Moving the Needle on Equitable Obstetric Care

INSIDE THIS ISSUE:
DIVISION SPOTLIGHT | RESIDENT ALUMNI SPOTLIGHT
ALUMNI EVENTS
A MESSAGE FROM

Dr. Robert Edwards

Magee Family,

As a community defined by its shared training at UPMC Magee-Womens Hospital—one of the largest and most impactful teaching hospitals for women’s health in the US—we are also unified by our mission to provide the highest quality care to women everywhere. Across UPMC Magee-Womens and Magee-Womens Research Institute, we strive to keep you updated, so that together we may continue advancing care that better meets our patients’ needs, despite the challenges before us.

One of those persistent challenges we’ve faced over the last year has been staffing—an issue likely shared by many of you. While we’ve re-established full capacity at Magee for our operating rooms, many of our community outreach sites continue to struggle with access. We are embracing our service line model, looking at opportunities to expand care in nontraditional hospital systems and outpatient care centers, and making better use of our outpatient surgery centers. Identifying and responding to these issues are especially urgent considering our ongoing priority to address care disparities.

We know that given the particularly challenging climate for many patients, exacerbated by the effects of the pandemic, we must continue to develop new models of care and innovative programs that drive us toward care equity.

To that end, we are happy to report in this newsletter two of the major efforts underway at Magee/OB/GYN. The first is a realignment of our GYN specialties and the UNO Division, or our university OB/GYN group. They are now one entity co-led by Drs. Susan Lareau and Nicole Donnellan. That reorganization, championed in part by Dr. Gabriella Gosman, is an attempt to build, recognize, and expand a true generalist academic group here at Magee. Many in the UNO were initially part of the Kiser Turner Thomas practice and are furthering its legacy of disparity work. We also continue to provide OB services at McKeesport, and as we align with disparity care at other centers in the city, I am working closely with UPMC Health Plan on alliances around improved obstetric outcomes.

Others in the department, including Beth Quaint, M.S.N., R.N.C, and Drs. Hyagyn Simhan and John Harris, are working collaboratively with UPMC Health Plan and funders like Richard King Mellon Foundation on granting initiatives for improving care disparities. With a combination of our duala program, which provides patient support and advocacy during the pregnancy process, and advanced, patient-directed technologies, we’ve seen increased engagement, participation, and alignment of our prenatal services with the goals and needs of our greater URM community throughout the Pittsburgh region. More obstetric patients are now benefiting from better continuity of services overall and are supported by doula to navigate from prenatal through postpartum care. These programs are resulting in early indicators of improved outcomes, including reduced ER utilization, and increased compliance with screening and prevention strategies. We hope to continue evolving and enhancing these programs in the months and years to come.

As always, we invite you to stay in touch with us by dropping a note over email, following along on social media @MageeWomens, or connecting at an upcoming event such as the ACOG reception. Your continued engagement and input drives us to keep raising the bar in delivering world class women’s health care.

Best regards,

Robert P. Edwards

A Career in Community: Dr. Richard Guido Reflects on 34 Years in the Magee Family

When you ask Dr. Richard ("Dick") Guido about the proudest moments of his career, he may start telling you about his community: the colleagues, mentors, family, and friends who supported his success over 34 years of practice in various roles at UPMC Magee-Womens Hospital. In fact, Dr. Guido credits his wife for the decision to transition from medicine to chemical engineering in the first place.

"(My wife) went into medicine before I did," Dr. Guido says. "I saw what she was doing and thought I would really enjoy it." So, he left his position at Kodak and started medical school with his wife at the University of Rochester, before moving to Pittsburgh for his obstetrics and gynecology residency at Magee, where he graduated in 1992. Since then, Dr. Guido has witnessed Magee’s evolution in both size and scope.

"When I joined, Irma Goertzen was president of the hospital and it was just "Magee," he says. "Dr. Sweet was just joining the department, which is one of the reasons I stayed—he did so many great things for the institution including developing the Magee-Womens Research Institute along with Dr. Roberts."

As Magee has grown and changed, so have Dr. Guido’s roles, which encompass clinical care, research, leadership, and training. “I’ve been involved in cervical cancer screening and running the colposcopy clinic for the almost the entirety of my career,” Dr. Guido says. As a recipient of the Kanbour Chair in Gynecology, Dr. Guido furthered his research in areas like human papilloma virus (HPV) and the development of national guidelines for HPV vaccine. As the director of the fibroid center, he has also chaired the Institutional Research Board for the University of Pittsburgh for 15 years.

"Everybody that graduated from here is part of a very special community. The training we get here is phenomenal and everyone appreciates the significance of the great training we receive and want to continue to support the residents—whether it’s by coming back and being part of Alumni Day or supporting one of the resident funds," Dr. Guido says.

This year’s Alumni Day celebration—the 47th annual—is extra special, as Dr. Guido is preparing to retire from major clinical activities come next fall. He will be handing off the fibroid center to Dr. Sarah Allen but plans to continue doing ad hoc ultrasound work and a bit of research as well.

In retirement, Dr. Guido looks forward to playing ice hockey, volunteering, and traveling with his wife to visit their three children who live across the country. Reflecting on this milestone, he credits those around him, his family, and the Magee community, for all they have done to help him get here. “My wife and family really gave a lot of themselves during all of this time,” he said. “We Magee Alumni wouldn’t be able to do what we do without our loved ones’ support.”
Moving the Needle on Equitable Obstetric Care

When it comes to maternal and infant mortality, the evidence is clear: Pittsburgh has work to do.

A 2019 Gender and Racial Equity Commission report comparing Pittsburgh to nearly 90 other U.S. cities with sizable white and Black populations found that Pittsburgh’s infant mortality rate for Black babies is over six times higher than white babies. The report also noted that maternal mortality among Black mothers in Pittsburgh was worse than comparable cities.

“Pittsburgh should consider targeted interventions that address racially discriminatory biases in the health care system,” the report states.

Dr. Kavita Vinekar, a UPMC Magee-Womens Hospital fellowship graduate, echoes this call in her September 2021 New England Journal of Medicine article, “Pathology of Racism—A Call to Desegregate Teaching Hospitals,” where she describes her observations as a medical resident.

Her article recounts the segregated care provided to Black, Latinx, undocumented, and low-income patients with a literal “fork in the hallway. To the right were the ‘resident’ clinics—where Medicaid patients were seen. To the left were the ‘attending’ clinics for privately insured patients.”

Dr. Vinekar recommends a reboot: “If our academic institutions and hospital systems truly support Black Lives—if they seek to be antiracist and to address implicit biases, and if they are serious about addressing racial health care inequities—they will start by desegregating their own training hospitals.”

In agreement with Dr. Vinekar is Dr. Gabriella Gosman, Professor and Vice Chair for Education in the Department of Obstetrics, Gynecology & Reproductive Sciences as well as, Vice President of Medical Affairs for UPMC Magee, who recently revealed UPMC Magee-Womens Hospital’s response to these calls to action.

“We’re focusing on redesigning outpatient care,” Gosman states.

Multiple interdisciplinary teams of UPMC Magee caregivers and administrators have been evaluating the current state of patient care, continuously asking questions like “How do patients get care? Who are the providers? What does the team look like? What does the schedule look like? How do we offer evidence-based prenatal care that meets patients’ needs?”

These teams assessed two of UPMC Magee’s obstetric practices: The UNO-NIA group of academic physicians on the hospital’s Fourth floor and the hospital’s Outpatient Clinic, primarily consisting of residents under faculty supervision. Currently, patients going to the Fourth floor are predominantly white and from more privileged backgrounds, while patients being seen on the Zero floor are predominantly Black or people of color with government insurance or no insurance.

Dr. Gosman shared the UPMC Magee leadership team’s vision: take the best aspects of both practices and combine them in updated spaces with balanced teams in locations throughout hospital, while modernizing the clinic model to provide outstanding care, education, and patient experiences to all outpatient populations.

She adds that UPMC Magee is taking this redesigned practice and dividing it into several teams where consistent faculty, residents, and advanced practice providers are working together in both the office and on the labor and delivery floor. Patients will experience the benefit of consistency, as this re-organization will boost the care team’s familiarity with each individual and their wishes for their delivery.

“We really want to have a singular model of patient care where every patient that walks through Magee’s front door immediately receives cutting edge care from the best doctors with this shared teaching model in one practice,” she says.

But this reimagining of OB/GYN care goes beyond re-organizing people and space—it is also a commitment to ongoing education and action around care disparities. Gosman added that UPMC Magee leadership and faculty members, who teach residents every day, are steeped in statistics of racially inequitable maternal morbidity and mortality rates and are continuously educating themselves and their learners on anti-racism approaches to help improve these statistics for all UPMC Magee patients.

UPMC Magee plans to pilot this transformative care delivery model first, then scale it to neighborhood centers and regional practices, so that it becomes the standard Magee/OB/GYN and UPMC way of delivering equitable OB/GYN care and improved patient outcomes.

Dr. Gosman affirms that Dr. Vinekar’s article has been a key catalyst and motivator for UPMC Magee to be at the vanguard of implementing these changes, bringing care groups together, and moving the needle on traditional practices in obstetrics and gynecology to recreate outpatient care.

“It is exciting to be a part of something that gives every person the care and social support that they need on their health journey,” she says.
The hard truth is this: Black women in Pittsburgh are more likely to die during pregnancy than Black women in 97 percent of similar U.S. cities, according to a 2019 report on Pittsburgh’s Inequality on Gender and Race. Couched in the backdrop of racial inequalities across all sectors of society, jarring disparities like this one spurred the team at UPMC Magee-Womens Hospital to double down on their efforts to better care for underserved populations—particularly the women of color affected by these devastating odds.

The Birth Circle of Doulas, a patient support program initially housed within the Family Medicine Health Center in Squirrel Hill, emerged as an exemplar of a targeted intervention that could help address these disparities. Its staff of doula caregivers formed the backbone of the program that would eventually take shape at UPMC Magee.

Establishing the Doula Program

Doulas are trained, non-medical staff who provide advanced physical and emotional specialty care to pregnant patients. These birth coaches play an integral role in the care experience by providing ongoing information and advocacy, closing knowledge gaps, and assisting patients with overcoming barriers in the process.

"I’m grateful for the Department of Family Medicine who had the vision and foresight to have doulas available to at-risk individuals within the community setting and did a fantastic job of establishing that program and the connections to the UPMC Health Plan," says Dr. Hyagriv Simhan, Professor, Department of Obstetrics, Gynecology and Reproductive Sciences, Executive Vice Chair of Obstetrical Services, University of Pittsburgh School of Medicine, and Director of Clinical Innovation for the Women’s Health Service Line, UPMC.

Dr. Simhan says that these initial efforts formed the basis of UPMC Magee’s entire program. In fact, the ten doulas who were working at the Squirrel Hill center integrated with the UPMC Magee clinical care team as part of the effort to scale the program up. The UPMC Magee doula program, now housed within the Women’s Health Service Line, launched in November 2020. Over two years later, the team has grown to 22 doulas, who provide their services free-of-charge.

UPMC Magee’s doula program is unique in its approach to integrating the doulas into a comprehensive obstetric prenatal care team, as most doulas work outside the health care system and tend to take and manage clients privately. The UPMC Magee doula program recruits candidates from the same communities as its patient population and frames the role as an exciting and valuable way to step into healthcare or into the workforce.

Beth Quinn, Senior Director, Women’s Health Operations at UPMC Magee-Womens Hospital, has seen this potential play out with the current team.

The UPMC Magee doula program recruits candidates from the same communities as its patient population.
“Several members of our doula team have been with the program from before we took it on, so we have a lot of longevity on the team, but the few that have left have gone on to be nurses, or attend medical school,” she says. In other cases, patients supported by doulas end up deciding to become one themselves. “We’ve had some of our newer doulas that were doula clients, and loved it so much, and loved the support that they had from our doula team that they’ve gone on to become doulas now,” Quinn says.

Building Community-Based Trust

For Quinn, the integration of doulas into the care team was a necessary measure to ensure continuity in services for patients every step of the way, especially in breaking down barriers and building trust. “By providing this service, the doula is an advocate for them,” Quinn says. “Patients become more engaged with their care because the doulas are staying engaged with them throughout the pregnancy, meeting with them, attending visits to their docs, or just debriefing after.”

Quinn adds that the doulas’ abilities to bridge knowledge and language gaps is critical for cultural concordance—a key piece of success for the doula-patient relationship and the program. “To optimize the effectiveness of doulas and their value to the patients whom they serve, there must be cultural competency and a degree of relatedness to the communities from which folks originate,” Dr. Simhan says. Apart from bringing shared knowledge and experiences with the patients they serve, doulas also undergo specialized training in tandem with DONA International, a recognized leader in doula training and certification. UPMC Magee doulas in training learn methods for patient support and advocacy in areas like breastfeeding and lactation services, as well as functional clinical skills like documenting notes in an Electronic Health Record.

Trainees get exposed to community resources for behavioral health and trauma, as well as places like the Pregnancy Recovery Center. They also benefit from real-time Q&A sessions with doctors on high-risk conditions like gestational diabetes. Trainees attend several live births with a mentoring doula during their orientation period, until they are comfortable doing so on their own.

Early Promising Outcomes

UPMC Magee’s doula program exemplifies a cross section of clinical care with research—it provides clinical care to patients today, that has a tangible yield of data informing the care of tomorrow. Dr. Simhan credits the support from the UPMC Magee Women’s Health Service Line, UPMC Health Plan, the Richard King Mellon Foundation, and donors Tom and Terri Bone, to not only get the program up and running, but to determine its optimal structure through data gathering and analysis. “It’s what we call a learning health system,” Dr. Simhan says. “This is not experimental, this is not research, this is not a randomized trial. But we can still learn and disseminate knowledge.”

In various measures and outcomes, the doula program is already performing well. Among the data examined are value-specific measures like attendance of prenatal visits and engagement in the care process. The UPMC Magee team also monitors tangible health outcomes, such as cesarean section or cesarean delivery frequency, breastfeeding rates, and connectedness to ongoing postpartum care. “We have seen in all three of those areas that our women who have received doula care have better rates of those things than a comparable group of women who have not gotten doula care,” Dr. Simhan says.

Quinn adds that outside of these measures, doulas have also had a positive impact on the approach of the care teams. “Doulas are really the eyes and ears to the patients that we have not had before,” she says, noting that the trust doulas build with patients helps them glean information that might have otherwise been lost. She said that the care team benefits from doula’s unique perspectives, as it helps those from traditional healthcare backgrounds look at and approach patients more holistically and try to understand and work with them in a different way. I think [doulas have] taught our team to listen in a different way than we had ever before,” she says. “Everybody has a story and a reason, and it might not match what we know and what we believe, but we have to take that in, put our implicit bias aside, and move forward for the care of the patient.”

Building the Future of Doula Care

As the program celebrates its second birthday, program leaders are assessing how far they’ve come, while planning for what’s next. “We’ve demonstrated our ability to have a functioning program within a geographically broad and complex prenatal care system and it can work. It’s more than a pilot. It’s a big, effective part of prenatal care,” Dr. Simhan says.

He adds that while UPMC Magee’s doula program is large, given its integration within a prenatal health care system, the overall need for doula services supply. At its current level of staff support, the program is not able to offer doula services to all women who are at risk for adverse outcomes—but that’s the goal. Now that that program has been integrated into clinical care here at UPMC Magee, it’s become a valuable component of patient care that must not only be sustained but grown.

“Doulas are really the eyes and ears to the patients that we have not had before.”
— Beth Quinn

“We’d like to grow it out in terms of the number of doulas and patients served, but also the strategies in which we allocate the doula resources,” Dr. Simhan says. “To be able to do targeted focused outreach to patients who would most benefit from doula services … we’d like to be able to level the playing field a bit and make the resource available and that takes resources to do.” Quinn adds that they hope to expand into other labor support models, specifically looking at the postpartum space and how to provide support up to a year after delivery. Other elements of the program requiring ongoing resources are virtual—electronic educational resources and live synchronous video have aided the doula program in connecting with patients from afar. Ultimately, the program would also like to roll out their model into other UPMC sites, providers, and hospitals, expanding this model of care across the entire UPMC system. In the coming year, Dr. Simhan is planning to release a series of presentations along with publications from both nursing and medical literature that highlight the program’s success. With an eye on the future, the doula program leaders are focused on scalability so that more patient populations can benefit—especially those who have systematically failed by traditional models.

“Our program is a core part of improving engagement in the quality of prenatal care to improve pregnancy outcomes in the patient experience for all patients, particularly those who unfortunately have not had that as the expectation in health care,” he says.
Graduating Fellows

Reproductive Endocrinology & Infertility

Priyanka Ghosh, MD
Assistant Professor, Columbia University Fertility Center, Dept. of OB/GYN, New York, NY

Female Pelvic Medicine & Reconstructive Surgery

Stephanie Glass Clark, MD
Assistant Professor, UPMC Magee-Womens Hospital, Dept. of OB/GYN/RS, Division of Urogynecology, Pittsburgh, PA

Complex Family Planning

Mack Goldberg, MD
Clinical Assistant Professor, Vanderbilt University Medical Center, Dept. of OB/GYN, Nashville, TN

Minimally Invasive Gynecologic Surgery

Sarah Allen, MD
Assistant Professor, UPMC Magee-Womens Hospital, Dept. of OB/GYN/RS, Division of Minimally Invasive Gynecologic Surgery, Pittsburgh, PA

Family Medicine Obstetrics

Megan Killeen, MD
Faculty, Family Medicine Obstetrics, UPMC St. Margaret, Dept. of Family Medicine, Pittsburgh, PA

Maternal Fetal Medicine

Jacqueline Atlass, MD
Assistant Professor, UPMC Magee-Womens Hospital, Dept. of OB/GYN/RS, Division of Maternal-Fetal Medicine, Pittsburgh, PA

Francis Hacker, MD
Maternal-Fetal Medicine Specialist, Women’s Care/Sacred Heart Medical Center, Center for Genetics & Maternal Fetal Medicine, Springfield, OR

Jaclyn Phillips, MD
Assistant Professor, George Washington University, Dept. of Maternal-Fetal Medicine, Washington, DC

Gynecologic Oncology

Michael Cohen, MD
Assistant Professor, Albany Medical Center, Dept. of OB/GYN, Division of Gynecologic Oncology, Albany, NY

Alyssa Wield, MD
Gynecologic Oncologist, Dept. of OB/GYN, Allegheny Health Network, Pittsburgh, PA

New Fellows, Summer 2022

Gynecologic Oncology Fellow Residency

Sarah Bell, MD
Obstetrics & Gynecology, University of Michigan, Ann Arbor, MI

Mackenzie Radolec, MD
Obstetrics & Gynecology, UPMC Magee-Womens Hospital, Pittsburgh, PA

Maternal-Fetal Medicine Residency

Carrie Bennett, MD
Obstetrics & Gynecology, Cleveland Clinic, Cleveland, OH

Laura Brubaker, MD
Obstetrics & Gynecology, Penn State Hershey Medical Center, Hershey, PA

Rosemary Shay, MD
Obstetrics & Gynecology, University of Washington, Seattle, WA Minimally Invasive Gynecologic Surgery Residency

Reproductive Endocrinology and Infertility Residency

Roy Handelsman, MD
Obstetrics & Gynecology, Cedars-Sinai Medical Center, Los Angeles, CA

Addiction Medicine - Perinatal Medicine Residency

Alexander Hughes, MD
Obstetrics & Gynecology, Summa Health Systems, Akron, OH

Family Medicine Obstetrics Residency

Sophia Kunkle, MD
Family Medicine, UPMC St. Margaret, Pittsburgh, PA

Female Pelvic Medicine & Reconstructive Surgery (Urogynecology) Residency

Elin Mowers, Md, PhD
Obstetrics & Gynecology, University of California, San Diego, CA

Coralee Toal, MD
Obstetrics & Gynecology, UPMC Magee-Womens Hospital, Pittsburgh, PA

Laboratory Genetics & Genomics PhD

Taimoor Sheikhi, PhD
Molecular Genetics, Institute of Medical Sciences, University of Toronto, Toronto, ON, Canada

Complex Family Planning Residency

Kathryn Thomas, MD
Obstetrics & Gynecology, Case Western Reserve University, Cleveland, OH

Minimally Invasive Gynecologic Surgery Residency

Kathryn Denny, MD
Obstetrics & Gynecology, George Washington School of Medicine & Health Science, Washington, DC

Alison Zeccola, MD
Obstetrics & Gynecology, UPMC Magee-Womens Hospital, Pittsburgh, PA

Resident Graduates:

Alexandra Buffie, MD
Faculty, University of Pittsburgh School of Medicine, Department of Obstetrics, Gynecology & Reproductive Sciences

Latima Collins, MD
Maternal-Fetal Medicine Fellow, University of Pennsylvania Health System

Jason Coner, MD
Gynecologic Oncology Fellow, Temple University/ Fox Chase Cancer Center

Eesha Dave, MD
Maternal-Fetal Medicine Fellow, Yale School of Medicine

New Residents:

Natalie Enos, MD
University of Missouri-Columbia School of Medicine

Kristina McLarty, MD
Albert Einstein College of Medicine

Caroline Elbaum, MD, MPH
Generalist, Concordia Medical Group

Taylor Rives, MD
Gynecologic Oncology Fellow, University of Kentucky College of Medicine

Jourdan Schmitz, MD, MS
Generalist, St. Clair Medical Group OB/GYN

Julia Tasset, MD
MPH Complex Family Planning, Oregon Health & Science University

Coralee Toal, MD
Female Pelvic Medicine & Reconstructive Surgery Fellow, UPMC Magee-Womens Hospital

Alison Zeccola, MD
Minimally Invasive Gynecologic Surgery Fellow, University of Pittsburgh School of Medicine, Department of Obstetrics, Gynecology & Reproductive Science

New Residents:

Brittany Carson, MD
University of Missouri-Columbia School of Medicine

Not Jones, MD
USF Health Morsani College of Medicine

Rosiris Léon-Rivera, MD, MS, PhD
Albert Einstein College of Medicine

Kristiana McLarty, MD
Morehouse School of Medicine

Belita Opene, MD
Howard University College of Medicine

Kara Skjoldager, MD
George Washington University School of Medicine & Health Sciences

Matthew Tessmer, MD
University of Pittsburgh School of Medicine

Safiya Unlu, MD
Drexel University College of Medicine

Meryl Warszafsky, MD
University of Pittsburgh School of Medicine

“I chose a career in obstetrics and gynecology because there’s something about honoring women, honoring the birth process. We all come from women, and there’s something extraordinary about the mothers who raised us.”

—Annie Lennox
Awards

Resident Societal & Procedural Skills Awards:

The Margaret Scarrow
Compassionate Care Award
Anna Wenyung, MD, MPH
First Year Resident

Society for Gynecologic Oncology
Residency Award
Emily O'Brien, MD
Second Year Resident

Ryan Program Resident Award
for Excellence in Family Planning
Rachel Dang, MD
Fourth Year Resident

MWH Junior Resident Award
for Excellence in Family Planning
Sarah Smith, MD
First Year Resident

AAGL Special Excellence
in Endoscopic Procedures
Selma Su, MD
Third Year Resident

SLS Outstanding
Laparoscopic Resident Award
Alexis Buffie, MD
Fourth Year Resident

AUGS Resident Award
for Excellence in FPMRS
Nicole Meckes, MD
Third Year Resident

NASPAG Outstanding
Resident Award
Sarah Bennett, MD
Second Year Resident

Society of Reproductive and Infertility – The Golden Embryo Award
Coralee Toal, MD
Fourth Year Resident

Society of Generalist Hospitalists
Resident Award
Brigid Mumford, MD
Second Year Resident

Outstanding Resident for Colposcopy
Taylor Rives, MD
Fourth Year Resident

SASGOG Resident Award
Kymberly Forsyth, MD
Third Year Resident

Best General OB Skills by an Intern
Sarah Smith, MD
First Year Resident

SFMH Resident Award for Excellence in OB
Lauren Sutherland, MD
Second Year Resident

Morris Turner Procedural Teaching/Guidance Award
Taylor Rives, MD
Fourth Year Resident

Alison Zeccola, MD
MIGS Fellow

William R. Crombleholme Excellence in Training Award
Emily Carbaugh, MD
Third Year Resident

Kymberly Forsyth, MD
Third Year Resident

Faculty/Staff Recipient:
Diana Brucha, C-TAGME

The Marvin C. Rulin Resident Research Presentation Award
Praveen Ramesh, MD
Third Year Resident

Title: "The Impact of Race-Based Customization on Detection of FGFR" Research Mentor: Jacob Larkin, MD

MWH Research Day Winners

Oral Presentation Recipient:
Priyanka Ghosh, MD
REI Fellow
Title: "Utility of preconception carrier screening in couples with unexplained infertility"

Poster Presentation Recipient:
Alexandra Melnyk, MD
Med, Urogyn Fellow
Title: "The utilization of disposable supplies in a urogynecologic operating room: Measuring suburethral sling surgical waste by cost and weight"

Clinical Research Training and Award
Alison Garrett, MD
Oncology Fellow
Mentor: Ron Buckanovich, MD, PhD
Project: "The Role of EGFR6 in the Tumorigenesis of Endometrial Cancer"

The Steve Cartis Endowed Obstetrical Research Award

The Steve Cartis Endowed Obstetrical Research Award was established to support Obstetrics research for OB/GYN residents and MFM fellows. This fund will provide approximately $20,000 annually for research expenses. The objective of this fund is to encourage involvement of residents and fellows with faculty to explore and enhance obstetrics research output and provide trainees with a perspective on how difficult clinical questions can be addressed through research.

Isabel Jamney, MD, MPH
Second Year Resident
Title: "Understanding Gaps in Preconception and Postpartum Care for Women Living with HIV: A Qualitative Analysis"
Mentor: Katherine Bunge, MD, MPH

Alexandra Szczupak, MD
REI Fellow
Title: "Maternal Effect Genes: Disruption by Assisted Reproduction and Required to Maintain Imprinted Methylation in Preimplantation Embryos"
Mentor: Melissa Mann, PhD

Faculty & Fellows Teaching Awards

CREOG National Faculty Award for Excellence in Resident Education
Suij Uhlm, MD

OPC Faculty Teaching Award
Erin Rheinhart, MD

SASGOG Faculty Teaching Award
Carol Krupski, MD

Wayne A. Christopherson, MD
Teaching Award
Carol Krupski, MD

GYN Faculty Teaching Awards
Sarah Allen, MD, MIGS Fellow
Mack Goldberg, MD, CFP Fellow

OB Faculty Teaching Award
Jaclyn Phillips, MD, MFM Fellow

Faculty Award by Medical Students

2022 APGO Excellence in Teaching Award
Carol Krupski, MD

Residents & Fellows Teaching Awards by Medical Students

First-Year Residents
Margaret Flanagan, MD
Carly O’Connor-Terry, MD

Second-Year Resident
Isabel Jamney, MD, MPH

Third-Year Residents
Sarah Bennett, MD
Praeven Ramesh, MD

Fourth-Year Residents
Eshaa Dave, MD

Gyn Onc Fellows
Michael Cohen, MD
Alison Garrett, MD

Carmen Proctor, MD

New Hires
2020 to August 2022

Amanda Arten
8/1/2020, Urogynecology

Rachel Beverley, MD
9/1/2021, REI

Anna Binstock, MD
9/1/2021, MPM & Ultrasound

Natalie Brozoa
9/1/2020, Womancare North

Timothy Canavan
9/1/2021, Pinnacle (MFM/US)

Emily Cunningham, MD
9/1/2020, OB Specialties

Tiffany Dehl, MD
8/1/2021, MFM

Ashwini Dhokte, MD
9/1/2021, Womancare East

Kelly DiMattio, MD
9/1/2020, NIA OB/GYN Associates

Morgan Figueroa, CNM
9/1/2021, Womancare South

Stephanie Fitting, CNM
3/1/2022, Midwives at Magee

Jocelyn Fitzgerald, MD
9/1/2021, Urogynecology

Elizabeth Franks, CNM
9/1/2021, Alton

Allison Hartford, DO
8/1/2021, Womancare North

Jessica Jankowski, CNM
8/1/2021, Womancare East

Rachel Kay, CNM
4/1/2022, OB Specialties

Carol Krupski, MD
8/1/2020, OB Specialties

Johanna Krygsman, CNM
10/1/2021, Midwives at Magee

Michaela Lamonde, DO
8/1/2020, OGAP

Haider Mahdi, MD
11/1/2020, Gym Oncology

Kelly McCune, MD
9/1/2021, OGAP

Crissy Megli, MD
7/1/2020, MFM

Vasiliki Moragiani, MD
11/1/2021, REI

Abby Phillips, DO
8/1/2021, Womancare South

Helena Pietragallo, MD
5/1/2020, Mid-Life

Christina Pisani-Conway, MD
4/1/2020, MFM & Ultrasound

Victoria Quimpo Moretti, MD
9/1/2021, GPOB

Mackenzey Radolec, MD
9/1/2021, OB Specialties

Julie Rios, MD
8/15/2021, REI

Sarah Rogan, MD
9/1/2020, MFM & Ultrasound

Amanda Sample, MD
9/1/2020, OGAP

Shikha Sharma, MD
2/1/2020, OB Specialties

Malay Sheth, MD
3/1/2022, OB Specialties

Paul Speer, MD
9/1/2020, Urogynecology

Solomiya Teterichko, DO
9/1/2021, OB Specialties

Asaki Toda, CNM
6/1/2021, Midwives at Magee

Katie Turgeon, MD
10/1/2020, Womancare East

Suij Uhlm, MD
9/1/2020, Gyn Spec/Family Planning

Retirees 2020 to August 2022

Michael Bashford, MD
12/31/2021, Genetics

James Garver, MD
8/8/2022, WCA North

Stephan Hasley, MD
2/14/2020, OB Specialties

Yasawri Kislovskiy, MD
6/30/2021, Gym Spec

Carolyn Kubik, MD
6/30/2021, REI

George Poutous, MD
8/1/2022, WCA North

Sam Seavitch, MD
3/31/2022, GPOB

Sheeren Singer, MD
2/8/2021, Hamot

Kenneth Spisso, MD
8/17/2020, OB Specialties

Lee Ann Swanson, MD
6/30/2022, WCA South

Robert Thomas, MD
12/31/2020, OB Gyn Associates

Deborah Whiteside, MD
3/31/2021, WCA East

9/1/2020, MFM & Ultrasound

9/1/2020, OB Specialties

9/1/2020, MFM & Ultrasound

9/1/2020, OB Specialties
OB/GYN Awards Ceremony and Dinner
June 1, 2022, University Club, Pittsburgh, PA

Hosted by the University of Pittsburgh School of Medicine, Department of Obstetrics, Gynecology & Reproductive Sciences, UPMC Magee-Womens Hospital. Photos by John McCaulay

The Magee Luminary event was held on September 15, 2022. This beautiful event honored breast, ovarian, and all gynecologic cancer patients as well as survivors, and those who have passed. Three colors of bags were available for those who wanted to decorate a luminary dedicated to a loved one. Pink bags represented breast cancer, purple bags represented all gynecologic cancers, and teal represented ovarian cancer. The staff at UPMC Magee-Womens Hospital then placed and lit all 2,500 luminaries around the front of UPMC Magee. Every year, this meaningful event pays homage to those in our community that have been affected by these cancers.

Upcoming Events

American Association of Gynecologic Laparascopists (AAGL) Annual Global Congress
December 1-4, 2022, Aurora, CO

American College of Obstetricians and Gynecologists (ACOG) 2023 Annual Clinical & Scientific Meeting (ACSM)
May 19-21, 2023, Baltimore, MD

American Society for Colposcopy and Cervical Pathology (ASCCP)
2023 ASCCP Scientific Meeting
May 4-7, 2023, Houston, TX

Council on Resident Education in Obstetrics and Gynecology (CREOG) 2023 CREOG & APGO Annual Meeting
February 27-March 1, 2023, National Harbor, MD

Society of Gynecologic Oncology (SGO) SGO 2023 Annual Meeting on Women’s Cancer
March 25-March 28, 2023, Tampa, FL

Society for Maternal Fetal Medicine (SMFM) 43rd Annual Pregnancy Meeting
February 6-11, 2023, San Francisco, CA

Society of Gynecologic Surgeons (SGS) 49th Annual Scientific Meeting
March 19-22, 2023, Tucson, AZ

Keep an eye on your emails for more details on these events!
There are many other gift options to choose from including life insurance, gifts of real estate, and gifts of stock. For more information about making a meaningful gift to Magee, contact Jessica Rock at rockj2@uwcm.magee.edu or call 412-641-4008.

Three ways to give.

Bequest – You can remember Magee through your will.

IRA – Name Magee as a beneficiary.

Charitable Remainder Trust – Create an income stream for Magee.

So many lives to touch.

Three ways to give.