



A PRE-ECLAMPTIC PATIENT IN KENYA

by Drs. Jennifer Jury McIntosh and Sierra Washington

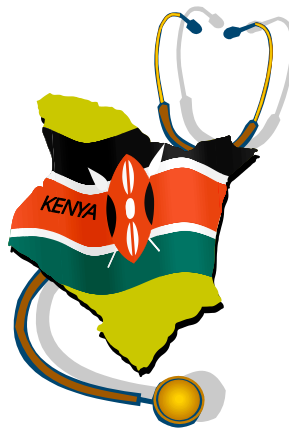
The following is composite patient made up from my journal entries during my time at the Moi Teaching and Referral Hospital in Eldoret, Kenya.

Nancy, is a primigravida at 36 weeks with severe pre-eclampsia. I had a long conversation with her about induction of labor. She was scared of labor and even more scared of induction. Hopefully she will progress through the night and have a nice delivery and remain stable on her magnesium. My biggest challenge is getting her blood pressure monitored and keeping her baby safe during her induction of labor. We don't have many blood pressure cuffs on the antenatal ward and there is no way to monitor the fetus - except for this aluminum fetoscope that keeps getting misplaced. It makes me scared for my patient and her unborn child. Overnight Nancy progressed in labor but she had a sudden abruption that was quickly identified by her nurse. Thankfully, against all odds she was taken to cesarean section quickly, which saved her baby's life. Her adorable little girl is doing very well this morning and so is she. The pre-eclampsia seems to be resolving now that she has delivered but with no blood pressure cuffs on the postnatal ward it makes me nervous about her postpartum course. There is only 1 nurse per 20 patients so Nancy is unlikely to have her blood pressure taken unless I do it myself.

Challenges of Managing Pre-eclampsia in Kenya

It was particularly frustrating taking care of patients with preeclampsia because the close monitoring that

is considered the standard of care in Indianapolis is not available in Kenya. Obtaining frequent blood pressures is generally not possible due to the lack of blood pressure cuffs. Imagine having only two cuffs to manage all of the patients on labor and delivery, antenatal and postpartum services! Standard labs to rule out HELLP are not easy to obtain and there is no such thing as a 24-hour urine. Urine dipstick is all they have and sometimes there are not even enough dip-



sticks to do that! That is the reality of managing pre-eclampsia in Kenya. It's hard to be upset at nurses for not taking the blood pressure when there is such a scarcity of supplies. It's hard to be upset at the intern for not drawing the blood on all of the patients himself or herself. But it's even harder to lose a mother or an infant due to a lack of supplies.

You Can Help!

If you are interested in making a difference in Kenya, BP machines and urine dipsticks are two resources

that we could provide to improve care. My husband and I have started by providing the High Risk portion of the Mother Baby Hospital with BP machines (approximately \$50 apiece) because of how much I know it will impact care there. I urge all of you to consider joining me in this endeavor so that blood pressure can be measured on all critical patients with pre-eclampsia. Contact me at jjjury@iupui.edu or Dr. Sierra Washington at silwash@iupui.edu for more information on how you can help.

If you would like to make a tax deductible donation, you can write a check payable to "IU Foundation- Kenya Program" and you can earmark your donation (in the memo portion of your check) for "Kenya Ob/Gyn" to be used to buy equipment/educational material or "Ob/Gyn Humanitarian Fund" to be used by Dr. Washington to purchase such things as medication for patients or pay for transportation from remote villages to the clinic. Send your donation to: IU Foundation- Kenya Program, PO Box 660245, Indianapolis, IN 46266-0245. At the end of the year the IU Foundation will send you a letter that can be used for tax purposes.



INDIANA UNIVERSITY

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY
School of Medicine

IU-KENYA GALA



(l to r): Drs. Aaron Yarmoshuk and Rachel Spitzer, University of Toronto and Dr. Sierra Washington, Assistant Clinical Professor and Director of International Studies, IU OB/GYN

The Kenya Gala Celebration and Reunion was held at the Downtown Indianapolis Marriott Saturday, October 23, 2010.

The evening included cocktails and dinner, a silent auction (including artwork created and donated by our own Jeff and Joani Rothenberg), and the AMPATH bazaar. Dancing was also on the agenda with music

provided by Steve Allee and his Orchestra.

The AMPATH Consortium led by Indiana University, in partnership with Moi University in Eldoret, Kenya, will be celebrating 20 years of growth. Over the past two decades, this partnership has become the most successful program in sub-Saharan Africa to combat HIV/AIDS. AMPATH, or the Academic Model Providing Access to Healthcare, continues to build on this success by providing primary care, chronic disease management, and many other programs that support the overall health of the Kenyan people.

Over the years Medicine and Pediatrics have had a strong full-time presence in AMPATH-Kenya. Last year, Dr. Sierra Washington joined the team in Eldoret to lead our efforts on the part of the IU Department of OB/GYN. Sierra works collaboratively with OB/GYN doctors from the University of Toronto and from Kenya. Together, they are developing a continuum of care for obstetrics and gynecology. This care will start in the homes and rural villages and continue to the health centers, district hospitals and Riley Mother and Baby Hospital in Eldoret.

Sierra is also helping to develop the OB/GYN residency program in global health issues as well having created a new elective in Kenya for IU students who have an interest in OB/GYN and Maternal/Child Health in developing countries.

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EDITOR'S CHOICE

by Robert Bigsby, PhD

Estrogen Plus Progestin and Breast Cancer Incidence and Mortality in Postmenopausal Women

Rowan T. Chlebowski, Garnet L. Anderson, Margery Gass, et al. *JAMA*. 2010;304(15):1684-1692 <http://jama.ama-assn.org/cgi/content/abstract/304/15/1684>

Follow-up was performed on participants in Women's Health Initiative completed in 2005. Women had been randomly assigned to receive combined conjugated equine estrogens, 0.625 mg/d, plus medroxyprogesterone acetate, 2.5 mg/d, or placebo pill. The objective of this study was to determine the effects of therapy with estrogen plus progestin on cumulative breast cancer incidence and mortality after a total mean follow-up of 11.0 (SD, 2.7) years, through August 14,

2009. Estrogen plus progestin was associated with more invasive breast cancers compared with placebo (385 cases [0.42% per year] vs 293 cases [0.34% per year]; hazard ratio [HR], 1.25; 95% confidence interval [CI], 1.07-1.46; $P=.004$). Breast cancers in the estrogen-plus-progestin group were similar in histology and grade to breast cancers in the placebo group but were more likely to be node-positive (81 [23.7%] vs 43 [16.2%], respectively; HR, 1.78; 95% CI, 1.23-2.58; $P=.03$). There were more deaths directly attributed to breast cancer (25 deaths [0.03% per year] vs 12 deaths [0.01% per year]; HR, 1.96; 95% CI, 1.00-4.04; $P=.049$) as well as more deaths from all causes occurring after a breast cancer diagnosis (51 deaths [0.05% per year] vs 31 deaths [0.03% per year]; HR, 1.57; 95% CI, 1.01-2.48; $P=.045$)

among women who received estrogen plus progestin compared with women in the placebo group.

Conclusions: Estrogen plus progestin was associated with greater breast cancer incidence, and the cancers are more commonly node-positive. Breast cancer mortality also appears to be increased with combined use of estrogen plus progestin.

Comments from IU OB/GYN: There has been ample evidence from animal studies, including one from our Dept (Bigsby RM. *Cancer Lett*. 179(2):113-9, 2002) indicating that estrogen and progestins synergize in promoting breast cancer. Indeed, several epidemiological studies have indicated a synergy of the two hormones used in postmenopausal replacement therapy. Although the

(continued next page)

WELCOME DR. FRANK GONZÁLEZ



Frank González, M.D.

The Department of Obstetrics and Gynecology looks forward to the arrival of Dr. Frank González, when he begins his appointment on January 1,

2011 as the Director of the Division of Reproductive Endocrinology and Infertility here at Indiana University.

Dr. González hales from the Mayo Clinic where he was assistant professor in the Departments of Obstetrics and Gynecology and Internal Medicine. Prior to this he was a Women's Health Research Scholar in the Department of Reproductive Biology at Case Western Reserve University. This was preceded by an appointment at SUNY, Buffalo during which he served as interim director of the REI division. His first faculty appointment was at Case Western Reserve

University where he also completed his REI fellowship under the direction of Dr. Leon Speroff. Additional training included completion of an Ob/Gyn residency program at the University of Rochester, a medical degree from Temple University in Philadelphia, and undergraduate studies at Harvard, where he earned a B.A. in Biochemistry and Molecular Biology.

Dr. González has research interests in the molecular mechanisms of diet-induced inflammation and the ways in which they promote insulin resistance and hyperandrogenism in PCOS. He is a recognized leader in the field of polycystic ovarian syndrome with over 25 publications in the area. He recently chaired two American Society for Reproductive Medicine postgraduate courses on PCOS and was as an invited speaker at two international PCOS symposia. Dr. González currently serves as Chair of the Androgen Excess Special Interest Group of ASRM.

As part of Dr. González' visit to our department In July 2010, he presented a talk at a research seminar entitled "Diet-Induced Inflammation in Polycystic Ovary Syndrome."

In his role as REI Division Director Dr. González plans to build a model academic division to encompass a solid clinical program designed to serve the reproductive health needs of the women of Indiana; an exemplary educational program to include medical students, residents, and fellows; and a strong research program capable of fostering physician scientist research training.

The Department of OB/GYN welcomes Dr. Frank González.

Editor's Choice

issues are confusing, it appears that each patient must determine her own benefit/risk ratio when considering postmenopausal hormone therapy. In an article highlighted in our last issue, it was noted that the cardiovascular benefits of HRT were most likely underestimated by the design of the WHI because of the age at which participants started therapy. The present study does not suffer from such criticism. Although the elevation in hazard ratios appear small in this study, taken in context of previous studies (as cited within the report), it is clear that there is indeed an increased risk for breast cancer when combination therapy is considered. However, earlier reports from the same WHI study had shown

no increase in breast cancer risk due to postmenopausal treatment with estrogen alone.

In an accompanying commentary (<http://jama.ama-assn.org/cgi/content/full/304/15/1719>), Peter Bach, MD, MAPP, Memorial Sloan-Kettering Cancer Institute, points out that since the increase in the numbers of deaths due to combined HRT is small (1.3 additional deaths from breast cancer per 10,000 person-years) " .. clinicians might conclude that a brief period of hormone therapy for relief of menopausal symptoms is safe." However, he goes on to suggest that "the study ... does not address the effect of short periods of hormone therapy on breast cancer

risk (or other disease risk), and the current estimate of the deleterious effects of hormone therapy may be underestimated. Therefore, the available data dictate caution in the current approach to use of hormone therapy ..." Dr. Bach also says, " .. it seems that additional randomized trials are needed specifically to determine whether lower doses or shorter durations of hormone therapy could alleviate menopausal symptoms without increasing cancer risk."

THIS AND THAT

Dr. Peter Marcus has been appointed to serve on the Board of Directors for the Association of Professors in Gynecology and Obstetrics (APGO). Also, **Dr. Jeff Rothenberg** has been appointed to serve on the American College of Obstetricians and Gynecologists (ACOG) Gynecologic Practice Committee. Congratulations to you both!

Publications to look for:

Prediction Value of Symptoms for Early Detection of Ovarian Cancer

Rodrigo Valdes; **Giuseppe Del Priore** *JNCI Journal of the National Cancer Institute* 2010; doi: 10.1093/jnci/djq353
Free access links to online article:
Full Text: <http://jnci.oxfordjournals.org/content/early/2010/09/09/jnci.djq353.full.html?ijkey=RVoHT6NwCCPScMQ&keytype=ref>

Fibromyalgia in women

Stiffler, D. (2010) *Continuing Education Bulletin*. Western Schools

Dr. Deb Stiffler, Executive Director of the IU National Center of Excellence in Women's Health pre-

sented a paper entitled "An Evidence-Based Practice Framework for Doctor of Nursing Practice Students: Teaching Methods Defined" at the 7th Biennial Joanna Briggs International Colloquium on September 13, 2010 in Chicago.

Dr. Stiffler will also present a lecture entitled "Women's Health Across the Lifespan" at the 2010 Women in the Workplace Conference to be held on the Bloomington campus on November 12th.

Dr. Kelly Kasper has completed her 500 hour yoga teacher certification. Congratulations Dr. Kasper!

Dr. Debra Kirkpatrick was nominated by Indiana University School of Medicine to submit an application to the Association of American Medical Colleges for the Mid-Career Women Faculty Professional Development Seminar. She has been accepted to the program to take place in Scottsdale Arizona in December of this year. Expenses will be paid by the School of Medicine.

This month the employee spotlight shines on **Christa Tompkins, LPN** in the Coleman Center.

Christa has a Bachelor's degree from IU in Health Administration and graduated from Ivy Tech with her LPN



this past July. She has been an IU employee for 2 1/2 years and working in the Coleman Center for 2 months.

Christa is married and her hobbies include reading, golf and riding motorcycles. Welcome Christa!

Wedding bells rang on October 16th for **Lauren Hurrle**, Registration Specialist in the Coleman Center and Travis Cartmel, a wealth management banker for Merrell Lynch. The happy couple honeymooned in Riviera Maya, Mexico. Best wishes to you both!

SEASONS GREETINGS

The Department of Obstetrics and Gynecology wishes you and your families a very happy, safe and enjoyable holiday season.

May you and your families be blessed with health and happiness as another year comes to a close, and we hope next year will be filled with continued joy and success.



Total Deliveries

	August	Sept
IU	80	72
Wishard	204	204
Methodist	255	265

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