Focus on Fertility
UPMC Magee REI division evolves to meet changing demands
A MESSAGE FROM
Dr. Robert Edwards

Over the last few years there has been one constant: change. Not only have health care service lines at UPMC Magee-Womens Hospital adapted to meet evolving demands of a post-pandemic world, but so have our research efforts across the street at Magee-Womens Research Institute. We are moving deliberately, swiftly, and collaboratively as we continue to deliver premier care experiences and advance research in women’s health and reproductive sciences.

As part of our responsiveness to the changing climate, UPMC is launching a new division, Community and Ambulatory Services, to expand and streamline access to primary care, outpatient specialty services, ambulatory, in-home services, and other non-hospital-based community services. In addition to my current role as chair of Obstetrics, Gynecology & Reproductive Services, I will also serve as the chief medical officer of this newly created division. We anticipate that this will complement and leverage UPMC’s world-class capabilities to meet the needs of our patients, members, and the communities we serve. In addition, Anmarre Lyons was named our new executive administrator; she replaces Jeff Knorr, who has been in the role since 2016. Ms. Lyons comes to us with a wealth of experience as a senior administrator for over 20 years at UPMC. Dr. Hy Simhan moved into a new role leading the Anesthesia and Otolaryngology programs. Due to my extended duties, Dr. Hy Simhan’s role as my executive vice chair will expand to include overseeing operational programs at Magee.

Change is not only happening at the system or leadership level. Throughout Magee, our teams of providers are working to innovatively address some of the toughest challenges and disparities in health care. Our Division of Reproductive Endocrinology and Infertility (REI), led by Dr. Julie Rios, has adapted to meet a rapidly rising demand for fertility services. Through enhanced education, protocols, training, and collaborations with oncology care and research programs, the REI division is addressing some of our patients’ most urgent and nuanced fertility care needs (p.5).

Magee’s workforce development commitment to drive diversity, equity, and inclusion in recruitment and retention of trainees has also made significant strides, led by ombudsperson Dr. Sarah Napse. We aim for our program to ensure that all residents and fellows here at Magee, particularly those from underrepresented backgrounds, are welcomed and supported along their professional journeys (p.8). On the research side, the latest finding from the Microbicide Trial Network’s DELIVER study on the safety of the dapivirine ring in pregnant patients represents a major landmark in the supported along their professional journeys (p.5).

Dr. Robert Edwards

RESIDENT ALUMNI SPOTLIGHT

From Clinic to Community
Dr. Nina Ragunanthan addresses health care disparities for patients in the Mississippi Delta

By Faith Jeffcoat

Dr. Ragunanthan, a Magee alumna, is at the forefront of changing care for her patients. Disparities are present in health care across the country, but the Mississippi Delta is an area where the inequities nested within the health care system are particularly evident. She addresses these issues by creating tangible change for her patients, guided by a belief in health equity — where providers aim to address longstanding social determinants of health in clinical settings.

From Passion to Profession

Dr. Ragunanthan’s passion for global health grew from her educational experiences. While attending Duke University to study global health and health care disparities, Dr. Ragunanthan participated in the Robertson Scholars Leadership Program, a program dedicated to developing leaders in service to society. She served one summer with St. Gabriel Mercy Center where she ran a summer camp for children in Mound Bayou, Mississippi. During her studies at Harvard Medical School, she continued to participate in global health equity programs — including working with Partners in Health in Rwanda, an organization co-founded by Paul Farmer, one of Dr. Ragunanthan’s role models.

Through this education and outreach work, Dr. Ragunanthan fell in love with obstetrics and gynecology. When considering residency programs, she sought a place that would provide training for generalists. She was thrilled to match with UPMC Magee-Womens Hospital, where she completed her four-year residency. While at Magee, she also spent time in Kenya with Dr. Jennifer Makan, an ob-gyn specialist at UPMC Magee, through a global health rotation as a third-year resident.

After completing her time at Magee, Dr. Ragunanthan and her husband Dr. Braveen Ragunathan, a primary care pediatrician, decided to return to an area where they could address health care disparities head-on: the Mississippi Delta. “We had fallen in love with the Delta while in college, and we both felt called to serve this incredibly high-need area,” says Dr. Ragunanthan.

Addressing Disparities at the Delta Health Center

Dr. Ragunanthan is the sole ob-gyn provider at the Delta Health Center (DHC). The DHC is the oldest federally qualified health center in the country and has a rich legacy of addressing social determinants of health and supporting the Delta community — regardless of the ability to pay. The DHC is in the heart of the Mississippi Delta — an area with a severe physician shortage and with that, a severe lack of subspecialty services. According to a report by NPR, the Mississippi Delta is a “Maternity Care Desert,” as many of Mississippi’s counties do not have obstetric hospitals, birth centers, or ob-gyn providers.

Working in a close-knit community offers continuity with patients — something that is hard to maintain in mainstream health care. “I get to know my patients and their families well. A lot of the time I get to work with multiple generations, which is rewarding.”

Dr. Ragunanthan credits her residency at Magee for helping her prepare for this role. “I use the training that I got at Magee every day, especially my training in high-risk obstetrics. I really value that training as someone who is now taking care of a lot of very high-risk pregnant patients.” Dr. Ragunanthan says. She also values her gynecologic surgery training intensely, adding, “I am the only ob-gyn at my hospital that performs laparoscopic hysterectomies.”

Dr. Ragunanthan also notes, “In addition to the training, I still rely on my Magee community for advice on cases. As I am the sole ob-gyn provider at the DHC, I don’t have that local support.”

Improving Access for Patients in the Clinic and Community

Though there are many areas to tackle in driving for more equitable health care in the area, Dr. Ragunanthan focuses on one tangible action at a time that can create lasting systemic change. Continued on next page

Dr. Ragunanthan

DEPARTMENT HIGHLIGHTS

Magee Family,

As a member of this esteemed community, we hope that you will stay connected with the latest happenings here at Magee, follow @MageeWomens on social media.

Best regards,

Magee, follow @MageeWomens on social media.

Robert P. Edwards

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“My biggest accomplishment in my first year was advancing contraceptive access in the clinic,” she says. When Dr. Ragunanthan got to the DHC, they did not offer LARC (long-acting, reversible contraception) devices in the clinic. For example: if someone wanted an IUD or a Nexplanon arm implant, that device would have to be ordered for them. “And in that waiting time, someone could get pregnant,” she explains. “We’re in a place with one of the highest teen pregnancy rates in the country and giving a teenager or young woman access to a LARC can really change the trajectory of her life.”

In addition to Dr. Ragunanthan’s efforts on enhancing care for high-risk obstetrics and improving contraception access in the DHC, she aims to expand her reach beyond the clinic. Dr. Ragunanthan recently conducted a ‘Lunch and Learn’ session for nurse practitioners in the community to teach attendees about contraception. She also persuaded two pharmacies to stock the emergency contraception pill Ella (ulipristal acetate) in their stores, which was previously unavailable in the region.

While Dr. Ragunanthan focuses her efforts on her local community, there are disparities to address all over the country and the globe. For others wishing to work on these issues, Dr. Ragunanthan encourages pacing yourself, as addressing the needs of high-risk patients requires a multifaceted approach.

“What feels like an insurmountable problem or set of problems, it is best to just take things one small step at a time,” Dr. Ragunanthan says. “If you or someone you know feels a calling to do that, then I really encourage you to go for it. We create the change we want to see in the world.”

In their third year of residency, UPMC Magee-Womens Hospital residents can do an elective rotation with Dr. Ragunanthan at the Delta Health Center. This rotation provides residents with valuable experience working in a rural setting with desperate need using limited resources. To learn more, residents may reach out to Dr. Ragunanthan directly at nina.w.ragu@gmail.com.

Focus on Fertility
UPMC Magee REI division evolves to meet changing demands
by Gina Edwards

In the last decade, fertility care delivery has had to adapt — to pandemic restrictions, to rapid technology shifts, and to a cultural sea change that has driven more patients than ever before to seek out reproductive guidance.

Dr. Julie Rios heads the Division of Reproductive Endocrinology and Infertility at UPMC Magee-Womens Hospital. Since assuming the division chief role in summer of 2021, she has guided the department in meeting the evolving needs of patients in a shifting health care climate.
When conflicts in courses of action arise, it is a balancing act for providers to ensure patients feel heard and are also counseled toward an appropriate medical recommendation. She says that their division uses tools like an online calculator to predict the success of a given procedure like IVF, which can open up conversations about the best courses of action, particularly given the patient’s insurance options.

“I do think insurance coverage comes into account for this. Someone that has a 10% success rate, but it’s fully covered is going to take that chance and could be successful. Then, someone else that must pay for two or three cycles out of pocket may not want to spend $60,000 for a 30% success rate,” she says.

While Dr. Rios says that the bulk of the patient volume in the department is for infertility services, she is also seeing an uptick in interest in services like egg preservation.

“Cost comes into everything we do. More and more companies are covering fertility preservation or just covering our services,” she says. “As we see more coverage, we’re going to have more patients doing it. I also think that’s more interest, and more people understanding that it’s quite successful.”

Collaborating Beyond the Clinic
Beyond her work in the clinical space, Dr. Rios works with researchers at Magee-Womens Research Institute on fertility preservation efforts for specific patients.

“We have a great team that collaborates between [Dr. Kyle Orwig’s] team at the Center for Reproduction and Transplantation (CRT) and our team at the Center for Fertility and Reproductive Endocrinology (CFRE),” Dr. Rios says.

If the patient is interested in egg freezing, they will work with Dr. Rios’ team. If patients are unable to do egg preservation and have ovarian tissue, they can pursue that preservation option through the CRT. Patients with testes primarily work with the CRT, but the CFRE will review the semen analysis and help the patient understand the information about their specific: if patients cannot bank sperm, they can do the research protocol, which is testicular tissue cryopreservation.

“We also work with Dr. Hwang in our Men’s Health Center, who could potentially then see these patients to do other fertility preservation procedures that maybe aren’t under a research protocol,” she says. “We essentially have a multidisciplinary team where we’re all managing the patient so they can get what they need.”

This sentiment also goes for patients who have had chemotherapy for cancer, or any medical condition requiring gonadotoxic treatment. Through these teams, patients receive information about how their fertility could be affected, and what options they have to preserve it.

“They’re going to have potentially lifelong effects: they could go through menopause early and need hormone replacement,” she says. “That clinic is there to support those patients. It’s a great checkpoint, so that they understand how they could use their eggs or their tissue.”

Division Directions & Priorities
As leader of the REI Division, Dr. Rios has worked to institute communication protocols so that patients receive continuous care experiences even if their provider is out of the office. Dr. Rios and her team are also working on an FAQ educational series so that the most common questions from patients are already answered before they walk in the door.

“Every patient is an individual, so they’re not going to fit into every single protocol,” Dr. Rios says. “But there are some basic standards we can make, and we individualize from there.”

These streamlined processes facilitate another tenet of Dr. Rios’ focus as a leader: provider wellness.

“In general, I’m trying to overall make our staff, our physicians, our providers — everyone to have more wellness.”

— Dr. Julie Rios

In looking toward the future of the division, Dr. Rios hopes to build for long-term research as well as establishing great patient education and patient relations — to provide great care. As pregnancy rates have risen in the division, she is encouraged by the progress and examining ways to keep them improving.

Dr. Rios says that ultimately, the goal is leading toward patient-specific care:

“We’re looking forward to collaborating with our patient population, MWRI, and within industry to contribute to the science and to try to make fertility outcomes better and more individualized for every patient.”

Finding this balance for providers is especially important given the current outpacing of demand to supply of reproductive endocrinologists. More advanced practice providers (APPs) are being trained in certain aspects of care in the REI Division to offset the demand and they work closely with physicians to provide excellent care to patients.

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One way she supports residents within the department is by helping them navigate and process microaggressions in a professional setting. Dr. Napoe says, “It can be difficult to confide in someone something negative you experienced, especially when it is written off as minuscule, so I work to be an ear and acknowledge what they’ve experienced.”

**Building Diverse Teams of Trainees**

Dr. Napoe’s work includes assembling a diverse workforce of residents and fellows at UPMC Magee. At the point of recruitment, Dr. Napoe will reach out to potential residents and answer their questions about diversity, equity, and inclusion to ensure incoming members know that if they come to UPMC Magee, it will be a supportive place for them. But it can be tough when potential residents do not see themselves reflected in the lineup of faculty with whom they will train.

“We need more faculty of color,” says Dr. Napoe. “When trying to recruit residents, it is challenging to assure support for minorities when we don’t have many faculty of color.”

A report released by the Journal of the American Medical Association reveals racial disparities in the composition of residency training programs. Of residents entering obstetrics and gynecology in the United States, only 7.9% are Black, 10.1% are Hispanic, and 0.1% are Native American or Alaska Native.

“People must see themselves in a position to believe they can do it well. When students don’t see physicians like themselves, it makes it difficult to see a path forward,” says Dr. Napoe.

The passion Dr. Napoe brings to her role stems from her journey to becoming an ob-gyn provider, as she personally experienced the effects of the lack of diversity in the medical field.

“I was a little bit surprised by how underrepresented some groups are in medicine. When I was thinking about going to medical school, I heard often that I would not be accepted,” she says. “It can be hard to believe you are good enough when there isn’t representation of people like yourself in the field doing what you want to do. But I looked around at how many physicians there were and realized that if all those people could do it, so could I.”

**UPMC Magee DEI Goals for the Future**

Long-term, Dr. Napoe wants to continue helping build a workforce that reflects the community it serves.

“I want to see Magee continually increasing our number of minority faculty. One of the ways to do this would be to have a training program that looks more like the city it serves. Our training and retention are crucial for improving disparities and diversifying Magee.” She adds, “We really want to serve our patients well in this community, and a way we can do that better is when we retain some of the minorities that we’ve trained to serve our patient population.”

Since assuming the role of an ombudsperson in 2020, Dr. Napoe has seen an increase in the diversity of the residency program. “The last couple of years, we’ve had two of the most diverse entering intern classes, probably in decades. We’ve done great work,” she says.

Every step is ensuring the climate of Magee is positive for medical students. With the increase in diverse recruiting, Dr. Napoe would also like to see an increase in retention from underrepresented University of Pittsburgh medical students. “You know that the place is a good place to be when people who’ve trained with you want to stay — especially underrepresented minorities,” she says.

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— Dr. Sarah Napoe

Disparities in health care create ripple effects beyond the individual. “When disparities prevail, everything suffers and this leads to inadequate care for many and an increase in health care costs for all — it’s all connected,” says Dr. Napoe.

Through her efforts in Diversity, Equity, and Inclusion, Dr. Napoe is on a mission to create lasting systemic change in health care — one student at a time, starting here in Pittsburgh.

“Magee is a great place to train,” Dr. Napoe adds. “I am proud of the work that we have been able to do and look forward to our continued efforts to make Magee the dream training program for students of all backgrounds.”
Putting HIV Prevention into Women’s Hands
Dapivirine ring proven safe to use in third trimester of pregnancy

by Gina Edwards

Imagine a scenario where a pregnant woman comes to her physician seeking an HIV prevention method. Instead of the clinician saying things like, ‘Well, it was safe for pregnant mice,’ or ‘It’s safe in non-pregnant people,’ they can say with confidence, ‘This product was studied in pregnant people just like you, and there were no safety issues identified.’

This ideal scenario is the goal, as pregnant people need safe HIV prevention products. Yet, historically, pregnant and breastfeeding people have been excluded from clinical trials, which is a big problem: pregnancy represents a period of increased HIV risk for both hormonal and behavioral reasons. In fact, pregnant people are three times more likely to acquire HIV than their non-pregnant counterparts.

The Microbicide Trials Network (MTN), under the direction of MWRI researcher Sharon L. Hillier, PhD, set out to address this problem directly by proposing a safety trial of a novel HIV prevention product in pregnancy. The DELIVER trial is an example of this commitment to change.

For years, pregnant people have been excluded from clinical trials. But MWRI researchers are at the forefront of women’s health research; pushing boundaries, imagining the unimaginable, and prioritizing the health of women. The DELIVER trial is an example of this commitment to change.

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Incoming Fellows
Complex Family Planning Fellowship
Amanda Lacue, MD
Obstetrics & Gynecology
Cooperman Barnabas Medical Center, Livingston, NJ

Family Medicine Obstetrics Fellowship
Laila Younes, MD
Family Medicine
AMITA Health Saints Mary & Elizabeth Medical Center, Chicago, IL

Female Pelvic Medicine & Reconstructive Surgery (Urogynecology) Fellowship
Nicole Meckes, MD
Obstetrics & Gynecology
UPMC Medical Education, Pittsburgh, PA

Obstetrics & Gynecology Fellowship
Minimally Invasive Gynecologic Surgery Fellowship
Gregory Zemtsov, MD
UPMC Medical Education, Pittsburgh, PA

Laboratory Genetics & Genomics Fellowship
Northwestern University, Chicago, IL

Maternal-Fetal Medicine Fellowship
Laurn Adams, MD
Obstetrics & Gynecology
NewYork-Presbyterian Hospital, New York, NYC

MHC in Human Biology Fellowship
Marina DeGraaf, PhD
University of Tunis El Manar, Tunisia

Obstetrics & Gynecology Fellowship
Praveen Ramesh, MD
Boston, MA

and Massachusetts General Hospital,
Obstetrics & Gynecology
Lauryn Adams, MD
Obstetrics & Gynecology
The Johns Hopkins Hospital, Baltimore, MD

Maternal-Fetal Medicine Fellowship
Laurn Adams, MD
Obstetrics & Gynecology
NewYork-Presbyterian Hospital, New York, NY

Elena Lands, MD
Obstetrics & Gynecology
Bingham and Women's Hospital and Massachusetts General Hospital, Boston, MA

Praween Ramsh, MD
Obstetrics & Gynecology
UPMC Medical Education, Pittsburgh, PA

Minimally Invasive Gynecologic Surgery Fellowship
Megan Howard, MD
Obstetrics & Gynecology
University of Virginia, Charlottesville, VA

Reproductive Endocrinology & Infertility Fellowship
John “Was” Urian, MD
Obstetrics & Gynecology
Oregon Health & Science University, Portland, OR

Incoming Residents
Oluwafunmilayo “Funmi” Eletu
University of Virginia School of Medicine
Josselyn Flores-Galdamez, MS
New York Medical College
Eri Galatas
University of Missouri-Kansas City School of Medicine
Gabrielle LeBlanc
Florida State University College of Medicine
Margaret “Rosie” Mahoney
Vanderbilt University School of Medicine
Aja Pollard
University of Pittsburgh School of Medicine
Katelyn Ripple
University of Pittsburgh School of Medicine
Kara Shannon
Baylor College of Medicine
Kathryn “Katy” Smith
Northwestern University Feinberg School of Medicine
Amanda Thiele
University of Miami Leonard M. Miller School of Medicine

New Hires 8/2022 to 1/2023
Alayna Butcher, MD
8/1/2022, NIA OB/GYN Associates
Caitlin Dunn, MD
8/1/2022, UPMC Hamot
Shea Soberslash, DO
8/1/2022, UPMC Horizon
Nicole Garcher, DO
8/8/2022, UPMC Mercy
Sarah Allen, MD
9/1/2022, Gynecology
Jacqueline Alliss, MD
9/1/2022, FMF
Amanda Bashline, CNM
9/1/2022, UPMC Womancare Associates, North
Conor Concoran, MD
9/1/2022, OOGAP
Stephanie Glass-Clark, MD
9/1/2022, Urogynecology
Shannon Harshman, CNM
9/1/2022, UPMC Horizon
John Karousoudes, DO
9/1/2022, UPMC Womancare Associates, East
Kelly Kline, CNM
9/1/2022, UPMC Altroona
Cassandra Ondreck, MD
9/1/2022, UPMC Womancare Associates, South
Pamela Parker, MD
9/1/2022, REI
Shannon Rush, MD
9/1/2022, Gyn Oncology
Kelly Snyder, DO
9/1/2022, UPMC Womancare Associates, South
Pritha Workman, MD
9/1/2022, NIA OB/GYN Associates
Nikola Buczek, MD
10/1/2022, UPMC Hamot
Alexandra Buffie, MD
10/1/2022, NIA OB/GYN Associates
Rachel Ivancie, CNM
10/1/2022, NIA OB/GYN Associates
Joel Massom, MD
11/1/2022, UPMC Altroona
Megan Wright, MD
12/1/2022, UPMC Womancare Associates, East
Panayota Zarmakoupis, MD
1/1/2023, REI
Retirees 9/2022 to 12/2022
Robert Gedekoh, MD
9/1/2022, NIA OB/GYN Associates
Emily DaForre, CNM
10/1/2022, NIA OB/GYN Associates
Daniel Lattanzi, MD
12/1/2022, Greater Pittsburgh OB/GYN
Kathleen McIntyre-Seltman, MD
9/1/2022, OOGAP
Margaret “Rosie” Mahoney
11/1/2022, UPMC Womancare Associates, South
Rachel Ivancie, CNM
10/1/2022, NIA OB/GYN Associates
Alexandra Buffie, MD
10/1/2022, NIA OB/GYN Associates
Joel Massom, MD
11/1/2022, UPMC Altroona
Megan Wright, MD
12/1/2022, UPMC Womancare Associates, East
Panayota Zarmakoupis, MD
1/1/2023, REI
47th Annual Alumni Day
Friday, October 28, 2022, UPMC Magee-Womens Hospital

AAGL Alumni Reception
Thursday, December 1, 2022
Aurora, Colorado

SMFM Alumni Reception
Tuesday, February 7, 2023
San Francisco, California

ALUMNI EVENTS
JOIN OUR EMAIL LIST!
Help us keep you informed!
Please join our email list to stay up to date on the great things happening at Magee. To get on the list, email Jessica Rock, rockjj2@mwri.magee.edu or call 412-641-4008.

FOLLOW US ON SOCIAL MEDIA
@MageeWomens @MWHObGynAlumni MageeWomens.org

ALUMNI EVENTS

CREOG/APGO Alumni Reception
Tuesday, February 28, 2023, National Harbor, Maryland

SGO Alumni Reception
Monday, March 27, 2023, Tampa, Florida

North American Menopause Society (NAMS)
2023 NAMS Annual Meeting
September 27-30, 2023
Philadelphia, PA

American Urogynecologic Society (AUGS)
2023 PFD Week
October 4-6, 2023
Portland, OR | Virtual

Society of Family Planning
2023 Annual Meeting
October 28-30, 2023
Seattle, WA

American Association of Gynecologic Laparoscopists (AAGL)
52nd Global Congress
November 5-9, 2023
Nashville, TN

The Society for Maternal Fetal Medicine (SMFM)
44th Annual Meeting
February 10-14, 2024
National Harbor, MD

American College of Obstetricians and Gynecologists (ACOG)
2024 Annual Clinical & Scientific Meeting (ACSM)
May 17-19, 2024
San Francisco, CA

American Society for Reproductive Medicine (ASRM)
80th ASRM Scientific Congress & Expo
October 19-23, 2024
Denver, CO

Upcoming Events

Society for Reproductive Investigation (SRI)
2024 Annual Meeting
March 12-16, 2024
Vancouver, Canada

Society of Gynecologic Surgeons (SGS)
50th Annual Scientific Meeting
March 24-27, 2024
Orlando, FL

American Society for Colposcopy and Cervical Pathology (ASCCP)
2024 ASCCP Scientific Meeting
May 2-5, 2024
New Orleans, LA

American College of Obstetricians and Gynecologists (ACOG)
2024 Annual Clinical & Scientific Meeting (ACSM)
May 17-19, 2024
San Francisco, CA

American Society for Reproductive Medicine (ASRM)
80th ASRM Scientific Congress & Expo
October 19-23, 2024
Denver, CO

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