



**26th Annual Obstetrics, Gynecology &
Women's Health
Resident and Fellow Research Day**

University of Hawaii

John A. Burns School of Medicine

Department of Obstetrics, Gynecology
& Women's Health

Thursday, May 6, 2021

**He a‘ali‘i ku makani mai au;
‘a‘ohe makani nana e kula‘i.**

***I am a wind-resisting ‘a‘ali‘i;
no gale can push me over.***

*A bushy small tree (Dodonaea viscosa),
the ‘a‘ali‘i can stand the worst of gales,
twisting and bending but seldom breaking off
or falling over. The saying is used to refer to
a person who can hold their own,
even in the face of difficulties.*



Pukui, M.K. & Varez, D. (1983).

‘Olelo No‘eau: Hawaiian proverbs & poetical sayings.

Honolulu, Hawai‘i: Bishop Museum Press.



The University of Hawai'i Department of Obstetrics,
Gynecology & Women's Health would like to extend
deepest thanks to all who made this 2021 Research
Day possible.

Research Day Committee:

Resident Research Director:
Shandhini Raidoo, MD, MPH

Mark Hiraoka, MD, MS
Bliss Kaneshiro, MD, MPH
Reni Soon, MD, MPH
Dena Towner, MD
Steven Ward, PhD
Mattias Atterbom
Darlene Hubbard
Ginny Kamikawa
Krysten Kawamata
Lisa Kellett
Robert Landgraf

And all the mentors, assistants, and everyone else, who
made these projects possible



May 6, 2021

Welina mai!

Welcome to the 26th Annual University of Hawai'i John A Burns School of Medicine Department of Obstetrics, Gynecology and Women's Health Research Day Symposium. Though the world has seen much change since last we met, we are appreciative of the continued support of all who have taken time out of their busy schedules to participate in our research day event. We are grateful that despite the COVID19 pandemic, our community continues to steadfastly come together to discover, learn, and inspire each other in our common goal of advancing women's health in Hawai'i and beyond. As we navigate these shifting times, focused and well-designed research is "pushing the envelope" to recover from the current pandemic and its multifaceted effects on our lives.

We extend a special thanks to the entire Research Day Symposium Planning committee and to all of our research mentors, without whom this day would not be possible. We hope that you will find this research symposium informative and inspiring. Please share your thoughts about our department's research day with us and any suggestions for next year's program.



Ivica Zalud, MD, PhD
Professor and Chair
Kosasa Endowed Chair
Department of Obstetrics, Gynecology &
Women's Health
John A. Burns School of Medicine
University of Hawaii



Shandhini Raidoo, MD, MPH
Assistant Professor
Director of Resident Research
Department of Obstetrics, Gynecology &
Women's Health
John A. Burns School of Medicine
University of Hawaii

Dedication



Pictured (left to right): Michael Carney, MD; Keith Terada, MD; Men-Jean Lee, MD; Thomas Kosasa, MD; Dean Jerris Hedges, MD, MS, MMM; Santosh Sharma, MD; Satoru Izutsu, PhD; Ivica Zalud, MD, PhD; Donna Vuchinich. Photo credit: Karen Akiyama.

This research day is dedicated to Dr. Thomas Kosasa. Dr. Kosasa is a professor emeritus and past chief of reproductive endocrinology at the University of Hawaii John A. Burns School of Medicine. He is an active mentor, the author or co-author of more than 60 professional journal articles and book chapters, and has welcomed an amazing number of a new lives into this world as an obstetrician-gynecologist. For the countless hours spent elevating our community as a scholar, educator, doctor, mentor, and philanthropist, we honor him today.

2021 Judging Panel

Guest Speaker & Judge

Philip D. Darney, MD, MSc

Distinguished Professor, Department of Obstetrics, Gynecology & Reproductive Sciences

Bixby Center for Global Reproductive Health, University of California San Francisco



Dr. Darney is board-certified in preventive medicine and obstetrics and gynecology, and has served on the medical faculties at Harvard University, the Oregon Health Sciences University, and UCSF. He is the author of 200 scientific papers, scholarly reviews, and book chapters on contraception and gynecology and three books on family planning. He has conducted clinical and acceptability trials of implant, injectable and oral contraceptives, contraceptives and intrauterine devices. Under his direction, the Bixby Center has conducted investigations of contraceptives for The National Institutes of Health, Centers for Disease Control, foundations, and pharmaceutical companies. Also under his leadership, the Center has trained gynecologists from all over the world in family planning technology and evaluated California's family planning program.

Over the past 25 years, Dr. Darney has served as scientific advisor and field evaluator to the American Public Health Association, Engender Health, Ipas, Family Health International, the U.S. Agency for International Development, Pathfinder International and the Centers for Disease Control. He has served as a visiting professor and consultant around the world including Australia, Bangladesh, Brazil, Chile, Columbia, Egypt, Guatemala, Honduras, India, Indonesia, Mexico, Nepal, Nigeria, Pakistan, Philippines, Singapore, Sudan, Thailand, Turkey, Tunisia, Ukraine, Viet Nam, Zambia and Zimbabwe, as well as several European countries. He is a reviewer for the *Journal of the American Medical Association*, the *New England Journal of Medicine*, *Obstetrics and Gynecology* and a dozen other periodicals. He has served on the Board of Directors of the Planned Parenthood Federation of America, Engender Health, and the Guttmacher Institute, as well as the editorial boards of *Obstetrics and Gynecology* and *Contraception*.

Judge

Marjorie Mau, MD, MS, MACP, FRCP

Professor, Department of Native Hawaiian Health

John A. Burns School of Medicine, University of Hawai'i



Dr. Mau is Professor and Myron "Pinky" Thompson Endowed Chair for Native Hawaiian health Research. A board-certified endocrinologist with a clinical appointment in the Department of OBGYN, Dr. Mau currently conducts research on diabetes and other cardiometabolic health disparities in Hawai'i's diverse ethnic populations including, but not limited to Native Hawaiians and Pacific Islanders. Dr. Mau is the recipient of many distinctions and awards including the first woman in Hawai'i to be selected for Mastership by the American College of Physicians (largest physician organization in the USA) and the first Native Hawaiian to be named as a Fellow in the Royal

College of Physicians, London, England (the oldest physician organization in the world, 500+ years). Currently Director of Research in the Department of Native Hawaiian Health, Dr. Mau has been instrumental in supporting, mentoring and inspiring many emerging scientists, students and faculty to become successful in their own right.

Judge

Lorinda Riley, SJD

Assistant Professor, Kamakakūokalani Center for Hawaiian Studies

Hawai'inuiākea School of Hawaiian Knowledge, University of Hawai'i Mānoa



Dr. Riley holds a joint appointment with Native Hawaiian and Indigenous Health at the Office of Public Health Studies and Kamakakūokalani Center for Hawaiian Studies at Hawai'inuiākea School of Hawaiian Knowledge. Dr. Riley holds an S.J.D. in Indigneous Peoples Law and Policy, JD, and M.A. in American Indian Studies from the University of Arizona, as well as a B.A. in Anthropology from the University of California at Los Angeles. Dr. Riley teaches classes in Indigenous Methodologies; Health Ethics, Law and Politics; and Indigenous Governance. Her research interest include Indigneous data sovereignty, Indigenous conceptions of wellbeing, and policies related to Indigenous social determinants of health. Specifically, she is

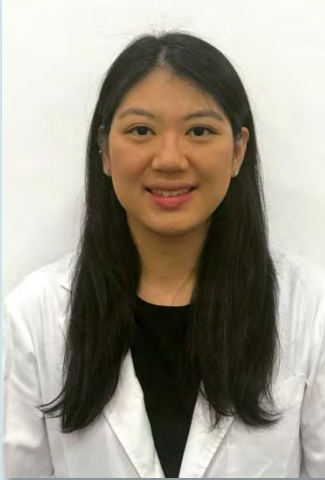
interested in the impact of the Western criminal justice system on Indigneous people and Indigenous restorative justice as a mechanism to improve Indigenous wellbeing.



**University of Hawai'i
Department of Obstetrics, Gynecology & Women's Health
Research Day Schedule**

Thursday, May 6, 2021
Via Zoom

- 8:00 am **Ivica Zalud, MD, PhD**, Professor and Kosasa Endowed Chair – Welcome
- 8:10 am **Jerris Hedges, MD**, Dean - Greetings
- 8:15am **Ivica Zalud, MD, PhD and Philip Darney, MD** – Honoring of Dr. Kosasa
- 8:35 am **Shandhini Raidoo, MD, MPH** – Resident Research Director –
Welcome & Introduction of Judges
- 8:55 am UH Third Year Resident Presentations - Five 10 min talks, 5-min Q/A to follow
[8:45 am Introduction by Men Jean Lee, MD]:
- 8:50 am **Alyssa Malley, MD**
"Presenting characteristics, complications, and outcomes of pregnant tourists who present to the hospital in Honolulu, Hawaii"
- [9:05 am Introduction by John Frattarelli, MD HCLD]:**
- 9:10 am **Reema Ghatnekar, MD**
"Male factors affecting preimplantation genetic testing results in Japanese donor egg in vitro fertilization cycles"
- [9:25 am Introduction by Shandhini Raidoo, MD MPH]:**
- 9:30 am **Samantha Kaiser, MD**
"Provider experience with cardiometabolic screening in patients with Polycystic Ovarian Syndrome in Hawaii"
- [9:45 am Introduction by Kelly Yamasato, MD]**
- 9:50 am **Ingrid Chern MD**
"Racial/ethnic differences in gestational diabetes and the association with maternal and neonatal outcomes among women in Hawaii"
- [10:05 am Introduction by Shandhini Raidoo, MD MPH]:**
- 10:10 am **Theresa Myers, MD**
"Impact of a direct to patient telemedicine abortion service on access to abortion care provision in Hawaii"
- [10:25 am Introduction by Justin Pilgrim, DO FACOG]:**
- 10:30 am Tripler Resident Presentation (10 min presentation, 5 min Q/A)
Sarah Ligon, MD
"39 Week Elective Induction of Labor for Advanced Maternal Age"
- [10:45 am Introduction by Justin Pilgrim, DO FACOG]:**
- 10:50 am Tripler Resident Presentation (10 min presentation, 5 min Q/A)
Keane McCullum, MD
"The effect of pregnancy and the duration of postpartum convalescence on the physical fitness of healthy women: A cohort study of active duty servicewomen receiving 6 weeks vs 12 weeks convalescence"
- [11:05 am Introduction by Dena Towner, MD]:**
- 11:10 am Maternal-Fetal Medicine Fellow Abstract Presentation (15 min presentation, 5 min Q/A):
Nicole Kurata, MD
"Transcutaneous electrical nerve stimulation for post-cesarean pain control: A randomized trial"
- [11:30 pm Introduction by Reni Soon, MD, MPH]:**
- 11:35 am Complex Family Planning Fellow Abstract Presentation (15 min presentation, 5 min Q/A):
Courtney Kerestes, MD
"It was close enough, but it wasn't close enough: a qualitative exploration of the impact of direct-to-patient telemedicine abortion on access to abortion care"
- 12:10 pm Awards



Ingrid Chern, MD

Medical School: Kaohsiung Medical University, Taiwan

Medical School Honors/Awards:

- Harvard Medical School Exchange Clinic Clerkship scholarship recipient
- Top 10 in Academic Performance (Fall 2013)

Research Experience:

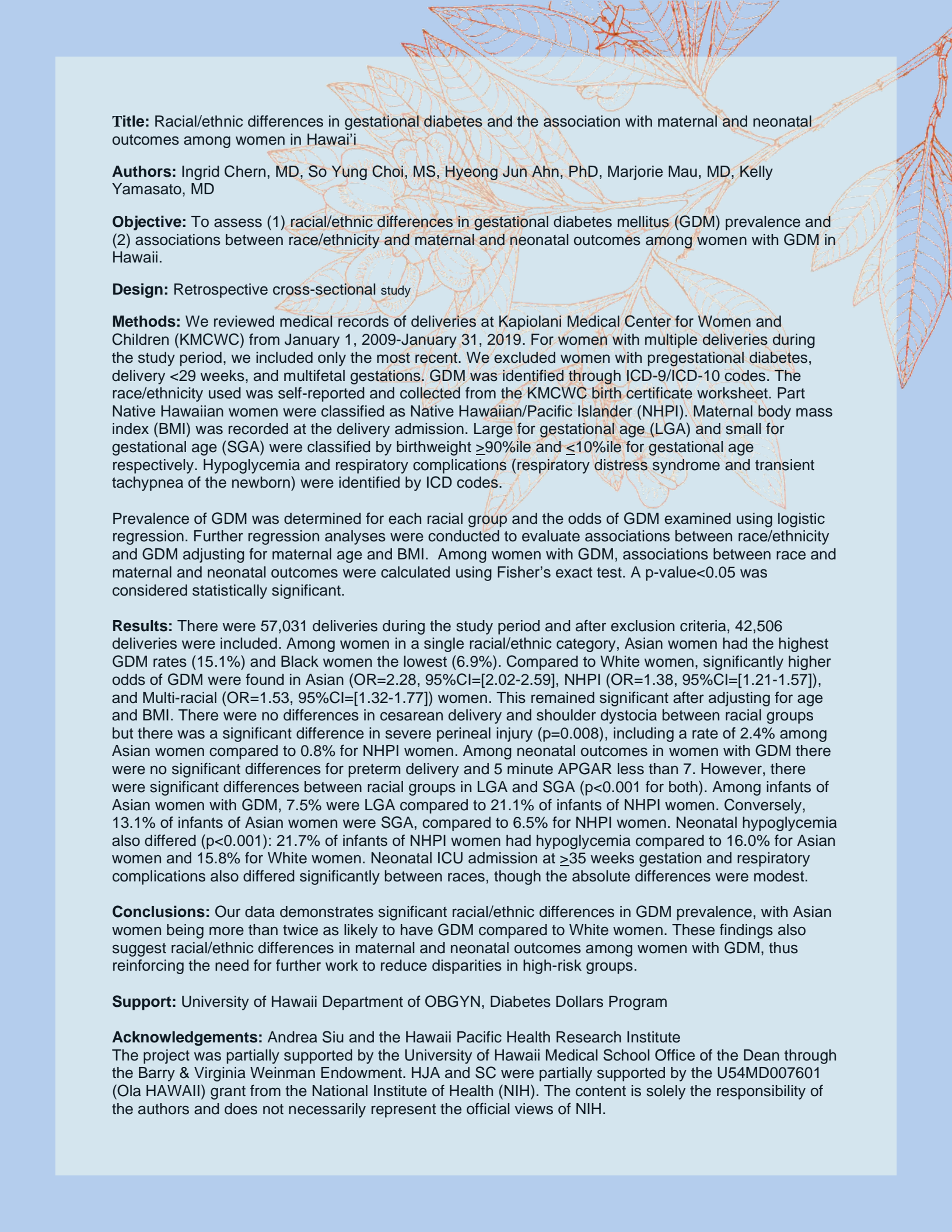
- Volunteer Research Coordinator, University of Hawaii Department of OBGYN, Honolulu, HI, United States.
- Student Research Assistant, Keelung Chung Gung Memorial Hospital, Keelung City, Taiwan.
- Student Assistant, Kaohsiung Medical University, Kaohsiung City, Taiwan.

Publications:

- **Chern I**, Antalan C, Aeby T, Hiraoka M. The Effect of a Targeted Educational Activity on Obstetrics and Gynecology Resident In-Training Examination Scores. *Hawaii J Med Public Health*. 2018 Jul;77(7):161-165.
- Yamasato K, **Chern I**, Lee MJ. Racial/Ethnic Representation in United States and Australian Obstetric Research. *Matern Child Health J*. 2020 Nov 22.
- Yamasato K, Kimata C, **Chern I**, Clappier M, Burlingame J. Complications of operative vaginal delivery and provider volume and experience. *J Matern Fetal Neonatal Med*. 2019 Nov 19:1-6.
- Schlueter RJ, Al-Akwaa FM, Benny PA, Gurary A, Xie G, Jia W, Chun SJ, **Chern I**, Garmire LX. Prepregnant Obesity of Mothers in a Multiethnic Cohort Is Associated with Cord Blood Metabolomic Changes in Offspring. *J Proteome Res*. 2020 Apr 3;19(4):1361-1374.
- Benny PA, Al-Akwaa FM, Dirkx C, Schlueter RJ, Wolfgruber TK, **Chern IY**, Hoops S, Knights D, Garmire LX. Placentas delivered by pre-pregnant obese women have reduced abundance and diversity in the microbiome. *FASEB J*. 2021 Apr;35(4):e21524.
- Chen FP, Chien MH, **Chern IY**. Impact of low concentrations of phthalates on the effects of 17 β -estradiol in MCF-7 breast cancer cells. *Taiwan J Obstet Gynecol*. 2016 Dec;55(6):826-834.
- Chen FP, Chien MH & **Chern IY**. Impact of lower concentrations of phytoestrogens on the effects of estradiol in breast cancer cells. *Climacteric*. 2015, Mar; 18(4): 574-581.
- Chen FP, Hsu KH, Fu TS, Chao AS, Yu YW, Fan CM, Sung CM, **Chern IY**. Risk factor for first-incident hip fracture in Taiwanese postmenopausal women. *Taiwanese Journal of Obstetrics & Gynecology*. 2016, Apr; 55(2): 258-262.

Presentations:

- **Chern IY**. Racial representation in United States and Australian Obstetric Research. 2018 Annual Clinic and Scientific Meeting, April 27, 2018. Austin, TX [Poster presentation].



Title: Racial/ethnic differences in gestational diabetes and the association with maternal and neonatal outcomes among women in Hawai'i

Authors: Ingrid Chern, MD, So Yung Choi, MS, Hyeong Jun Ahn, PhD, Marjorie Mau, MD, Kelly Yamasato, MD

Objective: To assess (1) racial/ethnic differences in gestational diabetes mellitus (GDM) prevalence and (2) associations between race/ethnicity and maternal and neonatal outcomes among women with GDM in Hawaii.

Design: Retrospective cross-sectional study

Methods: We reviewed medical records of deliveries at Kapiolani Medical Center for Women and Children (KMCWC) from January 1, 2009-January 31, 2019. For women with multiple deliveries during the study period, we included only the most recent. We excluded women with pregestational diabetes, delivery <29 weeks, and multifetal gestations. GDM was identified through ICD-9/ICD-10 codes. The race/ethnicity used was self-reported and collected from the KMCWC birth certificate worksheet. Part Native Hawaiian women were classified as Native Hawaiian/Pacific Islander (NHPI). Maternal body mass index (BMI) was recorded at the delivery admission. Large for gestational age (LGA) and small for gestational age (SGA) were classified by birthweight ≥ 90 th percentile and ≤ 10 th percentile for gestational age respectively. Hypoglycemia and respiratory complications (respiratory distress syndrome and transient tachypnea of the newborn) were identified by ICD codes.

Prevalence of GDM was determined for each racial group and the odds of GDM examined using logistic regression. Further regression analyses were conducted to evaluate associations between race/ethnicity and GDM adjusting for maternal age and BMI. Among women with GDM, associations between race and maternal and neonatal outcomes were calculated using Fisher's exact test. A p-value < 0.05 was considered statistically significant.

Results: There were 57,031 deliveries during the study period and after exclusion criteria, 42,506 deliveries were included. Among women in a single racial/ethnic category, Asian women had the highest GDM rates (15.1%) and Black women the lowest (6.9%). Compared to White women, significantly higher odds of GDM were found in Asian (OR=2.28, 95%CI=[2.02-2.59], NHPI (OR=1.38, 95%CI=[1.21-1.57]), and Multi-racial (OR=1.53, 95%CI=[1.32-1.77]) women. This remained significant after adjusting for age and BMI. There were no differences in cesarean delivery and shoulder dystocia between racial groups but there was a significant difference in severe perineal injury (p=0.008), including a rate of 2.4% among Asian women compared to 0.8% for NHPI women. Among neonatal outcomes in women with GDM there were no significant differences for preterm delivery and 5 minute APGAR less than 7. However, there were significant differences between racial groups in LGA and SGA (p<0.001 for both). Among infants of Asian women with GDM, 7.5% were LGA compared to 21.1% of infants of NHPI women. Conversely, 13.1% of infants of Asian women were SGA, compared to 6.5% for NHPI women. Neonatal hypoglycemia also differed (p<0.001): 21.7% of infants of NHPI women had hypoglycemia compared to 16.0% for Asian women and 15.8% for White women. Neonatal ICU admission at ≥ 35 weeks gestation and respiratory complications also differed significantly between races, though the absolute differences were modest.

Conclusions: Our data demonstrates significant racial/ethnic differences in GDM prevalence, with Asian women being more than twice as likely to have GDM compared to White women. These findings also suggest racial/ethnic differences in maternal and neonatal outcomes among women with GDM, thus reinforcing the need for further work to reduce disparities in high-risk groups.

Support: University of Hawaii Department of OBGYN, Diabetes Dollars Program

Acknowledgements: Andrea Siu and the Hawaii Pacific Health Research Institute

The project was partially supported by the University of Hawaii Medical School Office of the Dean through the Barry & Virginia Weinman Endowment. HJA and SC were partially supported by the U54MD007601 (Ola HAWAII) grant from the National Institute of Health (NIH). The content is solely the responsibility of the authors and does not necessarily represent the official views of NIH.



Reema Ghatnekar, MD

Medical School: University of California Riverside School of Medicine, Riverside, CA

Medical School Honors/Awards:

- PIP Symposium (2015): “Best Visual Presentation” for poster presentation entitled “Diabetes Health Coaching as a Management Tool in Riverside County”

Graduate Education: University of Southern California Keck School of Medicine, Los Angeles, CA, M.S., Global Medicine

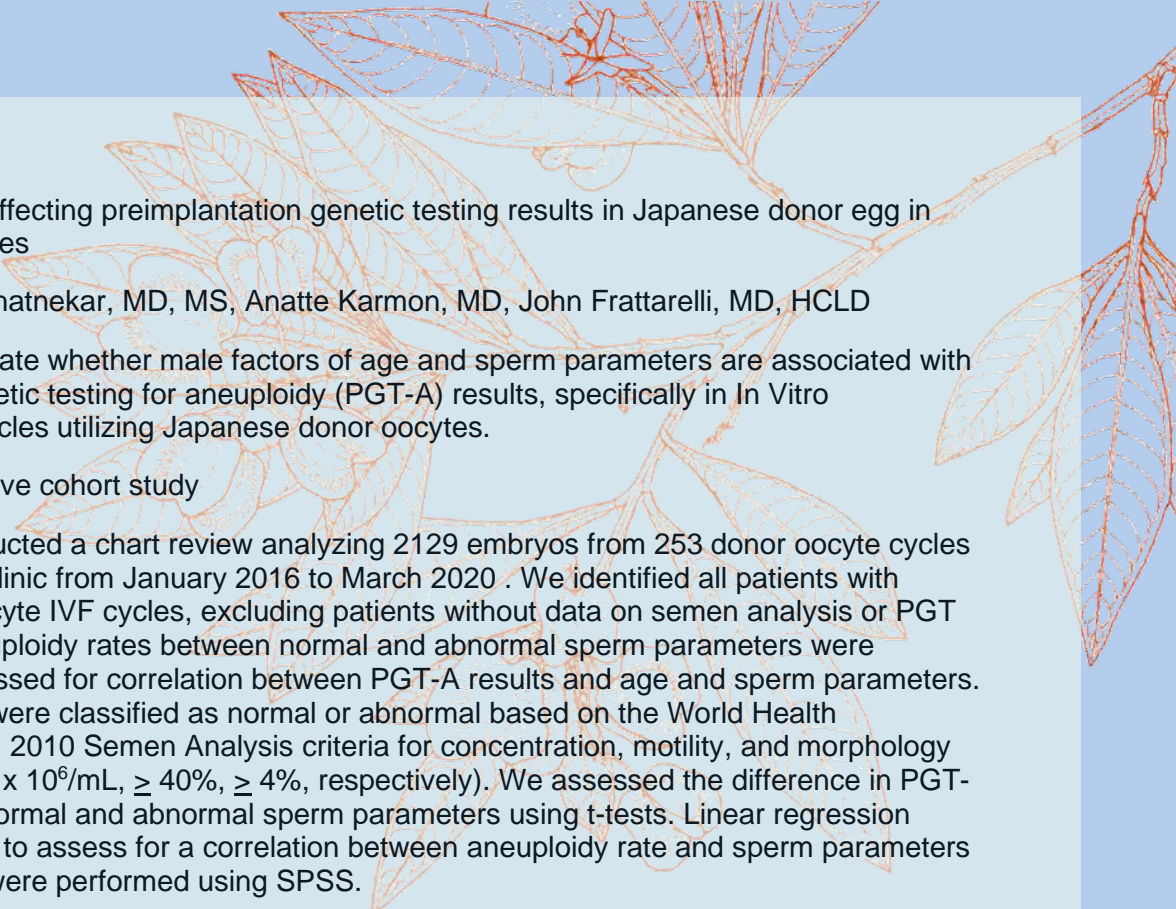
Undergraduate Education: Northwestern University, Evanston, IL, B.A., Mathematics

Research Experience:

- Student Researcher, UC Riverside SOM, Riverside, CA, United States. Evaluation of medical abortion failure rates in women with prior cesarean sections, using data from Planned Parenthood of Orange County and San Bernardino.
- Student Researcher, Riverside University Health System, Riverside, CA, United States. Evaluation of a diabetes health coaching program for diabetes management implemented by Riverside University Health Centers.
- Student Researcher, GlobeMed, Ho, Ghana. Gauging of the nutrition habits of villagers in Ho, Ghana, as part of a nutritional program teaching villagers to grow soybeans as a protein supplement to their diet.

Presentations:

- **Ghatnekar R.** Diabetes Management Through Health Coaching via Text Messaging. Poster presentation at ACP All California Chapters Scientific Meeting, 2015, Monterey, CA.
- **Ghatnekar R & Ng D.** Diabetes Management Through Health Coaching via Text Messaging. Poster presentation at ACP Region II Annual Meeting, 2015, Loma Linda, CA.
- **Ghatnekar R, Amin M, & Ng D.** Diabetes Management Through Health Coaching via Text Messaging. Poster presentation at Practice Improvement Project Annual Symposium, 2015, Riverside, CA.
- **Ghatnekar R, Nasouf L, & Ng D.** Health Coaching as a Tool for the Management of Diabetic Patients in Riverside County. Oral presentation at UC Riverside SOM Conference on Teaching, Learning, & Research, 2017, Palm Desert, CA.



Title: Male factors affecting preimplantation genetic testing results in Japanese donor egg in vitro fertilization cycles

Authors: Reema Ghatnekar, MD, MS, Anatte Karmon, MD, John Frattarelli, MD, HCLD

Objective: To evaluate whether male factors of age and sperm parameters are associated with preimplantation genetic testing for aneuploidy (PGT-A) results, specifically in In Vitro Fertilization (IVF) cycles utilizing Japanese donor oocytes.

Design: Retrospective cohort study

Methods: We conducted a chart review analyzing 2129 embryos from 253 donor oocyte cycles at a private fertility clinic from January 2016 to March 2020 . We identified all patients with Japanese donor oocyte IVF cycles, excluding patients without data on semen analysis or PGT results. PGT-A aneuploidy rates between normal and abnormal sperm parameters were compared and assessed for correlation between PGT-A results and age and sperm parameters. Sperm parameters were classified as normal or abnormal based on the World Health Organization (WHO) 2010 Semen Analysis criteria for concentration, motility, and morphology (normal values $\geq 15 \times 10^6/\text{mL}$, $\geq 40\%$, $\geq 4\%$, respectively). We assessed the difference in PGT-A results between normal and abnormal sperm parameters using t-tests. Linear regression analyses were used to assess for a correlation between aneuploidy rate and sperm parameters and age. Statistics were performed using SPSS.

Results: Of the available data on 253 donor oocyte cycles, 243 cycles were analyzed with regards to age, concentration, and motility. Data points for morphology were unavailable for 8 additional subjects, yielding a total of 235 donor oocyte cycles analyzed with regards to morphology. Mean number of PGT tested embryos was 8.54, and baseline characteristics of donors was mean age 26.1, AMH level 6.0, and antral follicle count 23.5. Mean euploid rate was 70.8%. Comparisons between abnormal and normal sperm parameters demonstrated a statistically significant difference in aneuploidy rate between abnormal and normal morphology (0.319, 0.259, $p= 0.023$), although the difference in aneuploidy rate for motility ($p= 0.86$) and concentration ($p= 0.52$) was not significant. Linear regression analysis did not find correlation between aneuploidy rate and of the sperm factors and age when controlled for one another. Similarly, when only evaluating abnormal sperm parameters, regression analyses did not find any correlation between aneuploidy rate and sperm parameters, although the sample size of these abnormal groups was limited (morphology= 69, motility= 66, concentration = 18).

Conclusions: These results indicate that semen parameters may affect PGT-A results and that abnormal sperm morphology specifically may increase the risk of aneuploidy. However, this was not significantly different when controlling for other abnormal sperm parameters in a linear regression, suggesting that the severity of deviation from normal sperm parameters may not contribute to higher aneuploidy rates. This data may aid in improving the limited guidance on male factor infertility by providing more specific criteria on who should seek PGT-A for IVF cycles.

Support: None

Acknowledgements: None



Samantha Kaiser, MD

Medical School: University of Southern California Keck School of Medicine, Los Angeles, CA

Undergraduate Education: Northwestern University, Evanston, IL, B.A., Psychology

Research Experience:


- Researcher, KSOM Dept of Ob/Gyn, Los Angeles, CA, United States. Case report of successful resuscitation after cardiac arrest secondary to carboplatin infusion.
- Researcher, KSOM Dept of Ob/Gyn, Los Angeles, CA, United State. Analysis of the association between teen pregnancy and ovarian cancer survival.
- Researcher, Lopez Family Foundation and KSOM Dept of Ob/Gyn, David, Panama. Creation of a research database of over 1,000 prenatal ultrasounds performed as a part of the Lopez Family Foundation International Telehealth Program in Panama.
- Researcher, KSOM Dept of Ob/Gyn, David, Panama. Designing of a survey tool to assess women's contraception needs and knowledge in Panama.
- Researcher, KSOM Dept of Ob/Gyn, Los Angeles, CA, United States. Implementation of a longitudinal survey of medical students' attitudes on abortion, with surveys occurring at three-month intervals during the students' medical education.
- Researcher, KSOM Dept of Ob/Gyn, Los Angeles, CA, United States. Creation of a research database from a population of over 10,000 patients with low risk breast masses at LAC+USC Hospital.

Publications:

- Matsuo K, De Zoysa MY, Morocco EB, **Kaiser SB**, Blake EA, Kodama M, & Grubbs BH. Association of teenage pregnancy and ovarian cancer survival. *European Journal of Obstetrics & Gynecology and Reproductive Biology*. 2017, Aug.
- De Zoysa MY, Nakamura NA, **Kaiser SB**, Ciccone MA, Muderspach LI, Matsuo K. Successful resuscitation after cardiac arrest secondary to carboplatin infusion: A case report. *Gynecol Oncol Rep*. 2017; 23:7-9.
- Blake EA, De Zoya MY, Morocco EB, **Kaiser SB**, Kodama M, Grubbs BH, Matsuo K. Teenage pregnancy complicated by primary invasive ovarian cancer: association for oncological outcome. *J Gynecol Oncol*. 2018;29(5):e79

Presentations:

- **Kaiser SB**, Uhrinak AN, Yin C, & Macdonald R. Palpable and probably benign breast masses without tissue biopsy: A quality improvement assessment. Poster presentation at Keck School of Medicine Medical Student Research Forum, 2015, Los Angeles, CA
- **Kaiser SB** and Grubbs BH. Population-specific fetal growth curve for the indigenous people of Comarca Ngäbe-Buglé, Panama. Poster presented at: Keck School of Medicine Medical Student Research Forum; April 4, 2017; Los Angeles, CA.



Title: Provider experience with cardiometabolic screening in patients with polycystic ovarian syndrome in Hawaii

Authors: Samantha B Kaiser, MD, Shandhini Raidoo, MD MPH

Objective: To determine how primary care providers in Hawaii screen women with polycystic ovary syndrome (PCOS) for cardiometabolic disorders.

Design: Cross-sectional survey

Methods: We distributed an electronic survey, hosted on REDCap, to primary care providers in Hawaii, including physicians and advanced practice providers in obstetrics and gynecology, family medicine, internal medicine, and pediatrics. In addition to provider demographics, the 10 minute survey consisted of mostly multiple choice questions, such as “what testing do you normally order when you are thinking about diagnosing someone with PCOS?” and “do you recommend screening for diabetes at the time of diagnosis of PCOS?”. Surveys were distributed via professional organization chapters of physicians and advanced practice providers, as well as networks of local residency programs. Statistical analysis was performed using Microsoft Excel. Comparisons between groups were calculated using chi-squared tests.

Results: The survey was distributed to an estimated 800 providers, with 116 completing the survey (response rate = 15%). Most of the survey respondents (97%, 113/116), were physicians; three advanced practice providers completed the survey. Of the survey respondents, 51% (60/116) worked in obstetrics and gynecology, 35% (41/116) in family medicine, 8% (9/116) in pediatrics, and 5% (6/116) in internal medicine. Females comprised 70% (79/116) of the survey respondents. In each specialty except for internal medicine, providers reported that they evaluate irregular menses themselves rather than referring to a specialist. The most commonly used criteria for diagnosis of PCOS was the Rotterdam criteria, which was preferred by 50% (57/113) of respondents. The most common tests ordered for diagnosis of PCOS were thyroid-stimulating hormone (TSH) (79%, 92/116), testosterone (62%, 72/116), pelvic ultrasound (59%, 68/116), prolactin (58%, 67/116), and hemoglobin A1C (54%, 63/116). Following a diagnosis of PCOS, the most common tests ordered were hemoglobin A1C (53%, 61/116) and lipid panel (47%, 54/116) for further evaluation of cardiometabolic disorders. Most providers “always” or “usually” recommended screening for diabetes mellitus (86%, 98/114) and dyslipidemia (79%, 87/110). The most commonly used screening tests were hemoglobin A1C (72%, 79/109) and fasting lipid panel (67%, 71/106), respectively. Eighty-seven percent (101/116) of providers reported that they counsel their patients about their increased risk of diabetes, while 72% (83/116) counsel their patients about an increased risk of dyslipidemia. Nineteen percent (11/57) of obstetrician-gynecologists reported that they recommend that patients be tested for diabetes and dyslipidemia but do not order the testing themselves.

Conclusions: Most providers in our survey initiate a workup for irregular menses and PCOS themselves, and recommend that patients with PCOS undergo screening for diabetes and dyslipidemia, although one in five obstetrician-gynecologists do not order that screening themselves. The most common screening method for diabetes, a hemoglobin A1C, differs from the recommended 2 hour, 75 gram oral glucose tolerance test. This difference between screening recommendations and real world practice indicates a need for further understanding of provider practices and an exploration of the practical application of screening guidelines.

Support: Lakshmi Devi & Devraj Sharma Fund

Acknowledgements: None.



Alyssa Malley, MD

Medical School: University of Nebraska College of Medicine, Omaha, NE

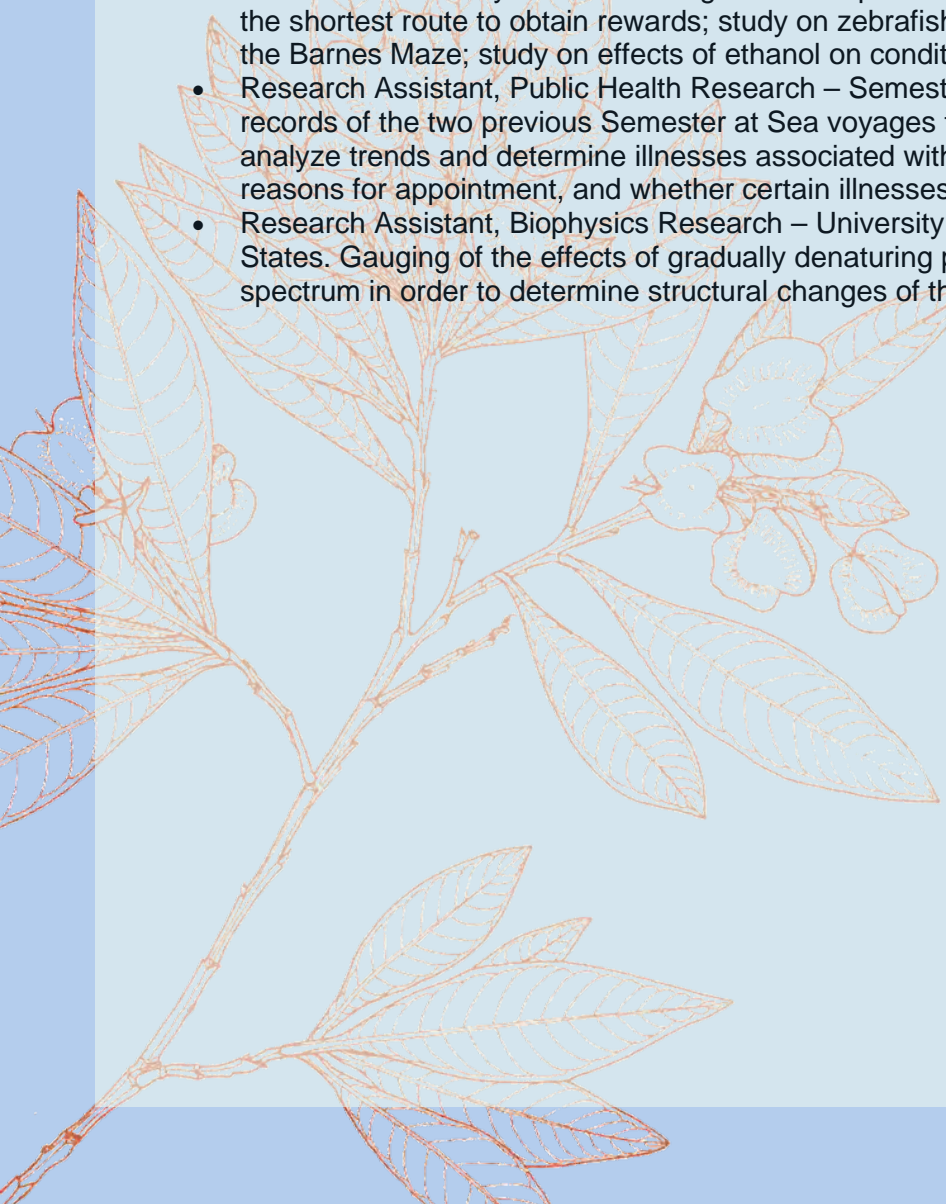
Medical School Honors/Awards:


- UNMC Tuition Scholarship (2017)
- Dr. Harold/Aubrey Graves Scholarship (2016)
- Dr. Clarence E. Rice Scholarship (2015)
- Edna Ittner Med Student Scholarship (2014)
- Nellie And John Hills UNMC Scholarship (2014)

Undergraduate Education: University of San Diego, San Diego, CA, B.A., Behavioral Neuroscience (graduated cum laude)

Research Experience:

- Research Assistant, Psychology Research – University of San Diego, San Diego, CA, United States. Study on the traveling salesman problem in rats and determining if they use the shortest route to obtain rewards; study on zebrafish and cognitive mapping ability using the Barnes Maze; study on effects of ethanol on conditioning of zebrafish.
- Research Assistant, Public Health Research – Semester at Sea, Various Cities. Review of records of the two previous Semester at Sea voyages to determine a coding system to analyze trends and determine illnesses associated with common ports, the most common reasons for appointment, and whether certain illnesses clustered by living area.
- Research Assistant, Biophysics Research – University of San Diego, San Diego, CA, United States. Gauging of the effects of gradually denaturing p53 protein on laser optical output spectrum in order to determine structural changes of the protein.





Title: Presenting characteristics, complications, and outcomes of pregnant tourists who present to the hospital in Honolulu, Hawaii

Authors: Alyssa Malley, MD; Men Jean Lee, MD

Objective: To determine presenting characteristics, comorbidities, indications for seeking care, and to identify outcomes of pregnant tourists who presented to care in Hawaii.

Design: Descriptive study

Methods: We conducted a chart review of pregnant tourists who presented to Kapiolani Medical Center for Women and Children in Honolulu, Hawaii for care between January 1, 2018 and August 25, 2020. This study included patients who presented to either the emergency department or the labor and delivery unit. Pregnant patients who registered with an out-of-state address were identified from the electronic medical record. Charts were then reviewed to determine tourist status by reviewing notes and other documentation. Demographic data, details of the hospital course, and outcomes were recorded. A logistic regression and ANOVA were fit to test the influence of patient characteristics on admission and length of hospital stay, respectively.

Results: There were 484 encounters for pregnant patients with out-of-state addresses during the study period. Of these, 331 were identified as tourist encounters and due to repeat presentations for care, 301 individual tourists were identified. The majority of patients were from North America (233; 77.4%). Mean age was 31 years old, and 31.6% (95/301) were of advanced maternal age (≥ 35 years old). The gestational ages ranged from 4 weeks to 36 weeks (mean=17.5 weeks, SD=9). There were 40.2% (121) patients in the first trimester, 43.5% (131) in the second trimester, and 16.3% (49) in the third trimester. There were 11.6% (35) of patients with a chronic medical condition (e.g. diabetes mellitus, chronic hypertension, etc) and 19.9% (60) of patients with a pregnancy-related condition (e.g. placenta previa, multiple gestation, etc.) The most common reasons for presentation were pregnancy-related concerns such as contractions, vaginal bleeding, or decreased fetal movement (189; 57.1%). Patients spent between 1 and 120 hours in the hospital (mean 7.8 hours, SD 18.4). More advanced gestational age ($p < 0.0001$), presence of pregnancy-related conditions ($p < 0.01$), and chronic medical conditions ($p = 0.04$), were all associated with a significantly longer hospital stay. In addition, an interaction between increasing gestational age and pre-existing conditions ($p = 0.01$) was associated with a significantly longer stay. Thirty-four (10.3%) patients were admitted. Patients in their third trimester ($p < 0.001$) and patients with pregnancy-related ($p < 0.01$) and chronic ($p = 0.01$) conditions were significantly more likely to be admitted. There were 27 (8.2%) patients that underwent delivery or a procedure. Twelve patients had deliveries between 21 and 36 weeks: one preivable delivery at 21 weeks, one neonatal death at 23 weeks, and seven neonates were admitted to the neonatal intensive care unit.

Conclusions: Patients are traveling throughout pregnancy and many are traveling with known medical conditions or pregnancy-related conditions. Pregnant tourists seek care for a variety of reasons and some end up being admitted or undergoing a procedure. Increasing gestational age, chronic medical conditions, and pregnancy-related conditions are associated with an increased length of hospital stay and likelihood of admission. Traveling during pregnancy is becoming increasingly popular, therefore, it is important for providers to be aware of the risks of travel in order to counsel patients appropriately.

Support: UH Partners (SPSS access)

Acknowledgements: Shandhini Raidoo, MD, MPH; Alex Loomis



Theresa Myers, MD

Medical School: University of Washington School of Medicine, Seattle, WA

Medical School Honors/Awards:

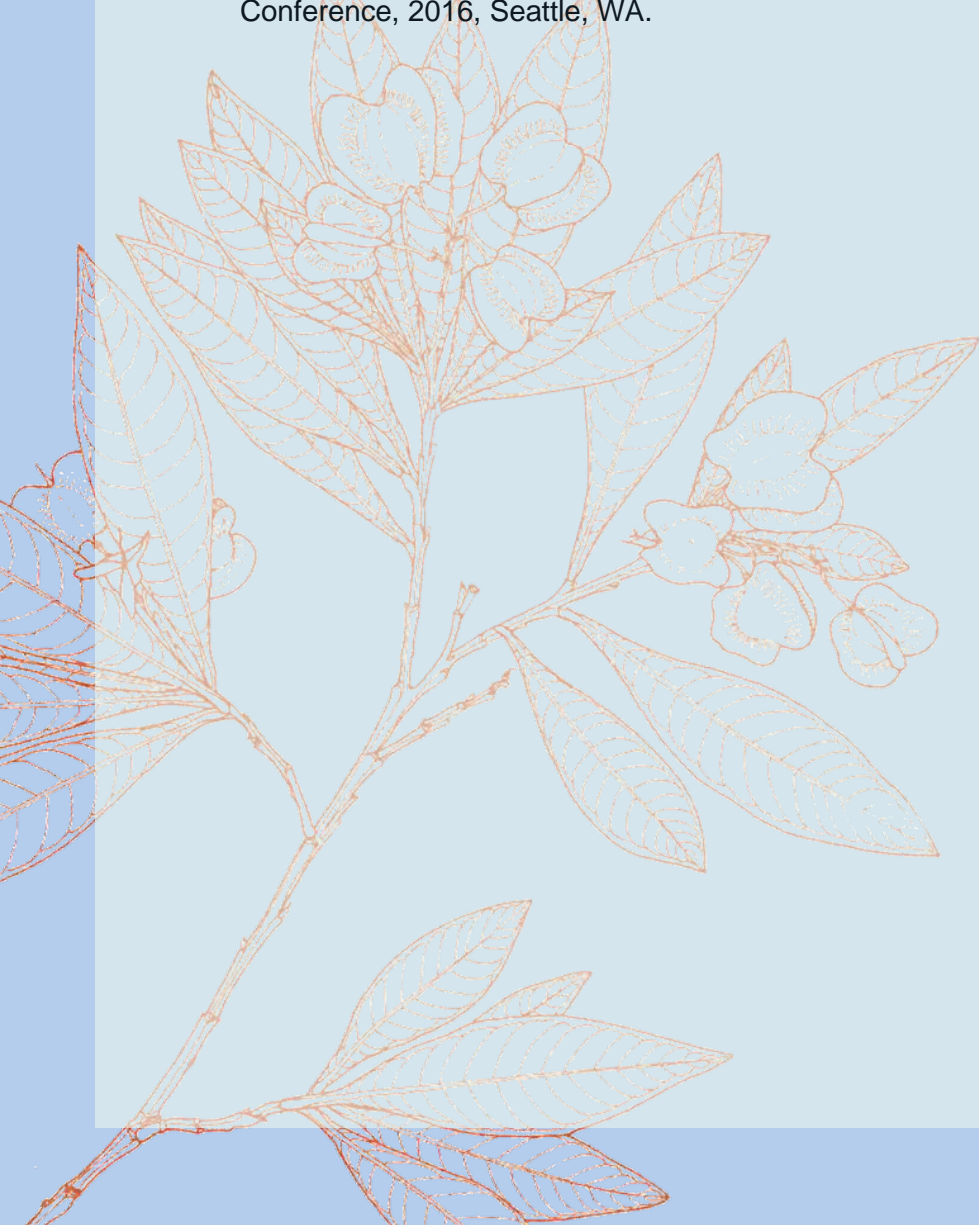
- Service Learning Award (2015, 2016, 2017)
- Gold Humanism Honor Society
- Washington Academy of Family Physicians Board of Directors, Student Co-Trustee


Undergraduate Education: Carnegie Mellon University, Pittsburgh,

PA, B.S., Chemistry

Presentations:

- **Myers, TL.** Empowering Kenyan Commercial Sex Workers Through Education on Sexually Transmitted Infections. Poster presentation at Western Regional International Health Conference, 2016, Seattle, WA.





Title: Impact of a direct to patient telemedicine abortion service on abortion care provision in Hawai'i

Authors: Theresa Myers, MD. Masako Matsunaga, PhD, MPH. So Yung Choi, MS. Bliss Kaneshiro, MD, MPH. Shandhini Raidoo, MD, MPH.

Objective: To determine the impact of a direct to patient telemedicine abortion service on gestational age at time of presentation for abortion care in Hawai'i.

Design: Retrospective pre-post intervention study.

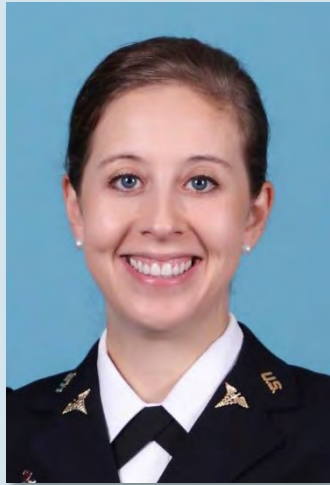
Methods: We reviewed medical records of all patients who presented for abortion care to Planned Parenthood of the Great Northwest and the Hawaiian Islands (PPGNHI) sites in Hawaii from 2015 to 2019. In 2016 the TelAbortion Project, a direct to patient telemedicine abortion service, was started. Our primary outcome was gestational age at time of presentation and this was compared before and after the start of the TelAbortion Project. We identified all encounters for abortion care using CPT codes. Demographic data, gestational age at time of abortion, and medical history factors were collected. Patient characteristics were summarized using descriptive statistics and the associations with the implementation of the TelAbortion Project were examined using chi-squared and t-tests. We used a multivariable linear regression model to predict gestational age at time of presentation for abortion adjusting for age, race, primary language, islands with abortion clinics, primary insurance, parity, and history of prior abortion. We then performed subgroup analysis using only patients from islands without abortion clinics, using the same variables in a multivariable linear regression model.

Results: A total of 7462 patient encounters were identified: 1709 occurred prior to the introduction of the TelAbortion Project and 5753 after. The median gestational age at presentation prior to and after the start of the TelAbortion Project was 57.0 days and 55.0 days, respectively ($p=0.001$). There were no differences in age, parity, or prior abortions for patients receiving abortion care prior to or following the start of the TelAbortion Project. There were significant differences in race, primary language, insurance type, type of abortion, and island of residence between patients presenting for abortion care before and after the implementation of the TelAbortion Project. From the multivariable linear regression analysis, the expected gestational age at time of presentation for abortion to PPGNHI's sites in Hawaii decreased by 1.6% after the implementation of the TelAbortion Project after adjusting for other factors (95% CI -2.9% to -0.3%, $p=0.016$). In our subgroup analysis, 666 patients were identified from islands without abortion clinics: 179 before the start of the TelAbortion project and 487 after. The median gestational age at presentation for this subgroup was 60.0 days before the introduction of TelAbortion and 59.0 days after ($p=0.238$).

Conclusions: After the introduction of the TelAbortion Project in Hawai'i, patients presented for abortion care at Planned Parenthood sites in Hawaii at a gestational age 1.6 days earlier than prior to the start of the TelAbortion Project. Subgroup analysis of patients from islands without an abortion clinic did not demonstrate a significant change in gestational age with the introduction of TelAbortion. This difference may not be clinically significant and additional information about abortions performed during this time is needed. Hawai'i's unique geography necessitates further exploration of the role that telemedicine abortion can play in providing access to care for rural communities.

Support: University of Hawai'i Department of Biostatistics. The project was partially supported by the University of Hawaii Medical School Office of the Dean through the Barry & Virginia Weinman Endowment. MM and SC were partially supported by the U54MD007601 (Ola HAWAII) grant from the National Institute of Health (NIH). The content is solely the responsibility of the authors and does not necessarily represent the official views of NIH.

Acknowledgements: Ilana Buffenstein, Planned Parenthood of the Great Northwest and the Hawaiian Islands



Sarah Ligon, MD

Obstetrics and Gynecology Resident Physician, Tripler Army Medical Center, Honolulu HI

Ob-Gyn Residency: Tripler Army Medical Center, Honolulu, HI

Ob-Gyn Residency Awards:

- 2019, 2020: Best Obstetrics Resident
- 2019: Best Reproductive Endocrinology and Infertility Resident

Medical School: The University of Texas Medical Branch at Galveston, Galveston, TX

Medical School Honors/Awards:

- Steve and Dayna Diven Family Global Health Award (2017)
- The National Science Research Forum (2015): Best Oral Presentation in Obstetrics and Gynecology, Best Presentation in Family Medicine Patient Centered Medical Care, Best Poster Presentation in Public Health Second Place
- The Center for Interdisciplinary Research in Women's Health Poster Session (2015): Second Place in Basic Science Research
- Student Travel Grant Award (2015)

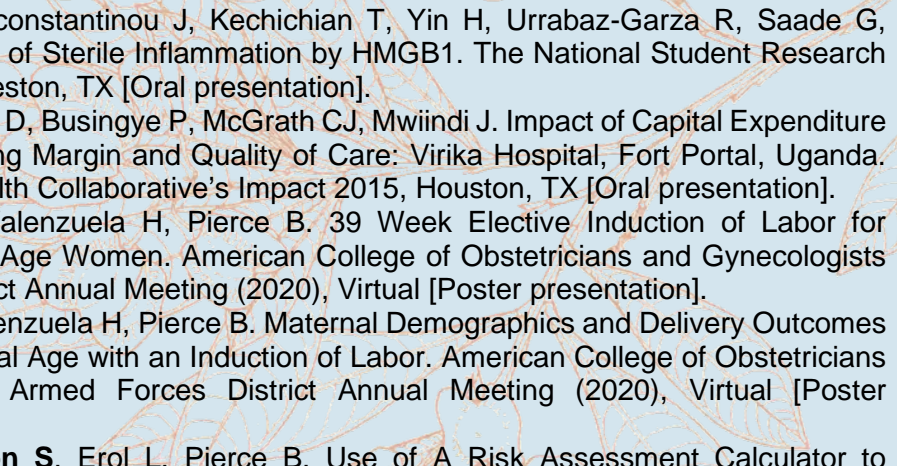
Undergraduate Education: Concordia University Ann Arbor, Ann Arbor, MI, B.A. in Biology

Publications:

- **Ligon S**, Lustik M, Levy G, Pier B (2019). Low antimüllerian hormone (AMH) is associated with decreased live birth after in vitro fertilization when follicle-stimulating hormone and AMH are discordant. *Fertility and Sterility*. 112(1): 34.
- Pier BD, **Ligon SE**, Levy G (2019). Fresh in vitro fertilization cycles increase risk of small-for-gestational age; frozen cycles increase risk of large-for-gestational age: Which is worse?. *American Journal of Obstetrics & Gynecology*. 221(1):80.
- Menon R, Noda Nicolau N, **Bredeson S**, Poletini J. (2015). Fetal Membranes: Potential Source of Preterm Birth Biomarkers. *General Methods in Biomarker Research and their Applications, Biomarkers in Disease: Methods, Discoveries and Applications*.

Presentations

- **Ligon S**, Levy G. Tripler Army Medical Center Obstetrics and Gynecology Resident Wellness. American College of Obstetricians and Gynecologists Armed Forces District Annual Meeting (2019), San Diego, CA [Oral presentation].
- **Ligon S**, Lustik M, Levy G, Pier B. Discordant Values of AMH and FSH During In Vitro Fertilization Cycles: Which Correlates Better with Live Birth Outcomes? American College of Obstetricians and Gynecologists Armed Forces District Annual Meeting (2018), Honolulu, HI [Oral presentation].
- **Bredeson S**. Global Trends in Maternal Mortality: Insight from Uganda. Global Track Student Scholarly Presentation. The University of Texas Medical Branch at Galveston School of Medicine (2017), Galveston, TX [Oral presentation].

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- **Bredeson S**, Papaconstantinou J, Kechichian T, Yin H, Urrabaz-Garza R, Saade G, Menon R. Pathways of Sterile Inflammation by HMGB1. The National Student Research Forum (2015), Galveston, TX [Oral presentation].
 - **Bredeson S**, Wilson D, Busingye P, McGrath CJ, Mwiindi J. Impact of Capital Expenditure on Hospital Operating Margin and Quality of Care: Virika Hospital, Fort Portal, Uganda. Houston Global Health Collaborative's Impact 2015, Houston, TX [Oral presentation].
 - **Ligon S**, Erol L, Valenzuela H, Pierce B. 39 Week Elective Induction of Labor for Advanced Maternal Age Women. American College of Obstetricians and Gynecologists Armed Forces District Annual Meeting (2020), Virtual [Poster presentation].
 - Erol L, **Ligon S**, Valenzuela H, Pierce B. Maternal Demographics and Delivery Outcomes in Advanced Maternal Age with an Induction of Labor. American College of Obstetricians and Gynecologists Armed Forces District Annual Meeting (2020), Virtual [Poster presentation].
 - Valenzuela H, **Ligon S**, Erol L, Pierce B. Use of A Risk Assessment Calculator to Determine Appropriate Candidates for 39 Week Elective Induction of Labor for AMA. American College of Obstetricians and Gynecologists Armed Forces District Annual Meeting (2020), Virtual [Poster presentation].
 - **Ligon S**, Gloeb DJ, Pierce B, Rabie N, Kase B. Severe Hyponatremia in an Advanced Maternal Age Woman with Preeclampsia with Severe Features and Fetal Aneuploidy. American College of Obstetricians and Gynecologists Armed Forces District Annual Meeting (2019) San Diego, CA [Poster presentation].
 - Mada A, **Ligon S**, Langan K. Paraguard Intrauterine Device Copper Disintegration. American College of Obstetricians and Gynecologists Armed Forces District Annual Meeting (2019), San Diego, CA [Poster presentation].
 - Moody M, **Ligon S**, Pierce B, Gloeb D. A Case Report: Asymptomatic Neonatal Congenital Extralobular Sequestration. American College of Obstetricians and Gynecologists Armed Forces District Annual Meeting (2019), San Diego, CA [Poster presentation].
 - **Ligon S**, Langan K. Leukocytoclastic Vasculitis of the Uterine Cervix. American College of Obstetricians and Gynecologists Armed Forces District Annual Meeting (2018), Honolulu, HI [Poster Presentation].
 - **Bredeson S**, Wilson D, Busingye P, McGrath CJ, Mwiindi J. Impact of Capital Expenditure on Hospital Operating Margin and Quality of Care: Virika Hospital, Fort Portal, Uganda. The National Student Research Forum (2015), Galveston, TX [Poster presentation].
 - **Bredeson S**, Papaconstantinou J, Kechichian T, Yin H, Urrabaz-Garza R, Saade G, Menon R. Pathways of Sterile Inflammation by HMGB1. The Center for Interdisciplinary Research in Women's Health 2015 Poster Session, Galveston, TX [Poster presentation].
 - **Bredeson S**, Papaconstantinou J, Kechichian T, Yin H, Urrabaz-Garza R, Saade G, Menon R. Pathways of Sterile Inflammation by HMGB1. UTMB's 3rd Annual Clinical & Translational Research Forum (2015), Galveston, TX [Poster presentation].

Title: 39 Week Elective Induction of Labor for Advanced Maternal Age

Authors: Sarah E. Ligon, MD, Lindsay A. Erol, MD, Heather Valenzuela, MD, Brian T. Pierce, MD

Background: Advanced maternal age (AMA) gestations are associated with maternal and neonatal morbidity as well as increased cesarean birth (CB) rates. Considering the magnitude of these risks, our hospital instituted a policy offering labor induction at 39 weeks to patients ≥ 35 years of age.

Objective: The purpose of this study is to evaluate maternal outcomes including cesarean birth rate and utilization of hospital resources in patients induced for advanced maternal age.

Study Design: Retrospective cohort study examining maternal outcomes of ≥ 39 week AMA-indicated induction compared to spontaneous labor after policy initiation in 2012. 799 patients ≥ 35 years of age and ≥ 39 weeks were identified, 677 meeting inclusion criteria. Primary outcomes were CB rate and utilization of hospital resources defined by inpatient length of stay.

Methods: Fisher's exact tests were used to evaluate differences in CB rate. T-tests were used to analyze length of stay. A p-value of 0.05 was considered significant.

Results: Overall CB rate was 16.8% and was significantly higher in AMA-indicated inductions vs spontaneous labor patients (18.7% vs 11.2%, $p=0.02$). AMA-indicated inductions averaged 9.6hr longer stay on Labor and Delivery (22.1hr vs 12.5hr, $p<0.05$) and 11.4hr longer total hospital stay than spontaneous labor patients (56.2hr vs 44.9hr, $p<0.05$). CB rates were inversely proportional to cervical dilation with patients ≥ 2 cm dilated at time of AMA-indicated induction having similar CB rates as those in spontaneous labor (11.7% vs 11.2%, $p=0.87$). In nulliparous patients, the overall CB rate was 33.1%; 22.6% for spontaneous labor vs. 43.8% for AMA-indicated induction ($p=0.01$). AMA-indicated inductions also experienced higher blood loss (434 mL vs 345 mL, $p<0.01$) and 4.9-fold increased risk of obstetrical hemorrhage compared to spontaneous labor (9.18% vs 1.87%, $p<0.01$). Two patients, both induced for AMA, required cesarean-hysterectomy.

Conclusions: Patients without a favorable cervix should not be induced for AMA as they may have higher CB rates, greater maternal morbidity, and utilize more hospital resources compared to patients in spontaneous labor

Support: None

Acknowledgements: None





Keane McCullum, MD

Obstetrics and Gynecology Resident Physician, Tripler Army Medical Center, Honolulu HI

Ob-Gyn Residency: Tripler Army Medical Center, Honolulu, HI

Ob-Gyn Residency Awards:

- 2020: Dr. Jeffrey P. Kavolius Outstanding Teaching Resident, Tripler Army Medical Center, HI
- 2019, 2020: Excellence in Teaching Award, School of Medicine, Uniformed Services University, Bethesda, MD
- 2019 Armed Forces District Conference for the American College of Obstetricians and Gynecologists, San Diego, CA: Outstanding Poster Award

Medical School: The Pennsylvania State University College of Medicine, Hershey, PA


Undergraduate Education: Messiah College, Mechanicsburg, PA, B.A. in Biochemistry

Publications:

- Lubin JS, **McCullum KE**. Hot Loading Reduces Time to Intervention for ST-segment Elevation Myocardial Infarction Patients Being Transferred by Helicopter. *Air Medical Journal*. 38, 150–153 (2019).

Presentations

- **McCullum KE**, Vogel JJ. Pulsed Radiofrequency Ablation as a Novel Treatment of Refractory Symphysis Pubis Dysfunction in Pregnancy. 2019 Armed Forces District Conference for the ACOG (2019). San Diego, CA [Poster presentation].
- **McCullum KE**, Vogel JJ. Pulsed Radiofrequency Ablation as a Novel Treatment of Refractory Symphysis Pubis Dysfunction in Pregnancy. 21st Annual James W. Bass Research Symposium (2019). Honolulu, HI [Poster presentation].
- **McCullum KE**, Sitler CA, Fraser L, Levy G, Miller C. Fimbrial ectopic pregnancy that originally presented as pregnancy of unknown location, demonstrates expectant management of ectopic pregnancy. 2019 Armed Forces District Conference for the American College of Obstetricians and Gynecologists (2019). San Diego, CA [Poster presentation].
- **McCullum KE**, Nesbit C. A program to increase exposure of medical students to pre-hospital medicine through self-directed learning and a hands-on exercise in suspension trauma. 2017 Innovations in EMS Education at the NAEMSP Annual Meeting (2017). New Orleans, LA [Poster presentation].



Title: The effect of pregnancy and the duration of postpartum convalescence on the physical fitness of healthy women: A cohort study of active duty servicewomen receiving 6 weeks vs 12 weeks convalescence

Authors: David W. DeGroot, Collin A. Sitler, Michael B. Lustik, Kelly L. Langan, Keith G. Hauret, Michael H. Gotschall, Alan P. Gehrich

Introduction: Pregnancy profoundly affects cardiovascular and musculoskeletal performance which on average takes between 6 and 12 months to completely normalize in healthy individuals.

Objective: To assess the effects of extending postpartum convalescence from 6 to 12 weeks on the physical fitness of AD soldiers as measured by the Army Physical Fitness Test (APFT).

Methods: We conducted a retrospective study of AD soldiers who delivered their singleton pregnancy of ≥ 32 weeks gestation at a tertiary medical center. Pre- and post-pregnancy APFT results as well as demographic, pregnancy, and postpartum data were collected. We assessed the changes in APFT raw scores and body composition measures as well as failure rates across the 6 week and 12 week convalescent cohorts. Multivariable regressions were utilized to associate risk factors with failure.

Results: Four hundred sixty women met inclusion criteria; N=358 in the 6 week cohort and N=102 in the 12 week cohort. Demographic variables were similar between the cohorts. APFT failure rates across pregnancy increased more than 3-fold in both groups, but no significant differences were found between groups in the decrement of performance ($p=0.606$) or weight gain ($p=0.783$). With the combined cohort, multivariable regression analysis showed failure on the postpartum APFT to be independently associated with failure on the pre-pregnancy APFT (OR=16.97, 95% CI:4.03-71.56), elevated body mass index (BMI) at 6-8 weeks postpartum (OR=5.99, 95% CI:2.05-17.56) and not breast feeding at 2 months (OR=3.22, 95% CI:1.48-7.03). Within 36 months of delivery date, 75% of women had achieved pre-pregnancy levels of fitness.

Conclusion: An additional 6 weeks of convalescence did not adversely affect physical performance or BMI measures in AD Army women following pregnancy. Modifiable factors such as pre and post-pregnancy conditioning and weight, weight gain in pregnancy and breastfeeding rates were found to be significant in recovery of physical fitness postpartum.

Support: None

Acknowledgements: Ashley Maranich MD for her assistance in developing the method of appropriately assessing breast feeding rates; Ms. Elisha Capstick for her assistance in collecting data from the inpatient and outpatient electronic medical record.



Nicole Kurata, MD

Fellow, Maternal-Fetal Medicine, Department of Obstetrics and Gynecology, John A. Burns School of Medicine (JABSOM), University of Hawai'i, Honolulu, HI

Ob-Gyn Residency: University of Hawaii OB/GYN Residency Program, Honolulu, HI

Ob-Gyn Residency Awards:

- 2018: University of Hawaii OB/GYN Residency Academic Achievement Award
- 2018: Santosh Sharma Resident Research Award
- 2017: Pacific Coast Obstetrical and Gynecological Society Frank Lynch Memorial Essay Recipient
- 2017: Most Outstanding Resident Research Project – Honorable Mention

Medical School: University of Hawaii John A. Burns School of Medicine, Honolulu, HI

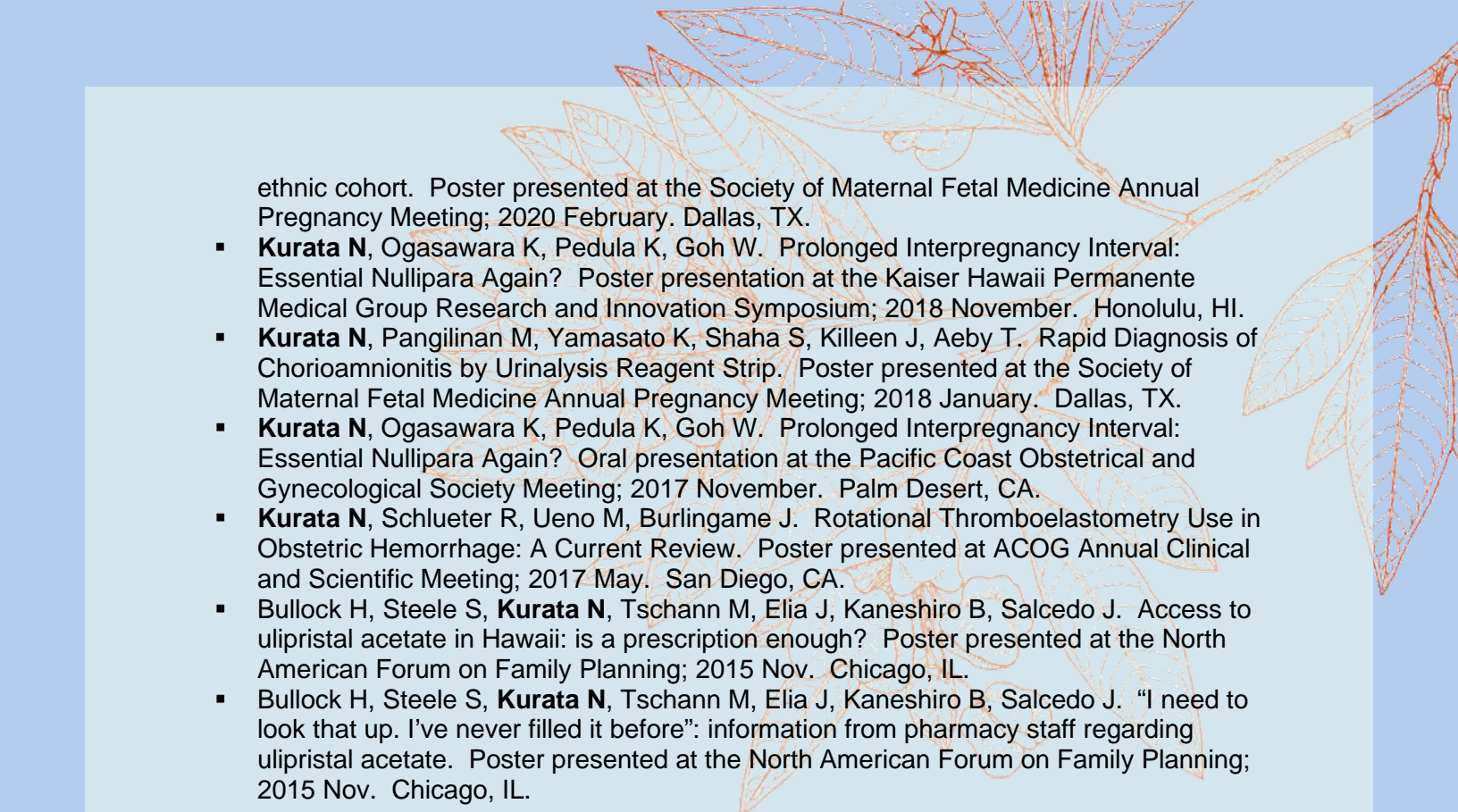
Undergraduate Education: Pacific University, Forest Grove, OR, B.S. in Chemistry

Publications:

- **Kurata N**, Ogasawara K, Pedula K, Goh W. Prolonged interpregnancy interval: how does it impact the length of second stage of labor? *J Perinat Med*. 2020 Jul.
- Yamasato KS, **Kurata NB**, Harris SC, Bartholomew ML. Sequential Compression Device Adherence is Low in Hospitalized Antepartum Patients. *Am J Perinatol*. 2020 Jul 23.
- **Kurata N**, Minton L, Del Priore D, Merino D, Miller C, Lee MJ. An Interim Report on the Provision of Prenatal Care for Pregnant Mothers Experiencing Homelessness in Hawai'i. *Hawaii J Health Soc Welf*. 2020;79(5 Suppl 1):118-121.
- Yamasato K, **Kurata N**, Towner D. Delayed Appearance of a Traumatic Fetal Intracranial Hemorrhage. *Case Rep Obstet Gynecol*. 2018 Feb; 2018.
- Bullock H, Steele S, **Kurata N**, Tschann M, Elia J, Kaneshiro B, Salcedo J. Pharmacy access to ulipristal acetate in Hawaii: is a prescription enough? *Contraception*. 2016 May;93(5):452-4.

Presentations

- **Kurata N**, Towner D. Evaluation of Estimated Fetal Weight, Interval Growth, and Neonatal Birthweight as Prognostic Tools for Expectant Management in Early-Onset Preeclampsia. Abstract accepted for poster presentation at American Institute of Ultrasound in Medicine Meeting; 2020 March. New York, NY.
- **Kurata N**, Benny P, Lesseur C, Miller C, Maykin M, Riel J, Yamasato K, Towner D, Marsit C, Chen J, Lee MJ. DNA Methylation and Gene Expression of Cord Blood and Placental Cytokines in Pregnancies Complicated by Maternal Obesity. Abstract accepted for poster presentation at the Society for Reproductive Investigation Annual Scientific Meeting; 2020 March. Vancouver, Canada.
- Benny P, Miller C, Yamasato K, **Kurata N**, Maykin M, Riel Jonathan, Schlueter R, Towner D, Lee MJ. Effects of maternal obesity on fetal cord blood cytokines in a multi-



ethnic cohort. Poster presented at the Society of Maternal Fetal Medicine Annual Pregnancy Meeting; 2020 February. Dallas, TX.

- **Kurata N**, Ogasawara K, Pedula K, Goh W. Prolonged Interpregnancy Interval: Essential Nullipara Again? Poster presentation at the Kaiser Hawaii Permanente Medical Group Research and Innovation Symposium; 2018 November. Honolulu, HI.
- **Kurata N**, Pangilinan M, Yamasato K, Shaha S, Killeen J, Aeby T. Rapid Diagnosis of Chorioamnionitis by Urinalysis Reagent Strip. Poster presented at the Society of Maternal Fetal Medicine Annual Pregnancy Meeting; 2018 January. Dallas, TX.
- **Kurata N**, Ogasawara K, Pedula K, Goh W. Prolonged Interpregnancy Interval: Essential Nullipara Again? Oral presentation at the Pacific Coast Obstetrical and Gynecological Society Meeting; 2017 November. Palm Desert, CA.
- **Kurata N**, Schlueter R, Ueno M, Burlingame J. Rotational Thromboelastometry Use in Obstetric Hemorrhage: A Current Review. Poster presented at ACOG Annual Clinical and Scientific Meeting; 2017 May. San Diego, CA.
- Bullock H, Steele S, **Kurata N**, Tschann M, Elia J, Kaneshiro B, Salcedo J. Access to ulipristal acetate in Hawaii: is a prescription enough? Poster presented at the North American Forum on Family Planning; 2015 Nov. Chicago, IL.
- Bullock H, Steele S, **Kurata N**, Tschann M, Elia J, Kaneshiro B, Salcedo J. “I need to look that up. I’ve never filled it before”: information from pharmacy staff regarding ulipristal acetate. Poster presented at the North American Forum on Family Planning; 2015 Nov. Chicago, IL.

Title: Transcutaneous electrical nerve stimulation for post-cesarean pain control: A randomized trial

Authors: Nicole B Kurata, MD, Reema J Ghatnekar, MD, Elizabeth Mercer, MD, Jennifer M Chin, MD, Bliss Kaneshiro, MD, MPH, Kelly S Yamasato, MD

Objective: To evaluate whether transcutaneous electrical nerve stimulation (TENS) reduces pain and opioid consumption after cesarean delivery.

Design: A randomized, double-blinded, placebo-controlled trial

Methods: Participants were randomized to active TENS, placebo TENS, or no TENS after their cesarean delivery. The primary outcome was total postoperative opioid consumption, measured in morphine milligram equivalents (MME), during the first 60 hours postoperatively. Secondary outcomes included current and maximum pain scores and level of satisfaction with pain control on each postoperative day, duration of postoperative hospitalization, and adverse effects of TENS. We performed an intention-to-treat analysis. We compared medians of continuous variables using independent-samples Kruskal-Wallis test for non-normal variables. We compared means using one-way ANOVA for normally-distributed variables. Chi-square and Fisher exact test were performed to compare frequencies of categorical variables.

Results: Between January 2020 and March 2021, we considered 383 patients and randomized 180 (47%)—60 each to active TENS, placebo TENS, and no TENS. An intention-to-treat analysis was performed. Baseline characteristics were overall similar. Median opioid consumption, measured in morphine milligram equivalents (MME), in the first 60 hours postoperatively was 7.5 (interquartile range [IQR] 0-21.9) in the no TENS, 7.5 (IQR 0-30) in the active TENS, and 0 (IQR 0-22.5) in the placebo TENS groups ($P=0.61$). There was no difference in mean current pain score, maximum pain score, or satisfaction with pain control between groups on any of the postoperative days. The postoperative length of stay was similar between groups.

Conclusion: TENS use after cesarean delivery did not change hospital opioid consumption, pain scores, or length of postoperative stay. Our findings do not support routine use of TENS after cesarean delivery, but additional evaluation in women at increased risk of high opioid requirements may be warranted.

Clinical Trial Registration: [Clinicaltrials.gov](https://clinicaltrials.gov), NCT04399707

Support: Cardinal Health provided Covidien TENS unit devices and electrodes for use in this study but were not involved in the study design or data analysis.

Acknowledgements: University of Hawaii OB/GYN residents, especially Ingrid Chern, MD, Samantha Kaiser, MD, Kelsi Chan, MD.





Courtney Kerestes, MD

Fellow, Complex Family Planning, Department of Obstetrics and Gynecology, John A. Burns School of Medicine (JABSOM), University of Hawai'i, Honolulu, HI

Ob-Gyn Residency: University of Iowa Roy J. and Lucille A. Carver College of Medicine, Iowa City, IA

Ob-Gyn Residency Honors/Awards:

- 2018: Ryan Program Resident Award for Excellence in Family Planning
- 2018: Society for Academic Specialists in Obstetrics and Gynecology Resident Award for Excellence as an Academic Specialist in Obstetrics and Gynecology

Medical School: University of Iowa Roy J. and Lucille A. Carver College of Medicine, Iowa City, IA

Medical School Honors/Awards:

- 2014: Alpha Omega Alpha Honor Medical Society
- 2014: University of Iowa/Karolinska Institute, Sweden: Medical Student Exchange Scholar
- 2014: Barry Freeman Global Scholarship

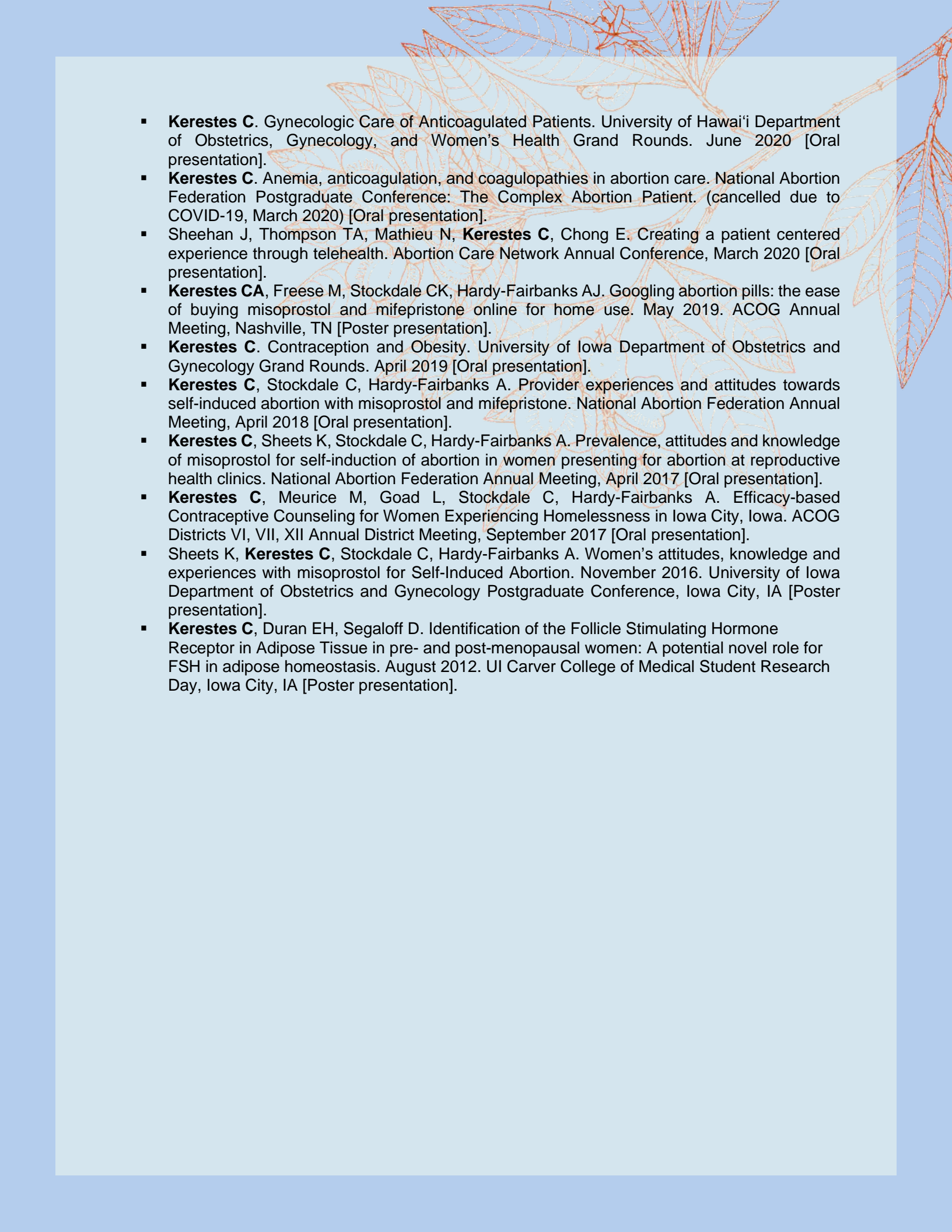
Undergraduate Education: Gustavus Adolphus College, St. Peter, MN, BAs in Biochemistry/Molecular Biology and Chemistry

Publications:

- **Kerestes C**, Murayama S, Tyson J, et al. Provision of medication abortion in Hawai'i during COVID19: Practical experience with multiple care delivery models. *Contraception*. 2021. In press.
- **Kerestes CA**, Stockdale CK, Zimmerman MB, Hardy-Fairbanks AJ. Abortion providers' experiences and views on self-managed medication abortion: an exploratory study. *Contraception*. 2019;100(2):160-4.
- **Kerestes C**, Sheets K, Stockdale CK, Hardy-Fairbanks AJ. Prevalence, attitudes and knowledge of misoprostol for self-induction of abortion in women presenting for abortion at Midwestern reproductive health clinics. *Sexual and Reproductive Health Matters*. 2019;27(1):118-125.
- Meurice ME, Goad LM, Barlow PB, **Kerestes CA**, Stockdale CK, Hardy-Fairbanks AJ. Efficacy-based Contraceptive Counseling for Women Experiencing Homelessness in Iowa City, Iowa. *J Community Health Nursing*. 2019;36(4):199-207.
- **Kerestes C**. Re: Work-related post-traumatic stress symptoms in obstetricians and gynaecologists: findings from INDIGO, a mixed-methods study with a cross-sectional survey and in-depth interviews. *BJOG*. 2020;127(7):910-911.
- Link HM, Borodulin O, **Kerestes CA**, Chescheir NC. Connect the Dots- September 2017. *Obstetrics and gynecology*. 2017;130(3):644-645.

Presentations:

- **Kerestes C**. Induced Abortion: Background, Medical Abortion, and Second Trimester Abortion. Tripler Army Medical Center Obstetrics and Gynecology Grand Rounds. January 2021 [Oral presentation].
- **Kerestes C**. 20 Years of Mifepristone in the United States. University of Hawai'i Department of Obstetrics, Gynecology, and Women's Health Grand Rounds. December 2020 [Oral presentation].
- Patil R, Chen A, Kaneshiro B, **Kerestes C**, Valladares E, Watson K. Latebreaking plenary: No-test telemedicine abortion during the COVID-19 pandemic: Ethics, experience, and future directions. Society of Family Planning Annual Meeting, October 2020 [Oral presentation].

- 
- **Kerestes C.** Gynecologic Care of Anticoagulated Patients. University of Hawai'i Department of Obstetrics, Gynecology, and Women's Health Grand Rounds. June 2020 [Oral presentation].
 - **Kerestes C.** Anemia, anticoagulation, and coagulopathies in abortion care. National Abortion Federation Postgraduate Conference: The Complex Abortion Patient. (cancelled due to COVID-19, March 2020) [Oral presentation].
 - Sheehan J, Thompson TA, Mathieu N, **Kerestes C**, Chong E. Creating a patient centered experience through telehealth. Abortion Care Network Annual Conference, March 2020 [Oral presentation].
 - **Kerestes CA**, Freese M, Stockdale CK, Hardy-Fairbanks AJ. Googling abortion pills: the ease of buying misoprostol and mifepristone online for home use. May 2019. ACOG Annual Meeting, Nashville, TN [Poster presentation].
 - **Kerestes C.** Contraception and Obesity. University of Iowa Department of Obstetrics and Gynecology Grand Rounds. April 2019 [Oral presentation].
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Title: “It was close enough, but it wasn’t close enough”: a qualitative exploration of the impact of direct-to-patient telemedicine abortion on access to abortion care

Authors: Courtney Kerestes, MD, Rebecca Delafield, PhD, Jennifer Elia DrPH, MPH, Erica Chong, MPH, Bliss Kaneshiro, MD, MPH, Reni Soon, MD, MPH

Objective: To understand how obtaining a medication abortion by mail with telemedicine counseling versus traditional in-clinic care impacted participants’ access to care.

Study design: We conducted a qualitative study with semi-structured telephone interviews with individuals who completed a medication abortion by mail through the TelAbortion study. We asked participants how they learned about telemedicine abortion, reasons for choosing it, what their alternative would have been, and about their experience. We transcribed, coded, and performed qualitative content analysis of the interviews and are presenting a subset of themes related to access to care when the restrictions on clinic dispensing of mifepristone are removed.

Results: We interviewed 45 people from January to July 2020. Direct-to-patient telemedicine abortion was more convenient and accessible than in-clinic abortion care when considering the burdens of travel, clinic availability, logistics, and cost that were associated with in-clinic abortion. Stigma led to a prioritization of privacy, and by going to a clinic, participants feared a loss of privacy whereas obtaining a medication abortion by mail made it easier to maintain confidentiality. Faced with these barriers, 13% of participants stated they would have continued their pregnancy if TelAbortion had not been an option. Participants found direct-to-patient telemedicine abortion to be acceptable and recommended it to others. Benefits of telemedicine were amplified during the COVID-19 pandemic due to concerns around infection exposure with in-clinic care.

Conclusion: Going to a clinic was a burden for participants, to the point where some would not have otherwise been able to get an abortion. Medication abortion by mail with telemedicine counseling was a highly acceptable alternative.

Implications: Medication abortion by mail can increase access to abortion with the added benefits of increased perceived privacy and decreased logistical burdens. Removing the in-person dispensing requirement for mifepristone would allow direct-to-patient telemedicine abortion to be implemented outside of a research setting without compromising the patient experience.

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**Resident & Fellow Research Day 2021
Research Productivity of UH OB/GYN**

To view the Google Drive containing the abstracts and posters presented by our residents, faculty, and fellows between June 2020 and May 2021, please click [here](#) or follow the QR code below:



Resident & Fellow Research Day 2021
Research Productivity of UH OB/GYN
Faculty, Fellows, Former Fellows, Residents, and Medical Students
Publications June 2020 – May 2021

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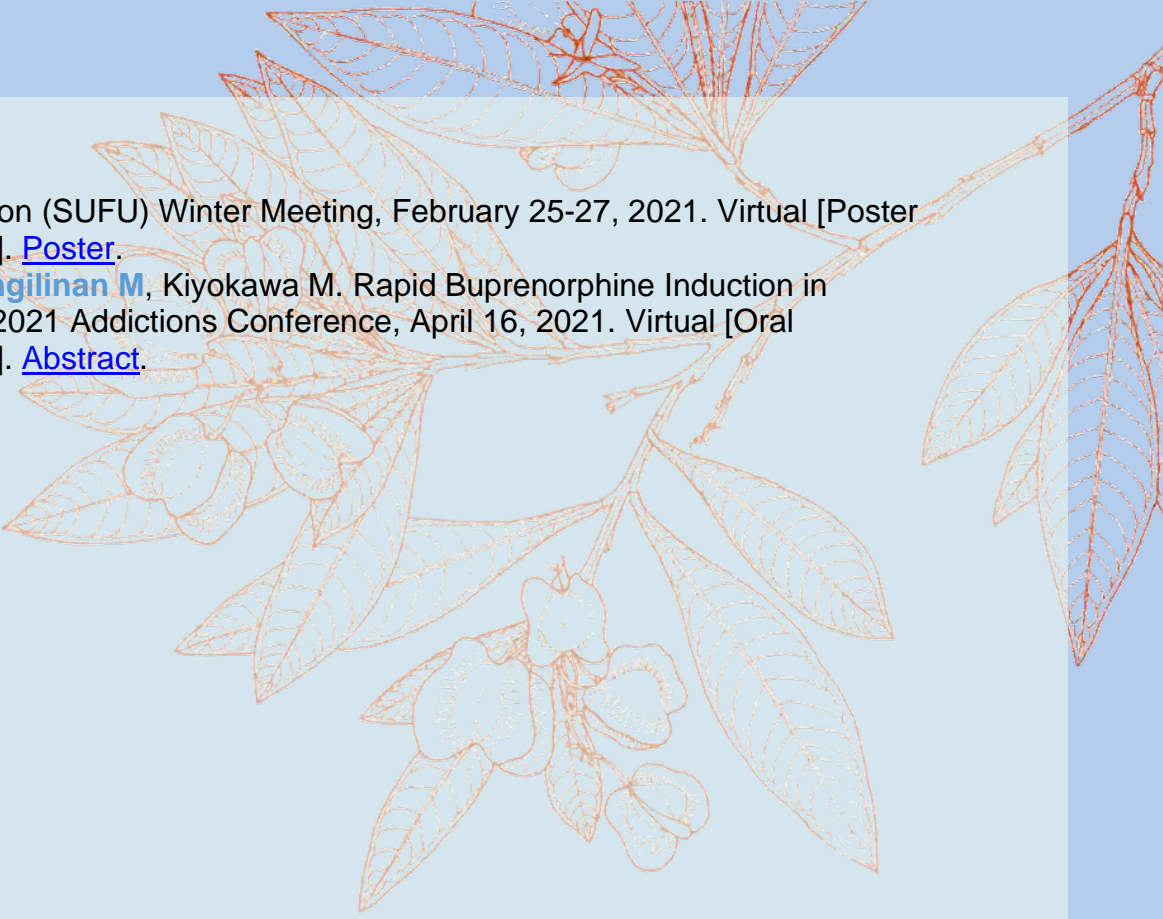
37. **Yamasato K**, **Chern I**, **Lee MJ**. Racial/Ethnic Representation in United States and Australian Obstetric Research. *Matern Child Health J.* 2020 Nov 22. doi: 10.1007/s10995-020-03099-8. Epub ahead of print. PMID: 33222026. [PubMed](#).
38. **Yamasato KS**, **Kurata NB**, Harris SC, **Bartholomew ML**. Sequential Compression Device Adherence is Low in Hospitalized Antepartum Patients. *Am J Perinatol.* 2020 Jul 23. doi: 10.1055/s-0040-1714390. Epub ahead of print. PMID: 32702773. [PubMed](#).



Department of OB/GYN Abstract Presentations
Faculty, Fellows, Former Fellows, Residents, and Medical Students
June 2020 – May 2021

1. Au L, Horiuchi W, Tyson J, Tschann M, **Kaneshiro B**. Establishing Pain Scales for Gynecologic Procedures Using a Novel VAS App. Dynamic Collaborations in Reproductive Medicine ASRM 2020, October 17, 2020. Virtual [Poster presentation]. [Abstract](#).
2. Benny P, **Miller C**, Riel J, **Lee MJ**. Maternal obesity is associated with lower circulating VEGF levels and reduced trophoblastic cell migration. SMFM's 41st Annual Pregnancy Meeting, January 25-30, 2021. Virtual [Poster presentation]. [Abstract](#). [Poster](#).
3. **Buchanan C**, Kuo S, Minton L, Lee M, Choi SY, **Soon R**. Neonatal hypoxic-ischemic encephalopathy and planned home birth. Pacific Coast Obstetrical and Gynecological Society Annual Meeting, September 2-6, 2020. Virtual [Oral presentation].
4. Collins-Doijode H, Oehlers J, Tyson J, Rodriguez MI, **Kaneshiro B**. Expanded Access to Contraception: The Availability of Pharmacist Prescribed Contraception in Hawaii. 2020 SURE Symposium, July 31, 2020. Honolulu, HI [Oral presentation]. [Abstract](#).
5. **Elwan D**, **Raidoo S**. Reproductive Autonomy and Choice of Contraceptive Method. Dynamic Collaborations in Reproductive Medicine ASRM 2020, October 17, 2020. Virtual [Poster presentation]. [Poster](#).
6. **Estrada P**, Ahn HJ, **Harvey S**. Associations Between Race/Ethnicity and Perinatal Outcomes in Hawaii. SMFM's 41st Annual Pregnancy Meeting, January 25-30, 2021. Virtual [Poster presentation]. [Abstract](#). [Poster](#).
7. **Estrada P**, **Yamasato K**, **Towner D**. Associations Between the Safe Prevention of Primary Cesarean Delivery Care Consensus and Maternal/Neonatal Outcomes. Pacific Coast Obstetrics & Gynecology Society Meeting, September 5-12, 2020. Virtual [Poster presentation]. [Abstract](#). [Poster](#).
8. **Fox K**, **Raidoo S**, **Soon R**, Fontanilla T, Kameoka A, **Kaneshiro B**. Patient barriers to discontinuing long acting reversible contraception. Dynamic Collaborations in Reproductive Medicine ASRM 2020, October 17, 2020. Virtual [Oral presentation]. [Abstract](#).
9. **Hiraoka M**, **Khozaim K**, **Stickley E**, **Adrian C**, Uohara J, **Zalud I**. The Impact of a Core Rural Rotation on Obstetrics and Gynecology Resident Future Career Choices. CREOG/APGO Annual Meeting. March 3-5, 2021. Virtual [Oral presentation]. [Abstract](#).
10. **Lee, MJ**. A Needs Assessment for Maternal Telehealth Services in the State of Hawaii. Executive Leadership in Academic Medicine Virtual Conference September 8, 2020. Virtual [Poster presentation]. [Abstract](#). [Poster](#).
11. **Malley A**, Chong R, Benny P, Riel J, **Lee MJ**. Analyzing the Evolving Opinions of Air Travel During Pregnancy: A Data Science Approach. SMFM's 41st Annual Pregnancy Meeting, January 25-30, 2021. Virtual [Poster presentation]. [Abstract](#). [Poster](#).

12. **Olson H**, Buencosejo-Lum LE, Steinemann S. HIPE RCA2 Simulation: Introduction to Patient Safety Event Analysis and Investigation. University of Southern California Innovations in Medical Education Conference, February 19, 2021. Virtual [Oral presentation]. [Abstract](#).
13. **Olson H**, Buencosejo-Lum LE, Steinemann SK, Deutsch M, Wong L. HIPE RCA2 Simulation: Introduction to Patient Safety Event Analysis and Investigation. University of Hawaii Health Professions Education Conference, February 13, 2021. Virtual [Oral presentation].
14. Patil R, Chen A, **Kaneshiro B**, **Kerestes C**, Raymond E, Valladares E, Watson K. No-test Telemedicine Abortion during the COVID-19 pandemic - Ethis, Experience, and Future Directions. Society of Family Planning Annual Meeting Late-breaking Plenary, October 10, 2020. Virtual [Panel presentation]. [Description](#).
15. **Raidoo S**, Fontanilla T, Anderson C, **Stowers P**, Vallin L, **Kaneshiro B**. SOSHI-APE: Sources of Sexual Health Information for Adolescents and Preferences for Education. North American Society of Pediatric and Adolescent Gynecology Virtual 2021 Annual Clinical & Research Meeting, March 18-20, 2021. Virtual [Oral presentation]. [Abstract](#).
16. Steinemann S, **Olson H**, Buenconsejo-Lum LE. A Systems Approach for Resiliency. University of Hawaii Health Professions Education Conference, February 13, 2021. Virtual [Workshop presentation].
17. Stotz S, **Soon R**, Moore KR, Charron-Prochownik D, Fischl AR, Spencer K, **Mau M**. Health care provider perspectives to inform a gestational diabetes risk reduction and preconception counseling program for at-risk Native Hawaiian adolescents. 46th Annual Conference of the International Society for Pediatric and Adolescent Diabetes, October 15-17, 2020. Virtual [Poster presentation]. [Abstract](#). [Poster](#).
18. **Stowers P**, Fontanilla T, Elia J, Salcedo J, Tschann M, **Kaneshiro B**, **Soon R**. Fetal Tissue Donation for Research at Time of Abortion: A Qualitative Study. 2021 ACOG Annual Clinical and Scientific Meeting, Apr 30 – May 2, 2021. Virtual [Poster presentation]. [Abstract](#).
19. **Stowers P**, Kameoka A, **Raidoo S**. Abortion Narratives on Twitter: A Mixed Methods Study. Society of Family Planning Annual Meeting, October 9-10, 2020. Virtual [Poster presentation]. [Abstract](#). [Poster](#).
20. Upadhyay UD, Koenig LR, Coplon L, Gold M, **Kaneshiro B**, Borass C, Winikoff B, Raymond EG. Safety and Efficacy of No-Test Medication Abortion: A Retrospective Multi-Site. National Abortion Federation's (NAF's) Virtual Annual Meeting, May 11-12, 2021. Virtual [Poster presentation]. [Abstract](#).
21. Wong J, **Raidoo S**, **Oyama I**. An Investigation on Voiding after Anterior Colporrhaphy with Sacrospinous Ligament Fixation. American Urogynecology Society Pelvic Floor Disorders Week, September 8-10, 2020. Virtual [Poster presentation]. [Poster](#).
22. Wong J, **Raidoo S**, **Oyama I**. Short-Term Urinary Retention in Patients after Anterior Colporrhaphy and Sacrospinous Ligament Fixation in Hawaii (The SHI SHI Study). Society of Urodynamics, Female Pelvic Medicine, and Urogenital



Reconstruction (SUFU) Winter Meeting, February 25-27, 2021. Virtual [Poster presentation]. [Poster](#).

23. **Yang N**, **Pangilinan M**, Kiyokawa M. Rapid Buprenorphine Induction in Pregnancy. 2021 Addictions Conference, April 16, 2021. Virtual [Oral presentation]. [Abstract](#).

Past Research Day Guest Speakers

- 2019 **Matthew Barber, MD, MHS**, Chair, Department of Obstetrics and Gynecology, Duke University, Durham, North Carolina, *"Innovations in Surgery: Lessons from Urogynecology."*
- 2018 **Dev Maulik, MD, PhD**, Senior Associate Dean of Women's Health, Professor & Chair, Department of Obstetrics and Gynecology, University of Kansas, Kansas City, Kansas, *"Fetal Growth Restriction: An Update."*
- 2017 **Eve Espey, MD**, Professor and Chair, Department of Obstetrics and Gynecology, University of New Mexico, Albuquerque, New Mexico, *"Teen Pregnancy Options Counseling ... and Some Contraception Too!"*
- 2016 **Haywood L. Brown, MD, FACOG**, F. Bayward Charter Professor & Chair, Obstetrics and Gynecology Department/Division: Obstetrics/Gynecology/Maternal-Fetal Medicine, Duke University School of Medicine, Durham, North Carolina, *"The Obstetric Bundles."*
- 2015 **Barbara S. Levy, MD**, Vice President for Health Policy, Advocacy Division at the American College of Obstetricians and Gynecologists (ACOG), Washington, DC, *"Vaginal Hysterectomy: Removing the Engine thru the Tailpipe."*
- 2014 **Daniel M. Breitkopf, MD**, Associate Professor & Ob/Gyn Residency Program Director, Department of Obstetrics and Gynecology, Mayo Clinic, Rochester, Minnesota, *"Hysteroscopy and Abnormal Uterine Bleeding: What's New?"*
- 2013 **Aaron B. Caughey, MD, MPA, MPH, PhD**, Professor and Chair, Department of Obstetrics and Gynecology, Oregon Health & Science University, Portland, Oregon, *"The Cesarean Epidemic: Etiologies, Outcomes, & Potential Solutions."*
- 2012 **Deborah A. Wing, MD**, Professor of Clinical Obstetrics and Gynecology, Director, Division of Maternal-Fetal Medicine and Director, Maternal-Fetal Medicine Fellowship, University of California, Irvine, *"Updates in Cervical Ripening and Labor Induction."*
- 2011 **Andrew Berchuck, MD**, Director of Gynecologic Cancer Research, Professor of Gynecologic Oncology, Department of Obstetrics and Gynecology, and Co-Director, Duke Comprehensive Cancer Center Breast/Ovarian Cancer Program, Duke University Medical Center, Durham, North Carolina, *"Prospects for individualized Treatment and Prevention of Ovarian Cancer."*
- 2010 **Leo R. Brancizio, MD, FACOG**, Vice Chair for Patient Safety & Quality and Associate Professor, Duke University Department of Obstetrics and Gynecology, Duke University Medical Center, Durham, North Carolina, Medical Director, Duke University Hospital Labor and Delivery, Durham, North Carolina, *"The Ideal Cesarean Section Rate."*
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Past Research Day Award Recipients

Santosh S. Sharma, M.D. Resident Research Award [for submission for publication]
2020 **Jennifer Chin MD**, “*Buffered Lidocaine for Paracervical Blocks in First Trimester Outpatient Surgical Abortions*”

Nikki Kumura MD, “*Pharmacy Access to Ulipristal Acetate in Small Cities Throughout the United States*”

Caroline Lau MD, “*Duration of foley catheter cervical ripening as a predictor of total length of labor*”

Jennifer Wong MD, “*An Investigation on the Completeness of Salpingectomy Intended for Ovarian Cancer Risk Reduction*”

2019 **Sally Markee, MD**, “*Tumor suppressor gene and mismatch repair protein expression in uterine sarcomas and carcinosarcomas*”

Sally Zhen, MD, “*Pregnant Women’s Experiences and Expectations of the Routine Obstetric Screening Ultrasound*”.

2018 **Nikki Kurata, MD**, “*Prolonged Interpregnancy Interval: Essential Nullipara Again?*”

First Place Award

2020 **Sharareh Firouzbakht, MD**, “*Abortion knowledge affecting abortion provision after obstetrics and gynecology residency*”

2019 **Jennifer Chin, MD**, “*Buffered lidocaine for paracervical blocks in first trimester outpatient surgical abortions*”

2018 **Meryl Ueno, MD**, “*Association between Second Trimester Maternal Serum Analytes and Gestational Diabetes*”

2017 **Charlie Wang, MD**, “*Utility of Routine Collection of Chlamydia and Gonorrhea in Antepartum Patients*”

Honorable Mention:

Nicole Kurata, MD, “*Prolonged Interpregnancy Interval: Essential Nullipara Again?*”

2016 **Sara C. Harris, MD**, “*Levonorgestrel Intrauterine Device Expulsion in Patients with Abnormal Uterine Bleeding*”

2015 **Melissa Kuwahara, MD**, “*Interpregnancy Interval and Subsequent Pregnancy Outcomes after Dilatation and Evaluation*”

Audience Choice Award

- 2020 **Christina Buchanan, MD**, *“Neonatal Hypoxic Ischemic Encephalopathy and Planned Home Birth”*
- 2019 **Jennifer Chin, MD**, *“Buffered lidocaine for paracervical blocks in first trimester outpatient surgical abortions”*
- 2018 **Meryl Ueno, MD**, *“Association between Second Trimester Maternal Serum Analytes and Gestational Diabetes”*
- 2017 **Charlie Wang, MD**, *“Utility of Routine Collection of Chlamydia and Gonorrhea in Antepartum Patients”*
- 2016 **Sara C. Harris, MD**, *“Levonorgestrel Intrauterine Device Expulsion in Patients with Abnormal Uterine Bleeding”*
- P. Gordon McLemore, Jr, MD**, *“Utilization of Abdominal Circumference (AC) Measurement in Fetal Biometry in the Late Second and Early Third Trimesters in the Prediction of Small for Gestational Age (SGA) Infants”*
- 2015 **Holly Bullock, MD**, *“Access to Ulipristal Acetate in Hawaii: Is a Prescription Enough?”*





Past Research Day Honorees

- 2020 ***All of Hawai'i's obstetrician-gynecologists who are on the COVID-19 frontlines***
- 2019 ***Tricia Wright, MD***
- 2018 ***Bliss Kaneshiro, MD, MPH***
- 2017 ***Tod Aeby, MD, MEd***
- 2016 ***Santosh Sharma, MD***
- 2015 ***50th Anniversary of the John A. Burns School of Medicine***



**University of Hawai'i
John A. Burns School of Medicine
Department of Obstetrics, Gynecology & Women's Health
1319 Punahou Street, Suite 824
Honolulu, Hawai'i 96826**