to an academic-based faculty member to mentor them each year. Meeting periodically, often over dinner, the faculty members provide mentorship and guidance for our residents. Our interns are assigned a mentor, including a community-based faculty member from our team chiefs/associate team chiefs, thus ensuring that they will be matched with one of the most senior physicians on the faculty.

• This year, the March of Dimes Rhode Island Chapter awarded a grant to Women’s Care, Inc., part of Women & Infants’ Health Care Alliance, to support a group prenatal care program. Providers with that practice also hosted a professional symposium, “Group Prenatal Care in Rhode Island: Research, Recruitment, Retention and Regeneration.”
Department Listing

Chair
Maureen G. Phipps, MD, MPH
Chace-Joukowsky Professor

Vice Chair
Deborah Myers, MD
Professor

Assistant Chief
Kathleen Cote Bowling, MD
Clinical Associate Professor

Ambulatory Care
Patrick Sweeney, MD, PhD (Retired 6/14)
Interim Division Director
Professor (Emeritus)
Sarah Fox, MD
Interim Medical Director
Assistant Professor (Clinical)
Rebecca H. Allen, MD
Associate Director,
Medical Student Core Clerkship
Assistant Professor
Rebecca Crichton, MD
Clinical Assistant Professor
Amy Gottlieb, MD
Associate Professor (Clinical)

Nurse Practitioners
Ann Biderman-Cooper, RNP
Senior Teaching Associate
Erin Dobson, RNP
Senior Teaching Associate
Ann Holdredge, CNM, NP
Senior Teaching Associate
Linda Moulton, RNP
Senior Teaching Associate
Patricia O’Connell, RNP
Senior Teaching Associate
Darcy Renagan, MSN, WHNI-BC
Anne Stulik, RNP
Senior Teaching Associate

Emergency Obstetrics and Gynecology
Roxanne Vrees, MD
Medical Director
Associate Director, Residency Program
Assistant Professor
Kenneth Barron, MD (2013–2014)
Chelsy Caren, MD
Assistant Professor (Clinical)
Beth Cronin, MD
Assistant Professor (Clinical)
Moune Jabre-Raughley, MD (2009–2014)
Assistant Professor (Clinical)
Alexandra Mainiero, MD
Rachel Shepherd, MD
Michael Sisitsky, MD
Amy Snyder, MD
Assistant Professor (Clinical)
Kate Zaluski, MD

Nurse Practitioners
Tara Capuano, MSN, RNP
Teaching Associate
Melissa Pragana, NP
Stephanie Silva, NP

Gynecologic Oncology and Breast Health
C. O. (Skip) Granai III, MD
Division Director
Director, Fellowship Program
Professor
Paul DiSilvestro, MD
Associate Division Director
Chair, Women & Infants Hospital
Institutional Review Board
Associate Professor
David Edmonson, MD
Assistant Professor (Clinical)

Jennifer Gass, MD
Director, Surgery
Co-Director, Breast Health Center
Associate Professor
Kyu Kwang Kim, PhD
Assistant Professor (Research)
Robert Legare, MD
Co-Director, Breast Health Center
Director, Cancer Genetics and Prevention Program
Associate Professor (Clinical)
Cara Mathews, MD
Assistant Professor
Carolyn McCourt, MD (2008–2014)
Assistant Professor
Richard Moore, MD
Associate Division Director
Director, Center for Biomarkers and Emerging Technologies
Director, Molecular Therapeutics Laboratory
Professor
Tina Rizack, MD, MPH
Assistant Professor (Clinical)
Katina Robison, MD
Assistant Professor
Bachir Sakr, MD
Assistant Professor (Clinical)
William Sikov, MD
Clinical Associate Professor of Medicine
Rakesh Singh, PhD
Assistant Professor (Research)
Ashley Stuckey, MD
Assistant Professor
Naohiro Yano, MD, PhD
Research Associate

Nurse Practitioners
Patricia Barlow, MSN, APRN, BC
Megan Gaynor Charette, RN, NPP
Grace Cook, RN, FNP
Kathleen Fava, NP
Paige Harrison, NP
Emily Moore, NP
Elizabeth Ricci, RNP, MS
Wendy Young, RNP

Maternal–Fetal Medicine
Katharine Wenstrom, MD
Division Director
Professor
Stephen Carr, MD
Director, Prenatal Diagnosis Center
Professor
Donald R. Coustan, MD
Professor
Tanya L. Dailey, MD
Assistant Professor (Clinical)
Matthew Esposito, MD
Assistant Professor (Clinical)
Brenna (Anderson) Hughes, MD
Associate Professor
Julie Johnson, MD (2009–2014)
Assistant Professor (Clinical)
Barbara O’Brien, MD
Director, Fellowship Program
Co-Director, Prenatal Diagnosis Center
Associate Professor
Dwight Rouse, MD
Professor
Erika Werner, MD
Assistant Professor

Midwifery
Program Director
Professor Emerita (Clinical)
Elisabeth Howard, PhD, CNM, FACNM
Interim Program Director (11/2014 to present)
Assistant Professor (Clinical)
Linda Hunter, EdD, CNM, FACNM
Assistant Professor (Clinical)
Edie McConaughhey, MSN, CNM
Senior Teaching Associate
Janet Singer, MSN, CNM
Senior Teaching Associate
Linda Steinhardt, MS, FNP-C, CNM
Senior Teaching Associate

Reproductive Endocrinology
and Infertility
Kelly Pagidas, MD
Interim Division Director
Director, In Vitro Fertilization Program
Associate Professor
Andrew Blazar, MD
Clinical Professor (Emeritus)
Lynae Brayboy, MD
Assistant Professor (Research)
John Buster, MD
Director, Fellowship Program
Professor
Gary Frishman, MD
Director, Residency Program
Professor
Beth Plante, MD (2009–2014)
Assistant Professor (Clinical)
Carol Wheeler, MD
Associate Professor (Clinical)
Jeannine Witmyer, PhD (2008–2014)
Clinical Assistant Professor

Clinical Research in Women’s Health
Kristen Matteson, MD, MPH
Interim Division Director
Director, Resident Research
Assistant Professor
E. Christine Brousseau, MD
Assistant Professor

Susan Cu-Uvin, MD
Professor
Maureen G. Phipps, MD, MPH
Professor
Christina Raker, ScD
Research Associate
Dwight Rouse, MD
Professor

Urogynecology and
Reconstructive Pelvic Surgery
Deborah Myers, MD
Division Director
Professor
Cassandra Carberry, MD
Assistant Professor (Clinical)
B. Star Hampton, MD
Director, Medical Student Core Clerkship
Associate Professor
Charles R. Rardin, MD
Director, Fellowship Program
Director, Robotic Surgery Program for Women
Associate Professor
Vivian Sung, MD, MPH
Associate Professor
Kyle Wohlrab, MD
Co-Director, Simulation Center
Assistant Professor (Clinical)

Nurse Practitioner
Leah K. Moynihan, RNC, MSN
Melissa Pragana, NP (5/12–9/14)

Surgical Services
Gary Wharton, MD
Medical Director
Clinical Assistant Professor

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Inpatient Obstetrics
James J. O’Brien, MD
Medical Director
Assistant Professor (Clinical)

Secondary Appointments in Obstetrics & Gynecology
Kenneth Chen, MD
Assistant Professor
Francois Luks, MD
Professor
Raymond Powrie, MD
Professor

Nurse Faculty
Julie Daley, RN
Teaching Associate

Secondary Appointments in Obstetrics & Gynecology
Eli Adashi, MD, MS
Professor
Melissa Clark, PhD
Professor
Jennifer Clarke, MD, MPH
Associate Professor
David Savitz, PhD
Professor
Caron Zlotnick, PhD
Professor

Adjunct Faculty
Sandra Carson, MD
Adjunct Professor
Julia Schlam Edelman, MD
Adjunct Clinical Instructor

Current Residents
PG-1 (2014–2018)
Mary Friedman, MD
Edward Kent, MD
Flores Libertad, MD

Caitlin MacGregor, MD
Reeva Makhijani, MD
Katherine Miller, MD
Desmond Sutton, MD
Meena Theve, MD

Ilina Datkhaeva, MD
Jenna Emerson, MD
Dennis Goulet, MD, MPH
Alexandra Jen, MD
Martha Kole, MD
Kristin Rojas, MD
Jennifer Villavicencio, MD
Erica Weston, MD

PG-3 (2012–2016)
Karen Browning, MD
Elizabeth Connor, MD
Stephen Fiascone, MD
Valerie Flores, MD
Erin Greenberg, MD
Alisse Hauspurg, MD
Warren Huber, MD, PhD
Jeffrey Sperling, MD, MS

Amy Bregar, MD, MS
Danielle Dray, MD
Maureen Hamel, MD
Tiffany Hunter, MD, MA
Alicja Kreczko, MD
Marguerite Palisoul, MD
Leanna Sudhof, MD, MPH
Kristin Taylor, MD

Recent Resident Graduates (2010–2014)
Kimberly Kilfoyle, MD
Alexandra Mainiero, MD, MPH
Elizabeth Mayhall, MD
Andrea Rollins, MD
Erin Saks, MD
Rachel Shepherd, MD
Katelyn Smithling, MD
Amanda Tower, MD

Current Fellows
Gynecologic Oncology and Breast Health
Evelyn Cantillo, MD (2014–2018)
Emily Hill, MD (2011–2015)
Elizabeth Lokich, MD (2012–2016)
Sarah Pesek, MD (Breast Health) (2014–2015)
Anze Urh, MD (2013–2017)

Maternal–Fetal Medicine
Catherine Albright, MD (2013–2016)
Rosemary Froehlich, MD (2014–2017)
Lindsay Maggio, MD (2012–2015)

Reproductive Endocrinology and Infertility
Virginia Mensah, MD (2014–2017)
Victoria Snegovskikh, MD (2012–2015)

Urogynecology and Reconstructive Pelvic Surgery
Annetta Madsen, MD (2014–2017)
Kavita Mishra, MD (2013–2016)
Sonali Raman, MD (2012–2015)
Jonathan Shaw, MD (2013–2016)

Recent Fellowship Graduates
Lynae Brayboy, MD (2011–2014)
Fellow in Reproductive Endocrinology and Infertility
Joshua Dahlke, MD (2011–2014)
Fellow in Maternal–Fetal Medicine
Sara Fogarty, DO (2013–2014)
Fellow in Breast Health
Yfat Kadan, MD (2010–2014)
International Fellow in Gynecologic Oncology
Anna Pilzek, MD (2011–2014)
Fellow in Urogynecology and Reconstructive Pelvic Surgery
Contacts

Maureen G. Phipps, MD, MPH
Department of Obstetrics and Gynecology
Chair
mphipps@wihri.org
(401) 274-1122, ext. 41575

Chris Fruggiero, MHA
Director, Administrative Operations
cfruggiero@wihri.org
(401) 274-1122, ext. 41577

Kathy Farnum
Executive Secretary
kfarnum@wihri.org
(401) 274-1122, ext. 41575

Denise Flinn
Senior Project Coordinator
dflinn@wihri.org
(401) 274-1122, ext. 41578

Sarah Fox, MD
Women’s Primary Care Center
(Ambulatory Care)
Interim Medical Director
sfox@wihri.org

Gary Frishman, MD
Medical Education
Director, Residency Program
gfrishman@wihri.org

C.O. (Skip) Granai III, MD
Gynecologic Oncology
Division Director
sgranai@wihri.org

Elisabeth Howard, PhD, CNM
Midwifery
Interim Director
ehoward@wihri.org

Kristen A. Matteson, MD, MPH
Clinical Research in Women’s Health
Interim Division Director
kmatteson@wihri.org

Deborah Myers, MD
Urogynecology and Reconstructive Pelvic Surgery
Division Director
dmyers@wihri.org

James O’Brien, MD
Inpatient Obstetrics
Medical Director
jobrien@wihri.org

Kelly Pagidas, MD
Reproductive Endocrinology and Infertility
Interim Division Director
kpagidas@wihri.org

Charles Rardin, MD
Minimally-Invasive and Robotic Surgical Services
Director
crardin@wihri.org

Roxanne Vrees, MD
Emergency Obstetrics and Gynecology
Medical Director
rvrees@wihri.org

Katharine Wenstrom, MD
Maternal-Fetal Medicine
Division Director
kwenstrom@wihri.org

Gary Wharton, MD
Surgical Services
Medical Director
gwharton@wihri.org

Kyle Wohlrab, MD
Simulation Center
Co-Director
kwohlrab@wihri.org
Our grant funding agencies and foundations have included:

- **Allen, RH**: NICHD, Contraceptive Clinical Trials Network (HHSN2752013000151) 2013 – 2020. Role: Co-PI.
  - Phipps, MG: Role: Co-PI.


- **Brayboy, L**: ACOG/Bayer HealthCare Pharmaceuticals Research Fellowship “Girl Talk: A Smart Phone Application to Teach Sexual Health Education.” 7/1/13 – 6/30/14. Role: PI.

- **Brayboy, L**: NIH/NICHD Reproductive Scientist Development Program “The Role of Multidrug Resistant Transporters in the Protection of the Ovary from Chemotherapy.” (K12HD000849 (Moley)) Role: Physician Scientist.


- **Clark, MA**: Annie E. Casey Foundation (Subcontract with University of Washington) “Evidence 2 Success.” (Catalano). 3/13 – present. Role: Investigator/Subcontract PI.

- **Clark, MA**: AHRQ “Evaluating the impact of patient-centric home health quality reports.” (R21 HS021879 (Baier)). 9/12 – present. Role: Investigator/Subcontract PI.

- **Clarke, JG**: NIH/NICHD “Empowering Women to Make Contraceptive Choices While Incarcerated.” (1R01HD054890 (Clarke)) 6/1/08 – 5/31/14. Role: PI.

- **Clarke, JG**: NIH/NIDA “Treatment Enhancement Study of Opioid Addiction Using Depot Naltrexone.” (1R01DA024549 (Friedmann)) 9/15/08-11/30/14. Role: Co-PI.


- **Clarke, JG**: NICHD “Contraceptive Awareness and Reproductive Education.” (1R01HD065942 (Stein)). 7/1/11 – 6/30/16.

Cu-Uvin, S: NIH/FIC “AIDS International Research and Training Program (Fogarty Center).” (5D43TW000237 (Cu-Uvin)). 6/1/10 – 4/30/15. Role: PI.

Cu-Uvin, S: NIH “Reproductive Hormones and Their Impact on HIV-1 Acquisition.” (R01HD072693 (Cu-Uvin/Ramratnam/Gupta)). 4/14/12 – 2/28/17. Role: Co-PI.


DiSilvestro, P: NCI/CTSU “Gynecologic Oncology Group of the National Cancer Institute, Leadership Grant, Protocol 219.” 2006 to 9/30/14. Role: PI.


DiSilvestro, P: Boehringer – Ingelheim 1199.15. “Multicenter, Randomized, Double-Blind, Phase III Trial to Investigate the Efficacy and Safety of BIB 1120 in Combination with Carboplatin and Paclitaxel compared to Placebo plus Carboplatin and Paclitaxel in Patients with Advanced Ovarian Cancer.” 2010 – present. Role: PI.

DiSilvestro, P: GeneTech. “A randomized, open-label, multicenter, phase II trial evaluating the safety and activity of DNIB0600A compared to pegylated liposomal doxorubicin administered intravenously to patients with platinum-resistant ovarian cancer (GO28609).” 2013 – present. Role: PI.


**Grant Funding**

**McCourt, C:** Amgen Pharmaceuticals. “A Phase II evaluation of panitumumab and gemcitabine as treatment for women with recurrent epithelial ovarian cancer.” 10/27/10-9/30/14. Role: PI.

**McCourt, C:** GOG #130F: “A Phase II evaluation of Ixabepilone (IND #59699, NSC # 710428) in the treatment of recurrent or persistent carcinosarcoma of the uterus.” 8/10 – 7/14. Role: PI.

**McCourt, C:** GOG. “A Phase II evaluation of Panitumamab (IND # 102625) and Gemcitabine as treatment for women with recurrent epithelial ovarian cancer.” 5/10 – 7/14. Role: PI.

**Moore, R:** NIH / NCI “Development of an assay for the early detection of ovarian cancer.” (R01 CA136491 (Moore)). 6/1/09 – 4/30/14. Role: PI.

**Moore, R:** NIH / NCI “Urine and serum biomarkers for screening and diagnosis of ovarian cancer.” (R01 CA108990 (Lokshin)). 8/1/10 – 1/31/15. Role: PI (Subcontract).

**Moore, R:** NIH / NCI “Early detection of epithelial ovarian cancer.” University of Texas MD Anderson Cancer Center SPORE in ovarian cancer. (P50 CA 083639 (Bast)) 9/2/10 – 8/31/15. Role: Site PI.

**Moore, R:** Swim Across America Research Development Grant. 2010 – present. Role: PI.

**Moore, R:** Fujirebio Diagnostics, Inc. Unrestricted grant to support Center for Biomarkers and Emerging Technologies (CBET). 2010 – present. Role: PI.

**Moore, R:** Brown University - 2014 Dean’s Emerging Areas of New Science (DEANS) Awards “Establish genomic targets of HE4 & antisense therapy for treatment of ovarian cancer.” 7/1/14 – 6/30/15. Role: Co-PI.

**Pagidas, K:** Abbott Inc. “β-hCG Clinical Trial for 510(k), APOC-12-02-A”. 6/13-6/14. Role: PI.

**Pagidas, K:** AbbVie. Clinical Study Protocol M12-671A. “Randomized, Double-Blind, Placebo-Controlled Study to Evaluate the Safety and Efficacy of Elagolix in Subjects with Moderate to Severe Endometriosis Associated Pain.” 9/13-present. Role: PI.

**Phipps, MG:** NIH NICHD “Brown University/Women and Infants Women’s Reproductive Health Research Program.” (2K12 HD050108 (Phipps)). 9/27/05-3/31/15. Role: PI (01/11 to present) and Research Director (01/06-12/13).

**Matteson, KA:** Role: Research Director (12/13 to present)

**Robison, KM:** Role: Scholar (3/31/09-7/31/11, 10/1/12 – present)

**Brousseau, EC:** Role: Scholar (1/15/14-present)

**Phipps, MG:** NIH NIMH “Project REACH: Preventing Postpartum Depression in Adolescent Mothers.” (R01 MH093342 (Phipps)). 8/1/11-4/30/16. Role: PI.

**Phipps, MG:** NIH NIDA “Maternal smoking: HPA and Epigenetic Pathways to Infant Neurobehavioral Deficits.” (R01DA031188 (Stroud)). 12/1/11-4/30/16. Role: Co-I.

**Phipps, MG:** NHLBI “Preventing excessive gestational weight gain in obese women.” (U01 HL114377 (Phelan)). 09/23/11-07/31/16. Role: Co-I.

**Phipps, MG:** NIH NINR “RCT of a tailored walking program to reduce stress among pregnant women.” (R01NR014540-01A1 (Battle / Salisbury) 9/17/14 – 7/31/19. Role: Co-I.

**Rardin, C:** Foundation for Female Health Awareness “Vaginal Uphold Hysteropexy and Laparoscopic Sacral Hysteropexy for the Treatment of Uterovaginal Pelvic Organ Prolapse: A Parallel Cohort Study.” 2011 – present. Role: PI.


**Robison, K:** Everett Boyden Trust “The effect of neoadjuvant depot medroxyprogesterone acetate on glandular cellularity in women with complex atypical hyperplasia or grade 1-2 endometrial adenocarcinoma awaiting hysterectomy.” 9/9/14 – 8/31/15. Role: PI.


**Anderson, BL:** Role: Alternate PI.
Sakr, B: Novartis. “A multicenter, randomized, double-blind, placebo controlled, Phase II trial evaluating the safety and efficacy of TK1258 combined with fulvestrant, in postmenopausal patients with Her2- and HR+ breast cancer that have evidence of disease progression on or after prior endocrine therapy.” 9/1/12 – 8/31/14. Role: PI.


Savitz, DA: NIEHS “Metals in Hair and Child Neurobehavioral Development.” (R21ES019643 Mount Sinai School of Medicine (Savitz)) 9/1/11 – 8/31/13 (NCE: 8/31/14). Role: PI.

Savitz, DA: NIH “The epidemiology of postpartum depression and associated childhood outcomes.” (1 R21 HD073030 Mount Sinai School of Medicine (Silverman)) 08/01/13 – 07/31/15.

Savitz, DA: AHRQ “National Research Service Award.” (2 T32 HS000011 (Mor)). 07/01/13 – 06/30/18 Role: Contributor.

Savitz, DA: NIH NIEHS “Air pollution and pregnancy-induced hypertension in Rhode Island.” (R21 ES1023073 (Wellenius)). 07/01/13 – 7/31/15. Role: Site – PI

Phipps MG: Role: Co-I.

Savitz, DA: NIH NICHD “Effect of iatrogenic delivery at 34-38 weeks’ gestation on pregnancy outcome.” (1 R01 HD077592 (Savitz)) Role: PI.

Hughes (Anderson), BL: Role: Co-I.


Myers DM: Role: Site Co-PI.


Dignam B, Adashi EY. Laboring in Chains: The Case against Perinatal Shackling of Women Behind Bars. *Health and Human Rights* 16(2)41-54.

Peer-Reviewed Publications


Martin LP, Sill M, Shahin MS, Powell M, DiSilvestro PA, Landrum LM, Gaillard SL, Goodheart MJ, Hoffman J, Schilder RJ. A Phase II Evaluation of AMG 102 (rilotumumab) in the treatment of persistent or recurrent epithelial ovarian, fallopian tube or primary...


Peer-Reviewed Publications


Other Publications:


## Editorial Positions

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Our Commitment

“...we look to the future with excitement as we continue to improve the lives of women in our community and to serve as a model nationally.”

Maureen G. Phipps, MD, MPH
Chair, Department of Obstetrics & Gynecology