Marygrace Elson, MD, MME, FACOG

President of the Iowa Medical Society

Dr. Marygrace Elson was installed as the President of the Iowa Medical Society on April 5, 2019. The following is excerpted from Dr. Elson's inauguration remarks.

I am honored to serve as the 170th Iowa Medical Society President. Dr. Michael Romano is a tough act to follow, and I hope that with all of your support that I can be as effective a leader of our organization as he has been.

Thank you to my colleagues in the Department of Obstetrics and Gynecology at the University of Iowa Carver College of Medicine, who make it possible for me to participate in organized medicine. Thank you to my fellow IMS Board members for your confidence in me, and to the hard-working IMS staff who help our organization thrive each and every day. Throughout my life, I have been blessed by so many mentors, colleagues, and friends, and I am grateful.

As many of you know, I am active in legislative advocacy on healthcare issues both in Des Moines as well as Washington, D.C. We speak out on issues of healthcare access, quality and safety, and against legislative interference in the exam room. No legislator should be intruding in the sacred physician-patient relationship, and scripting the medical advice I give to my patient. Physicians are scientists, and science matters. Evidence-based practice matters.

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The United States has a rising maternal mortality rate that has more than doubled in the last two decades, the worst among high-income nations. Iowa's maternal mortality rate has unfortunately been the same as the rest of the country.

African-American women in the USA have a risk that is four times greater, independent of education and income level, raising very troubling questions about implicit bias and institutionalized racism in our delivery of maternity care. In one highly publicized case, a Lieutenant Commander in the US Public Health Service Commissioned Corps, an epidemiologist at the Center for Disease Control, died at age 36 from hypertensive complications three weeks after giving birth to her daughter. This young African-American woman collapsed five hours after a clinic visit. Implicit bias training appears needed at every level to help counteract a system that appears to not listen to black women.

Approximately one-third of births in Iowa are in a rural setting. Rural areas have higher incidents of chronic conditions, poverty, and travel barriers. Rural women have an increased risk of childbirth-related hemorrhage and maternal and infant death.

In Iowa, family medicine physicians deliver more in rural settings while obstetricians and certified nurse midwives deliver more in urban settings. Obstetricians deliver approximately 70 percent of Iowa births. Iowa ranks last in the U.S. for the number of OB/GYNs per 10,000 women.

The number of family medicine physicians providing maternity care is on the decline nationally- the percentage of new family medicine residency grads intending to provide maternity care has approximately halved over the last 20 years, and the number of recent graduates from University of Iowa family medicine residency programs mirrors this trend.

Nationally, rural maternity units are closing, and Iowa is no exception. Due to low reimbursement for maternity services and the expense of maintaining 24x 7 coverage, a rural hospital saves approximately $2 million by eliminating obstetrics.

Prior to 2001, 75 of Iowa's 99 counties had maternity services. Now 51 counties do. Eight units closed in 2018.

Even though obstetric services may have left a community, patients arrive at the door with pregnancy complications. As John Cullen, MD, FAAP, American Association of Family Physicians President said, "Closing OB departments does not mean that hospitals will avoid obstetrics emergencies, just that they will not be competent at managing them when they happen."

Sixty percent of maternal deaths in the U.S. are preventable. Regardless of whether there is a maternity unit, emergency medical services personnel, emergency room physicians, hospital providers, and nursing staff should be trained to identify maternal early warning signs, provide proper emergent treatment, and transfer the patient in a timely manner if appropriate. Readying for rare but potentially catastrophic events saves lives.

Between 2006 and 2013, the state of California lowered its maternal mortality rate by more than half, putting California's rate in line with other high-income nations. How? Statewide, physicians and nurses were trained to recognize and respond to uncommon emergencies utilizing standardized approaches and checklists. Deficiencies were identified and corrected. IOWA CAN DO THIS, TOO!

The Alliance for Maternal Health (AIM,) representing 30 plus national women's' healthcare organizations, has created several care bundles of best practices to help the ENTIRE team taking care of pregnant women provide consistent, safe, evidence-based management. These care bundles are used in 21 states.

We can expand perinatal regionalization efforts, across specialties, across disciplines, across health systems to provide standardized, evidence-based care utilizing all the modern tools we have- including TeleHealth — with all team members practicing at the top of their license. We can ensure that consultation and transfer is immediately available when an unexpected emergency exceeds care demands or resources.

There are other ways that Iowa might address its looming maternity workforce shortage in rural areas:

The Improving Access to Maternity Care Act, signed into law by President Trump in December 2018, establishes maternity care shortage areas for potential placement by National Health Service Corps physicians. This could bring providers to rural Iowa.

The Conrad 30 program is a J-1 Visa waiver for international medical graduates for health professions shortage areas. Iowa uses all 30 of its allotment annually, while other states do not. The IMS team has been lobbying in Washington D.C. with our congressional delegation to allow states like Iowa to use visas other states are not using.

Rural rotations can provide increased exposure to rural life and practice for medical students and resident physicians. This may attract physicians in specialties compatible with rural practice. OB fellowship training for family medicine physicians, including training in Cesarean delivery, could expand capability in rural hospitals.

Other potential solutions are state funded medical student loan forgiveness programs, tax incentives, and assistance with medical malpractice liability insurance.

The bottom line is appropriate reimbursement for maternity services from both private insurers as well as Medicaid. Appropriate payment for maternity care allows hospitals and providers to pay their staff and overhead- and simply stay in business.

We cannot stand by and watch Iowa mothers die of preventable causes. We must shine a light on the impending rural maternity crisis in our state and take action. We owe it to our sisters, our daughters, and our granddaughters to commit to quality and safety in maternity care in Iowa.

Thank you for this opportunity to serve as the president of our Iowa Medical Society, and to give back to Iowa.

Dr. Elson is a Clinical Professor and Vice Chair for Education, Department of Obstetrics and Gynecology, University of Iowa Carver College of Medicine, Iowa City, IA. She was installed as the President of the Iowa Medical Society on April 5, 2019. She recently completed a term on the Board of Directors of the Society for Academic Specialists in General Obstetrics and Gynecology (SASGOG). She is co-chair of the SASGOG mentorship task force. She is the ACOG District VI Legislative Chair. She is a member of ACOG's CREOG Education Committee. She has served as an oral board examiner for the American Board of Obstetrics and Gynecology since 2011. She serves on multiple committees at the University of Iowa including the College of Medicine's Executive Committee and the Medical Education Council. She is Vice-chair of the University of Iowa Hospitals and Clinics Graduate Medical Education Subcommittee and leads the UIHC Resident Teaching Collaborative. She received the 2012 CREOG National Faculty Award for residency education in obstetrics and gynecology and the 2018 National Faculty Award for clinical excellence and career development of academic specialists in general obstetrics and gynecology. She was recently awarded the 2019 UIHC GME Leadership award, recognizing significant national contributions in Graduate Medical Education. Dr. Elson's academic interests are in obstetric team-based simulation and teaching operative vaginal delivery.

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