University at Buffalo  
The State University of New York  
School of Medicine and Biomedical Sciences  

DEPARTMENT OF  
GYNECOLOGY-OBSTETRICS  

Annual  
RESIDENT RESEARCH DAY  

Visiting Professor:  
Kent Crickard, M.D.  
Associate Professor Emeritus,  
University at Buffalo  

Wednesday, May 25, 2011  
8:15am – 10:45am  

Women & Children’s Hospital  
Ob/Gyn Classroom  
239 Bryant Street, 3rd Floor  
Buffalo, New York
Resident Research Day Schedule
Wednesday, May 25, 2011

Moderator: Glenna Bett, Ph.D.

8:15 – 8:25 a.m.  “In search of patient satisfaction: in depth analysis of hospital stay days post Caesarean section”
Homayara Aziz, M.D.
Mentors: Kenneth Kahn, M.D. & Glenna Bett, Ph.D.

8:30 – 8:40 a.m.  “Obstetric outcome of ethnic Turkish women in London: a retrospective case-control study.”
Andy Bognanno, M.D.
Mentor: Wai Yoong, M.D., F.R.C.O.G.

8:45 – 8:55 a.m.  “The Effects of Body Mass Index on the Success of Sacrospinous Ligament Fixation”
Seema Faiyaz, M.D.
Mentors: Moeen Abu-Sitta, M.D. & Glenna Bett, Ph.D.

9:00 – 9:10 a.m.  “Spine density changes in Gonadotropin-Releasing Hormone (GnRH) neurons during the rat estrous cycle”
Phillip Garza, M.D.
Mentor: Armando Arroyo, M.D.

9:15 – 9:30 a.m.  BREAK

9:30 – 9:40 a.m.  “Defining Menarche in Western New York”
Jeffrey Hunter, M.D.
Mentor: Armando Arroyo, M.D.

9:45 – 9:55 a.m.  “TBA”
Beman Khulpateea, M.D.
Mentor: TBA

10:00 – 10:10 a.m.  “The Use of the Women Abuse Screening Tool at Women and Children’s Hospital of Buffalo – Does it Increase the Identification of Women Involved in Intimate Partner Violence?”
Leizl Sapico, M.D.
Mentor: Nicole Trabold, LMSW, PhD.

10:15 – 10:30 a.m.  BREAK

10:30 a.m.  Presentation of Awards

Research Awards
Kent Crickard, M.D. & Armando Arroyo, M.D.

10:45 a.m.  Luncheon
ABSTRACTS

“In search of patient satisfaction: in depth analysis of hospital stay days post Caesarean section”
Homayara Haque Aziz, M.D.
Mentors: Kenneth Kahn, M.D. & Glenna Bett, Ph.D.

Objective: To compare patient satisfaction between those who were discharged post Caesarean section hospital day (PCSHD) 3 vs. 4

Methods: Retrospective chart review of women who completed the National Press Ganey survey 4-6 weeks after their Caesarean section (C-section) at Women and Children’s Hospital of Buffalo (WCHOB) and Millard Fillmore Suburban (MFS) hospital between April 2008 – August 2010. Patient Satisfaction was then compared between uncomplicated and complicated patients who were discharged home PCSHD 3 vs. 4. The survey contained 46 questions relating to overall rating, diagnostic test and treatment, physician/nursing, admission/discharge, room, labor and delivery, meals, visitors and family, and personal issues.

Results: Total number of surveys returned from WCHOB n=328 and MFS n=409. Using chi-square analysis, no statistically significant difference was seen in “Overall Rating In Care Given” as reported by patients discharged PCSHD 3 vs. day 4 at WCHOB (uncomplicated p-value > 0.06, complicated p-value > 0.64) and MSF (uncomplicated p-value > 0.41, complicated p-value > 0.41). No difference in satisfaction was also noted between the categories of “Pain Management,” “Skill, Care And Courtesy From Nurses, Physicians And Staff,” “Attention To Needs,” “Attitude Towards Requests,” “Explanation Of Treatment,” “Discharge Instructions” and “Readiness For Discharge.” However, at WCHOB, significant differences were noted in the “Likelihood Of Recommending The Hospital” category. After further analysis, we attribute this finding to differences between the “Noise Level In And Around The Room” and “Appearance Of Birthing Room”. Patients at MFS were equally likely to recommend the hospital.

Conclusion: Our data indicate that patients have the same overall satisfaction when they are discharged on day 3 or day 4 post C-section. Changing the standard practice to discharge patients on day 3 rather than day 4 has the potential to improve mother-child bonding, reduce hospital related complications and decrease healthcare costs.

“Obstetric outcome of ethnic Turkish women in London: a retrospective case-control study.”
Andy Bognanno, M.D.
Mentor: Wai Yoong, M.D., F.R.C.O.G.

Objectives: Confidential Enquiry into Maternal Deaths in the United Kingdom has expressed concern that the maternal mortality in ethnic minority women was twice that of White British women. Another fear was that maternity provisions were not uniformly implemented across different ethnic groups. There has been little published data on pregnancy outcomes of first generation Turkish immigrants in the United Kingdom. The objective of this retrospective case control study was to investigate and compare the demographic and obstetric outcomes of these women with their British born counterparts and assess if there was a significant statistical difference between the two groups.

Study design: Data were collected retrospectively over a 24 month period from 148 index and 148 control cases and analysed. Data acquired from both groups of women were compared using parametric statistics (Chi-squared, Fischer exact and t-tests).

Results: The study group had statistically similar gestation at delivery (27.02 vs 26.75 years), duration of labour (5.93 vs 5.71 hours), blood loss (277 vs 287 mLs) and mode of delivery compared to White British women (p > 0.05). 68% of Turkish women spoke little or no English and Turkish women were more likely to be non smokers and married to spouses who were unemployed compared to White British women (p = 0.0001). Epidural use was significantly lower in Turkish women compared to White British women (p < 0.005).

Conclusion: This appears to be the first study to compare the obstetric outcome of immigrant Turkish women with the White British counterparts. Ethnicity does not appear to be a contributing factor for the obstetric outcome of immigrant Turkish women. The similarity in obstetric and fetal outcomes between the two groups could be attributed to “healthy migrant” theory coupled with the increased vigilance in ethnic minority pregnancies highlighted in recent Confidential Enquiry into Maternal Deaths reports.
“The Effects of Body Mass Index on the Success of Sacrospinous Ligament Fixation”
Seema Faiyaz, M.D.
Mentors: Moeen Abu-Sitta, M.D. & Glenna Bett, Ph.D.

Objective
The study is focused on finding a correlation between body mass index and the failure or poor outcomes of sacrospinous ligament fixation.

Methods
68 patients that underwent sacrospinous ligament fixation using the Capio suturing device within a 5 year period in a private office were systematically reviewed in a retrospective study. All procedures were performed by the same surgeon. The mean follow-up time was 6 months. T test was used to evaluate the statistical significance of various factors in patients who experienced vaginal prolapse as opposed to patients who did not experience prolapse.

Results
• The mean height was 1.59 meters (SD +/- 0.08) in the no prolapse group and 1.64 meters (SD +/- 0.09) in the recurrent prolapse group.
• The mean weight was 71.6 kilograms (SD +/- 16.03) in the no prolapse group and 78.9 (SD +/- 20.6) in the recurrent prolapse group.
• The difference in BMI was not statistically significant (p>0.20).
• Other factors such as number of infants delivered vaginally and weight of the largest baby delivered were also not statistically significant (p=0.36 and p=0.79 respectively).
• The most common complaint patients presented with postoperatively was urinary incontinence (20.5%).

Conclusions
The hypothesis that failure of SSLF increases with an increase in BMI was not proven. However, results do convey that the procedure is a reliable method to improve the quality of life of women suffering from genital organ prolapse regardless of their BMI.

“Spine density changes in Gonadotropin-Releasing Hormone (GnRH) neurons during the rat estrous cycle”
Phillip Garza, M.D.
Mentor: Armando Arroyo, M.D.

NO ABSTRACT

“Defining Menarche in Western New York”
Jeffrey Hunter, M.D.
Mentor: Armando Arroyo, M.D.

Background: In Marshall and Tanner’s classic study from 1969 average menarche was defined as 13.5 years. Since then, many studies have shown decreasing age of first menses. From data collected between 1999 and 2004, from the National Health and Nutrition Examination Survey (NHANES), the mean age of menarche for US females declined by 0.9 years. It has been postulated that the declining age of menarche is secondary to increasing body mass index and subsequent increased production of estrogen. However, no study has specifically addressed age of menarche in western New York state.

Objective: To elucidate the typical age of menarche in western New York state. It is important to know the usual onset of menstruation in a given population in order to appropriately diagnose precocious puberty and other disorders of the menstrual cycle.

Methods: Self-reported data was collected via questionnaires placed in clinics in the Buffalo, New York, area. Information was compiled about age of first menses as well as ethnicity/race, medical problems, and body-mass index (BMI).

Results: One hundred and thirty-three surveys were collected. Overall average age of menarche was 12.2 ± 1.68 years. African Americans reported earlier menarche than whites (p<0.05). Older women reported earlier menarche than younger women.
**Background:** Intimate partner violence (IPV) is defined as violence that occurs between two people in a close relationship that may include current or former spouses and dating partners. Pregnancy presents a unique opportunity to screen for IPV, as 96% of pregnant women will seek pre-natal care, with an average of 12-13 visits over the entire pregnancy. Presently there is no consensus regarding IPV screening; however, it has been suggested by organizations that health care workers screen for IPV in their female patient populations. Currently there is no recommended IPV screening tool by the USPSTF. There have been several studies suggesting the WAST may be a good instrument for IPV screening, hence our motivation for investigating it now in our population.

**Objective:** To determine if the Women Abuse Screening Tool (WAST) is an effective IPV screening tool in our patient population here at Women and Children’s Hospital of Buffalo. The purpose of this study is to ascertain if the WAST is effective in increasing the disclosure rate of abuse and once revealed.

**Methods:** This will be a case control study. The sample size will be based on clinic census where presently there are approximately 320 new OB patients per month. The interventional arm of this study will be done for new OB patients in March and April of 2011 and will be compared (via chart review) to the same number of patients in March and April 2010. The study endpoints are as follows: first endpoint is identification of IPV and the second endpoint is increased pre-natal visit compliance, increased feelings of safety, decreased rate of LBW babies. Information will be gathered via chart review, pen-to-paper and personal interview of pregnant women at our clinic presenting for their initial intake visit with one of three social workers who interview the patients alone. The interventional arm will be done by informing patient of the study, obtaining consent and if obtained having the patient fill out an 8 question survey (WAST). Results from this intervention will then be compared to care as usual via chart review.