



Society for
Maternal – Fetal
Medicine



Task Force on Research Specific to
.....
Pregnant and Lactating Women

Communicating with Healthcare Providers

February 26, 2018

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Professional Society Perspective



Who We Are

- Maternal-Fetal Medicine Subspecialists
- MFM Fellows
- Physicians in Related Disciplines
- Nurse Practitioners, RNs, PAs, Genetic Counselors, Ultrasound Techs
- Medical Students and Residents
- MFM Office Managers, Coders

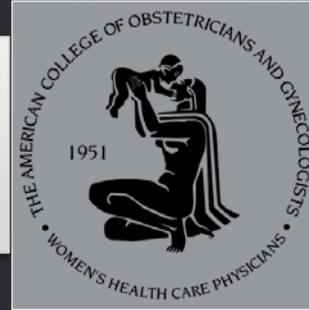


Professional Society Perspective



What is the Most Relied-on Source for Clinical Information?

- Professional Associations – 60%



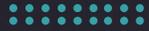
- Trade Publications – 40%

UpToDate®



PubMed

Professional Society Perspective



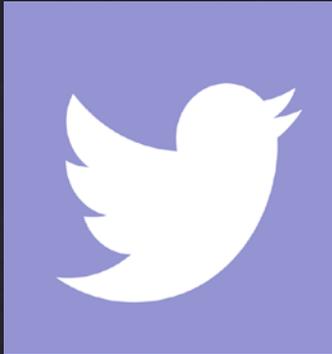
Amplifying and Curating Content

- **SMFM.org**
- **Monthly e-Newsletter**
- **Regular Email Blasts**
- **SMFM SmartBrief**
- **Online Communities**
- **AJOG Partnership**
- **In-Person and Online Education**
- **Select Media Outreach**
- **Direct Mail**
- **Social Media**

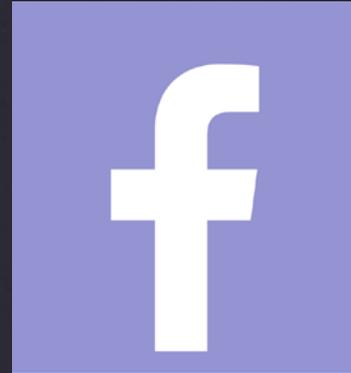
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Expanding Our Reach



8,213 Followers
+ 28% in 1 year



17,819 Followers
+ 24% in 1 year

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Members-Only



Curious if anyone has experience expectantly managing a patient with a cesarean scar pregnancy? Patient declines termination, multiple prior cesareans, going to be a percreta. Literature supports that pregnancy can go till 3rd trimester but unlikely in this case.

Frequency of ultrasounds? Inpatient admission?

Looking for tips/tricks for rescue cerclage in a G1. I have found that exposure is everything in these cases, and the difference between a multigravida and a primip is profound.

I use a large bivalve speculum, fill the bladder, deep trendelenburg, and give iv nitroglycerine if needed. Once I have clamps placed I empty the bladder. I usually use a blunt free needle passed over 1 Prolene - I have used large needles but think the smaller needles work better for G1's.

Anyone have fantastic tips that they'd like to share?

Need help from the braintrust!

Meeting with our hospital administration this week to advocate for the creation of a dedicated Mother's Lounge for our antepartum patients. For context, we deliver ~ 5600 women a year, and are the regional perinatal center for the upstate. Imagining this space could be the adult equivalent of play spaces in children's hospitals — lots of natural light, comfy seating, snacks, games, library, crafts, TV, etc. More than anything, a space where women may choose to go and be in fellowship with other women walking a similar (hospitalized) journey.

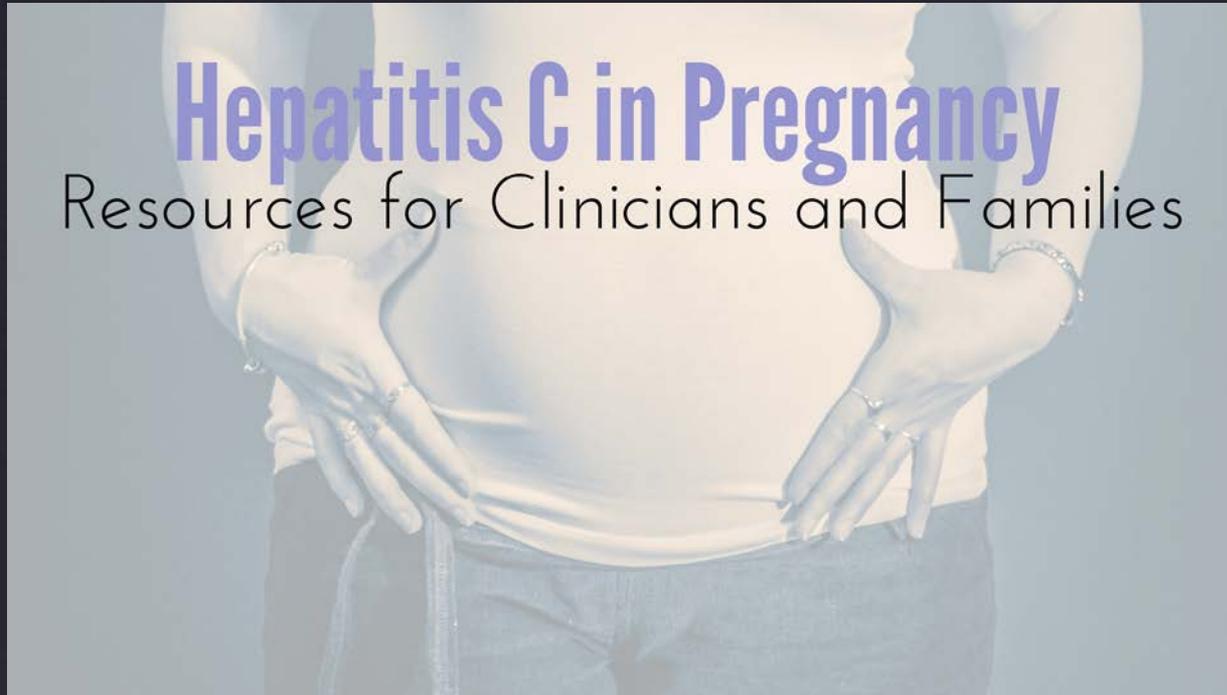
My question to you: does your hospital have something similar? If so, will you share a picture and/or details with me?



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Case Study



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Results

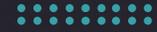
➤ Social Media

- Facebook: 15K+ reached; 4% engagement rate
- Twitter: 14K+ impressions; varying engagement rates

➤ Website Traffic

- 25.6% of Visitors Came for Publications
- 5% for HCV Guideline

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Select Trade Coverage



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..... Challenges

➤ Implementation Data Lacking

“SMFM is where I go to learn what is coming in terms of guidelines, research ideas and where more research is needed.”

“I only went to the two 8 hour ultrasound courses on Monday and Tuesday which were excellent. I was able to apply what I learned as soon as I went back to seeing patients.”

“Good place to regroup, see where things are trending and make sure I'm up to date with my protocols and procedures, good evidence for how I treat my patients.”

➤ Human and Financial Resources

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Key Takeaways

- Professional Societies Have Great Reach
- Members are THE Trusted Experts
- Data, Data, Data
- Collaborations

Professional Society Perspective



Thank You



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