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The University of Wisconsin-Madison Department of Obstetrics and Gynecology began its academic mission of training excellent women's health physicians 90 years ago. Since then, our more than 350 graduates have pursued successful careers as general ob-gyns, cancer specialists, surgeons, experts in high-risk pregnancy conditions, and more. UW-Madison-trained physicians and researchers work across the world as committed partners in women's health.

When I joined this department more than 12 years ago, we immediately focused on building capacity and growing our team of providers, residents, fellows, researchers and staff who are mission-driven to improve women's health every day. In that time, we've grown in many important ways — adding a Female Pelvic Medicine and Reconstructive Surgery fellowship; creating the first rural ob-gyn residency track in the nation and recruiting the first of many physicians passionate about providing healthcare in rural settings; rising through the ranks of the U.S. News and World Report's best gynecology programs, from #50 in 2013 to #10 in 2018; launching a Division of Reproductive and Population Health to help us understand the barriers to health equity in Wisconsin; and so much more.

Looking out over the complex and shifting landscape of women's health, I am confident the UW Department of Ob-Gyn is playing a pivotal role in advancing women's health through our tireless efforts in clinical excellence, education, discovery, and advocacy.

Dr. Laurel Rice
Ben Miller Peckham, MD, PhD, Chair in Obstetrics and Gynecology
Chair and Professor, Department of Obstetrics and Gynecology
UW School of Medicine and Public Health

UW Health Gynecology #10 in the Nation
according to 2018 U.S. News & World Report
EXECUTIVE SUMMARY

Our clinical providers dedicate their careers to helping women in Wisconsin and beyond stay healthy throughout their lives. Our team of academic specialists in ob-gyn care for thousands of patients every year, covering everything from routine well-woman visits, to family planning and prenatal care, to healthy and safe births, to menopause. In the last several years, we have integrated midwives into our general obstetrical practice, giving patients options for a broad range of birth experiences.

When the need arises for specialty care, we are proud to offer the very best in the region. At our unique, multidisciplinary Female Pelvic Medicine and Reconstructive Surgery clinic in Madison, patients can work with several specialists in one setting. Our team of nationally and internationally known urogynecologists collaborate with urologists, dieticians, and pelvic floor physical therapists to create a personalized plan, surgical or non-surgical, for each patient.

Gynecologic oncology providers make sure patients have access to cutting-edge cancer care. For example, our team developed evidence-based protocols to use sentinel node identification in vulvar, endometrial, and cervical cancers, improving patients’ surgical experience without sacrificing diagnostic accuracy. We continue to develop and expand outreach relationships with Madison-area and regional hospitals, bringing the latest surgical and medical innovations to more women with gynecologic cancers.

Our maternal-fetal medicine providers, in addition to expanding our knowledge of chronic and postpartum hypertension, are pouring their energy into quality improvement initiatives that can be implemented statewide, ensuring all hospitals in Wisconsin are safe for moms and babies. The division has built a strong referral network across the region, and assist with everything from reviewing complex ultrasounds to helping mothers with pregnancy complications deliver as safely as possible.

At Generations Fertility Care, our reproductive endocrinology and infertility specialists combine state-of-the-art technology and compassionate, personalized care to assist people who wish to become parents. With expertise in male and female infertility conditions, as well as women's endocrine conditions, we provide a wide range of assisted reproductive treatments. Generations is one of the top fertility centers in Wisconsin, with in vitro fertilization success rates high above the national average.
We provide a comprehensive educational experience, motivating and guiding undergraduates through fellows to be lifelong learners in women’s health. In particular, the UW Ob-Gyn residency has grown into a nationally recognized training program. Our residency provides learners with a high surgical volume in general obstetrics and gynecology and an extensive array of sub-specialties. Many of our residents go on to distinguished careers in general ob-gyn, while others continue their medical education with prestigious subspecialty fellowships.

In Wisconsin, 26 out of 72 counties do not have a practicing ob-gyn, and another 26 counties have fewer than two. We created the first rural ob-gyn residency training track in the country to help address that gap — our rural residents will graduate with the skills and drive to provide excellent ob-gyn care to women and babies in rural Wisconsin and beyond.

Studies suggest that by 2050, more than 43 million American women will be living with at least one pelvic floor disorder, which could include anything from incontinence to pelvic organ prolapse. These women deserve access to high-quality specialized care, which is why we will launch the first Female Pelvic Medicine and Reconstructive Surgery fellowship in Wisconsin in 2021. Training FPMRS fellows will dramatically increase our capacity for patient care, as well as research into prevention and treatment for pelvic floor disorders.

Each aspect of excellent clinical care gets its start as research, and discoveries and innovations with their roots in our department have changed research and clinical care in Wisconsin and beyond.

Our uniquely integrated Division of Reproductive Sciences is hard at work removing barriers to solving pregnancy-related diseases; we’re using the latest technology to make discoveries today that will drive the best outcomes for all our future children. As part of the National Institute of Child Health and Human Development Placenta Function Study, our team of researchers use imaging techniques like ultrasound and MRI to identify pregnancy problems at a very early stage and gain better insight into the critical but little-understood placenta.
We have greatly expanded our capacity for clinical and community research, opening doors for studies that improve all aspects of women’s health. In our Division of Maternal-Fetal Medicine, Kara Hoppe, DO, piloted a telehealth program that helped new moms track their blood pressure from home. The pilot was so successful, with more than 100 participants and zero readmissions for hypertension-related complications, that our clinical partners at UnityPoint Health-Meriter adopted the program as a new standard of care for their patients with hypertension after pregnancy.

In the Division of Reproductive Endocrinology and Infertility, Laura Cooney, MD, and Aleks Stanic, MD PhD, will use a grant from the American Society for Reproductive Medicine to better understand the immune system’s role in polycystic ovary syndrome (PCOS). Dr. Cooney has also built a unique, interdisciplinary clinic for patients with PCOS, pulling together mental health, endocrinology and nutritionist support in one location.

Heidi Brown, MD, of the Division of Female Pelvic Medicine and Reconstructive Surgery, introduced a community-based educational model to help women address incontinence and pelvic floor problems. Her pilot of the in-person Mind Over Matter; Healthy Bowels, Healthy Bladder program improved urinary incontinence symptoms for 71 percent of participants, and bowel incontinence for 55 percent. Based on the pilot’s success, as well as user feedback, she is adapting the program to an online model, which will open it up to more women across Wisconsin and beyond.

As part of a world-class research center, our gynecologic oncology providers can help patients connect with clinical trials which offer new treatments as they are developed. We’re also pioneering innovative procedures to help diagnose cancers and treatments that are tailored to an individual’s genetic makeup. Lisa Barroilhet, MD, is a rising research star in the Division of Gynecologic Oncology – since 2013, she has brought several national clinical trials to the UW, making sure ovarian and endometrial cancer patients can be part of life-changing research.

In addition to clinical and bench research, our department will launch important public health research with the potential to affect policy and priorities across the country. Deborah Ehrenthal, MD, brought a CDC Prevention Research Center to the University of Wisconsin. Through the center, we will work to improve the health of low-income women, infants and families through the conduct of high-quality applied health promotion and disease prevention research with a focus on achieving health equity.

**ADVOCACY**

Now more than ever, it is crucial we use our voices to advocate for women’s health. Across the department, we are gaining a better understanding of the many barriers to health equity in Wisconsin and beyond. We use that knowledge to identify areas where we can bear the standard for women’s health.

Research out of the newly created Division of Reproductive and Population Health highlights some of the obstacles to comprehensive contraceptive care in Wisconsin, including provider competency and health system barriers. In 2019, we hosted the first Wisconsin Contraceptive Care Summit to help providers and other stakeholders learn evidence-based strategies in contraceptive care and patient-centered contraceptive counseling, all based in a reproductive justice framework.
Many people in our department have taken on leadership roles on the national stage that allow them to shape women's health policy and priorities. Wisconsin women's needs are represented at the highest levels in organizations, including:

- American Association of Gynecologic Laparoscopists
- American Board of Obstetrics and Gynecology
- American College of Obstetricians and Gynecologists
- American Gynecological and Obstetrical Society
- American Urogynecologic Society
- Society of Gynecologic Oncology
- Society of Gynecologic Surgeons

In addition to advocating for the needs of our patients, we also invest significant time and resources into making sure we ourselves are in good working order to care for all Wisconsin women. As physician burnout is on the rise and career satisfaction on the decline, we made wellness a key priority in the UW Department of Ob-Gyn. Committees and initiatives in the department focus on improving work-life boundaries for physicians and residents. Members of our department are also active voices on groups focused on provider wellness across our institution.

The UW Department of Ob-Gyn remains committed to advancing health care for all women in Wisconsin and beyond. Our diverse, engaged family of women's health professionals are ready to fulfill our local, statewide, and global responsibility to ensure all women have what they need to live happier and healthier lives.
Providers in the Division of Academic Specialists in Obstetrics and Gynecology have the unique privilege of working with women at every stage of life. A dedicated team of physicians, nurse practitioners, certified nurse midwives, and supportive personnel across Dane County advance the care of women locally, regionally, and beyond every day.

The Academic Specialist Division has undergone a complete transformation over the past several years. Makeba Williams, MD, stepped into a new role as division director with a focus on improving provider wellness and patient satisfaction in her division. Consolidating outpatient clinic sites and bringing all inpatient maternity care to UnityPoint Health-Meriter made it easier for providers to collaborate and share resources.

After considering the composition of care teams, the division implemented a redesigned work model to improve scheduling for patients and providers. The new work model includes an obstetric nocturnist program and streamlined clinic scheduling, which improves access and efficiency of care. An added ob-gyn service attending provides daily clinical supervision and education to our resident teams working on labor and delivery and gynecology.

The structural changes to how the division provides care also open up more opportunities for faculty and providers to pursue clinical scholarship, research, and leadership. Providers are developing clinical niches in specialized areas like vulvar disorders, dysplasia, family planning, military medicine, reproductive justice, and more.

“Central to our work as women’s health providers is to provide exceptional care for all women without regard to race, ethnicity, sexual orientation, religion or socio-economic status, and to reduce the disparities in care which lead to poor health outcomes. We will continue to seek out talented physicians and providers who represent the full breadth of the population for whom we care and continue our efforts to create a more inclusive care, learning and work environment.”

Division Director Makeba Williams, MD

The new work model improved access and satisfaction for our patients:

- New patient visits: + 4%
- Total arrived and completed appointments: + 7%
- Patients’ likelihood to recommend us: + 5%
In 2014, the UW Department of Ob-Gyn started offering CenteringPregnancy group prenatal care in partnership with UW Health. Women at any stage of pregnancy can join Centering groups at several locations, including the UW Health Arboretum Clinic, West Clinic, and Monona Clinic. And in response to feedback from women in our community, we collaborated with the Meadowood Health Partnership to host a Centering group at a community-based, non-clinical site, helping address transportation and access issues for many participants. The program will soon expand to Goodman Community Center on Madison's east side.

CenteringPregnancy is an innovative, evidence-based model of prenatal care that brings women at similar stages of pregnancy together to learn about topics like nutrition, preparing for labor and delivery, breastfeeding, newborn care, and parenting. Group members meet individually with healthcare providers at the beginning of each meeting for routine check-ups, which include blood pressure, weight, belly measurements, and heartbeat checks. This group model offers women more time with their healthcare provider than typical prenatal visits, along with confidence-building support and friendship of other pregnant women.

Centering is a crucial piece of the UW Department of Ob-Gyn’s efforts to decrease infant mortality and improve health equity in Dane County. Centering participants experience:

- Increased breastfeeding rates
- Improved attendance at prenatal visits
- Increased postpartum use of birth control
- Reduction in preterm birth
- Reduction in low birth weight
- Decreased NICU admissions
- Decreased likelihood of smoking

“We love the ability to network with other soon-to-be parents. Dr. Sharp has done a wonderful job leading conversations and addressing everyone’s individual questions and concerns in a way that informs and soothes.” – patient quote
“I wish all mothers and soon-to-be mothers could receive the same excellent care that I do.”—patient quote

MIDWIVES CHANGE LIVES

By integrating Midwives into the fabric of our obstetrics and gynecology services, we offer patients a variety of birth experiences. Our team of midwives are busier than ever – in addition to caring for patients at several clinical locations around Madison, midwives are actively engaged in education of residents and medical students. We also more effectively integrated midwives into our practice; now, midwives and physicians work hand in hand to make sure patients can access a broad range of high-quality ob-gyn services.

FINDING HOPE AFTER LOSS

The Hope After Loss Clinic, led by Dr. Kristen Sharp, offers medical and emotional care for women who have recently experienced a miscarriage, stillbirth, neonatal or infant loss, or who have learned pregnancy loss is imminent. Providers in the clinic also work one-on-one with patients who wish to become pregnant after a loss to create tailored physical and emotional care plans. As an additional support to families who have lost pregnancies, clinic leaders work in the community to plan periodic memorial services and dedicate a special space for families to visit.

INTEGRATING BREAST CARE

As providers, we aim to be fixtures in our patients’ lives, connecting with them regularly and taking an interest in every aspect of their health. In order to provide comprehensive care for patients with breast health concerns, we partnered with the UW School of Medicine and Public Health’s Department of Surgery to successfully recruit Dr. Laura Bozzuto. Dr. Bozzuto has training and expertise in a wide range of women’s health areas – she completed her obstetrics and gynecology residency and a fellowship in breast surgery. Dr. Bozzuto’s unique expertise allows her to practice the full breadth of obstetrics and gynecology, in addition to providing surgical care for breast cancer.

IMAGING EXPERTS

We created the Academic Specialists Ultrasound Program to expand ultrasound services to patients across the city. Three ultrasound units are operated by the Department of Ob-Gyn, and the ultrasounds are read by faculty in the Division of Academic Specialists in Ob-Gyn. By adding dedicated sonographer time at the UW Health Union Corners Clinic, we made ultrasound services more accessible to patients on Madison’s east side. The service is available to patients who work with our ob-gyn providers, as well as patients in Family Medicine and Midwifery.

CARE ACROSS THE LIFESPAN

At the UW Health Menopause Clinic, we provide individualized, evidence-based care for the complex variety of menopause-related symptoms. Dr. Makeba Williams directs the clinic, and UW Ob-Gyn residents play an active role in developing care plans for patients, ensuring they complete their training with the skills to counsel patients and use shared decision-making to make sure every woman is getting the right care for her.
WHAT’S NEXT:

Improving professional development through robust faculty mentoring programs and increased opportunity for clinical scholarship and academic advancement

Cementing our status as top ob-gyn providers in the region by developing clinical niches that highlight our unique expertise in key areas of women’s health, like a dysplasia clinic, vulvar clinic, breast center, and postpartum transitions clinic

Leading the American College of Obstetricians and Gynecologists’ charge to provide excellent postpartum care and support women through the critical fourth trimester

RESEARCH

As Academic specialists, we make significant contributions in scholarship and leadership.

Pregnancy, Birth, and Lactation Support Program
Luther Gaston, MD and Jacqueline Peebles, MD

With a grant from the UnityPoint Health-Meriter Foundation, our physicians will help develop a program to increase exclusive breastfeeding rates among African-American women cared for at Meriter. Breastfeeding has been shown to positively impact nutritional, immune and social and psychological aspects of infant development and the benefit continues throughout infancy.

Environmental Influences on Child Health Outcomes
Ruth Yemane, MD

The National Institutes of Health’s Environmental Influences on Child Health Outcomes supports longitudinal studies to investigate the impact of environmental exposures on child health and development. Dr. Yemane will work with a group of pediatric allergy researchers at the UW SMPH to study a group of women and their babies over several years (beginning with prenatal care) to help understand childhood asthma.

Valuable partners in multidisciplinary research

Providers in the Division of Academic Specialists in Ob-Gyn work with an incredibly broad patient population, making us excellent collaborators for high-risk obstetrics research. Our provider have worked with researchers in the UW Ob-Gyn Division of Maternal-Fetal Medicine on studies examining pain medication during C-Section recovery, chronic hypertension in pregnancy, and more.

“It was amazing to walk in and work with a doctor who listened to me, had a thought about the plan, but was willing to listen to what I wanted. I got the impression that if my wishes differed from hers, we would have discussed options and she would have respected my choice.”—patient quote
Pelvic floor disorders, including bladder and bowel incontinence and pelvic organ prolapse, are incredibly common, impacting one in four women under age 45 and more than half of women after age 65. These problems, often embarrassing to talk about, may not be mentioned to health care providers for years.

Pelvic floor disorders can have a dramatic negative impact on quality of life. When they do, providers in the UW Ob-Gyn Division of Female Pelvic Medicine and Reconstructive Surgery (FPMRS) are available to help patients with a wide variety of treatment options.

Sometimes, pelvic floor disorders can be improved through conservative options like diet changes or low impact exercises. In other cases, support devices, office procedures, or surgical approaches might be more appropriate. Our providers, led by Division Director Dobie Giles, MD, take time to understand how each individual patient is affected, and how the breadth of treatment options align with her values and preferences. Patients direct treatment decisions every step of the way.

Comprehensive management of pelvic floor disorders includes providers from multiple specialties, which can mean scheduling challenges for patients. The UW Ob-Gyn Division of FPMRS created a unique, multidisciplinary clinic to bring many specialty providers together and help patients get the most out of every visit to the clinic.

At the clinic, patients can work with UW Ob-Gyn urogynecologists and urologists to identify, understand, and manage their pelvic floor disorders. Our fellowship-trained FPMRS physicians are skilled in the latest diagnostic and therapeutic techniques for addressing incontinence and prolapse, including open, vaginal, and robotic surgeries.

Our physicians also work closely with a team of expert pelvic floor physical therapists and clinical nutritionists who guide patients in exercises and lifestyle changes that can improve their pelvic floor symptoms or aid in recovery after surgery.

In 2018, the clinic relocated to UnityPoint Health-Meriter Hospital, a move that vastly increased clinical space, opened up more time for patients to schedule with their clinicians, and moved urogynecologic surgeries into the same location as the clinic. In the fall of 2019, the clinic will offer patients an opportunity to work with colorectal surgeons and gastroenterologists as part of their coordinated pelvic floor care.
MIND OVER MATTER: FROM CLINIC, TO CLASSROOM, TO ONLINE

Though bladder and bowel incontinence symptoms can often be improved with diet and lifestyle changes, many people with incontinence may not have easy access to health care providers or tools to help them make those changes.

That's why, in 2015, Dr. Heidi Brown piloted the Mind Over Matter: Healthy Bowels, Healthy Bladder (MOM) program at community sites around Wisconsin. More than 170 women in eight rural and suburban communities enrolled in a study of the MOM program that included in-person incontinence management classes. The results from their participation helped optimize the program for more people; in 2019, the Wisconsin Institute for Healthy Aging adopted the program, training new cohorts of facilitators and rolling out the program across the state.

MOM builds skills and self-confidence to make simple changes to improve bowel and bladder health. The program is led by a trained facilitator from the community and is offered to a small group of eight to 12 women at a time. Over the course of three sessions, women learn how the bladder, bowels and pelvic floor work together; receive instruction on low-impact pelvic floor muscle exercises; walk through fiber and fluid recommendations; and practice tracking their own fiber and fluid intake. Importantly, participants also leave with tools and suggestions for discussing symptoms with healthcare providers if the solutions offered in the MOM workshop do not sufficiently improve symptoms.

A discovery during the MOM pilot led to the program’s next evolution. A statewide survey revealed that many with bladder and bowel incontinence symptoms were not likely to come to a community center for an incontinence program, so the team began work to adapt the MOM curriculum for online delivery.

The MOM program is currently being adapted so that women can access it online, from the privacy and convenience of their own homes. To learn more, visit www.healthybowelandbladder.org.

TRAINING THE NEXT GENERATION

The number of women with pelvic floor disorders will increase as the population ages and treatment for these conditions is better recognized. The current estimate is that by the age of 80, nearly one in five women will undergo surgical correction for prolapse. We created the first Female Pelvic Medicine and Reconstructive Surgery fellowship program in Wisconsin to help meet the demands for these varied medical and surgical services.

In 2019, the Accreditation Council for Graduate Medical Education approved a FPMRS fellowship program at UW-Madison, with Dr. Christine Heisler as the Program Director. Starting in July 2021, one fellow per year will train for three years in the care of women with complex pelvic floor dysfunction.

The FPMRS fellowship program will enhance existing research opportunities and broaden the clinical capacity through strengthened inter-departmental collaboration. More importantly, it demonstrates a commitment to the women of Wisconsin and adjacent communities, and ensures that future patients receive the full breadth of high quality and evidence-based care.
RESEARCH AND ADVOCACY

Female Pelvic Medicine and Reconstructive Surgery specialists can greatly improve quality of life for patients with their one-to-one care. And at the UW, our specialists extend their influence by helping inform other providers across the country of best practices for treating incontinence and pelvic floor disorders, as well as advocating for health care coverage of effective treatments.

Our providers stand up for access to the full range of treatments for pelvic floor disorders, from non-invasive options to the latest in surgical techniques. In 2019, Dr. Heidi Brown traveled to Washington, DC and Baltimore twice to advocate for Medicare coverage of a low-cost, non-surgical intervention to help people manage fecal incontinence.

WHAT’S NEXT:

The Division of Female Pelvic Medicine and Reconstructive Surgery will bring its first fellow on board in 2021. The new fellowship will accept one trainee per year, and will greatly increase the division’s research and clinical capacity.

OUR PATIENTS SAY:

“Discussing my problem presented a private and personal issue for me. I was treated with respect and sensitivity regarding this concern. My options on treating my problem were explained very well and when my decision was made, it was also carried through with great care on my behalf.”

Our providers stand up for access to the full range of treatments for pelvic floor disorders, from non-invasive options to the latest in surgical techniques. In 2019, Dr. Heidi Brown traveled to Washington, DC and Baltimore twice to advocate for Medicare coverage of a low-cost, non-surgical intervention to help people manage fecal incontinence.

peer-reviewed publications and book chapters by our physicians helping inform FPMRS practice worldwide

attendees at Break Free from Incontinence and Pelvic Floor Disorders talks since 2015

16+

300+
Our understanding of gynecologic cancers – what causes them, and how to prevent and treat them – advances every year. The UW Ob-Gyn Division of Gynecologic Oncology is proud to be at the front of the field, leading the way in research, policy development, and clinical care. Our multidisciplinary team of providers, based in the UW Carbone Cancer Center, includes gynecologic, medical, and radiation oncologists, genetic counselors, health psychologists, advanced practice providers, social workers, and many more people dedicated to accompanying patients through every step of cancer treatment and recovery.

As the largest gynecologic oncology service in Wisconsin, bringing top-notch cancer treatments to women outside the UW Health system is an important priority. Our gynecologic oncologists, led by Division Director Stephen Rose, MD, have built robust outreach clinics at four locations throughout Wisconsin and northern Illinois.

Not only does this extend exceptional care to more gynecologic cancer patients, it also helps us meet a department goal of serving as an educational resource for community physicians around the state. UW Ob-Gyn gynecologic cancer surgeons help other providers stay up to date with the ever-changing landscape of cancer medications and surgical techniques. For example, more and more outreach sites have adopted sentinel lymph node identification protocols as a clinical standard. Sentinel lymph node identification can be used in treating cervical, vulvar and endometrial cancers. Using this identification method decreases the amount of tissue removed without sacrificing diagnostic accuracy, meaning less swelling and lower risk of infection for patients, and improved detection of invasive cancers.

Over the last several years, providers have been appointed to groups that help set the direction for gynecologic cancer research, treatment, practice guidelines, provider wellness, and more. Physicians and advanced practice providers from the UW are among the leadership ranks in organizations like the Society of Gynecologic Oncology, NRG Oncology Group, and more.
For patients receiving treatment from UW Ob-Gyn gynecologic oncology providers, quality of life during treatment is always in focus. Multiple research projects in the department examined different interventions that can improve patient comfort and outlook during cancer treatment, like watching comedies during chemotherapy appointments.

Studies from the National Institutes of Health suggest at least 40 percent of cancer survivors experience sexual problems after cancer treatment, and that number is much higher for women. The Women’s Integrative Sexual Health Clinic, which helps patients who have been diagnosed with or treated for any type of cancer, was created to shed light on a topic many are too embarrassed to discuss. A multidisciplinary team of physicians, advanced practice providers, pelvic floor physical therapists, and relationship therapists can guide patients through identifying and discussing sexual health issues after cancer.

Our providers support patients and families through difficult outcomes as well. Dr. Ellen Hartenbach is an institutional expert on palliative care, known for providing compassionate support to gynecologic oncology patients and families facing end-of-life decisions.

OUR PATIENTS SAY:

“Everyone is very nice, I’m confident they know how to care for me the best way. I often tell people that I am getting the best care available.”
NEW PATHS FOR GENETIC CANCERS

As our knowledge of cancer advances, we’re learning more and more that cancer risk might be written in our genes. For patients with some types of breast or ovarian cancer, a special clinic at UW Health pulls together a variety of oncology resources to support them.

The Prevention, Assessment and Tailored Health Screening (PATHS) clinic sees patients with a personal or family history of breast or ovarian cancer. The clinic offers genetic testing and counseling for patients who may have a cancer or family history of cancer caused by genetic mutation (such as the BRCA mutations that are linked to about 15 percent of ovarian cancer cases). Understanding the genetic component of these cancers helps providers tailor treatments to meet individual patients' needs.

At the PATHS clinic, patients can work with gynecologic oncologists, medical oncologists, plastic surgeons, breast surgeons, advanced practice providers specializing in surveillance and survivorship, and more. Providers work hard to coordinate care so that patients get the most out of each visit – many of the clinic’s 300 or so new patients a year travel from outside Dane County, so it’s important to be able to see multiple providers in the same day. Surgeons in the clinic may also offer joint procedures: patients with BRCA mutations may opt for preventive breast removal as well as ovary removal, and the PATHS team does its best to make sure those surgeries can happen at the same time where possible.

PATHS offers surveillance and survivorship support to patients long-term, which can mean that as the science around genetic-related cancers changes, those patients can be connected to advances in screening and treatment. Many clinical trial opportunities are also presented in the clinic, helping patients connect to the very latest in cancer care.

OUR PATIENTS SAY:

“I most like the feeling that I am among professionals who are up to date with my health care issues. I appreciate the personal attention during my visit. My doctor and the team staff never seem distracted or in a hurry. Each person I see shows they genuinely care about my health. I trust their medical expertise.”

WHAT’S NEXT:

Bringing additional clinical trials for gynecologic cancers to the UW Carbone Cancer Center, and increasing the number of patients who are able to access the trials

Standardizing and optimizing care across sites in our referral and outreach network
New and exciting research on gynecologic cancer is being launched with partners from across campus. We used donated funds to entice researchers from the UW-Madison College of Engineering, School of Pharmacy, and UW SMPH Departments of Dermatology and Hematology to study gynecologic cancer. These multidisciplinary projects will examine everything from how collagen structures change in ovarian cancer, to innovative immunotherapy approaches for treating cancer.

**Strengthening infrastructure for cancer clinical trials**

Thanks to generous community support, we were able to create a dedicated research office to administer gynecologic oncology clinical trials. Housed at the UW Carbone Cancer Center, the gynecologic oncology research office allows us to safely enroll patients in complex trials targeted specifically at gynecologic cancers. As the largest gynecologic oncology service in the state, we see patients from hundreds of miles away and can offer them opportunities to access the latest in gynecologic cancer care.

Our team of highly skilled physicians and investigators take on a variety of clinical trials for the benefit of gynecologic oncology patients, from UW investigator-initiated studies to important national trials. A few of the many life-changing studies currently available:

**A Phase II Trial Evaluating Cisplatin and Gemcitabine. Concurrent with Intensity-Modulated Radiation Therapy (IMRT) in the Treatment of Locally Advanced Squamous Cell Carcinoma of the Vulva**

**PI: Lisa Barroilhet, MD**

The purpose of this study is to find out if radiation therapy, along with the addition of the chemotherapy drugs cisplatin and gemcitabine, works in treating locally advanced squamous cell carcinoma of the vulva, and to identify side effects or surgical complications caused by treatment with this combination.

**Women’s Integrative Sexual Health (WISH) Program Research Database**

**PI: David Kushner, MD**

In partnership with the University of Chicago Program in Integrative Sexual Medicine (PRISM), the WISH Program establishes a research database for women who have sought treatment for sexual dysfunction. *Prevalence of Abuse in the Sexual Health Clinic* is a current study analyzing the existing WISH and PRISM database to determine the prevalence of abuse in this unique population of women.

**Evaluation and Treatment of Iron Deficiency in Ovarian Cancer Patients Receiving Neoadjuvant Chemotherapy**

**PI: Lisa Barroilhet, MD**

This study, co-designed with a UW Ob-Gyn Gynecologic Oncology fellow, seeks to describe the incidence of iron deficiency without anemia in women with ovarian cancer. Investigators will study whether iron supplementation and iron sucrose transfusions help raise patients’ iron stores and lessen the need for blood transfusions during surgery.
Whether a pregnancy is identified early as high-risk, or whether complicating conditions develop further along, women with more complex health needs during pregnancy require specialized care. The UW Ob-Gyn Division of Maternal-Fetal Medicine, under the leadership of Division Director J. Igor Iruretagoyena, MD, has built an accomplished team of specialists with broad expertise.

Clinical services are housed at the Center for Perinatal Care, a joint program of UW Health and UnityPoint Health-Meriter. Our MFM team receives referrals from across Wisconsin and northern Illinois; we provide comprehensive management of high-risk pregnancies and a full complement of prenatal diagnostic services.

Since 2015, the division has nearly doubled in size, bringing on five additional providers (with a sixth to join us in 2020). In addition to recruiting an excellent team, the division has spent the last several years building strong multidisciplinary relationships with adult and pediatric specialties to make sure moms in Wisconsin get the best-coordinated care.

HELPING MOMS WITH HIGH BLOOD PRESSURE

High blood pressure, or hypertension, during pregnancy can lead to preterm birth and low birth weight for babies, and raises a woman’s lifetime risk of high blood pressure and cardiovascular disease. The American College of Obstetricians and Gynecologists has found high blood pressure affects almost 10 percent of pregnancies nationwide. In Wisconsin, that number is more like 20 percent.

With original clinical research and participation in nationwide studies, the Division of Maternal-Fetal Medicine is learning more about how to treat chronic high blood pressure during pregnancy, and how to support moms with hypertension after they deliver.

Postpartum hypertension can be quite dangerous, sometimes sending new parents back to the hospital for treatment. A telehealth study by Kara Hoppe, DO helped new moms with hypertension monitor their blood pressure, heart rate, oxygen levels and other vitals from home, and communicate with providers about the results. In the pilot, 100 patients went home after giving birth with a blood pressure kit and Bluetooth-enabled tablet. They used the at-home monitors for six weeks, checking in with nurses if any measurements were concerning. None of the pilot participants needed to go back to the hospital. The study was so successful, it is now a program offered to all people who deliver their babies at UnityPoint Health-Meriter.
Launched in 2019, this one-day class is designed for women on medication-assisted treatment for opioid use disorder in pregnancy. Providers created the program to open the lines of communication between staff and patients, help patients get to know their care team before delivery, and reduce the stigma surrounding opioid use disorder in pregnancy. The class includes educational sessions with anesthesiology, pain pharmacy, pediatric hospitalists, social work, addiction medicine specialists, lactation consultants, and pediatric occupational therapy. Attendees learn what to expect during their care, and how to care for infants with neonatal abstinence syndrome.

OUR PATIENTS SAY:

“The experience is so phenomenal that I looked forward on seeing all staff. Their kindness and care is so appreciated and I’ve never had a better office with amazing services from all. Thank you!”

Fetal ultrasound, fetal echocardiogram and genetic screenings are performed in our American Institute of Ultrasound in Medicine-accredited center.

This innovative model of group prenatal care enhances the prenatal experience of women with diabetes, offering more education and support than is possible from traditional care. MFM physicians, advanced practice nurses and childbirth educators work together to run the classes and provide diabetes-specific information for pregnancy.

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The Division of Maternal-Fetal Medicine is committed to increasing clinical research that will help us better understand and treat high-risk pregnancy conditions in the future:

**RESEARCH**

Collaborative research with the UW SMPH Department of Pediatrics, Department of Surgery, and the Wisconsin Institutes for Medical Research will change the way congenital heart defects are evaluated and treated. The researchers created a new modeling method that creates a patient-specific, 3D printed fetal heart model based on fetal echocardiogram, which is integrated with 4D flow MRI and can help analyze the heart’s flow before birth.

As one site of the national CHAP clinical trial, we’re investigating whether it is safe and beneficial to prescribe blood pressure medication to pregnant women with mild chronic hypertension. The UW-Madison/UnityPoint Health-Meriter site of the CHAP trial earned a Site of the Month designation in 2018. The project is sponsored by the National Heart, Lung, and Blood Institute.

The purpose of the study is to determine whether applying a lidocaine patch around the Cesarean delivery incision will decrease the need for opioid medications for pain control. Women who participate in this study will be randomly assigned to receive lidocaine patches or placebo patches around the incision site.

**WHAT’S NEXT:**

A grant from the National Institutes of Health will help us learn more about how global pathogens like Zika virus work in the body, especially when it comes to maternal and fetal health.

We plan to address rising rates of maternal morbidity and mortality through an increased focus on Quality Improvement initiatives, and by exploring innovation around collaborative networks and telehealth.
The UW Ob-Gyn Division of Reproductive Endocrinology and Infertility, through UW Health Generations Fertility Care, helps individuals and couples meet their fertility care and fertility preservation goals. The Generations team of doctors, nurses, laboratory technicians, genetic and financial counselors, health psychologists, and more work with patients to develop personalized plans to grow their families. Our reproductive endocrinology and infertility specialists have expertise in male and female fertility conditions, and use state-of-the-art assisted reproductive technology (ART) to assist patients. Our ART success rates are consistently above the national average. Over the last several years, we have recruited expert researchers and clinicians to improve our understanding of fertility issues and apply the latest developments to our patients.

To strengthen the connections between developments in the lab and applications for patients, we recruited a combined clinical provider and researcher in Dr. Aleksandar Stanic-Kostic. Dr. Stanic has a prolific research portfolio in our Division of Reproductive Sciences, and maintains a busy clinical practice at Generations.

OUR PATIENTS SAY:

“I am always impressed with how much the staff respect my privacy. They always ask me if it’s a good time to talk before we go further in our conversation, which at Generations, all phone calls are very intimate and very important to our future as hopeful parents.”
Polycystic ovary syndrome (PCOS) affects between 10 and 20 percent of reproductive-age women, making it the most common endocrine disorder in that group. PCOS is a common cause of infertility, but its effects in the body extend beyond reproductive symptoms. That’s why the UW Ob-Gyn Division of Reproductive Endocrinology and Infertility launched a unique, multidisciplinary PCOS clinic to help women manage the wide variety of PCOS symptoms. While the PCOS clinic is housed at Generations Fertility Care, it was created specifically to help people address their non-fertility-related PCOS concerns and symptoms.

Patients at the PCOS clinic can see health care professionals from across specialties who work together to manage their care. The PCOS clinic includes: an REI specialist who can provide guidance on PCOS-related fertility concerns; an endocrinologist to address insulin resistance and prediabetes that can be common with PCOS; a dermatologist to help with cystic acne and excess hair growth; and nutrition resources for people looking for help with weight gain.

Emerging research suggests a connection between PCOS and an increased risk of depression and anxiety. That’s why the PCOS clinic also includes a health psychologist – in addition to offering behavioral health advice to assist in diet and weight management, the health psychologist can work with patients who may have correlated mental health concerns.

Principal Investigators:
Laura Cooney, MD
Aleks Stanic-Kostic, MD, PhD

The purpose of this study is to learn about the unique immune component of women undergoing IVF, and potentially identify proteins in the immune system that may be used to predict the success rate of pregnancy in women with PCOS undergoing IVF. The study is funded with support from the American Society for Reproductive Medicine.
At Generations, our providers are skilled in a wide range of diagnostic and fertility procedures, including hysteroscopy, cryopreservation, intrauterine insemination, and in vitro fertilization.

Thanks to a robust partnership with the UW-Madison Department of Urology, Generations patients can work with a male infertility specialist for things like specialized sperm extraction and microsurgical vasectomy reversal.

Patients at Generations can work with a certified health psychologist who can support them with the mental and emotional aspects of reproductive health issues, including pregnancy loss, high risk pregnancies, postpartum depression, and anxiety.

Our team built a cutting-edge lab and storage system to support fertility treatments, including incubators, specialized equipment to facilitate in vitro fertilization procedures, and storage tanks with remote-monitored temperature sensors.

In late 2019 and early 2020, the Division of Reproductive Endocrinology and Infertility will welcome new leaders! Bala Bhagavath, MD will join us as Director of the Division of REI and medical director for Generations Fertility Care. Ping Xia, PhD joins as laboratory director at Generations Fertility Care.

“\nThe staff, resident and doctor are all very professional and welcoming, extremely thorough and concise. My physician was warm and heartfelt, and explained my plan of care in a very simple manner. I am a PA and I was inspired by the way she conducted the visit. Phenomenal.”
We are so proud to celebrate our department’s 90th year of educating the women’s health doctors and researchers of tomorrow. The working and learning environment of our program is built on inclusivity, collaboration, humility, integrity and respect. Our education programs are continually evolving and growing, and today reflect a comprehensive and unique set of opportunities.

**MEDICAL STUDENT EDUCATION**

Medical students from the UW School of Medicine and Public Health rotate through obstetrics and gynecology in both inpatient and outpatient. Our students receive multidisciplinary instruction from residents, faculty, and certified nurse midwives. We made some big changes to ensure that medical students receive the best possible instruction and a comprehensive introduction to women's health careers: we completely transformed the clerkship curriculum, and developed the Ob-Gyn Hospitalist Clinical Elective Pilot and the Ob-Gyn Teaching in the Medical Setting Clinical Elective Pilot.

The number of medical students interested in pursuing ob-gyn as a specialty has grown over the past several years. In order to meet this demand, we created three inpatient acting internships (Maternal-Fetal Medicine, Female Pelvic Medicine and Reconstructive Surgery, and Gynecologic Oncology) and one ambulatory acting internship.

**UW OB-GYN RESIDENCY PROGRAM**

Outstanding clinical training is the bedrock on which our residency rests. From surgical volume to obstetrical experience to subspecialty rotations, all areas of our clinical and educational missions provide our residents with a comprehensive, robust and frankly amazing training experience. Integrating our clinical programs into a committed and innovative approach to education provides our residents with top-tier training in obstetrics and gynecology. We have a well-balanced, comprehensive program with several unique features, including a global health track, rural training track, resident research curriculum, surgical simulation program, family planning rotation, and resident clinic serving an extremely diverse patient population. Residents also work with a wide variety of patients and conditions in outpatient clinical settings like our Menopause Clinic, Hope After Loss Clinic, CenteringPregnancy groups, University Health Services, and more.
RURAL RESIDENCY

More than one third of Wisconsin counties don’t have a single practicing ob-gyn, creating problems for rural women in accessing basic and specialized women’s reproductive healthcare services.

To address this shortage, we created the first rural ob-gyn residency training program in the country in 2017. One training slot is available each year, and we receive over 100 applications. Residents in this program spend 80 percent of their training time in Madison, experiencing high-volume specialty training alongside the rest of their class. The other 20 percent is spent rotating through rural hospitals in Portage, Monroe, Waupun and Baldwin. The rural residency program recruited its third resident in 2019 and will have its full complement of four residents by 2020.

“I’ve always been interested in rural medicine. There are many differences in health outcomes between rural and urban patients, specifically maternal outcomes. I am interested in learning more about these disparities and working towards reducing the gap between rural and urban maternal outcomes.”

Laura McDowell, MD
first UW Ob-Gyn rural track resident

Residency Accomplishments

- Recruit top-notch medical students: incoming residents are from the top of their medical school class
- Implement the CREOG resident wellness curriculum
- Develop and implement a new two-year didactic curriculum and complimentary comprehensive two-year simulation curriculum
- Increased number of graduates pursuing subspecialty training, with 40% of 2019 graduates headed to fellowship programs

Laura McDowell, MD
Residency class of 2021
Medical School: University of Minnesota

Alexa Lowry, MD
Residency class of 2022
Medical School: University of Wisconsin

Madeline Wetterhahn, MD
Residency class of 2023
Medical School: Tufts University
Entering its twelfth year of operation, our 1100-square-foot simulation lab is located in Meriter Hospital and provides a wide range of simulation training for our residents. The curriculum consists of more than 30 individual labs presented in a two-year revolving curriculum. Since independent practice is crucial to skill development, residents have 24/7 access to the simulation lab.

Our department has developed a comprehensive simulation curriculum that allows our residents to gain valuable skills before treating actual patients. Through the use of models, state of the art equipment, and life size mannequins, our residents participate in simulation training to increase knowledge and confidence in the areas of surgical skills, diagnosis, and obstetric and gynecological-related procedures.

The UW-Madison Department of Obstetrics and Gynecology is committed to providing relevant skills and training for our residents who are interested in working in low-resource communities locally or abroad. We joined with the UW-Madison Global Health Institute (GHI) and several other departments in the School of Medicine and Public Health to develop an interdisciplinary global health residency curriculum, to ensure that residents across our system have access to high quality training.

Successful applicants to the UW Ob-Gyn Global Health Residency Track enjoy protected time each year for a week-long curriculum alongside residents from other departments. During their third-year elective time, global health residents complete a rotation in a global health setting where they are mentored and supervised by local and UW Ob-Gyn faculty, giving them an opportunity to put in practice what they’ve learned over three years of training.
We’re proud to offer comprehensive women’s health education to learners at all levels. Graduating physicians interested in subspecialty training in Gynecologic Oncology or Maternal-Fetal Medicine can join us to meet their career goals. Both the Gynecologic Oncology and MFM fellowships successfully moved to full ACGME fellowship programs in 2017:

The **Gynecologic Oncology Fellowship** is supported by UW Hospital and Clinics and the UW Carbone Cancer Center, and is accredited by the American Board of Obstetrics and Gynecology (ABOG) and American Council for Graduate Medical Education (ACGME). The program stresses the complete care of women with gynecologic malignancies. Through the expertise of both gynecologic oncologists and other expert faculty, fellows learn the broad spectrum of skills necessary to properly manage this complicated patient population. They experience graduated responsibility towards independent management of complex surgical procedures and medical situations. High-quality, safe, and evidence-based chemotherapy administration is a key aspect of training. A collegial and supportive environment maximizes the learning experience in both inpatient and outpatient settings.

We encourage Gynecologic Oncology fellows to stay involved in research activity throughout fellowship. During the dedicated research year, fellows choose from basic, translational, or clinical projects. All fellows study basic experimental design, biostatistics, and cancer biology.

The **Maternal-Fetal Medicine Fellowship** is an ACGME and ABOG-approved, three-year fellowship training program designed to provide trainees with strong clinical skills in all areas of MFM and to offer a substantive research experience. Each fellow pursues a research project during their time with the department: basic science or translational research projects under the supervision of a mentor from the UW Ob-Gyn Division of Reproductive Sciences are strongly encouraged, and there are ample opportunities to pursue clinical research.

The clinical hub is the Center for Perinatal Care, a joint program between the University of Wisconsin and UnityPoint Health-Meriter Hospital. Experience includes outpatient prenatal diagnostics, inpatient clinical-service assignment, and outpatient consultative clinical experience. The clinical experience also provides a rotation in the Intensive Care Unit, as well as Labor and Delivery and Clinical Genetics. During these rotations, the fellows have no other commitments, providing an intensive and focused clinical learning experience. Fellows work closely with an experienced, dedicated education sonographer in addition to the MFM faculty on their prenatal diagnosis rotations.

UW Ob-Gyn and the Hawassa University Department of Obstetrics and Gynecology began collaborating in 2013, in pursuit of our mutual goal of improving and increasing access to healthcare for women in Southern Ethiopia. To date, the partnership has revolved around curriculum development for ob-gyn residents, medical students and Maternal-Fetal Medicine and Gynecologic Oncology fellowships at the Hawassa University College of Medicine and Health Sciences, and a UW-Madison (GHI) seed grant to promote partnership building and faculty/learner exchange between the two departments.
The Health Disparities Research Scholars (HDRS) Program is an interdisciplinary post-doctoral training program based in the Department of Obstetrics and Gynecology. The HDRS Program has been funded by the Eunice Kennedy Shriver National Institute of Child Health and Human Development since 2007. The HDRS program supports the training of scholars from diverse fields to become interdisciplinary researchers with a focus on health among minority populations, particularly maternal and child, adolescent, and family health.

The HDRS training program has two primary goals: to develop a cadre of biomedical, behavioral researchers who advance knowledge on the causes, consequences, and tools to reduce disparities in health among minority populations early in the life course; and to attract and retain underrepresented minority investigators in academic research careers. These objectives are achieved through a combination of training components: a multidisciplinary mentor team; weekly HDRS seminar and others campus seminars; coursework, workshops, and degree programs; mentored research; and professional and career development activities. Faculty mentors from a wide array of disciplines across campus are committed to expanding their research efforts to include a focus on reducing health disparities. Since the program began in 2007, 28 scholars have enrolled in the program and 23 have completed their fellowship training. Nearly 80 percent of our program alumni have gone on to obtain research-intensive positions, including nearly 50 percent as tenure track faculty at universities across the country.

HDRS scholars have developed highly productive research programs with 92 peer-reviewed publications authored by current and former scholars resulting from research conducted during their training.

While supported on this training grant, eight HDRS scholars were awarded Advancing Health Equity and Diversity pilot grants from the UW-Madison Institute for Clinical and Translational Research. Others have competed successfully for the NIH National Loan Repayment Program grants, NIH Mentored Career Development Awards, and the BIRCWH K12 program. Other types of external funding awarded to program alumni include funding from the Robert Wood Johnson Foundation, The Charles Cannell Fund in Survey Methodology, American Diabetes Association, Foundation for Child Development, and the Annie E. Casey Foundation.
The Endocrinology and Reproductive Physiology (ERP) Graduate Training Program is an interdisciplinary endocrine program with an additional longstanding focus on reproduction. The ERP program currently provides training for MS and PhD degrees. Our faculty’s research predominantly relate to NIH focus areas of reproductive biology and physiology, maternal health, and fetal health researchers from all over campus. We have 49 faculty trainers drawn from 15 departments across five schools and colleges, with a variety of backgrounds and experience. Our program has helped facilitate a marked increase in human translational studies by multidisciplinary and interdisciplinary teams (MD and PhD) over the last several years. In addition, we have seen a dramatic increase in MD and MD/PhD trainers interested in reproduction as well of the study of related adult diseases, which themselves may lead to complicated pregnancy.

The ERP program was organized in 1959 and has a rich history. In the past five years, 24 scholars have received their PhDs and three MS degrees have been awarded. Graduates have gone on to industry and prestigious universities.

WHAT’S NEXT:
The education program is continually innovating to provide the best educational experiences for our trainees:

- Training the first FPMRS fellow starting in the summer of 2021, which will greatly increase the division's capacity in research, education and patient care
- Developing two new phase III medical student clerkship electives:
  ° Hospitalists Elective Pilot
  ° Medical Student Educators Elective Pilot
- Enhancing simulation experience with a new two-year simulation curriculum and specific simulations tailored to each postgraduate year level
- Establishing permanent and sustainable funding in support of the rural residency training track
- Incorporating direct observation feedback tools for fellowship programs
- Pursuing an REI fellowship
Our research program is vibrant and growing. Research faculty and scientists contribute to discoveries that expand our understanding of reproductive sciences; develop innovative treatments, programs and health services to improve women’s reproductive health; and investigate disparities in health status and health outcomes among minority populations. We have made significant investments in infrastructure which have increased our success with NIH applications and funding.

Our vision is to achieve outstanding basic, clinical and translational research through departmental and cross-campus collaboration, integration and support. We also foster future obstetric and gynecological research through mentoring, training, and educating future scientists and physicians in the integration of ideas through interdisciplinary and collaborative research.

Three major accomplishments highlight the expanding breadth and depth of our portfolio:

**Importance of Endothelial Cell-Cell Communication at the Maternal-Fetal Interface**  
*Pl: Ian Bird, PhD*

This program has been continuously funded for 15 years, and its research studies represent major advancements in understanding the inter/intracellular mechanisms at the maternal-fetal interface in normal and abnormal pregnancies, especially preeclampsia. This multidisciplinary program has resulted in **funding totaling over $14 million**. The work has been disseminated in 150 publications.

**The Future of Health Placenta Function Research Study**  
*Pl: Dinesh Shah, MD*

This research is part of the Human Placenta Project, funded by the Eunice Kennedy Shriver National Institute of Child Health and Human Development. Researchers study and develop imaging techniques to identify pregnancy problems at a very early stage. The team uses cutting-edge ultrasound and magnetic resonance imaging techniques to measure early predictors of complications in pregnancies. The project is the first of its kind to study the placenta in real time, allowing clinicians and scientists to visualize diseases or abnormalities of pregnancy at very early stages.

**Prevention Research Center**  
*Pl: Deborah Ehrenthal, MD*

UW-Madison is one of 25 academic institutions to receive five-year funding from the US Centers for Disease Control and Prevention to establish a Prevention Research Center. The center reflects a partnership between the UW SMPH, Institute for Research on Poverty, and the School of Human Ecology. The center’s mission will be to improve the health of low-income women, infants and families in Wisconsin. The long-term effects of pregnancy and early childhood point to maternal and child health as a key period when intervention may have great impact on adult health and chronic disease.
Our research program spans the translational spectrum: from fundamental science developed and conducted at the laboratory bench, to cutting-edge research and technology applied in clinical settings, to programs and policy implemented within communities.

Our research portfolio incorporates three distinct programs:

**Reproductive Sciences:** We are committed to investing in research at the cellular and molecular level to identify the basis for healthy pregnancy and the fundamental origins of diseases that do not yet have a clinical treatment.

The cellular and molecular researchers working within our department seek to understand clinical problems at the level of molecular interactions precisely because they could then become the targets of future therapy using drugs of synthetic and naturally occurring origin. To that end, we undertake our studies of healthy pregnancy and pregnancy-related complications such as preeclampsia and preterm labor in both animal and human models. In this way we can find safe, effective 21st-century treatments for mother and child.

**Clinical Research:** We have seen tremendous growth in our clinical research program and have created a diverse portfolio of studies representing diverse funding sources, study types, phases of clinical development and investigator experience. We have also met our goal of opening new clinical research studies across the department, from reproductive endocrinology to maternal fetal medicine to gynecologic cancers.

**Reproductive and Population Health Research:** Faculty and researchers in the Division of Reproductive and Population Health study a broad range of topics within reproductive and population health, including maternal and child health, women’s health throughout the life course, family planning, health disparities and reproductive health equity.
Our investigators’ passion and vision ignite the spark of discovery; however, successful study initiation and completion requires a supportive environment and team. Research is a priority for the School of Medicine and Public Health, as well as within our department, and our leadership has made a significant investment to grow our research infrastructure. A newly formed Research Steering Committee serves as a vehicle for strategic leadership and direction for the department-wide research program. Within the past five years, we have created and staffed the Clinical Research Office and, within it, the human subjects core. This office provides a wide range of research support services, including regulatory support; study administration; subject recruitment; study coordination; and financial support. The Department has created new pre- and post-award accounting positions to support investigators. We have invested in a new Clinical Trials Management System for comprehensive tracking, budgeting and oversight.

RESEARCH FUNDING

One of our core goals as a department has been to increase applications for extramural funding, and we are demonstrating success. In the 2018-19 fiscal year, the department submitted 83 proposals requesting over $39.9 million in total costs. This represents a 187.7 percent increase in funding requests over the previous period. The department has also seen a commensurate increase in extramural funds awarded. Funding received from all extramural sources increased by 163.88 percent – from $3.87 million to $6.35 million – and the bulk of that was an increase in federal funding. In addition, our researchers are contributing support not reflected in these totals to other departments.

Specifically, Ob-Gyn faculty have collaborated successfully with the following departments: Biomedical Engineering, Cellular Microbiology, Comparative Biosciences, Medical Physics, Oncology, Pathology, Pediatrics, Primate Center, Urology, and UW Carbone Cancer Center.
As an academic institution, our mission is to educate future scientists and physicians in the new world of interdisciplinary and collaborative biomedical research. Faculty and staff in the Division of Reproductive Sciences work to understand clinical problems at mechanistic levels, and help connect our colleagues who practice in the clinic to the cutting-edge research conducted in the laboratory. Conducting basic science research in a clinical department is essential to a healthy and bright future for all women and children.

Research teams led by Division of Reproductive Sciences faculty and staffed with researchers at all levels, from undergraduate to postdoctoral, work hard to understand the origins and mechanisms of women’s reproductive health issues.

ABBOTT RESEARCH TEAM

The Abbott Research Team, led by David Abbott, PhD, employs animal models of female reproductive endocrinology to determine pathophysiological mechanisms underlying a variety of reproductive health disorders commonly found in women. Recently, the lab developed a comprehensive nonhuman primate model for polycystic ovary syndrome (PCOS) that was the vanguard for a multitude of animal and human studies aimed at determining developmental origins of this common endocrinopathy in women. Our work identifies metabolic dysfunction as possibly the initial abnormality in early developmental origins of PCOS.
The Bird Research Team, led by Ian Bird, PhD, investigates changes in vascular function during pregnancy. Since pioneering the first use of endothelial cell primary culture models to identify adaptive programming of cell signaling in response to pregnancy, this laboratory has also gained the unique expertise to conduct simultaneous real-time cell imaging of Ca2+ and NO. Recent multidisciplinary collaborations have the Bird group undertaking translational studies in diseases of human pregnancy, including a novel imaging approach using MRI to study human pregnancy at the level of blood flow, blood oxygenation, and placental perfusion.

The Boeldt Research Team, under the leadership of Derek Boeldt, PhD, focuses on developing new therapeutic options for preeclampsia. Currently there is no cure for preeclampsia, and treatments are of limited effectiveness. The Boeldt Lab uses donated human umbilical cord tissues to better understand the underlying vascular dysfunction of preeclampsia. Our approach to this problem is to use the latest technology to map the cell signaling networks responsible for appropriate vascular function in healthy pregnancy and contrast them to those responsible for preeclampsia progression. With this knowledge, we will attempt to promote healthy signals and block inappropriate signals to achieve symptom relief and improve pregnancy outcomes.

The Ong Research Team’s research interests lie in data mining, artificial intelligence, machine learning, probabilistic methods, dynamical models, inductive logic programming, and statistical relational learning with applications to biological and medical data. The team is particularly interested in the integration and analysis of clinical, genomics, transcriptomics, proteomics, immunome, metagenomics, metabolomics, and other molecular data especially as it pertains to precision medicine. The team is led by Irene Ong, PhD.
The Patankar Research Team, led by UW Ob-Gyn Division of Reproductive Sciences Director Manish Patankar, PhD, is working to devise specific methods for early diagnosis of epithelial ovarian cancer. The group also focuses on understanding the effect of factors produced by ovarian tumors on the functional capacity of tumor infiltrating lymphocytes. This research involves extensive utilization of glycoproteomic analysis in conjunction with cellular immunology, molecular biology and glycobiology.

The Stanic Research Team, led by Aleksandar Stanic-Kostic, MD, PhD, is focused on deciphering the role of innate lymphoid cells and immune cellular networks in the architectural organization of the maternal-fetal interface. Dr. Stanic’s research program is dedicated to unraveling the cellular networks underlying preeclampsia, intrauterine growth restriction, recurrent pregnancy loss, and implantation failure in assisted reproductive technologies. The lab employs both human and mouse models of reproductive physiology and disease. We use genetic targeting of immune cell development and function to dissect their role in reproductive tissue organization and disease.

The focus of the Zheng Research Team, led by Jing Zheng, PhD, is to determine how fetal and placental endothelial function is regulated, particularly during pregnancy complications. Specifically, the Zheng laboratory investigates how pregnancy complications like preeclampsia affect gene expression and function of fetoplacental endothelial cells; whether these genes and function are associated with the risk of adult-onset cardiovascular diseases; and how locally produced factors and environmental factors can affect fetal and placental vascular endothelial function. The Zheng research group is also interested in investigating mechanisms controlling ovarian cancer growth as well as therapeutic intervention for ovarian and other gynecologic cancers.
Across the United States, women face numerous health challenges. Rates of maternal morbidity and mortality in the U.S. rank high among countries in the developed world, national policies make it more difficult for people to access comprehensive reproductive health care, and more. Wisconsin is not immune to these issues – our state has the highest rate of African-American infant mortality in the country, nearly four times higher than that of babies born to white mothers. Meanwhile, rates of severe maternal morbidity are also on the rise. The long-term effects of pregnancy and early childhood point to the maternal and child health domain as a critical opportunity for interventions that can have great impact on adult health as well as the health of the future generations.

In 2017, the UW Department of Ob-Gyn created a new Division of Reproductive and Population Health in order to improve quality of life by advancing reproductive and population health research and community-engaged strategies. The shared vision is of a program that supports investigators in the conduct of research that informs health care and public health and supports the translation of effective strategies that improve reproductive health and maternal and child health. Because health is influenced by many factors, research that includes the health care as well as role of the social, economic, and physical environments we live in is needed. This is particularly true for women and their children.

The new Division supports multidisciplinary research that seeks to understand and reduce health disparities in Wisconsin and across the US by considering individual and community factors, and policies, that influence health outcomes. Researchers are interested in a broad swath of topics, including maternal health, infant mortality, contraception, hypertension in pregnancy, rural maternity care, global health, Zika virus infections, and social determinants of health. The division also leads initiatives designed to engage providers and communities to improve health care quality and access.
The fast-growing Division of Reproductive and Population Health has greatly expanded its faculty, scope and infrastructure since 2017. Members of the Division include a diverse faculty with primary appointments in Ob-Gyn as well as Population Health Sciences, Gender and Women's Studies, Anthropology, and Family Medicine and Community Health. Faculty collaborate across campus with the Institute for Research on Poverty and the Center for Demography and Ecology. Our work is supported by grants from the National Institutes of Health, the US Centers for Disease Control and Prevention, the UW School of Medicine and Public Health’s Wisconsin Partnership Program, and other donors.

EXPANDED RESEARCH AND CAMPUS COLLABORATIONS AND TRAINING

A NEW UNIVERSITY RESEARCH CENTER!

The U.S. Centers for Disease Control and Prevention awarded UW-Madison a five-year, $3.75 million grant to establish the University of Wisconsin-Madison Prevention Research Center, which will be led by Division of Reproductive and Population Health Director Deborah Ehrenthal, MD. This center is also supported by funding from the UW-Madison Vice Chancellor for Research and Graduate Education and the School of Medicine and Public Health. The UWPRC, one of a network of 25 Prevention Research Centers across the country, will focus on improving the health of low-income women, infants and families through the conduct of high-quality applied health promotion and disease prevention research with a focus on health equity.

THE UW COLLABORATIVE FOR REPRODUCTIVE HEALTH EQUITY

In 2018, division faculty member Jenny Higgins, PhD received a two-year planning grant from a philanthropic foundation to develop a research center reproductive health care. The goal of the UW Collaborative for Reproductive Equity is to conduct research that informs policies and programs so that all Wisconsin residents may live with reproductive dignity. CORE will submit a center proposal in late 2019 and has already received funding for a variety of projects, including those headed by division faculty.

REPRODUCTIVE EQUITY CLUSTER HIRE

The UW-Madison Provost’s Cluster Hiring Initiative selected the Reproductive Equity Cluster Hire to help our campus develop research expertise focused on reproductive equity. The cluster is recruiting three faculty across campus who will build cross-disciplinary research relationships to examine the drivers and consequences of reproductive health inequities, and to identify potential solutions. One of the faculty hired through the Reproductive Equity Cluster Hire has a joint appointment in the Departments of Obstetrics and Gynecology and Population Health Sciences.
Healthy Women. Healthy World.

WISCONSIN CONTRACEPTIVE ACCESS NETWORK (WiCAN)

Launched in 2016, WiCAN is a network of organizations and individuals from across the state committed to making sure the full range of safe and effective contraceptive health care is available, affordable and accessible in Wisconsin, and provided with inclusivity, cultural appropriateness and without coercion. The network includes more than 50 representatives of health care systems, state and local health departments, professional associations, advocacy groups, community-based organizations and academic institutions.

HEALTH DISPARITIES RESEARCH SCHOLARS

This postdoctoral training program, founded by Dr. Gloria Sarto and now led by division director Dr. Deborah Ehrenthal, is currently funded through 2022 by the NIH. This program trains diverse scholars in the conduct of health disparities research.

Community Engagement

WISCONSIN CONTRACEPTIVE ACCESS NETWORK (WiCAN)

Launched in 2016, WiCAN is a network of organizations and individuals from across the state committed to making sure the full range of safe and effective contraceptive health care is available, affordable and accessible in Wisconsin, and provided with inclusivity, cultural appropriateness and without coercion. The network includes more than 50 representatives of health care systems, state and local health departments, professional associations, advocacy groups, community-based organizations and academic institutions.

WHAT’S NEXT:

Strengthening our research platform with the addition of a research scientist who will collaborate with division faculty in the conduct of population health research
The Women's Health and Maternal & Child Health lab, led by Division of Reproductive and Population Health Director Deborah Ehrenthal, MD, conducts life course epidemiology and applied social sciences research designed to understand and improve the health of women, infants and families, with a focus on achieving health equity. Our research focuses on three intersecting areas of women's and children's health where health disparities are of fundamental importance: perinatal health and health care; child health; and women's cardiovascular disease. We explore the association of women's health, health care, and community factors with perinatal outcomes to inform clinical and policy questions on the national agenda.

Heidi Brown, MD, leads this research team, which focuses on improving access to effective solutions for pelvic floor disorders for women not currently receiving help. Using dissemination and implementation research, which focuses on how to streamline the process of translating scientific discoveries into practice, Dr. Brown is interested in finding ways to minimize the time while maximizing the likelihood that our discoveries will actually reach people who could benefit from them.

Jenny Higgins, PhD’s research focuses on sexuality, gender, and reproductive health – especially in terms of enhancing people's ability to prevent and terminate pregnancies as they see fit. She leads the Higgins Research Team, a reproductive equity lab with trainees from a variety of disciplines including medicine, public health, economics, sociology, social welfare, and gender and women's studies. Current and recent research projects include a large, longitudinal study of contraceptives' effects on sexual well-being, an analysis of medication abortion care in Wisconsin given current legislative restrictions, and a survey of clinical faculty members' attitudes about abortion and abortion providers.
OUTREACH AND ADVOCACY

We know that providing the highest quality care, research, and education alone is not sufficient to ensure that the women of Wisconsin have optimal reproductive health outcomes and quality of life. Health is influenced by so many factors external to the health care system. Our department is committed to collaborating with organizations and communities to help create the conditions that address health equity and support optimal well-being for women. We employ a variety of strategies to accomplish this.

EDUCATIONAL EXTENSION PROGRAMS TAILORED TO COMMUNITY PHYSICIANS

The Innovations in Women’s Health Conference, hosted by department faculty and staff, is an annual continuing medical education conference that brings physicians and mid-level practitioners from around the country to Wisconsin to showcase the latest developments in the field of women’s reproductive and general health. The conference draws approximately 100 participants annually.

In the spring of 2019, the UW Department of Ob-Gyn hosted more than 170 healthcare providers, public health professionals, students and advocates for the first-ever Wisconsin Contraceptive Care Summit. Participants and presenters came from 66 cities across six states to learn about the latest evidence-based strategies in contraceptive care and patient-centered contraceptive counseling. The event also offered hands-on skills training for clinicians to learn or strengthen insertion skills with interval IUD placement, immediate post-placental IUD placement, and etonogestrel implant (Nexplanon) insertion/removal training. Nearly 100 people took advantage of the hands-on training. The event was presented in partnership with the Wisconsin March of Dimes, Wisconsin Contraceptive Access Network, Bayer, Wisconsin Medical Society and the Wisconsin Partnership Program.
HEALTHY WOMEN COMMUNITY TALKS

This free community education series is dedicated to helping all women stay healthy throughout their lives. Healthy Women Community Talks provide an opportunity for the public to hear from clinicians, scientists, and other women's health experts about the latest research, trends, and treatment options. Questions and discussion are highly encouraged. Talks are held in various accessible, public locations in the Madison area. Most can be attended in person or online. We have presented over 30 community talks to over 800 attendees in the past five years.

WOMEN’S HEALTHCAST

Launched in 2018, the Women’s Healthcast is a podcast produced by the UW–Madison Department of Obstetrics and Gynecology. The podcast explores the latest issues and innovations in women's health through interviews with UW Ob-Gyn faculty and other experts. The ongoing series, which covers aspects of women's healthcare like menstruation, pregnancy, contraception, gynecologic cancers, and more, is aimed at empowering patients and consumers with evidence-based information on women's health. In the first two years, the podcast team produced more than 40 episodes which have been downloaded more than 32,000 times.

COMMUNITY COLLABORATION AND SPONSORSHIP

COMMUNITY ADVISORY COUNCIL

The Council is comprised of representatives from a variety of local, grassroots and statewide organizations. The Council members serve as a bridge between the department and the community; meetings provide a forum for advice and community input on the department’s programs and services.

PUBLIC HEALTH SERVICE

Department faculty and staff serve on state and local public health committees, health coalitions, the Wisconsin Cancer Council, and the Healthiest State Initiative.
SPONSORSHIPS TO ADVANCE WELLNESS AND HEALTH EQUITY

The department collaborates with many organizations and proudly sponsors non-profit events and health organizations whose work aligns with our department’s mission. These organizations and events address general women’s wellness, gynecologic cancers, health equity, social justice, and community empowerment.

DIAPER DRIVE

The Diaper Drive supports families in need in the Madison area by collecting diapers and monetary donations annually during the month of August. Donations are distributed to local organizations that support families with infants and toddlers in our community. We are proud that we’ve been able to donate more than 75,000 diapers to the local community over the last 10 years.

MADISON MINI MARATHON & 5K

Our department has partnered with Madison Mini-Marathon & 5K because we care about the women of Wisconsin and their families. We believe that the Mini and its associated events demonstrate a community coming together and having fun while engaged in healthy activities. The Department proceeds from the Mini-Marathon have generated over $120,000 for the Healthy Women, Healthy Babies fund.

ADVOCACY

Members of the department are active in professional associations and advocating for national and statewide policies that support women’s health and advance health equity. Issues we are passionate about include: rural health access, increased federal funding for women’s health research, access to women’s reproductive health care, health disparities and inequities, and increasing coverage for women’s health services and treatments.
UW Ob-Gyn and the Hawassa University Department of Obstetrics and Gynecology (HU Ob-Gyn) began collaborating in 2013 in pursuit of our mutual goal of improving and increasing access to healthcare for women in Southern Ethiopia. Over the past three years, HU Ob-Gyn faculty have visited Madison and other U.S. locations for professional development, clinical and quality improvement training, and invited presentations. Two of these recent visits were funded by competitive international scholarships from Pfizer/The International Continence Society and the Association of Professors of Gynecology and Obstetrics.
The Administrative Leadership Team, made up of leadership from each of the administrative groups, aligns administrative activities with department goals and priorities. In addition to managing their administrative groups, ALT works to make sure staff have what they need to do their jobs well, including providing biannual professional development opportunities.

Staff in the UW Ob-Gyn Clinical Research Office provide a wide array of research services, including protocol review, research coordination, regulatory support, budgetary oversight, data management, and much more. The CRO helps make it possible to conduct a wide variety of clinical research studies in both in-patient and clinic settings.

The Education Administrative Team is the foundation for our successes successful medical student, resident, fellow, and graduate student education. From maintaining favorable accreditation status for all programs, to designing innovative curricula to keep us on the cutting edge of medical education and training, the education administration is the bedrock of our academic medical department.

From building and maintaining the department's website and intranet, to servicing faculty and staff computers, to managing technology needs for meetings and webinars, and so much more, the UW Department of Ob-Gyn's Information Technology Team keeps our department on the leading edge of IT options.
The Medical Coding team transforms healthcare diagnoses, procedures, medical services, and equipment into universal medical alphanumeric codes that align with claims to be paid by insurance carriers. The data derived from the codes also support public health, track diseases, and identify trends.

Our administrative assistants support faculty with their clinical, academic, research, and leadership commitments. From scheduling meetings, surgeries and appointments, to writing and editing, to assisting with license renewals and certifications, and so much more, their support allows our physicians to perform their jobs better.

The Outreach Program strives to bridge the gap between academic healthcare and the community. Team members develop innovative programs, serve as resources for advocacy initiatives, coordinate internal and external educational opportunities, manage strategic communications to promote the work of the department, disseminate research findings, and coordinate community engagement efforts.

The Research and Finance Team supports all departmental financial transactions. Our research administration staff provide exceptional research budgeting, expense reconciliation, compliance reporting, grant closeout services, and oversight of our capital equipment inventory. Our finance staff are experts in managing department operations and physician compensation budgets, including a variety of purchasing, payroll, payable and receivable transactions.
As a development director, the best part about my job is being an ambassador of the outstanding work being done here in UW-Madison Obstetrics and Gynecology. Whether I am talking to grateful patients, resident and fellowship alumni, or passionate advocates for women’s healthcare, I cannot help but be excited about the work we are doing.

As you read about the department’s outstanding clinical care, groundbreaking research, and world-class educational programming, I would be remiss not to remind you that there are many ways to give back and support the work we are doing. In this section, you will learn about some of the remarkable endowed faculty funds that have been established, as well as our new Ob-Gyn Society.

There are no shortage of reasons to prioritize women’s health today, and philanthropy remains a crucial piece of the puzzle as we work to combat health disparities, ensure reproductive justice, and defeat maternal mortality and morbidity. Thanks for all you do, and thank you for supporting UW Ob-Gyn.

Lily Johnson, Director of Development
Lily.Johnson@supportuw.org

Since 1929, thousands of distinguished graduates have played critical roles in advancing women’s health thanks to the University of Wisconsin–Madison Department of Obstetrics and Gynecology. Now, in honor of the department’s 90th anniversary, the University of Wisconsin–Madison Obstetrics and Gynecology Society has been established to commemorate the department’s legacy and support its future. And you can be part of the society by joining today as a founding lifetime member.

SOCIETY BENEFITS INCLUDE:

- Quarterly newsletter filled with insider updates
- Ob-Gyn-branded welcome gifts
- Annual Report
- Free admission to special, invitation-only events

Learn more at obgyn.wisc.edu/society
MEET THE UW OB-GYN ENDOWED CHAIRS

Ben Miller Peckham, MD, PhD
Chair in Obstetrics and Gynecology

The Ben M. Peckham Chair honor is awarded to an outstanding leader who is recognized for leadership and accomplishment in medical education at medical student, resident and fellowship levels.

Laurel Rice, MD

What is the main focus of your research right now?
Historically, my research has been focused on gynecologic cancers, especially endometrial cancer. My current research, however, is focused on health disparities, which I initially became interested in after learning that Wisconsin has the highest African-American infant mortality rate in the United States. Social determinants of health like race, ethnicity, socioeconomic status, and gender are causing significant health disparities and it is imperative that we learn more to quality health care accessible for everyone.

Why is having donor-named faculty support important to you?
Having donor-named endowments allows us to retain our outstanding faculty and continue to bring in top-notch physicians and researchers. Donor-named faculty support also gives us protected time devoted to research.

Dolores A. Buchler, MD
Faculty Fellow in Gynecologic Oncology

Dr. Buchler established this endowed faculty to support outstanding physicians and scientists in the Division of Gynecologic Oncology focused on research.

Lisa Barroilhet, MD

What is the main focus of your research right now?
One of my most important clinical roles is in our hereditary cancer clinic. I see women who are at high risk of developing ovarian, uterine, breast, and other cancers. Many of them have limited screening options and are advised to undergo surgery that can affect fertility and make them menopausal at a young age. I’m interested in developing better screening tests for ovarian cancer in particular and have partnered with a radiologist at UW to use tried-and-true imaging techniques in novel ways. I have also developed a medication that can prevent pre-cancerous cells from becoming cancerous, which is particularly effective in the ovaries and fallopian tubes.

Why is having donor-named faculty support important to you?
It doesn't get much better than having Dee Buchler’s name on your business card. I am so proud to be the Dolores Buchler Fellow for our department and her generosity has made it possible for me to jump-start my own laboratory and write my first successful grant. I am forever in her debt.
Gloria E. Sarto, MD, PhD
Chair in Women’s Health and Health Equity Research

The Gloria E. Sarto MD, PhD Chair in Women’s Health and Health Equity Research honors an internationally recognized academic leader at the forefront of women’s health research.

Ellen Hartenbach, MD

What do you love most about working for the University of Wisconsin?
I love UW. I have been here for my entire career and have the opportunity to do truly meaningful work. The department is involved in the full spectrum of what it means to be a great academic medical department: providing clinical care, researching ways to improve health outcomes, and training the next generation of healthcare providers. Overall, I get to work with great colleagues, have the resources of a world-class university, and I adore living in Madison. There is no other place I’d rather be.

Why is women’s healthcare so important today?
I think women's healthcare has always been important. Historically, women have been the hub for a family. They provide nurturance and support, which is important to the health of a family and, in kind, the community. Women's health is everyone's health. At this juncture, however, quality, accessible care – especially reproductive care – is at risk and we are seeing the consequences of that in rising maternal and infant mortality rates.

David Kushner, MD

What do you love most about working for the University of Wisconsin?
The best parts of the UW are the collaborative atmosphere and constant search for knowledge. Not all universities promote openness, sharing, and collaboration, but UW embodies that and has led the country in the ability and desire of its people to work with others and figure out the trust as best they can. The Carbone Cancer Center is a prime example of this: it brings together areas like basic science, translational research, and clinical trials, all working towards a common goal.

Why is having donor-named faculty support important to you?
The Flesch professorship is critical because it offers me protected time devoted to advancing research programs within the Department of Obstetrics and Gynecology. Research in contraception, cancer, and labor and delivery requires an infrastructure that must be built, maintained, and led, which is my main objective as the Vice Chair for Research. Because of the generous support of the Fleschs and the time it gives me, we have seen research within the Department of Obstetrics and Gynecology flourish and it will continue to grow.

John M. and Jeanne C. Flesch
Professor in Gynecologic Oncology

Jeanne and John Flesch established this fund is to provide financial support for an outstanding faculty member in the Division of Gynecologic Oncology who conducts research in the area of gynecologic cancer.

Gloria E. Sarto, MD, PhD
Chair in Women’s Health and Health Equity Research

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Cynthia Wautlet, MD

**What makes women’s healthcare so important today?**

Despite incredible advances in medical knowledge, research, and technology, maternal and child health outcomes are not nearly as good as they should be relative to other states and countries. This is especially true for women and children from minority and marginalized communities, where gaps in services and inequities in health outcomes are widening. This is an urgent problem that we need to address in partnership with community leaders, policy makers, researchers, and the entire medical community.

**What is the main focus of your research right now?**

I am working to integrate reproductive justice principles into all aspects of undergraduate medical education including issues of reproductive health equity for preclinical and clinical medical students. I also worked with the Wisconsin Contraceptive Access Network to plan and host a statewide summit on innovations in contraceptive care. More than 150 women’s health care providers and advocates attended the first summit, which focused on comprehensive, patient-centered counseling on contraceptive options and new advances in long-acting methods like IUDs and hormonal implants. We look forward to expanding the summit’s offerings in the future.

Eliza Bennett, MD

**Why is women’s healthcare so important today?**

Women’s healthcare is everyone’s healthcare: women make healthcare decisions for their whole families and their wellness affects everyone. For example, maternal health has a direct link to fetal health, which is why having good parameters and care during pregnancy is so critical. Additionally, moms who live healthy lifestyles tend to have healthy families, so quality, accessible health care for women is of paramount importance.

**Why is having donor-named faculty support important?**

Donor-named support honors those who came before us and what they contributed. Denny (Dr. Christensen) was my mentor when I was a resident and I’m incredibly honored to have the professorship that bears his name. He was a leader in his field and provided crucial care to women in Wisconsin. Not only does the Christensen Professorship give me protected research time and resources, but it also honors what Dr. Christensen gave to our community and that will be carried forward.
LEAVE A LASTING LEGACY.
JOIN THE WISCONSIN LEGACY SOCIETY TODAY!

By including us in your estate plan, you qualify for membership.

- Receive a certificate of membership
- Receive a special Wisconsin Legacy Society picture frame.
- Receive special invitations to UW–Madison alumni events.

CONTACT THE OFFICE OF GIFT PLANNING

To learn how you can join the growing community of alumni and friends who have created a legacy for the future of our great university, call 608-354-4918 or visit obgyn.wisc.edu/give
Sparkle of Hope is an annual gala that brings together the area’s most generous and passionate individuals, organizations, and businesses to fight gynecologic cancers. It is an evening of inspiration, fun, and sparkle. The UW Department of Obstetrics and Gynecology Division of Gynecologic Oncology, in collaboration with Carbone Cancer Center and our dedicated volunteer committee, hosts Sparkle of Hope with two crucial aims: to raise much-needed financial support for vital research; and increase awareness of gynecologic cancers. For over a decade, Sparkle attendees and supporters have joined forces to raise more than $500,000 for groundbreaking research and care here at the University of Wisconsin.

INVEST IN WOMEN’S HEALTH

We rely on the generosity we receive from people like you, our grateful patients, friends, and many others, to help us advance the important work of the Department of Obstetrics and Gynecology and its seven divisions. Your financial support helps us provide our patients with compassionate, high-quality, and state-of-the-art care; educate the next generation of outstanding obstetrician gynecologists; and advance our cutting-edge research.

There are many opportunities to invest in our work. Each of the funds below supports a different aspect of women’s health research and clinical care across the lifespan.

HEALTHY WOMEN, HEALTHY BABIES FUND

The foundation of our work is to provide the best patient care, complemented by education and research. This fund provides discretionary support to the Chair for use towards the Department of Obstetrics and Gynecology greatest areas of need and for all in its clinical, academic, and public service roles.

CENTERING PREGNANCY FUND

CenteringPregnancy is a group prenatal care strategy which has shown to produce better birth outcomes. Gifts to this fund support the program’s amazing impact on the health and wellbeing of participants and their babies and support our mission of decreasing racial and social disparities in preterm birth.
### WOMEN’S PELVIC WELLNESS FUND

Our mission is to advance state-of-the-art management of and research for disorders of the female pelvic floor and urogynecology. This fund supports research, medical education and clinical care in the sub-speciality of women’s pelvic wellness within the Department of Obstetrics and Gynecology.

### WOMEN’S HOPE RESEARCH FUND

As our main fund for gynecologic cancer research, contributions to this fund significantly help advance cutting-edge science to find new ways to detect cancer earlier, discover and develop new treatments, as well as improve the outcomes and quality of life of the women to whom we provide care.

### PROMOTING HEALTHY PREGNANCIES FUND

The purpose of this fund is to support research, medical education and clinical care within the Division of Maternal-Fetal Medicine to advance state-of-the-art management of high-risk pregnancies and comprehensive prenatal diagnostic services.

### STORK FUND

Help us build our nest egg for our Stork Fund! Our goal is to use the generous gifts to this fund to financially assist couples and individuals seeking fertility treatments, as well as patients of reproductive age, who face a cancer diagnosis and want to preserve their fertility.

### 21ST CENTURY CURES FOR WOMEN & BABIES FUND

Investment in basic research at the cellular and molecular level provides us the tools needed to understand reproductive diseases that do not yet have effective treatments or cures. This fund supports research conducted by the Division of Reproductive Sciences as they work to understand the causes of complications during pregnancy.

### REPRODUCTIVE HEALTH CHAIR FUND

Gifts to this fund support a distinguished professor in the Division of Reproductive and Population Health. This faculty member leads a team of investigators who research a broad range of women’s health topics, engage communities through health initiatives, and train future leaders in reproductive health.

### 1929 RESIDENT ALUMNI FUND

Established to commemorate the year the department’s residency program trained its first resident, gifts to this fund enhance the residency experience by supporting wellness, providing travel funds, enhancing and updating the simulation lab, and other needs of the residency program.
CIVIC ENGAGEMENT = GOOD MEDICINE

It takes more than good medical care to ensure optimal women's health outcomes. Health is mainly influenced by where we live, work, learn and play. Civic engagement can improve the conditions that influence health and well-being for all.

Please use your voice to advocate for the health and well-being of women and families:

√ Vote in every election
√ Encourage patients, neighbors, friends and family to vote
√ Bring science and patient stories into policy conversations with your legislators, regulators, and organizational leaders
√ Support community organizations led by people most impacted by inequities

LEARN MORE AT WWW.VOTE.GOV