



The Spotlight Newsletter

Featuring research studies conducted by the Center for Women's Reproductive Health/OBGYN Department



Email us at:
TheSpotlight@uabmc.edu

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SMFM Update:

Our department had a stellar performance at the 39th Annual SMFM Meeting in Las Vegas. None of this is possible without the hard work of the staff at the CWRH and the support of the Department

of OB/GYN. Thank you to all the clinicians for referring and recruiting patients, attention to research protocols, and the excellent care that you provide to our patients. I would especially like to acknowledge the Biostatistics and Data Management Core, who worked diligently to create data sets and perform the analyses for over 30 abstract submissions this year. Dr. Jeff Szychowski, Victoria Jauk, Robin Steele, Cherry Neely, and Christina Blanchard all worked hard to achieve this success. Congratulations to UAB! We look forward to hearing about the annual Society for Gynecologic Oncology meeting next month.

SEE LAST PAGE FOR LAS VEGAS SMFM MEETING INFO



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Pelvic Floor Disorders Network (NICHD,U01) - 8 sites
Notable - 29 consented - #2 in network
Aspire - 63 consented - #3 in network

Non-Network NIH Studies

Power (NICHD, K12) - 24 consented
IMPROVE (NIA, R01) - 51 consented - 2nd highest recruitment

Industry studies

Renovia - consented 12 - 1st out of 5 sites
Allergan - Botox bladder instillation study for Urge urinary incontinence to begin recruitment in March



A research / clinical partnership was developed through the works of Dr. Lorie Harper and thus, the CAPP clinic was born. CAPP stands for the UAB Comprehensive Addiction in Pregnancy Program. CAPP is

partially funded by a SAMSHA Regional Partnership Grant to compare the CAPP model to routine (separate) pregnancy and addiction care.

CAPP clinic provides coordinated, multidisciplinary care to women with substance use disorders during pregnancy and postpartum. As described by Pam Files and Stephanie Cannon, "we provide group prenatal care which includes the same components as traditional prenatal care. Additional time is provided for education and group sharing. Moms are encouraged to take control of their health care by obtaining their own blood pressure and weight. Each patient also has individual time with her provider. We provide comprehensive prenatal care, ultrasonography, care coordination, social services, nutritional consult, peer recovery support, and parenting education in home post delivery."

CAPP clinic has been open since April 2018 and the CAPP team celebrated their first patient's graduation from the program in December 2018. CAPP has enrolled 43 patients with 23 deliveries to date.



Congratulations

Congratulations to the OB/GYN department for being named one of the top ten NIH-funded departments as reported by Blue Ridge. UAB Department of Obstetrics & Gynecology is currently ranked 9th overall in regards to NIH funding.

Research Advisory Committee met February 4th to provide guidance regarding research initiatives and plans.

The following goals were discussed:

1. Increase access to CWRH infrastructure for all OB/Gyn divisions. Regulatory support is available for faculty, fellows and residents ([see slides](#)) and plans are underway to increase data support.
2. Grow our research funding portfolio to include General Gyn/Family planning and Global health/Rural health in AL. A nurse coordinator, Stephanie Clevenger, has joined the team to help growth in Gyn. Guidelines for prioritization of project proposals are being updated and will enhance access and project monitoring.
3. Grow interdisciplinary collaborations - with other departments, schools and centers including University Wide Interdisciplinary Research Center designation and funding for CWRH - to accelerate and enhance discovery.
4. Develop a strategy to attract donor funding for CWRH.





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STUDIES currently enrolling for UroGyn at TKC & WIC

Renovia - A NON-INVASIVE (IN-HOME EXERCISES) study for stress urinary incontinence (SUI). Urinary incontinence is urine leakage during physical activity or exertion (laughing, coughing, sneezing, exercise, etc.)

Inclusion:

- Patients with stress urinary incontinence
- Female and 18 years of age and older
- Patients not currently taking or have taken in the last 2 months any medication used to treat urinary incontinence
- Patients not currently nor have been pregnant within the past 12 months

ASPIRe - A surgical study is for women who had hysterectomy are having symptoms of vaginal prolapse and have decided to have surgery to fix the prolapse at the top of the vagina.

Inclusion:

- Feeling of bulging from the vagina (prolapse),
- Female age 48 or older
- Patients desiring surgical treatment
- Prior hysterectomy

IMPROVE - A study is for post menopausal woman who is not currently using estrogen as a medication or has chosen to stop your current estrogen therapy for a period of 1 month and is planning surgery to repair pelvic organ prolapse.

Inclusion:

- Vaginal bulge by exam with bothersome symptoms.
- 48 years of age or older and have transitioned through menopause (or have had ovaries surgically removed in the past)
- Willing to randomize to use/apply estrogen cream or a look-alike inactive cream (placebo) for about 6 wks before surgery and then for the first year after their surgery
- Patients who desire surgical treatment for prolapse

NOTABLE - Treatment for accidental bowel leakage is neuromodulation. Neuromodulation involves stimulating nerves to change how the body functions. Percutaneous Tibial Nerve Stimulation (PTNS) is one form of neuromodulation that is performed in the clinic.

Inclusion:

- Patients with accidental bowel leakage
- Female and at least 18 years old and
- Have a history of accidental bowel leakage for at least 3 months.
- Patients who have taken constipating meds (Imodium or Lomotil) with no results
- Patients who have been taught pelvic floor exercises (Kegal) with no results may qualify for the study

POWeR - A study is for Post menopausal women (ages ≥ 55 years) with or without UI Undergoing an osteoporosis evaluation (DXA and TBS)

Inclusion:

- Female age 55 or older who has not had a DEXA scan in the past 10 years.



STUDIES currently enrolling at Prime Care, MFM and CWRH

PROSPECT - RCT of Progesterone vs placebo vs pessary in twins with short cervix

Inclusion: - Twin gestation - GA 16.0-23.6 wks - CL on TVUS <30.0mm

SLEEP - RCT of CPAP for Sleep Apnea in Pregnancy

Inclusion: - Must be at least 18 y/o - BMI ≥ 30 OR report snoring 3-4 x per week in past month
- Nulliparous (early losses <20 weeks ok)
- 16-20.6 weeks singleton pregnancy

TOPS - RCT of Pessary in Singleton Pregnancies with a Short Cervix

Inclusion: - Singleton pregnancy - CL on TVUS 20.0mm or less
- GA 16.0-23.6 wks - No h/o spontaneous PTB

MOMPOD - Medical Optimization & Mg,mt of Pregnancies with Overt Type II Diabetes

Inclusion: - 18-45 - On insulin or willing to start
- Singleton - Willing to stop their oral agent and be on ours
- 10-20.6 weeks

CHAP - Chronic Hypertension and Pregnancy

Inclusion: - Women with CHTN in pregnancy receiving PNC at participating centers with:
- a) new or unknown CHTN BP 140-159 systolic or 90-104 diastolic.
- b) known CHTN currently or previously on monotherapy: taking any antihypertensive and BP $\leq 159/104$ (including those with BP < 140/90) will be eligible for enrollment.
- Singleton
- Viable pregnancy <23 weeks of gestation

ITO-MOMS - Intergenerational Transmission of Obesity

Inclusion: - Singleton pregnancy
- Gestational age 36^{0/7}- 40^{6/7} wks - No major congenital anomalies on ultrasound or confirmed chromosomal abnormality
- Maternal age 18-35 years at EDD date of delivery

FRITO - Fat Distribution Labor Study

Inclusion: - No major congenital anomalies on ultrasound or confirmed chromosomal abnormality
- Gestational age 32^{0/7} (for consent)
- Gestational age 36^{0/7} (for enrollment)
- Singleton pregnancy

GestVision (Preeclampsia Biomarker Study)

ARM 1 Inclusion:
- Must be at least 18 y/o
- Singleton pregnancy >20 wks undergoing clinical work up for Preeclampsia
ARM 2 inclusion (control):
- Must be at least 18 y/o
- Singleton pregnancy > 20 wks with a health pregnancy



OFFSITE 2 (Outpatient Foley for starting Induction of Labor @ Term for Nulliparous women)

Inclusion: - (39.0-42.0 wks) undergoing elective induction of labor
- Must be at least 18 y/o
- Singleton term pregnancy



To request information about any of our UroGyn research studies or to alert us to a potential participant, please leave a message at: 205-934-5498 or email us at: urogynecology@uabmc.edu

To request information about any of our MFM research studies or to alert us to a potential participant, please contact us at: MFMResearchRecruit@uabmc.edu

SMFM 2019



Congratulations to **Dr. Lorie Harper** for receiving The *Norman F. Gant Award for Best Research in Maternal Medicine*, which was presented at the SMFM's 2019 Annual Meeting for the Abstract Early Gestational Diabetes Screening in Obese Women: A Randomized Controlled Trial.



This year, 2021 abstracts were submitted globally, and, of the 950 accepted, 31 were authored / co-authored by UAB faculty. 22 first author posters were presented by five current and former residents, five fellows, and four faculty. UAB presented SIX first author oral presentations:

Lorie Harper: "Early Gestational Diabetes Screening in Obese Women: A Randomized Controlled Trial"

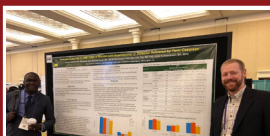
Lorie Harper: "Metabolic Testing for Gestational Diabetes: Utility and Reproducibility"

Lindsay Robbins: "Effect of Prenatal Tobacco Use on Perinatal Outcomes and Childhood Neurodevelopment among Infants born Prematurely"

Rachel Sinkey: "Elective Induction of Labor at 39 weeks versus Expectant Management in Low-Risk Multiparous Women"

Alan Tita: "Duration of 2nd Stage of Labor Induction and Maternal/Perinatal Outcomes in Full-term Low Risk Nulliparas"

Alan Tita: "Duration of Latent Phase of Labor Induction and Maternal and Neonatal Outcomes in Full-term Nulliparas"



Alan Tita & Duncan Harmon, PGY4 "Perinatal Outcomes by BMI Class in Women with Hypertension or Diabetes by Term Cesarean"



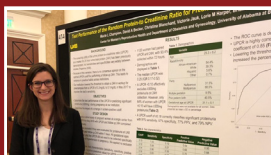
UAB enjoying the SMFM reception



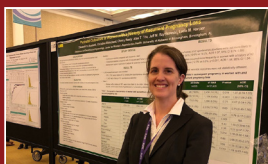
SMFM UAB Dinner



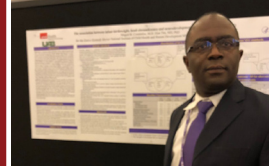
Congratulations to Dr. Harper and Anny McClain on the EGGO Study



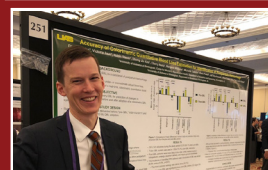
Macie Champion, PGY2 "Test Performance of the Random Protein-to-Creatine Ratio for Predicting Significant Proteinuria During Pregnancy"



Elizabeth Ausbeck "Perinatal Outcomes in Women with a History of Recurrent Pregnancy Loss"



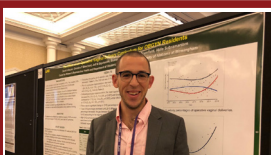
Alan Tita "The Association Between Infant Birthweight, Head Circumference, and Neurodevelopmental Outcomes"



Daniel Pasko "Accuracy of Colorimetric Quantitative Blood Loss Estimation for Identification of Postpartum Hemorrhage"



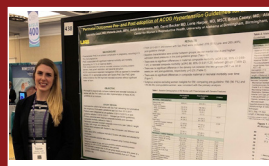
S. Lindsay Wood "AJP Fellow Research Series 2018 Manuscript of the Year"



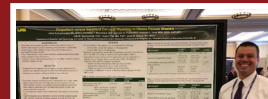
David Becker "The Effect of an Operative Vaginal Delivery Curriculum for OBGYN Residents"



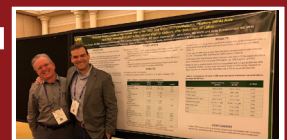
David Becker & Spencer Kuper "Postpartum Venous Thromboembolism Prophylaxis: A Cost-Effectiveness Analysis"



Gabiella Cozzi, PGY2 "Perinatal Outcomes Pre- and Post-adoption of ACOG Hypertension Guidelines for Managing Preeclampsia with Severe Features"



Spencer Kuper "Outpatient versus Inpatient Cervical Ripening in Obese Parous Women"



John Owen & Chase Cawyer "Association Between Maternal Serum Hormones of the Mater/Fetal Hypothalamic-Pituitary Axes and Successful Labor Induction"