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It was nice to meet with you and participate in this meeting, which gave me new energy to tackle research with pregnant women!

Another thought about gaps ---**the workforce gap is huge!** We need more research, but who will do the research as we move forward?

A benefit of the NICHD networks that we did not talk about is stimulating new investigators. A benefit of our NICHD OPRC network (Northwestern, Pittsburgh, UTMB) is that funds are set aside for training, and we excite new researchers and show them that work with pregnant women is possible and rewarding.

At Northwestern:

My former research coordinator of our OPRC site is a young woman who was accepted to Northwestern's MD/PhD program, to pursue her PhD in pharmacology.

My junior faculty member just received a K23 to study pharmacokinetics of atypical antipsychotics in pregnant women, and submitted an R21 to define PK of lithium in pregnancy.

My MFM BIRCWH scholar submitted an R21 to conduct a pilot study to inform a comparative effectiveness trial of antiemetic agents, and a novel agent, mirtazapine, for nausea/vomiting/hyperemesis.

My genetic epidemiology junior faculty member (PI for pilot for OPRC) just submitted an R01 to study neonatal adaptation problems associated with SSRI exposure.

And we just expanded our studies with Young Jeong, PhD, our colleague at University of Illinois – Chicago, to study nifedipine in pregnancy and mechanisms through which CYP enzymes are stimulated in pregnant women.

The rewarding work is contagious through these networks!! Workforce development is a BIG GAP! We need a plan for investigator development. The BIRCWH program has supported some scholars, as has the WRHR, but these funds have been cut recently.

Thanks again for this meeting!!