

Curriculum Vitae

Rachel Peragallo Urrutia, M.D.

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Certifications

Licensed	NC Medical Board	May 2010- Present #: 2010-00883
Board Certified	American Board of Obstetrics and Gynecology	January 2015

Education

Residency	Preventive Medicine Department of Social Medicine University of North Carolina School of Medicine Chapel Hill, North Carolina	2012-2014
M.SCR	Epidemiology, Clinical Research Gillings School of Global Public Health University of North Carolina Chapel Hill, North Carolina	2010-2012
Residency	Obstetrics and Gynecology Duke University Durham, North Carolina	2006-2010
M.D.	Harvard Medical School Boston, Massachusetts	2001-2006
B.A.	Biology Clark University Worcester, MA	1996-2001

Summa Cum Laude, With Highest Honors

Professional Experience

Assistant Professor	Div. Women's Primary Care Dept. Obstetrics and Gynecology University of North Carolina Chapel Hill, North Carolina	2013-Present
Resident	Preventive Medicine Residency Dept. Social Medicine University of North Carolina Chapel Hill, North Carolina	2012-2014
Clinical Instructor	Div. Women's Primary Healthcare Dept. Obstetrics and Gynecology University of North Carolina Chapel Hill, North Carolina	2010-2012

Honors and Awards

Intern National Center for Health Promotion and Disease Prevention, Veterans Health Administration, Durham, North Carolina	January-June 2014
Temporary Consultant World Health Organization, Medical Eligibility for Contraception Guideline Meeting, Montreux, Switzerland	March 2014
Intern Community Care North Carolina, Pregnancy Medical Home, Postpartum Care Clinical Guideline Development, Raleigh, NC	2013-2014
Community Service Award Harvard Medical School	June 2006
Linnane Scholarship for Community Service Harvard Medical School	2003-2006
Secretary's Award Innovations in Health Promotion And Disease Prevention	May 2005

U.S. Department of Health and Human Services
Second Prize

Medical Student Scholarship, April 2003
Massachusetts Medical Society, Norfolk District

Jefferson Prize for Academic Excellence May 2001
Clark University

Sackler Award for Excellence in Science May 2001
Clark University

Engle Summer Research Fellowship May 2000
American Cancer Society

Bibliography

Key to Role on Publications

* Leader for conception, design, data analysis and writing of article/chapter

^ Co-investigator, and contributor to concept and writing

Principal investigator of project and mentor to first author

** Mentor to first author

‡ Medical Student, + Resident, ~ Fellow

Peer-Reviewed Articles

Published Articles

Bergen AA, **Peragallo-Urrutia R^{**^}**, Nicholson WK. Systematic review of the effect of individual and combined nutrition and exercise interventions on weight, adiposity and metabolic outcomes after delivery: evidence for developing behavioral guidelines for post-partum weight control. BMC Pregnancy Childbirth 2014;Sep 10;14:319

Moorman PG, Havrilesky LJ, Gierisch JM, Coeytaux RR, Lowery WJ, **Peragallo Urrutia R.~^**, Dinan M, McBroom AJ, Hasslebad V, Sanders GD, Myers ER. Oral contraceptives and risk of ovarian cancer and breast cancer among high-risk women: a systematic review and meta-analysis. J Clin Oncol. 2013 Nov 20;31(33):4188-98

Peragallo Urrutia R~*, Coeytaux RR, McBroom AJ, Gierisch JM, Havrilesky LJ, Moorman PG, Lowery WJ, Dinan M, Hasselbad V, Sanders GD, Myers ER. Risk of acute thromboembolic events with oral contraceptive use: a systematic review and meta-analysis. Obstet Gynecol. 2013 Aug;122(2 Pt 1):380-9.

Gierisch JM, Coeytaux RR, **Urrutia RP~^**, Havrilesky LJ, Moorman PG, Lowery WJ, Dinan M, McBroom AJ, Hasselbad V, Sanders GD, Myers ER. Oral contraceptive use and risk of breast, cervical, colorectal and endometrial cancers: a systematic review. *Cancer Epidemiol Biomarkers Prev*. 2013 Nov;22(11):1931-43.

Havrilesky LJ, Moorman PG, Lowery WJ, Gierisch JM, Coeytaux RR, **Urrutia RP~^**, Dinan M, McBroom AJ, Hasselbad V, Sanders GD, Myers ER. Oral contraceptive pills as primary prevention for ovarian cancer: systematic review and meta-analysis. *Obstet Gynecol*. 2013 Jul;122(1):139-47

Robbins CL, Keyserling TC, Jilcott Pitts SB, Morrow J, Majette N, Sisernos JA, Ronay A, Farr SL, **Urrutia RP~^**, Dietz PM. Screening low-income women of reproductive age for cardiovascular disease risk factors. *J Womens Health (Larchmt)*. 2013 Apr;22(4):314-21.

Havrilesky LJ, Gierisch JM, Moorman PG, Coeytaux RR, **Urrutia RP~^**, Lowery WJ, Dinan M, McBroom AJ, Wing L, Musty MD, Lallinger KR, Hasselblad V, Sanders GD, Myers ER. Oral Contraceptive Use for the Primary Prevention of Ovarian Cancer. *Evid Rep Technol Assess (Full Rep)*. 2013 Jun;212:1-514.

Peragallo Urrutia R+*, Merisier D, Small M, Urrutia E, Tinfo N, and Walmer D. Unmet health needs identified by Haitian women as priorities for attention: a qualitative study. *Reprod Health Matters*. 2012 Jun;20(39):93-103.

Urrutia RP~*, Thorp J. Vitamin D in Pregnancy: Current Concepts. *Curr Opin Obstet Gynecol*. 2012 Mar;24(2):57-64.

Submitted Articles

Peragallo Urrutia R, Bergen AA, Irvins AR, Beckham AJ, Urrutia EG, Thorp J, Nicholson WK. Computer, Internet and mobile phone access and usage among pregnant women: implications for delivery of prenatal care. *J Med Internet Res*. Submitted April 2014.*

Beckham AJ, **Peragallo Urrutia R**, Nicholson W, Urrutia EG, Corbie-Smith G. "We know but we don't really know": diet, physical activity and cardiovascular disease prevention knowledge and beliefs among underserved pregnant women. *Matern Child Health*. Submitted April 2014. #

Abstracts

Oral Presentations

ML, O'Brien E, Allen-LaPointe N, **Urrutia RP**, Moore A, Chaudhuri PS, Crawford J, Peterson ED. Check. Change. Control. Implementation of 18 Novel Community-Based Programs. American Heart Association. Dallas, TX, November 2013. Invited Oral Presentation.

Poster Presentations

Urrutia, RP, Nicholson W, Sahadeo L, Corbie-Smith G. Cardiovascular Risk: knowledge, attitudes and behaviors among low-income pregnant women. American College of Preventive Medicine. Orlando, FL. February 2012.

Prabhakaran S, **Urrutia RP**, Garrett J. Haitian women with unmet contraceptive need without intention to use contraceptives: Should we address this unmet need? North American Forum for Family Planning. Washington, D.C. October 2011.

Peragallo R, Merisier D, Small M, Urrutia E, Walmer D. Pwoje Sante Madam ak Timoun nan Leogane: Haitian Women's Perceptions about Health Needs, Barriers to Care and Solutions to Health Problems. American Public Health Association. Denver, CO. November 2010.

Peragallo, R and M Anderson, Healthy Bodies, Healthy Souls: a faith-based, community academic partnership, US Department of Health and Human Services Secretary's Award, Second Prize, Washington, DC, May 2005.

Other

Peragallo R, Short S, Zetter B. Effects of angiogenesis inhibitors on endothelial cell migration. Honor Thesis. Clark University. May 2001.

Teaching record

In fall of 2013, I was a teaching assistant for PUBH 750 Prevention for Clinicians. The class contained 75 learners who were graduate students, either medical students or practicing physicians. I prepared and gave one lecture on social determinants of health. In fall of 2013, I also was an instructor for MEDI220, Clinical Epidemiology. Our section of the course contained 36 learners who were all 2nd year medical students. I prepared 6 lectures and participated in the direction of group based learning in 13 sessions.

I have given grand rounds at UNC in 2013 to about 50 learners. The topic was Cardioprotective Diet. I also gave a grand rounds at Wake County Human Services for the Women's Health Branch. The topic was evaluation and treatment of menorrhagia and there were about 75 learners present.

In addition, I have provided clinical teaching of medical students and residents on a part-time basis during my obstetrics and gynecology clinics, operating room and labor and delivery coverage.

Grants

Loan Repayment Program Award National Institute of Health Disparities and Minority Health \$50,000 per year x 3 years	July 2011- Present
My Heart Belongs to Baby, Phase 1 North Carolina Translational and Clinical Sciences Institute Grant: 550KR11131 \$10,682	Nov 2011- Oct 2012
Bowes Cefalo Research Award Department of Obstetrics and Gynecology University of North Carolina	June 2011- May 2012
Triangle Clinical Research Fellowship National Institutes of Health National Research Service Award #5T32HD040672-10 National Institute of Child Health & Human Development	July 2010- June 2012

Professional Service

Memberships

American College of Obstetricians and Gynecologists Junior Fellow	2006-Present
Durham Health Innovations Maternal Health working group, Durham, NC	2009-2010
LCME Accreditation Site Visit Committee Harvard Medical School	2005

Editorial Work

Editor, Residency Survival Guide, 2007 and 2008, Duke University, Department of Obstetrics and Gynecology.

Editor, Harvard Medical School Classes of 1945, 1970, and 1995 Reunion Reports, 2005.

Languages

French (fluent)

Spanish (health conversational)

Reflective Statement

Teaching

I believe good teachers have the potential to achieve more good in society than almost any other group. Educational attainment is an independent predictor of health in every culture studied. Health care providers can improve their patients' health if they are good teachers. The majority of death and disability in the United States is due to preventable causes, the largest being diet, tobacco use, and physical activity. Behavioral change is hard, but it is possible. It becomes more possible when patients interface with physicians who are good teachers.

The best teaching finds a way to turn on an internal motivation for students to learn and to change. I really enjoyed my medical school format in which the majority of our didactic content was taught in small, student-led group sessions. I was able to find things that really interested me and spend time learning how to answer my own questions. I also was challenged and spurred on by seeing the passions of my classmates and professors. At UNC, I have seen the same phenomenon take place while teaching in a small group based course, Clinical Epidemiology Course (MEDI 220). During my TA involvement in PUBH 750, I also got to observe the benefits of group-based learning. When I had the opportunity to prepare a lecture in that course, I incorporated abbreviated problem-based learning modules into the lecture. When working with medical students and residents, I attempt to communicate my own passions about improving care for patients and to elicit theirs. This makes learning about so much more than rote memorization and increases the probability that learners will continue learning without any external motivation.

A second important mark of good teaching is listening. I think it is so important to ask those you have taught to tell you what they learned. It helps me improve my teaching and it gives an opportunity for better learning to occur. Listening also prevents glossing over important details like "I know it's important for me to take my meds but I can't afford them." It opens the opportunity to learn more than what was even planned. When teaching medical students and residents, I prefer to ask questions and listen to their answers rather than lecture because it helps me understand what they know.

Finally, I think as a teacher it is important to be a learner. I continue to ask questions of more experienced providers and take every opportunity to learn new things that will affect my practice. Most importantly, I try to learn from whoever is teaching. Sometimes that is my patients, sometimes my peers and sometimes my students. I think modeling being a good learner especially in showing how to receive and incorporate positive and negative feedback is a most effective way to teach.

Research

I decided to become a physician based on a desire to care for underserved populations. My understanding of what this would mean evolved over time. As a result of medical school service projects in underserved communities and residency experiences caring for individual patients with preventable disease, I became more and more convinced that in order to prevent disease on a population level, I needed a training in research and program development. Specifically, I became committed to a career investigating how

reproductive health visits could be better used as an opportunity to prevent chronic disease.

Despite a clinically demanding residency, I conducted research in Leogane, Haiti. My goal was to document the health needs, barriers to care and solutions to health problems of women in that community. We conducted focus groups with Haitian women and used the findings to inform the development of a health center planned by a non-profit organization. I published our findings in *Reproductive Health Matters*.

After residency, I entered the Training in Epidemiology and Clinical Trials T-32 fellowship at the University of North Carolina. I received a Master of Science from the Department of Epidemiology. I also conducted formative research with low-income pregnant women and their providers investigating their knowledge, attitudes and behaviors related to cardiovascular disease risk prevention during pregnancy. I received a pilot grant jointly funded by the Department of Obstetrics and Gynecology and the North Carolina Institute of Translational and Clinical Sciences. We found a desire for more knowledge about healthy activity and diet during pregnancy among both underserved patients and providers. We also identified a high motivation to change behaviors during pregnancy among underserved pregnant women. We have submitted one manuscript for review and are working on two additional manuscripts. Through this project and my residency project, I have become skilled in qualitative data analysis.

Reducing CVD risk among women accessing reproductive health services is a CDC-funded intervention being carried out among low-income reproductive age women attending a Title X Family Planning Clinic. As part of this project, we screened over 500 low-income, reproductive age women for cardiovascular risk factors. Our findings were published in the *Journal of Women's Health*. In this young disadvantaged population, we found that 12% had hypertension, 16% had dyslipidemia and 3% had diabetes. Most of these diseases were previously undiagnosed emphasizing the importance of reproductive health visits being used in prevention. I am writing a first-author publication investigating the association between a reported history of four common pregnancy complications in this population and diagnosis of cardiovascular risk factors. We have several additional manuscripts pending.

I worked on several systematic reviews. In particular, I co-authored an Evidence-based Practice Center review, *Oral Contraceptive Use for the Primary Prevention of Ovarian Cancer*. This has resulted in several publications including a first author publication in *Obstetrics and Gynecology* describing the risks of arterial and venous thrombotic events among users of oral contraceptives. We have been invited to present our research findings at the World Health Organization in September 2014. Our data will be used to help develop a WHO guideline about use of specific progesterone formulations and the risk of acute vascular events. This experience provided me with skills in systematic review and meta-analysis methods. It also convinced me of the importance of transparent, systematic synthesis of research findings regarding a specific topic. Well done systematic reviews can directly assist providers and organizations to provide evidence-based care and to target limited resources more effectively.

During my Preventive Medicine residency, I became involved in program development and evaluation. One project involves designing and evaluating a pilot project to screen for Type 2 Diabetes among women with a history of Gestational Diabetes at their WIC postpartum visits. I am involved in a program evaluation with the American Heart

Association. We are evaluating the factors associated with successful blood pressure self-management programs in 18 metropolitan areas with high minority populations. I am leading the qualitative analysis. Our research was recently presented via an invited oral presentation at the American Heart Association Annual research meeting in Dallas November 2013. We anticipate several manuscripts to result. A third project involves a program evaluation of a large multiple behavioral intervention using telephone coach that was conducted in 25 veterans health administration facilities across the United States. I prepared an internal report of the findings and am in the process of drafting a manuscript.

As of July 2014, I will assume a faculty position in the Department of Obstetrics and Gynecology at UNC. This position, funded in part by a grant from KNDR, a nonprofit organization, includes 50% protected research time and additional support for research staff and statistical support for 3 years. We will create a cohort of women who are using natural family planning methods to both achieve and avoid pregnancy. This data can be used in a variety of ways including planning randomized trials of treatment for abnormal menses and subfertility as well as to understand how environmental exposures affect fecundity. I am particularly interested in determining whether natural family planning-based targeted intercourse and individualized treatments will improve access to care for couples struggling with infertility and result in healthier pregnancy outcomes. Our short-term goal is to generate pilot data to successfully receive independent grant funding to continue this work.