The magnitude of the epidemic we face may seem insurmountable:

- 259 million prescriptions were written for opioids, which is more than enough to give every American adult their own bottle of pills. (CDC)
- Nearly 48,000 women died of prescription painkiller overdose between 1999 and 2010. (CDC)
- For every woman who dies of a prescription painkiller overdose, 30 go to the ER for painkiller misuse or abuse. (CDC)
- In the United States, an estimated 14.4 percent of pregnant women are prescribed an opioid during their pregnancy. Anesthesiology. 2014 May;120(5):1216-24
- 99% of doctors admit to prescribing opioid medicines for longer than the three-day period recommended by the Centers for Disease Control and Prevention (CDC). 23% say they prescribe at least a month’s worth of opioids. (2016 National Safety Council Survey)

Where we are now should not discourage us... our April meeting is about starting today and changing the ending.
"Opium in Gynecology" by Joseph Price, M.D.

"The medical profession has always been responsible for the opium habit of the patients or the laity. The reckless and indiscriminate use of anodynes and narcotics, generally used for the treatment of symptoms – rarely does the routine practitioner make a precise diagnosis, before giving opium if pain is present. Opiates are commonly used without a clear recognition of an indication except that of pain. The opium habit is rarely acquired, except it be antedated by pain or an illness for which some doctor has given morphine or some preparation of opium. There is scarcely a remedy in the Pharmacopoeia used so recklessly and ignorantly and none doing more general mischief – it has always done thric e more harm than good. In the general practice of medicine some of the preparations of opium are to be found in about every prescription. The hypodermic syringe has made thousands of morphine habituates, whether with the syringe or without it with the powder. The abuse of the drug is much more common in some States than in others. The influence or impress of certain teachers of therapeutics, has been wide in certain sections. The very common remark of teachers, “Gentlemen it is your mission to relieve pain and suffering,” has done a world of mischief. Many of them spend days talking over the numerous preparations of opium without an allusion to the importance of an accurate knowledge of pathology and diagnosis. The growth of the poppy in North Carolina is to be lamented, it will do just what it has done for China – decimated a great people.

“…Physicians… visit patients regularly for the specific purpose of giving a hypodermic. Again without an effort to determine the nature of the trouble, or cure the patient with well-applied treatment. It is in surgery and nervous disturbances that opium and patients have been most abused. But few physicians re-educate themselves, the few that have successfully tried it, realize the great importance of deviating from the routine methods of practice, still commonly taught. It is to be hoped that the more scientific schools of the day, will recognize the great evil.”

COMMENTARY FROM TODAY’S PERSPECTIVE...

In this article read aloud at an Obstetric Society meeting on December 6, 1894, Dr. Price rails against the misuse of opium. He declares that opium use without a diagnosis is “reckless” and “evil.”

For context, Dr. Price was a pioneer in abdominopelvic surgery, on the forefront of aseptic technique. In his memoriam, his student W. Kennedy, M.D., quotes Price’s success rate for surgical treatment by “abdominal section” as 99%. These were cases of tubo-ovarian abscess, ruptured ectopic pregnancies, appendicitis, and peritoneal infections; cases which none of us feel at ease taking on even today.

Later in this discussion, he illustrates (with specific cases) that patients recovered well after the surgical treatment of their intra-abdominal pathology, despite (or, as he suggests, because of) his eschewal of opium to control pain. Thus, we see the pendulum of pain control was in swing more than 120 years ago.

Pharmaceutical technology has blossomed, advancing adjunctive medications to treat pain, such as anti-inflammatory drugs, neuromodulating drugs, local anesthetics and even neuropeptides derived from vegetables (capsaicin). Delivery methods for pain medications are myriad, including transdermal application, directed nerve blockade, and even lollipops. Still, in the medical community and in society as a whole, we struggle with narcotic dependence and abuse. Overprescribing of opioid pain relievers is a real contributor – 2.1 million people in the United States suffer from substance use disorders related to prescription pain medication.

Dr. Price called upon the academic institutions to re-educate physicians about the dangers of opioid overuse. We, too, are in need of quality research focused on prevention and treatment of addiction. We need outreach and education to help medical providers balance duty to “relieve pain and suffering” with goals of avoiding abuse and overdose. Perhaps we can then steady this long-swinging pendulum.

- Jasjit K. Beausang, M.D.
We Stand on Their Shoulders, A Profile From Our Past

Dr. Catharine Macfarlane

1877 - 1969

Medical School
Woman's Medical College of Pennsylvania
Obstetrics and gynecology

Dr. Catharine MacFarlane helped to bring better care to women when she established one of the nation’s first uterine cancer screening programs and actively promoted cancer-screening for women. She was also the first woman fellow of the College of Physicians of Philadelphia and the first woman president of the Obstetrical Society of Philadelphia.

Born in 1877 near Philadelphia, Catharine MacFarlane was an only child. She credited her mother with inspiring her choice of profession, describing her as woman of “rare wisdom and judgment.” Dr. MacFarlane lived with and cared for her mother until she died in 1957 at age 101.

In 1936, Dr. MacFarlane was appointed to head the Medical Women's National Association (renamed the American Medical Women’s Association in 1937), and was the first woman president of the Obstetrical Society of Philadelphia in 1943. After co-founding the Cancer Control Research Project at the Woman's Medical College of Pennsylvania in 1938, she went on to help establish the first uterine cancer screening program in Philadelphia—one of the earliest such programs in the nation. Combining her research career with teaching, during Dr. MacFarlane’s extraordinarily long tenure at the Woman's Medical College of Pennsylvania she advanced from instructor in obstetrics in 1898 to professor of gynecology in 1922 and in 1942, research professor of gynecology.

Catharine MacFarlane, affectionately known as “Doctor Kitty Mac,” dedicated her life to medicine as a physician, educator, and medical researcher. In 1893, at the age of 16, she entered the University of Pennsylvania, where she completed a two-year course in biology. Four years later, at age 23, she earned her M.D. from the Woman's Medical College of Pennsylvania. She did postgraduate work in gynecological urology at Johns Hopkins University, and during several European tours studied with some of the world’s leading experts in obstetrics and gynecology. Often described as a dignified woman with a formidable intellect and temper, she was a pioneer in the detection and treatment of uterine cancer. Always one to speak her mind, Catharine MacFarlane also strongly advocated women's right to vote and to obtain birth control, often supporting these controversial causes in public, including an appearance with Margaret Sanger at the first Pennsylvania State Conference on Birth Control in 1922. The central aspect of Dr. MacFarlane's professional life, however, was her commitment to research and to medical treatment and training for women.

Throughout her career, Dr. MacFarlane was tenacious in her support of medical treatment and education of women. While attending the Medical Women's International Association meeting in Scotland in 1937, for example, she suggested to a colleague that a periodic pelvic exam for asymptomatic women would be the best way to discover pelvic cancer in its earliest and most curable phase. But her suggestion was discouraged. According to, Dr. Louisa Martindale, the association's president, few women would consent to be examined for a disease for which they had no symptoms. In her memoirs, recorded in Transactions and Studies of the College of Physicians of Philadelphia, Dr. MacFarlane returned home determined to prove that women would participate in the preventive care programs she advocated.

In 1942, at age 65, Dr. MacFarlane turned down an emeritus position and instead accepted the Woman's Medical College of Pennsylvania’s offer to become a research professor, a position she held until her death in 1969.

Recognizing her later success in establishing cancer screening programs for women, Dr. MacFarlane received the Gimbel Award for humanitarian service in 1949 as well as the coveted Lasker Award for Clinical Medical Research in 1951—one of the world’s most distinguished medical research awards.

Dr. MacFarlane managed to find the time to practice medicine, maintain a gynecological practice in the suburbs of Philadelphia, and make house calls on her patients. She even continued to perform surgery into her 90s. In the words of a former student and colleague, she was a woman with “a keen mind, a tremendous sense of duty, a delightful sense of humor, and a superb self-confidence.”
February Meeting

Members and Emeritus may view the lecture on our website www.obphila.org. We hope to see you in April at our NEW VENUE - The National Liberty Museum!

Dr. Adele Schneider signs The Book

Michael Ossip - Alison Ossip Fund

Drs. Hewlett & Angert, Teri Wiseley

Dr. Benett, Faith Tivor-Foran, Rebecca Shore & Dr. Kaufman

Drs. Schillings, Sondheimer, Porcelan & Angert
Dr. Ruby, Rebecca Tantala, & Mike Ossip

Rebecca Tantala (Einstein) provides info on genetic screening

Staying Informed

Einstein’s Pride Clinic

Thank you Bayer!
Opioid Epidemic

This month’s lecture will be a timely example of how the Obstetrical Society of Philadelphia actually shares its expertise. For almost 150 years, the Philadelphia Obstetrical Society has been meeting and sharing knowledge about interesting cases and using the Philadelphia area’s collective wisdom and expertise to advance women’s health. Barbara Schindler, M.D. is Vice Dean Emerita of Educational and Academic Affairs and Professor of Psychiatry and Pediatrics at Drexel University College of Medicine will lecture on “Opioid Addiction Under Our Noses—a National Crisis”. Nationally, an estimated 1.9 million people in the United States suffered from substance use disorders related to prescription opioid pain medicines in 2013 and 517,000 suffered from a heroin use disorder. This topic has become one of the most pressing problems in health care and particularly women’s healthcare in the state of Pennsylvania. On May 17, 2016, The Pennsylvania Medical Society announced a call to action, “Opioids for pain—Be Safe, Be Smart, Be Sure”. This initiative comes after looking at the daunting statistic that showed 10,394,466 prescriptions for opioid medications were filled by patients in 2015. The good news is that the number of prescriptions had decreased by 11.3 million from 2013!

The Pennsylvania Medical Society (PAMED) web site points out the key points of the Opioids for Pain program:

1. **Be smart** — Patients should know the risks of opioid use when they receive a prescription. No one plans on becoming an addict, but many do by ignoring dosage limits and frequency.

2. **Be safe** — Patients should be instructed on how to use opioids for moderate to severe pain, and warned not to save extras or give them to friends or relatives. Physicians are encouraged to write smaller prescriptions with fewer refills. The PAMED website has a link to find where to safely dispose of leftover medications.

3. **Be sure** — Patients should be told of the early signs of addiction or abuse and how to protect themselves from addiction, including how to avoid it and where to turn if they feel they may have developed a problem.

According to PAMED physicians can learn five ways they can take the lead in addressing opioid abuse and misuse with their patients.

1. Know the prescribing guidelines for the pain medication being prescribed.
2. Use the PA PDMP database.
3. Refer addicted patients or at risk patients to appropriate treatment.
4. Discuss options for treating the patient’s pain.
5. Keep pills safe.

This includes seven questions that patients are encouraged to ask their physician when receiving pain medication:

1. Is this prescription for pain medication an opioid?
2. At what level of pain should I take this medication?
3. Do I have to take every pill in this prescription?
4. Where can I safely dispose of remaining pills?
5. What can I do to avoid addiction?
6. What are possible warning signs of dependence or addiction?
7. What can I do if I believe that I might have developed a dependence on this drug?

This article is meant only to highlight the Opioid Crisis and some of the efforts being undertaken to address it. Please plan on attending the April meeting of the Philadelphia Obstetrical Society to hear more from Dr. Schindler. Hopefully,
the daunting statistics quoted here will also emphasize how important it is that physicians not only get involved, but take an active leadership role in this crisis. This is particularly imperative for Ob/Gyn doctors for the immediate impact on pregnant patients and their babies but is even more important when one realizes this is effecting an entire generation of children born to addicted mothers.

Please take the time to learn more about this crisis by going to the web pages of Pennsylvania Medical Society, National Department of Health and Human Services, Center for Disease Control, PA PDMP Aware, PA.GOV, American Society of Addiction Medicine, National Institute on Drug Abuse, NIH National Library of Medicine, American Society of Addiction Medicine and many others. The facts stated in this article were all obtained from these web sites.

Some facts and statistics:

- Addiction is a primary, chronic and relapsing brain disease characterized by an individual pathologically pursuing reward and/or relief by substance abuse and other behaviors.

- Of the 20.5 million Americans 12 or older that had a substance abuse disorder in 2015, 2,000,000 had a substance use disorder involving prescription pain relievers and 591,000 had a substance use disorder involving heroin.

- It is estimated that 23% of individuals who use heroin develop opioid addiction.

- Drug overdose is the leading cause of accidental death in the U.S., with 52,404 lethal drug overdoses in 2015. Opioid addiction is driving this epidemic, with 20,101 overdose deaths related to prescription pain relievers, and 12,990 overdose deaths related to heroin in 2015.

- Women are more likely to have chronic pain, be prescribed prescription pain relievers, be given higher doses, and use them for longer periods than men. Women become dependent on prescription pain relievers more quickly than men.

- The incidence of babies born in the United States with neonatal abstinence syndrome (NAS) quadrupled from 1999 to 2013, from 1.5 to 6.0 cases per 1,000 hospital births, according to the Centers for Disease Control and Prevention (CDC).

- As of 2012, >4% of pregnant women have used nonopioid illicit substances during pregnancy as compared with <3% in 2002

- 55 billion in health and social costs related to prescription opioid abuse each year.

On the average day in the U.S.:

- More than 650,000 opioid prescriptions dispensed
- 3,900 people initiate nonmedical use of prescription opioids
- 580 people initiate heroin use
- 78 people die from an opioid-related overdose
- Authorizing a second opioid prescription in opioid-naïve patients doubles the risk for chronic opioid use.

Please come and listen to Dr. Schindler’s lecture. This is how the Philadelphia Obstetrical Society will be “Sharing Expertise”. You will learn more about this epidemic and what you can be doing to fight this growing problem and help the women and children of our community as we’ve been doing for almost 150 years!
While there is no pattern regarding the preliminary regional match data, OBGYN residency positions have become more competitive and foreign medical students are finding it more difficult to succeed in the match.

Table 1 US Main Match Results for OBGYN

<table>
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<th>2017</th>
<th>Western</th>
<th>Central</th>
<th>Southern</th>
<th>Northeastern</th>
<th>Total PGY-1 Positions</th>
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<td>Unfilled</td>
<td>Offered</td>
<td>Unfilled</td>
<td>Offered</td>
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<td>OBGYN</td>
<td>189</td>
<td>4</td>
<td>294</td>
<td>0</td>
<td>376</td>
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Table 2 gives the history of preliminary match results and number of positions offered. The actual number of positions offered is affected by the merging of AOA programs with the Allopathic programs as well as expansion of programs.

Table 2 US Main Match Unfilled OBGYN Positions

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<tr>
<td>Positions offered</td>
<td>1288</td>
<td>1287</td>
<td>1276</td>
<td>1264</td>
<td>1259</td>
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<tr>
<td>Unfilled Positions</td>
<td>9</td>
<td>19</td>
<td>NA</td>
<td>17</td>
<td>11</td>
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</table>

The 2017 International Women's Day (IWD) theme is #beboldforchange, be bold for change. We all know that gender equality in the work place is something that we support and has been far too long in being realized. This year, many of us in a variety of OBGYN agencies such as PA-ACOG and the Philadelphia OB Society joined with the effort of IWD to support efforts and to recognize the importance of moving this initiative forward in today's world. But the World Economic Forum predicts the gender gap won't close entirely until 2186. This is too long to wait. Around the world, IWD can be an important catalyst and vehicle for driving greater change for women and moving closer to gender parity. While OBGYN doctors did not walk out on their jobs or their patients, they did support the effort by wearing garments of red.
The Obstetrical Society of Philadelphia
Presents

*FREE*

Immediate Post-Pregnancy Long-Acting Reversible Contraception Summit (PP-LARC)

WHEN: Saturday, May 20, 2017 1100 a.m. – 3:00 p.m.

WHERE: Zubrow Auditorium at Pennsylvania Hospital 8th & Spruce Streets, Philadelphia, PA

~ Get officially trained in Nexplanon insertion and removal
~ Come and learn how to appropriately bill for LARC
~ Understand who is a candidate for immediate post-delivery LARC
~ Skills to Implement LARC Immediately Post-Pregnancy
~ Hands on skills and more!

*You MUST RSVP! - Please RSVP to obphila@yahoo.com
Refreshments will be served.

???? TRIVIA QUESTION! ????

Who said “I don’t treat prolonged labor, I prevent it.” And “You didn’t take your chance on a patient, you mean you took her chance.”

Hint: We’ve named our most prestigious award after him!

(Answer on page 11)

Do you have some fun/interesting trivia to share? Please send it our way and we will share it in the next Newsletter.
The venue for the evening program is at a NEW location:
The National Liberty Museum
321 Chestnut Street
Cocktails – 6:00 p.m.
Dinner and Program - 6:30 p.m.
Free parking in the lot next to the PCMS Building

Please visit the website for registration information.

2017 Meeting Schedule

April 13, 2017

Barbara Schindler, MD
Vice Dean Emerita, Educational and Academic Affairs; Professor of Psychiatry and Pediatrics, Drexel University College of Medicine
Opioid Addiction Under Our Noses – National Crisis

May 11, 2017

**President’s Night**

Robert Debbs, DO
Director, University of Pennsylvania Maternal-Fetal Medicine Network
Dipak Delvadia, DO
Clinical Assistant Professor Ob/Gyn, Associate Residency Director, Drexel University College of Medicine
The Evidence, the Art, and the Obstetrician

RESIDENT EDUCATION DAY - FRIDAY, MAY 5, 2017
8:00 a.m. to 3:00 p.m., THOMAS JEFFERSON HOSPITAL

CALL FOR PAPERS – S. LEON ISRAEL AWARD

The S. Leon Israel Award was established to recognize excellence in research in the discipline of obstetrics and gynecology. The award is open to all current obstetrics and gynecology residents in programs associated with the Obstetrical Society of Philadelphia. Original research manuscripts not published prior to April 1, 2017 will be accepted for review.

The resident must be the first author, but not necessarily the only author of the paper. It is expected that the resident will have primary responsibility for the literature review, implementation of the study and final drafting of the discussion section. Review articles will not be accepted. Papers should be written in a scientific format to include title, authors, institution, abstract, introduction, materials and methods, results, and discussion and should conform to the instructions for the American Journal of Obstetrics and Gynecology.

Two copies should be submitted. One copy should have all institution and author information removed. The award and stipend ($500.00) will be conferred at the Annual Resident Day Bowl and Symposium on Friday, May 5, 2017. The author of the winning paper will be asked to present a brief summary of his/her work at the Resident Day Symposium and at President’s Night, Thursday, May 11, 2017.

Manuscripts must be received no later than April 1, 2017 to allow adequate time for review. Any manuscripts received after April 1, 2017 will be ineligible for consideration.

Manuscripts should be submitted to: Teri Wiseley, CMM, Executive Secretary via email to obphila@yahoo.com
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Answer to Trivia Question: J. Robert Willson, M.D.