UNC DEPARTMENT OF OBSTETRICS & GYNECOLOGY
ANNUAL REPORT 2017–2018
CHAIR:

Daniel L. Clarke-Pearson, MD
Robert A. Ross Professor and Chair

VICE CHAIRS:

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Vice Chair for Education

Kim Schneider, MPH, CMPE
Vice Chair for Administration

M. Kathryn Menard, MD, MPH
Vice Chair for Obstetrics

John M. Thorp, Jr., MD
Vice Chair for Research

UNC Women’s Care
3009 Old Clinic Building
Campus Box 7570
Chapel Hill, NC 27514-7570

Administrative phone number: 919-966-5280

www.uncobgyn.org

To update contact information, please email Abby Fisher at Abby_Fisher@med.unc.edu
Dear alumni, donors, faculty, staff, patients and friends,

One of my favorite things about leading a department like this is the word ‘thanks.’

And, I’m not talking about the thanks I get – I’m talking about the ones I have the opportunity to give.

We are an academic medical center with numerous clinical practices. In order to function, we need a range of providers, administrators and professionals with a variety of talents and training. Such dedication fuels UNC’s mission to not only care for the women of North Carolina, but also mentor and educate the physicians who will care for the next generation.

Women have the power and freedom to lead more fulfilling lives the more we can optimize their health. And, for this, I am extremely grateful for all our physicians, midwives, nurses, support staff, administrators, trainees, research teams, interns, managers and customer-service staff.

It takes all of us. And without the entire team, we aren’t the No. 2 OB-GYN residency program in the nation or the No. 5 OB-GYN department in terms of NIH funding; we’d have not seen a baby boom where other institutions lacked volume or the research of our faculty change the landscape of women’s health right before our eyes.

I am so proud to know that women are in the care of these competent providers – and in their hearts, too. That level of commitment is evident to me every day. I hope, after sitting down and taking in some of these remarkable stories, it is evident to you, too.

And, I’d like to take this opportunity to thank you – for supporting us, for keeping in touch, for allowing us to care for you and your babies, for carrying the name UNC out to the world in your own ways.

Here’s to another great year!

Dan

A MESSAGE FROM THE CHAIR

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The Department of Obstetrics and Gynecology in UNC’s School of Medicine cares for women at every stage of their lives. Our faculty and staff in nine different divisions – ranging from general OB-GYN and midwifery to maternal-fetal medicine and gynecologic oncology – strive to provide world-class patient care, search for new knowledge through robust research programs, and are committed to excellence in educational experiences for medical students, residents and fellows.

Divisions

**FAMILY PLANNING** is a group of dedicated reproductive specialists who offer expert, confidential, compassionate and personalized care relating to gynecologic wellness, family planning, preconception counseling and contraception in a supportive and comfortable environment.

Division Director: Gretchen Stuart, MD, MPH

**GLOBAL WOMEN’S HEALTH** is a unique group of clinicians, researchers and public health professionals working to improve the health of women in the world’s poorest countries, including Zambia, Malawi, South Africa and Nicaragua. Much of the diverse staff live full-time in Africa. The group’s ultimate purpose is to make discoveries and implement programs that will measurably improve the health of women living in the world’s poorest countries.

Division Director: Jeffrey Stringer, MD, MPH

**GENERAL OBSTETRICS AND GYNECOLOGY** provides general obstetric and gynecologic services, including screening, preventative care and gynecologic surgery for women across the lifespan - adolescence, pregnancy, the reproductive years, as well as menopause and maturity. The division’s obstetricians perform vaginal births, cesarean sections and VBACs (vaginal birth after cesarean).

Division Director: John M. Thorp, Jr., MD

**GYNECOLOGIC ONCOLOGY** takes a multidisciplinary approach to the care of women with pre-invasive (benign and in-situ) and invasive (malignant) gynecologic cancers. The team includes the physicians and nurses from the gynecologic oncology service as well as radiation oncology and surgical pathology. The division is part of the UNC Lineberger Comprehensive Cancer Center.

Division Director: Paola Gehrig, MD
MATERNAL-FETAL MEDICINE offers obstetrical care for women with high-risk pregnancies that are complicated by maternal disease, such as diabetes or hypertension, or any problem with the fetus, such as congenital abnormalities. The multidisciplinary team of physicians, nurses, genetic counselors and more specializes in not only diagnostic techniques, but also complicated surgeries for both the mother and the fetus.

Division Director: M. Kathryn ‘Kate’ Mendard, MD, MPH

MIDWIFERY provides a wide range of services including first gynecological exams, prenatal and obstetrical care, including Centering Pregnancy group prenatal care, women's preventative health care and more. UNC Midwives place importance on teaching, counseling and working with women and their families to design the best health care plan for each woman.

Division Director: Kathy Higgins, MSN, CNM

MINIMALLY INVASIVE GYNECOLOGIC SURGERY has a team of health-care professionals offering excellence in care for women with chronic pain conditions and the need for advanced gynecologic surgery. They provide treatment for uterine fibroids, endometriosis, heavy and painful periods or otherwise irregular bleeding, pain with intercourse, and chronic pelvic pain as well as vulvar and urogenital pain.

Division Director: Erin Carey, MD, MSCR

REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY provides care for the evaluation and treatment of disorders relating to infertility. The group provides leading-edge fertility treatments from intrauterine insemination (IUI) and in vitro fertilization (IVF), to egg banking and egg donor programs. The group also offers care for endocrinology disorders, as well as fertility preservation options for men and women with cancer or other illnesses requiring treatments that threaten future fertility.

Division Director: Marc Fritz, MD

UGROGYNECOLOGY AND RECONSTRUCTIVE PELVIC SURGERY has a team of surgeons, fellows, nurse practitioners and nurses who specialize in caring for women with pelvic organ prolapse, urinary incontinence, fecal incontinence and other conditions affecting the pelvic floor. They offer surgical and nonsurgical options for treatment of these conditions, offering everything from pelvic floor physical therapy to robotic surgery, and have multidisciplinary partnerships with faculty in colorectal surgery and pelvic physical therapy.

Division Director: Jennifer Wu, MD, MPH

Clinics

Family Planning
Chapel Hill
UNC Family Planning
N.C. Women's Hospital
101 Manning Drive, 1st Floor
Chapel Hill, NC 27517
Family Planning Clinic: 984-974-8955
Women’s Option Clinic: 984-974-8955

General Obstetrics and Gynecology
Cary
UNC OB-GYN at Panther Creek
10030 Green Level Church Road Suite 808
Cary, NC 27519
919-481-4747

Chapel Hill
N.C. Women’s Hospital
101 Manning Drive, 1st Floor
Chapel Hill, NC 27517
984-974-2131

Chapel Hill
UNC OB-GYN at Weaver Crossing
1181 Weaver Dairy Road, Suite 150
Chapel Hill, NC 27514
984-974-7005

Hillsborough
UNC OB-GYN at Hillsborough
UNC Hillsborough Campus
460 Waterstone Drive
Hillsborough, NC 27278
984-215-3510

Siler City
UNC OB-GYN at Chatham
UNC Specialty Care at Chatham
GYN Appt Only

Chatham Medical Park
163 Medical Park Drive, Suite 110
Siler City, NC 27344
919-799-4050

Gynecologic Oncology
Cary
UNC Gynecologic Oncology in Cary
150 Parkway Office Court, Suite 200
Cary, NC 27518
984-974-2150

Chapel Hill
UNC Hospitals Gynecologic Oncology
N.C. Women’s Hospital
101 Manning Drive, 1st Floor
Chapel Hill, NC 27517
984-974-7822

Greensboro
UNC Gynecologic Oncology at Cone Health Cone Health
501 N. Elam Ave.
Cone Health Cancer Center
Greensboro, NC 27403
336-832-1895

Raleigh
UNC Gynecologic Oncology at Rex
Rex Cancer Center
4420 Lake Boone Trail
Rex Cancer Center of Raleigh, Suite 201
Raleigh, NC 27607
919-784-6875
Maternal-Fetal Medicine
Chapel Hill
UNC Maternal-Fetal Medicine
N.C. Women’s Hospital
101 Manning Drive, 1st Floor
Chapel Hill, NC 27517
984-974-2131

UNC Midwives
UNC OB-GYN at Weaver Crossing
1181 Weaver Dairy Road, Suite 150
Chapel Hill, NC 27514
984-974-7005

Chapel Hill
UNC Maternal-Fetal Medicine at Vilcom Center
55 Vilcom Center Drive, Suite 300
Chapel Hill, NC 27514
984-215-5000

Pinehurst
UNC Maternal-Fetal Medicine at Pinehurst
FirstHealth of the Carolinas
33 Memorial Drive
Specialty Centers Building
Pinehurst, NC 28374
910-715-2229

Raleigh
UNC Maternal-Fetal Medicine at Rex
4420 Lake Boone Trail
Rex Hospital Women’s Center
Raleigh, NC 27607
919-784-6425

Midwifery
Cary
UNC Midwives
UNC OB-GYN at Panther Creek
10030 Green Level Church Road, Suite 808
Cary, NC 27519
919-481-4747

Chapel Hill
UNC Midwives
N.C. Women’s Hospital
101 Manning Drive, 1st Floor
Chapel Hill, NC 27517
984-974-2131

Minimally Invasive Gynecologic Surgery
Hillsborough
UNC Minimally Invasive Gynecologic Surgery
UNC Hillsborough Campus
460 Waterstone Drive
Hillsborough, NC 27278
984-215-3510

Reproductive Endocrinology & Infertility
Raleigh
UNC Fertility
Brier Creek Medical Complex
7920 ACC Boulevard, Suite 300
Raleigh, NC 27617
New Patients: 877-338-4693
Return Patients: 919-908-0000

Urogynecology and Reconstructive Pelvic Surgery
Hillsborough
UNC Urogynecology in Hillsborough
460 Waterstone Drive
Hillsborough, NC 27278
984-215-3510

Raleigh
UNC Urogynecology at Rex
4325 Lake Boone Trail, Suite 315
Raleigh, NC 27607
984-974-0496

2017–2018 ANNUAL REPORT

#14
FOR OBSTETRICS AND
GYNECOLOGY DEPARTMENTS
IN SCHOOLS OF MEDICINE
by U.S. News & World Report

#2 PROGRAM IN THE NATION
by 2017–18 Doximity Residency Navigator

#5
IN NIH RESEARCH FUNDING
for departments of obstetrics
and gynecology

3,679
DELIVERIES
at N.C. Women’s Hospital

95,461
PATIENTS VISITED
our clinics

218
TOTAL PUBLICATIONS
from faculty

3,635
CASES OPERATED ON
by our surgeons

10%
HIGHER LIVE BIRTH RATES
at UNC Fertility than the national
average for each age group

$19,769,895
TOTAL GRANT FUNDING
awarded to PIs appointed in
OB-GYN in 2017-18
‘Fourth trimester’ research changes the landscape of prenatal care

Dr. Alison Stuebe, associate professor, and Distinguished Scholar of Infant and Young Child Feeding at the UNC Gillings Global School of Public Health, led a revised opinion on postpartum care from the American College of Obstetrics and Gynecology (ACOG) this year that establishes a “fourth trimester” of comprehensive care for new mothers.

“In our current system of maternity care, we lavish attention on women while they are pregnant, but not so much when the baby is out,” she said. “That neglect has serious consequences—mothers are more likely to die of pregnancy-related causes after the day of delivery than during pregnancy. We can, and we must, do better.”

This opinion recommends a shift in postpartum care that moves the initial postpartum visit with an obstetric provider from six weeks after childbirth to contact with her provider within three weeks. A comprehensive visit should follow within 12-weeks postpartum, and then the patient should be transitioned to well-woman care.

“Women need sustained support and care in the weeks following birth, rather than a one-off visit after six weeks,” said Dr. Stuebe. “Obstetric care providers can provide that support through office visits, outreach by phone or text messages, home visits or other innovative approaches. Different models will work in different settings; however, we can’t expect good outcomes if we expect women to muddle through for 42 days before seeing a women’s health care provider.”

Stuebe is one of three leaders on The 4th Trimester Project, a project launched in 2016 to bring together mothers, health care providers and other stakeholders to define what families need most during the “fourth trimester” and use that data to inform care.

“We are now hearing people use the term and talk about ‘fourth trimester,’ which we hadn’t had out in popular culture much before,” said Dr. Stuebe. “It was powerful that the media connected it as part of addressing maternal mortality, to what it means for babies and for the health of their mothers.”
UNC’s data used in national study that shows induction at 39 weeks leads to fewer c-sections

UNC School of Medicine’s Maternal-Fetal Medicine Network (MFMU) was one of 12 centers across the country to collect research data for the ARRIVE (A Randomized Trial of Induction versus Expectant Management) study, which found that healthy first-time mothers whose labor was induced in the 39th week of pregnancy were less likely to have a cesarean delivery, compared to a similar group who were not electively induced at 39 weeks.

Results of the study, which was funded by the National Institutes of Health, were published August 9, 2018 in the New England Journal of Medicine. Findings also include that women in the induced group were less likely to experience pregnancy-related hypertension, and their infants were less likely to need help breathing in the first three days.

MFMU is part of a national network focusing on clinical questions regarding matters concerning maternal fetal medicine and obstetrics. MFMU is funded by the Eunice Kennedy Shriver National Institutes of Child Health and Human Development (NICHD).

Dr. John Thorp, McAllister Distinguished Professor in the Department of Obstetrics and Gynecology and Division Director for General Obstetrics and Gynecology, is the principal investigator of UNC’s MFMU. He said the ARRIVE study shows that UNC is on the cutting edge of knowledge creation in perinatal medicine and will provide leadership as this knowledge is translated into practice.

“Contrary to long held, conventional wisdom in obstetrics and midwifery, labor induction in the 39th week of pregnancy did not increase the risk of abdominal delivery, but actually lowered the likelihood of cesarean section with no harms to newborns,” he said. “This strong evidence from a trial with more than 6,000 mothers studied blows up the paradigm for patients, physicians, and midwives and it will be interesting to see how the trial results are translated into clinical practice.”

Exploring the origins of racial disparities in endometrial cancer

Victoria Bae-Jump, MD, Ph.D., has received grants totaling more than $600,000 to further her research on the underlying biological factors that may influence the development of and mortality from endometrial cancer in both Caucasian and African-American women.

African-American women die from endometrial cancer nearly 90 percent more than Caucasian women, said Bae-Jump. Revealing more about this cancer – and why these groups are disproportionately impacted by the disease – could lead to targeted, more effective treatments as well as prevention and screening strategies in the future.

Dr. Bae-Jump, a gynecologic oncologist and associate professor in the Department of Obstetrics and Gynecology at the UNC School of Medicine, received a V Foundation Translational Award to fund her project “Exploring the Origins of Racial Disparities in Endometrial Cancer,” which is exploring whether the differing uterine microbiomes in African-American and Caucasian women is another underlying factor in to the racial disparities in endometrial cancer.

“African-American women have not only a higher mortality rate from endometrial cancer than Caucasian women, but also higher rates of obesity and diabetes. Dr. Bae-Jump’s laboratory has already shown the correlation between obesity and the development of endometrial cancer, as well as the potential of drugs that target metabolism in diminishing this kind of cancer. However, it is unknown if factors such as obesity and diabetes impact the underlying biology of these two groups of women in different ways, possibly contributing to this health disparity.”

A grant from the National Institutes of Health’s National Institute for Cancer will enable Dr. Bae-Jump, with her collaborator Drs. Tope Keku and Wendy Brewster, to continue their work on the study, “Inter-Relationship Between Microbiota Diversity, Obesity and Race in Endometrial Cancer,” which is exploring whether the differing uterine microbiomes in African-American and Caucasian women is another underlying factor in to the racial disparities in endometrial cancer.

“Our preliminary work in both mice and women supports a potential critical link between obesity, race, the microbiome and endometrial cancer,” said Dr. Bae-Jump. “Our hypothesis is that the endometrial cancer microbiota exists, and that it differs by obesity and race status, and it contributes to the pathogenesis of this kind of cancer.”

Dr. Bae-Jump believes that if it is determined that the microbiota differs according to obesity and ethnicity, further research could lead to a screening approach to identify women with bacteria that puts them at a higher risk for endometrial cancer, as well as risk-reduction strategies for women determined to be at risk.
Research shows improving care for immigrant women leads to improved outcomes for their U.S.-born infants

Dr. Jonas Swartz, a fellow in the Division of Family Planning, published research in Obstetrics & Gynecology showing that increased access to prenatal care for unauthorized and low-income, legal resident immigrant women leads to better health outcomes for these women and their children. Children born to these women are U.S. citizens, and ensuring their mothers receive prenatal care makes for a healthier U.S. population, said Swartz.

"Mothers’ access to care impacts their infants, who are U.S.-born citizens. Those infants experienced lowered mortality in the first year of life, better birth weights, more vaccinations and more visits with a health care provider," said Dr. Swartz. "Having a healthier start points to an improved quality of life overall for these Americans."

Swartz was recognized for this article – “Expanding Prenatal Care to Unauthorized Immigrant Women and the Effects on Infant Health” – with the coveted Roy M. Pitkin Award from the journal Obstetrics & Gynecology, which honors departments of obstetrics and gynecology that promote and demonstrate excellence in research. The Pitkin Award is one of the top four papers of the year for the journal.

Preventing preterm birth in black mothers

Dr. Tracy Manuck, associate professor in the Division of Maternal-Fetal Medicine, received $3.8 million over five years from the National Institute of Minority Health Disparities to help determine why non-Hispanic black women are twice as likely as women of other races to have more than one preterm birth.

"There is a critical gap in our understanding of what causes spontaneous preterm birth, especially for black women," said Dr. Manuck, who is also director of the UNC Preterm Birth Clinic. "Our typical methods for preterm birth prevention are less likely to be successful in black women, but we don’t know why."

Preterm birth is categorized as delivery before 37-weeks gestation and is the leading cause of death and permanent disabilities for newborns. According to the March of Dimes, the rate of preterm birth among African-American women in 2016 was 13.3 percent, nearly 50 percent higher than the rate of preterm birth among white women (nine percent). Between 30 and 50 percent of women with one preterm birth will have another early delivery in their next pregnancy.

Administration of the drug 17-alpha hydroxyprogesterone caproate (17P) is now widely used to prevent recurrent spontaneous preterm birth, but data show it is less effective for black women compared with white women. Dr. Manuck’s current research seeks to identify women who will not respond to 17P.

“Our ultimate goal is to identify which women will have another preterm birth despite our best available treatments,” said Dr. Manuck. “Then, we can work on developing new medications to help that group, at a time early enough in pregnancy to still make a difference in outcomes.”
As midwifery care for well-woman and prenatal care gains popularity across North Carolina, UNC Midwives’ 19 years of excellence and expertise provides an opportunity to lead other practices as they incorporate midwifery care into their programs.

Kathy Higgins, MSN, CNM, and division chief for UNC Midwives, consulted with Rex Healthcare as one of the hospital’s partnering practices added a midwife to their delivery team, making it Rex’s first midwife to deliver there in a decade.

Higgins visited the hospital in March 2018 to familiarize staff with midwifery care and update them on the quality outcomes of midwife-attended deliveries.

“Women are seeking out the type of care that midwifery specializes in for both obstetrical and gynecological care, so we are seeing more practices hiring midwives because of the proven outcomes and improved satisfaction rates,” said Higgins. “We wanted to help orient the physicians, nurses and other practitioners to not only the state regulations for midwives, but also the philosophy of care and the practice protocols midwives follow.”

Research shows that practices that have both obstetricians and midwives improve outcomes for women and babies with a reduction in cesarean rates, improved breastfeeding rates, reduction in preterm births and low birth weight babies, as well as reduction in healthcare costs and higher satisfaction rates. Higgins said they have seen at UNC how this environment enhances personalized care for women and newborns and improves patient satisfaction while maintaining high quality.

“There is a longevity of our practice, we have a deep familiarization with the nuts-and-bolts of midwifery care, and we have seen the positive impact of a midwifery team on the collaborative culture of a labor and delivery unit,” she said. “We can reassure other practices of the improved outcomes for women and babies in practice that combines obstetrical and midwifery care and point to the wealth of data available on those outcomes.”
Providing a home for transgender health

The Division of Minimally Invasive Gynecologic Surgery (MIGS) is committed to serving as a safe, welcoming resource in transgender health. With a record of surgical excellence and adherence to the standards set by the World Professional Association for Transgender Health (WPATH), MIGS is a place where individuals in the transgender community can be seen to ensure their optimal health and quality of life.

“We want people to know this is a safe, inclusive place where their concerns will be heard, and their questions answered,” said Dr. Michelle Louie, assistant professor. “Our mission is to help all of our patients reach their best health possible, and this unequivocally includes those in the transgender community. We recognize that many of these individuals might not have many places they can go for complete care where their needs are also honored and understood.”

Common surgical procedures for transgender patients are hysterectomies, which may be done for medical or personal reasons, or a combination of both. As many patients suffer from irregular bleeding and pelvic pain following the initiation of testosterone therapy, many desire the removal of their internal biologically female organs as a part of their transition to the male gender.

Louie said insurance covers these procedures when patients meet the criteria for gender dysphoria and other WPATH guidelines, such as living as male for year. MIGS’ location at the UNC Hillsborough campus is also desirable for transgender care, as it is not located inside the N.C. Women’s Hospital or an OB-GYN office where patients might feel less comfortable. The division’s multidisciplinary collaborations with plastic surgery, urology and endocrinology help transgender patients access the different services they may need total health.

Preserving fertility to meet women’s needs

Preserving fertility is a way that UNC Fertility can support women who want to be proactive about meeting their family goals. This could apply to women who aren’t yet ready for a family and want to increase their chances of conceiving later in life, or they are facing cancer treatment that might negatively impact fertility.

Dr. Jennifer Mersereau, associate professor of reproductive endocrinology and infertility at UNC, said an internal assessment of egg freezing at UNC Fertility’s clinic showed their process is getting better all the time.

“We looked at our protocols for frozen donor eggs and the pregnancy rates for patients who receive those eggs. We saw we have very good outcomes,” said Mersereau, who is also the Medical Director for UNC Fertility. “We are very confident in our protocol.”

Egg quality declines with age. Women who want to conceive later in life, but are concerned their eggs will no longer be as viable, are interested in this route to increase their chances of getting pregnant when the time comes.

Dr. Mersereau said their patients proactively preserve their eggs for many reasons – from single women without partners to cancer patients who are about to start chemotherapy and are in a good place to freeze eggs before that treatment begins.

“I often tell my patients that, while egg freezing is not a guarantee of successful conception later on, it is a pretty good insurance policy, especially if they freeze eggs before age 31,” she said. “I’ve seen a lot of professional women feel a sense of relief knowing that they have eggs banked now. They know they should not delay building a family for too long, but this enables them to have a better chance to achieve their goals, whatever they are.”
Success in radical trachelectomy with DaVinci robot

Nine years ago, Dr. John Boggess, a professor in the Division of Gynecologic Oncology, began performing robotic trachelectomy surgeries to preserve fertility in cervical cancer patients. He has become the Southeast’s go-to for the procedure, counting 42 surgeries and 22 resulting births as a result.

No one in the U.S. has done more – or come even close.

“In the past, the main treatments for cervical cancer were a radical hysterectomy, which involves removing the uterus, cervix and part of the vagina, or radiation therapy to the pelvis,” he said. “But in the patient whose disease has not spread, or where the lesions are small enough, this is absolutely an option for them.”

A trachelectomy involves removing the cervix and surrounding structure, and reconnecting the vagina to the base of the uterus. Once a patient has healed from the surgery and is cleared to resume intercourse, conception can happen naturally. And, in women with no other fertility concerns, it often does. The women will have a cerclage to reinforce the cervix, and they deliver by c-section.

Dr. Boggess said it is likely many more women across the country are candidates for this surgery, but they don’t know it. Many of his patients come to him by referral from their gynecologic oncologist, but some of them have found him online or via a lecture, or by word-of-mouth.

“It’s possible that one-third of women who have been diagnosed with cervical cancer would be a candidate for this surgery, but they might not know it,” he said. “My hope is that this surgery becomes common enough that more women of child-bearing age don’t have to see this diagnosis as the end of the road for their fertility.”

UNC OB-GYN has presence at new hemophilia center

Two providers from UNC OB-GYN are partnering with others at the UNC School of Medicine to open the Harold R. Roberts Hemophilia Treatment Center at UNC.

Dr. Jennifer Howell and Amanda O’Briant, MSN, CNM, are providing gynecologic care at this multidisciplinary hematology and gynecology clinic for women and girls with bleeding disorders.

Women and girls with heavy menstrual bleeding have unique health needs that cross disciplines. The clinic is a place where patients can have their medical and gynecological needs met in a comprehensive fashion at a single visit.

Comprehensive services include screening, evaluation, education, counseling and treatment for women and girls with bleeding disorders. The clinic will treat disorders of heavy menstrual bleeding, known or suspicious bleeding and thrombophilia disorders and iron-deficiency anemia.
UNC Family Planning counsels providers on contraceptives and cancer

The guide can help providers discuss recent news that linked contraceptives to breast cancer.

A December 2017 study and its resulting news coverage created some confusion on the health risks associated with contraception. The study, published in the New England Journal of Medicine, suggested that some hormonal contraceptives are associated with increased risk of breast cancer.

The UNC Family Planning Division developed a counseling guide to help providers understand the article and its study methods, as well as information that may be helpful in counseling patients who have questions about it.

“As always, women and their providers should discuss their current priorities and risks when deciding whether to start hormonal contraception and which contraceptive method is the best fit for them,” said Dr. Gretchen Stuart, professor and director of the Division of Family Planning. “Our mission is to ensure all women receive evidence-based counseling and services that meet their reproductive goal, and we hope this guide can facilitate that.”

See and download the guide at bit.ly/FamPlanGuide.
UNC OB-GYN Residency is ranked No. 2 in the nation

The UNC Department of Obstetrics and Gynecology’s residency program was ranked in the top three programs in the nation for the third year in a row. The reputation of this program is consistently top-tier, making it a sought-out destination for some of the best students, trainees and faculty in the nation.

According to the 2017–18 Doximity Residency Navigator survey, which includes peer nominations from board-certified U.S. physicians, UNC’s OB-GYN residency is recognized as No. 2 in clinical reputation among all OB-GYN residencies across the country.

For the current residency application year, the department saw 970 applications for seven spots in its residency program.

Dr. Daniel Clarke-Pearson, chair of the Department of Obstetrics and Gynecology at the UNC School of Medicine said the department’s unwavering commitment to training the best OB-GYNs is in keeping with the department’s missions of service, research, education and patient care for women at every stage of their lives.

“By continuing to build residency classes from the brightest, most-innovative medical students in the nation, we truly put the future of women’s health first,” said Dr. Clarke-Pearson. “When we bring these residents into collaboration with our world-class faculty, we offer them the opportunity to create new knowledge that will change women’s lives and develop the top-notch clinical skills that matter most to the women in their care. All of this takes place in a department and medical center that is truly dedicated to solving the biggest health-care problems of our time, and this is why we can confidently say we provide superlative care for the women of our state and the world beyond.”

Welcome to our Residency Class of 2022!

On March 16, 2018, medical students around the country learned where they matched for their residencies. We were pleased to welcome the following medical students—three from our own UNC School of Medicine—to our UNC OB-GYN residency beginning in July:

ASHLEY APPIAGYEI
University of North Carolina

CELESTE BROWN
University of North Carolina

CHRISTINE FIELD
University of North Carolina

AUSTIN JOHNSON
University of Minnesota

DAVID MYSONA
Medical College of Georgia at Augusta University

JOHNATHAN RECKNAGEL
Oakland University

GINA SILVERSTEIN
University of Pittsburgh
Kim Schneider to lead Women’s Health Services at Penn Medicine

Kim Schneider, MPH, CMPE, Vice Chair for Administration in the Department of Obstetrics and Gynecology and Director of Strategic Alignment for Women’s Services at UNC Hospitals, has been named Chief Administrative Officer for the Women’s Health Service Line at the University of Pennsylvania Health System.

Her last day at UNC was September 13, 2018.

In her new role she will be responsible for the successful development, implementation and alignment of operational, strategic and programmatic aspects of the women’s health service line at Penn Medicine. A graduate of UNC-Chapel Hill’s schools of business and public health, Schneider has been with the Department of OB-GYN for more than 20 years, where she began her career as medical education coordinator and subsequently served in clinic management and quality improvement roles in the health system before returning to the department as Vice Chair for Administration in 1998. She has twice served as the president of the national Association of Managers of Gynecology and Obstetrics and has been with the UNC School of Medicine and Health Care System for over 30 years.

“This department as we know it would not be as robust and successful without Kim’s talents and tenacity,” said Dr. Daniel Clarke-Pearson, Robert A. Ross Professor and Chair of Obstetrics and Gynecology. “Her pragmatic business sense and open-hearted leadership style leave a legacy on all that she has touched. Her support, guidance and confidence in our department are things for which I am so personally grateful.”

“It has been an honor and privilege to serve UNC and the citizens of North Carolina through my administrative roles over the past thirty years. I have enjoyed many opportunities for growth and have learned so much from my colleagues here. I will most definitely be carrying UNC with me as I take on my new role at Penn.”

The department is conducting a search, and has named Jeff Arscott, MHA, as interim Associate Vice Chair for Administration.

It has been an honor and privilege to serve UNC and the citizens of North Carolina through my administrative roles over the past thirty years. I have enjoyed many opportunities for growth and have learned so much from my colleagues here.
Leading by example

Drs. Daniel and Kathleen “Katchy” Clarke-Pearson are leading by example with a generous personal commitment to endow the Drs. Daniel and Kathleen Clarke-Pearson Distinguished Professorship to support the academic mission of the UNC Department of Obstetrics and Gynecology. This spring they made the lead gift of $500,000 for the $2 million professorship.

Dan and Katchy speak with tenderness and humor towards each other, yet remain modest when discussing their noteworthy accomplishments. This engaging pair have always been true partners – supporting each other’s careers in obstetrics and gynecology and pediatrics, respectively, as they raised four children. Now, they are giving back to support the careers of the department’s future leaders.

Dan attended Harvard College where he majored in biology and was a two-year football varsity athlete. He spent a year as a research technician at a Boston Veterans Affairs Hospital where he developed his personal research interest in the diagnosis and prevention of venous thromboembolic events (blood clots), which has continued as his research focus for the past four decades.

He entered Case Western Reserve University School of Medicine at a time when OB-GYN specialty expertise was just being recognized and certified. He saw that there would be many opportunities to develop a career based in academics, education and research.

When Dan graduated in 1975, Katchy, who was teaching elementary school, noted that there were 16 women in her graduating class, many more than in most medical schools. This observation, coupled with the role of medicine in her own family (her father was a doctor in private practice in Queens, New York), would eventually lead the mother of two to apply to medical school herself. After Dan’s graduation, the family moved to North Carolina where Dan began a residency in obstetrics and gynecology and a fellowship in gynecologic oncology at Duke University. Katchy taught at Frank Porter Graham Elementary School while taking premedical courses at UNC.

Katchy received an acceptance letter from UNC’s School of Medicine three days after delivering Mary, their third child, and on the second birthday of their daughter Emily. It was July 8, and classes were to begin in just six weeks. Katchy’s adept problem-solving, a trait she shares with her husband, served her well in medical school as she worked with administrators and faculty to balance her academic and family obligations.

She completed medical school in five years instead of the conventional four-year track. After her education and training, she became an accomplished pediatric physician in rural areas south of Chapel Hill, serving many who relied on Medicaid for their healthcare coverage.

Meanwhile, Dan rose to tenured professor and director of the Division of Gynecologic Oncology at Duke. He developed his research in the prevention, treatment, and diagnosis of blood clots in women undergoing gynecologic surgery. Over the past 40 years, the clinical application of his research has saved the lives of countless women and has set the standard of care for all OB-GYN physicians. Throughout his tenure at Duke, he was the fellowship director for gynecologic oncology, and his commitment to train and mentor the next generation of gynecologic oncologists produced 16 of 18 fellows who accepted academic positions in university medical centers.

In 2005, Dan joined the faculty at UNC’s School of Medicine as Robert A. Ross Distinguished Professor and Chair of the Department of Obstetrics and Gynecology, a position he still holds. Katchy’s legacy at UNC was still memorable in 2005 when Dan came to interview and one faculty member remarked, “Clarke-Pearson, she’s the one who broke the glass ceiling.” No one before her had requested a five-year medical school journey.

“I have known Dan and Katchy for more than 10 years, and they truly wear their values on their sleeves,” said Kim Schneider, MPH, CMPE, Vice Chair for Administration at UNC OB-GYN and Director of Strategic Alignment for Women’s Services at UNC Hospitals.

“Theyir mission to advance the health and safety of women’s health at UNC, or how you can contribute to the Drs. Daniel and Kathleen Clarke-Pearson Distinguished Professorship in Obstetrics and Gynecology, please contact Jodie Gisser, Director of Development - Women’s Health, at 919-843-9898 or jodie.gisser@med.unc.edu.

In spring of 2017, the Drs. Clarke-Pearson were working together on a fundraising project for the physician who delivered their youngest two children. As they were raising funds, it became apparent to both of them that if they wanted to create the professorship they envisioned they should lead the way.

They took the unprecedented approach of establishing the professorship themselves with a lead gift of $500,000. Katchy presumed the professorship would hold only Dan’s name, as she is a pediatrician and not an OB-GYN. But as with everything else in their life together, this professorship would be a partnership, holding both of their names.

While they remain humble about their personal achievements, they understand that a premier OB-GYN department faces many challenges to fulfill its academic mission. They believe strongly that the UNC Department of OB-GYN needs their support to fulfill the academic missions in the years ahead.

As Katchy said, “If there is something you really want, you will find a way to support our potential leaders.” The Clarke-Pearson endowed professorship will certainly aid in that endeavor.
WHY DID YOU DECIDE TO TAKE ON THIS LEADERSHIP ROLE?
It was a good time in my career to take on a new challenge. I realized that I was ready to focus on building my administrative and leadership skills. Also, after Dr. Mandy Pulliam left the role earlier this year, I realized how much I wanted to preserve the wonderful dynamic that exists in our group.

WHAT IS YOUR LEADERSHIP STYLE?
I want everything we do, from research to evaluating patients in the office to surgery, to focus on improving the lives of our patients. If we are all driven toward this one goal and remain patient-focused, everything else falls into place. If you all have a shared vision, together you accomplish so much.

WHAT IS YOUR GOAL FOR THE DIVISION?
I want to increase awareness about pelvic floor disorders and improve access to our clinical services. Many women do not know that pelvic floor disorders (i.e., urinary incontinence, pelvic organ prolapse and accidental bowel leakage) are not part of normal aging and that treatment options exist. They do not know that there are subspecialists like us who focus on caring for women with these conditions. Sadly, women are often too embarrassed to disclose that they are suffering from one of these conditions, despite the fact that they greatly impair their quality of life. An important fact is that one-in-four women suffers from a significant pelvic floor disorder, yet most women do not seek care and do not know that treatment options exist. If we can get women talking about this more and let them know we are here for them, we can make a significant impact on their lives.

WHAT MAKES THIS GROUP SO SPECIAL?
Everyone gives 100 percent, from the administrators to the nurses and providers—everyone. Each member of our team is hardworking and dedicated to our goal of improving women’s health and what’s really special is that we’re incredibly supportive of each other. When I travel to conferences, I am always reminded of how unique it is to have such a cohesive and wonderful group, and I am incredibly grateful for what we have here at UNC and for the opportunity to serve in this role.

WHAT IS AHEAD FOR UNC UROGYNECOLOGY?
On the research side, we will be focusing on our multi-center randomized trial with Dr. Bill Whitehead (UNC Gastroenterology) to evaluate three treatment options for women with fecal incontinence (accidental bowel leakage). It’s an NIH-funded comparative trial that will evaluate biofeedback, a rectal injection and sacral neuromodulation to see what works best for women with this condition. This study is the first of its kind and it incorporates experts in urogynecology, gastroenterology, and colorectal surgery which is unique. This trial gives us an opportunity to make a substantial contribution regarding treatment for women who may have been suffering in silence.
A commitment to Zambia brings us closer than ever to eliminating cervical cancer

A perspective from Dr. Groesbeck Parham

Cervical cancer kills more women in the world’s poorest nations than any other malignancy. Experts predict a substantial increase in both new cases and deaths over the next 20 years. It is vital to help the women living in these settings access prevention and treatment services.

Zambia is a southern African country of 16 million people, 60 percent of whom are women. Cervical cancer kills 20 times more women in Zambia each year than it does in the U.S. This is due primarily to the fact that women in Zambia don’t have the opportunity to be screened and treated for cervical cancer. In most cases when they discover they have the disease, it is too late to be treated and they die very painful deaths.

Over the past decade UNC Global Women’s Health faculty have been collaborating with the Zambian Ministry of Health to build a foundation for the early detection and prevention of cervical cancer. The first step was the creation of a nurse-led cervical cancer screening program in 2006, through which more than 600,000 women have now been screened, and more than 20,000 treated, for cervical precancer. In 2015, the program was integrated into the Zambian Ministry of Health as the country’s national cervical cancer prevention program and is being scaled up across the nation.

The second step consisted of HPV vaccination of adolescent girls. This began in 2012 with a demonstration project of HPV vaccination of 15,000 girls between ages 9 and 12 years initiated by UNC faculty. The results were used by the Ministry of Health to apply for GAVI (Global Alliance for Vaccines and Immunizations) support for a nationwide HPV vaccination program of adolescent girls, which will start June 2019.

The third and last step in laying the foundation was the 2015 initiation of a new gynecologic oncology division in the Department of Obstetrics and Gynecology at University Teaching Hospital, Zambia’s lone tertiary hospital. The purpose was to provide specialized surgical care for women with cervical cancer and other gynecologic malignancies. A newly established gynecologic oncology fellowship training program was started this year, sponsored by the International Gynecologic Cancer Society (IGCS), in collaboration with the UNC OB-GYN Division of Gynecologic Oncology.

UNC made a critical investment in women’s cancer care by supporting its faculty in Zambia who were committed to partnering with the Zambian government and medical university to address the country’s need for a public sector cervical cancer prevention and treatment program. That investment has now grown to the point where Zambia is in a strategic position to eliminate the disease.

One is much more effective when one works shoulder-to-shoulder with their colleagues, sharing the challenges, frustrations and disappointments, as well as successes, on a day-to-day basis. It allows your colleagues to see you as an integral part of their team, and as someone they can rely on and trust. It gives you credibility. You also gain a better understanding of ‘gaps in the healthcare system’ and what it really means, because you live with it every day – such as when your decision-making ability is hampered by the absence of laboratory results because the machines are broken, or you can’t perform surgical procedures because you don’t have enough oxygen or blood.

You gain a new perspective of just how difficult it is to try and deliver health care in a very low-resource environment. Almost every day you are thrown to the mat, but you have to find a way to pick yourself up and keep going, despite the difficulties. Your importance as a physician and the nobility of the profession come into full focus. You see that being embedded in the community and becoming part of the culture is central to bringing about sustainable and impactful change.

Dr. Groesbeck Parham, a professor of gynecologic oncology in the UNC OB-GYN’s Division of Global Women’s Health in Zambia, has lived and worked in Zambia for more than a decade. Parham is the only gynecologic oncologist in Zambia, and one of only a handful on the continent of Africa.
The making of a model program

This spring the John W. Pope Foundation announced a remarkable $10 million gift to UNC-Chapel Hill as part of the new Campaign for Carolina to support a combination of core areas where Carolina excels—a gift which generously includes the UNC Horizons Program in the Department of Obstetrics and Gynecology.

The Pope gift earmarks $250,000 that will allow UNC Horizons to conduct a follow-up study with up to 125 women and their children enrolled in the program and collect the kind of quantitative data needed to see what works best for women in recovery. Advisory Council member and donor Mark Daley matched that $250,000 to amplify the study’s reach. (See ‘The gift of research’)

UNC Horizons has been treating new and expecting mothers with substance use disorders, while keeping the mother-child dyad intact, since 1994. Founded by UNC OB-GYN McAllister Distinguished Professor of Obstetrics and Gynecology Dr. John Thorp, UNC Horizons began with two employees. The program has grown to 80 dedicated employees, including Dr. Hendrée Jones, professor of obstetrics and gynecology and internationally known expert on substance use disorder and pregnancy.

“This generous gift will provide the needed systematic outcome and cost effectiveness data to unlock the potential for the Horizons model to help women and children in North Carolina and across the country," said Dr. Hendrée Jones, UNC Horizons executive director and professor of obstetrics and gynecology.

UNC Horizons provides both outpatient and residential treatment services to pregnant and parenting women with substance use disorders. In 2017-18 the program provided services to 233 women, with over 50% pregnant when they came into the program.

We’ve seen over two decades that UNC Horizons’ treatment model for mothers with substance use disorders works. Now, they will have the data they need to help heal women all over the world.

233 women treated this year

75 children received services in residential program
The gift of research

In the 15 years that Mark Daley has been engaged with the UNC Horizons Program as an ambassador, donor and volunteer, he’s seen the lives of women and their children change right before his eyes. With trauma-responsive care that addresses the painful life experiences that often precede substance use, UNC Horizons provides women who enter the program with an opportunity to wholly heal and lead the lives they deserve.

Mark Daley knew that UNC Horizons worked, but as a business leader, he also knew that potential supporters of the program would need hard data on its outcomes. Daley knew one more thing: he’d found a new way to make an impact.

This year Daley and his wife Lisa made a substantial gift to UNC Horizons that complements the $250,000 gift from the Pope Foundation. He said UNC Horizons’ innovative nature and desire to continually evaluate their processes is symbolic of a world-class program that deserves to grow.

“Early on, I was struck how by how integrated and holistic the program is, and it was clear that is a big reason in why they are so successful. Other programs deal with issues of addiction in isolation, and UNC Horizons has proven the efficacy of healing the whole person, which includes the previous trauma that so frequently precedes substance use,” he said. “By keeping a client’s children with her, the entire family can heal.”

Of particular interest to Daley and his family is the collection of data to measure the importance of responding to women’s spiritual needs while they are in treatment, and what role their spiritual lives play in recovery. For this research, UNC Horizons will collaborate with UNC’s Kenan Distinguished Professor of Psychology and Neuroscience Barbara Fredrickson, whose research on human emotions has added scientific weight to the power of positive thinking.

“Other scientific research has shown that what is going on with a client spiritually – how they view God or a higher power or their own belief system – is tied to mental and emotional health. Horizons’ work to heal the whole person touches on this, but we’re interested in finding out through Frederickson’s work how this truly impacts someone therapeutically,” Daley said an objective, data-driven approach will produce results that can inform better treatment protocols all over the world.

“What we learn from this study will have a huge ripple effect. We have enormous public and private resources that are spent on ineffective treatment programs or incarceration. These programs mean well, but we want them to learn from our success,” he said. “In order for women and families to heal, here in North Carolina and around the world, UNC Horizons needs to fine tune what it already does well so that we can reach more women and children, and so we can change the trajectory of their lives.”
Nineteen (19) physicians at UNC OB-GYN have been selected to the 2017–18 Best Doctors in America® List, a distinction earned by only four percent of doctors in America. Three-hundred seventy-three (373) physicians affiliated with UNC Health Care overall were selected for the list.

- Dr. John F. Boggess
  Gynecologic Oncology
- Dr. Kim Boggess
  Maternal-Fetal Medicine
- Dr. Wendy R. Brewster
  Gynecologic Oncology
- Dr. Nancy C. Chescheir
  Maternal-Fetal Medicine
- Dr. Daniel L. Clarke-Pearson
  Gynecologic Oncology
- Dr. Wesley C. Fowler, Jr.
  Gynecologic Oncology
- Dr. Marc A. Fritz
  Reproductive Endocrinology & Infertility
- Dr. Paola Alvarez Gehrig
  Gynecologic Oncology
- Dr. William H. Goodnight III
  Maternal-Fetal Medicine
- Dr. Thomas S. Ivester
  Maternal-Fetal Medicine
- Dr. M. Kathryn Menard
  Maternal-Fetal Medicine
- Dr. Lisa Jackson-Moore
  Gynecologic Oncology
- Dr. Samantha Pulliam
  Urogynecology & Reconstructive Pelvic Surgery
- Dr. John T. Soper
  Gynecologic Oncology
- Dr. David M. Stamilio
  Maternal-Fetal Medicine
- Dr. Robert A. Strauss
  Maternal-Fetal Medicine
- Dr. Alison M. Stuebe
  Maternal-Fetal Medicine
- Dr. John M. Thorp, Jr.
  General Obstetrics & Gynecology
- Dr. Linda Van Le
  Gynecologic Oncology
Carolina Care Excellence Awards

Fifteen UNC OB-GYN clinicians have earned the 2018 UNC Health Care and UNC Faculty Physicians Award for Carolina Care Excellence, an award that honors providers whose results show 95 percent of their patients responded ‘Yes, definitely!’ when asked by a UNC Health Care survey if they would recommend their provider to friends and family. A total of 173 providers at UNC Health Care received the 2018 award.

General Obstetrics & Gynecology
Molly Leatherland, MSN, WHNP
Dr. Cris Muñoz

Gynecologic Oncology
Dr. Victoria Bae-Jump
Dr. John Boggess
Dr. Daniel Clarke-Pearson
Dr. Paola Gehrig
Dr. John Soper
Dr. Linda Van Le

Maternal-Fetal Medicine
Cynthia Hanes, MSN, WHNP

Midwifery
Cherese Infinito, MSN, CNM

Minimally Invasive Gynecology Surgery
Dr. Lauren Schiff

Urogynecology & Reconstructive Pelvic Surgery
Dr. Annamarie Connolly
Dr. Ellen Wells
Maggie Wilkins, MSN, WHNP
Dr. Jennifer Wu

New Faculty and Promotions

New Faculty
Christina Herrera, MD, MSCI
Maternal-Fetal Medicine

Mary Peavey, MD, MSCI
Reproductive Endocrinology and Infertility

Michelle Louie, MD, MSCR
Minimally Invasive Gynecologic Surgery

Leslie Clark, MD
Gynecologic Oncology

Joni Price, MD, MPH
Global Women’s Health

Kelly Gilmore, MS, CGC
Maternal-Fetal Medicine

Amanda Brown, MSN, WHNP-BC
Gynecologic Oncology

Jaquett Melvin, MPH, PA-C
General Obstetrics and Gynecology

Rachel Vezaye, MS, CGC
Maternal-Fetal Medicine

Andrea Knittel, MD, PhD
General Obstetrics and Gynecology

Marcella Willis-Gray, MD
Urogynecology and Reconstructive Pelvic Surgery

Promotions
Evette Horton, PhD, NCC, LPC
Assistant Professor

Gretchen Stuart, MD, MPH & TM
Professor

Alice Chuang, MD, MEd
Professor

Chunxiao Zhou, MD, PhD
Research Associate Professor

Jennifer Wu, MD, MPH
Professor

Elizabeth Stringer, MD, MSc
Associate Professor

Jennifer Tang, MD, MSCR
Associate Professor

Carla Chibwesha, MD, MSc
Associate Professor

Victoria Bae-Jump, MD, MPH
Professor

Amy Bryant, MD, MSCR
Associate Professor

Cris Muñoz, MD, associate professor of obstetrics and gynecology, was honored with this year’s H. Fleming Fuller Award. Muñoz received the award on Nov. 13 at a meeting of the UNC Health Care Board of Directors.

The Fuller Award, which has been given annually since 1986, is meant as a permanent memorial to Kinston physician H. Fleming Fuller, and awarded to the physician who best embodies Fuller’s lifelong commitment to patient care, teaching, and community.

“Fuller’s obstetrics and gynecology practice in Kinston, N.C., spanned nearly 50 years. He is credited with helping to bring women’s health care to the forefront of American medicine and helping to destigmatize cancer.

“It is incredibly gratifying to be recognized in this way, and I think this will continue to motivate me to strive to be the best physician that I can be for my patients,” said Dr. Muñoz.
Nancy Chescheir, MD, professor of obstetrics and gynecology in the Division of Maternal-Fetal Medicine, was the featured speaker at the 33rd annual Norma Berryhill Distinguished Lecture and Faculty Welcome event Nov. 30, at the Genome Sciences Building.

The Dean and Advisory Committee of the School of Medicine established the Norma Berryhill Lectureship in September 1984. The Lectureship has two essential components: (1) A Lecture to be given annually by a tenured or tenure track member of the faculty of the Medical School; and (2) a convocation of the Medical School to be held at the time of the Lecture and at which new faculty members will be recognized.

Dr. Chescheir attended UNC-Chapel Hill for her undergraduate and medical school degrees, and followed that with her OB-GYN residency and a fellowship in maternal-fetal medicine, both in the department and hospital at UNC where she now mentors junior faculty. She was the department’s first board-certified female maternal-fetal medicine specialist and first female physician in that division, treating women with fetal abnormalities as well as women with a variety of high risk factors, such as multiple gestations – including caring for the first woman in North Carolina who delivered quintuplets all of whom survived.

Dr. Chescheir now devotes much of her time to scholarship as Editor-in-Chief of Obstetrics and Gynecology, otherwise known as The Green Journal. She is the sixth editor of the journal, and the first woman. In this role, she works to bring to light new, groundbreaking research, helping authors publish noteworthy work and increasing the transparency of the journal are major efforts of her work there, as she works to demystify the stringent peer-review process for authors and better connect in the digital world.

Alice Chuang, MD, MEd, Professor of Obstetrics and Gynecology, has been named Assistant Dean of Student Affairs. In this new role, Chuang will work to support and enhance the work of the Career Goal Advisors and the Larry Keith Advisory College, helping students prepare for the increasingly complex and competitive residency match process. Chuang will also ensure that educational support resources are optimized across the School of Medicine, and that these offerings are adequately communicated to all students. Chuang will report directly to Georgette Dent, MD, Associate Dean of Student Affairs. This year she was also an author in Beckman and Ling's Obstetrics and Gynecology, 8th Ed. and president of the Academy of Educators at the School of Medicine.

Daniel Clarke-Pearson, MD, president of the Council of University Chairs of Obstetrics and Gynecology; Visiting Professor at Resident Research Day at the University of West Virginia; member of the Society of Gynecologic Oncology Ethics Committee; member of the ACOG Grievance Committee; moderator of a panel discussion at the APGO-CREOG meeting; president-elect of the American College of Surgeons Commission on Cancer; president-elect of the Duke University OB-GYN Carter Society; and the President’s Invited Lecturer at the Mid-Atlantic Gynecologic Oncology Society.

Amy Bryant, MD, associate professor in the Division of Family Planning, has been named named coursed director of the School of Medicine’s OB-GYN clerkship.

In her time at UNC OB-GYN, Dr. Bryant has been actively engaged in the educational mission of the School of Medicine and the Department of Obstetrics and Gynecology, leading in roles ranging from the basic sciences to clinical education.

“Amy’s educational work has received positive reviews from students, particularly directed to her specialty expertise, her teaching and her humanism,” said Dr. AnnaMarie Connolly, UNC OB-GYN’s Vice Chair for Education and Annie Louise Wilkerson, MD ‘36 Distinguished Professor. “We look forward to Amy’s work, leadership and innovation as we continue to pursue excellence in our clinical programming for our students.”

Neeta Vora, MD, associate professor in the Division of Maternal-Fetal Medicine, has been awarded a $50,000 Duke/UNC CTSA Consortium Collaborative Translational Research Grant in partnership with Dr. Erica Davis of Duke University.

Drs. Vora and Davis’ application is titled “Genetic and Functional Dissection of Congenital Anomalies of the Kidney & Urinary Tract.”

This grant program is designed to encourage and facilitate novel clinical and translational research that applies or accelerates discovery into testing in clinical or population settings.

National Institutes of Health’s Center for Science Review has named Kim Boggess, MD, professor of obstetrics and gynecology, to its Pregnancy and Neonatal Study Section. The appointment is effective July 1, 2018 until June 30, 2022.

As part of this study section, Dr. Boggess will review grant applications submitted to the NIH, make recommendations on these applications to the appropriate NIH national advisory council or board, and survey the status of research in their fields of science.

Dr. Richard Nakamura, director of the Center for Scientific Review, said the appointment is a unique opportunity to contribute to the national biomedical research effort, as well as to help assure the quality of the NIH peer review process.

Tracy Manuck, MD, associate professor, was selected as Vice-Chair for the Society for Maternal Fetal Medicine Research Committee, awarded American Association of Obstetricians and Gynecologists Foundation Bridge Grant (75,000 - 1 year), an invited speaker and scientific session moderator at Preterm Birth International Collaborative Annual Meeting in Guangzhou, China, as well as keynote speaker at 3rd European Spontaneous Preterm Birth Congress, Edinburgh, Scotland.
Shamekia Wilson, RN, BSN, and instructor in the UNC OB-GYN Division of Gynecologic Oncology, was recently appointed to the board of the Society of Gynecologic Nurse Oncologists. She is the chair of the Communications, Outreach and Resources Committee. The Society of Gynecologic Nurse Oncologists is an international organization made up of nurses and other health professionals in the field of gynecologic oncology and women’s health care, and it is the only nursing organization specializing in gynecologic cancers. Wilson was also nominated by faculty and staff for a 2017 UNC Lineberger Comprehensive Cancer Center Oncology Excellence Award.

Alexis Deiter, MD, was awarded the Society of Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction Research Foundation grant for the Study of Overactive Bladder and Fecal Incontinence Research.

Wendy Brewster, MD, was elected secretary treasurer of Society for Gynecologic Oncology, the premier medical specialty society for health care professionals trained in the comprehensive management of gynecologic cancers.

Leslie Clarke, MD, received Lineberger Developmental Award (50k) for the MOVES trial to promote physical activity in endometrial cancer survivors.

Jess Morse, MD, associate professor, was awarded a Junior Faculty Development Award from UNC’s Office of the Provost.

Lisa Rahangdale, MD, MPH, associate professor in the Department of Obstetrics and Gynecology, became Associate Dean for Admissions on Aug. 3, 2017.

Rahangdale, a UNC School of Medicine graduate, said this is a special opportunity to help shape the careers of future physicians trained at UNC.

“This is a huge honor for me,” Rahangdale said. “Many of the opportunities I’ve had in my career stem from my time at UNC. I look forward to being able to shape future classes of students who also will thrive at this great medical school.”

Rahangdale has served on the School of Medicine’s Admissions Committee since 2016 and has been involved with interviewing potential students since 2014. She succeeds Robert Bashford, MD, who now leads the UNC School of Medicine’s Office of Rural Initiatives.

“The School of Medicine is committed to enrolling a diverse group of academically excellent students—nothing about that will change,” Rahangdale said. “We need to ensure that we continue to fill our classes with students who are passionate about patient care, service, and scientific discovery.”

In her new role, Rahangdale continued both her clinical and research work at UNC OB-GYN. Since 2009, she has served as the Director of the NC Women’s Hospital Dysplasia Clinic, and in 2017 she was awarded the Association of Professors in Gynecology & Obstetrics Excellence in Teaching Award.

Amy Davenport, MSN, CNM, a longtime faculty at UNC Midwives was recently appointed the Medical Director of the postpartum unit of N.C. Women’s Hospital’s Maternity Care Center, also known as 5 Women’s.

As Medical Director, Davenport will work together with the existing obstetrics team to ensure delivery of outstanding care for the postpartum unit. She will work to improve clinical services in ways that benefit patients, enhance performance on the unit and, whenever possible, help physicians and staff.

“Excellent care for mothers and their children is at the heart of what we do here at N.C. Women’s Hospital,” said Davenport. “I look forward to helping the services on labor and delivery and the postpartum unit align in ways that will strengthen what we know our teams already do so well.”

Ellen Wells, professor in the Division of Urogynecology and Reconstructive Pelvic Surgery, retired after 25 years at UNC OB-GYN. She will continue to be part of the department as a clinical mentor.