The primary purpose of the American Board of Obstetrics and Gynecology (ABOG) is to, “advance women’s health through the study and practice of Obstetrics and Gynecology.” Similarly, the American College of Obstetricians and Gynecologists (ACOG), a private non-profit organization with approximately 60,000 members nationally, is a strong advocate of high quality, evidence-based care, and fosters increased awareness among patients and providers of the ever changing issues facing women’s healthcare. Despite the guidance and support of these parent organizations, there have been significant changes to the field of women’s healthcare that has prompted close scrutiny of our specialty alongside residency training programs, to ensure that our current generation is adequately prepared for future practice.

A true landmark in the evolution of our specialty was the introduction of dedicated women’s hospitals. The first model, Lying-in hospitals, was established in Strasbourg, France in 1728. The development of similar hospitals followed in Great Britain and the United States with the primary goal of providing care to underserved populations. Women & Infants Hospital, the primary teaching hospital in obstetrics and gynecology and newborn pediatrics of the Alpert Medical School of Brown University, was founded in 1884 as the Providence Lying-In Hospital. At that time the hospital was used exclusively for maternity care and childbirth. While the hospital has undergone four location changes and rebranding in 1996 to become a part of the Care New England Health System, its core values of providing high quality, unbiased women’s health care have never wavered. What’s more, the institution has expanded its scope to include highly specialized services in breast care, infertility treatment, gynecologic cancer, pelvic floor disorders and prenatal diagnosis. Impressively, the Department of Obstetrics and Gynecology was recently ranked 11th in U.S. News & World Reports’ 2019 Best Medical Schools specialty rankings.

This month’s issue of the Rhode Island Medical Journal features timely and important perspectives on critical areas in the field of obstetrics and gynecology. “Prison: Pipeline to Preventative Health,” by DRS. LUWAM GHIDEI, SEBASTIAN Z. RAMOS, E. CHRISTINE BROUSSEAU, and JENNIFER G. CLARKE, highlights the important work that has been done at the local and national levels to improve access to necessary healthcare for incarcerated women, with particular emphasis on the remarkable accomplishments of Dr. Clarke, Medical Programs Director at the Rhode Island Department of Corrections, and her colleagues.

The Perspective article, “Current Threats to Contraceptive Access,” by DRS. LEANNE FREE, KATHLEEN COHEN and REBECCA H. ALLEN, reflects on the very real and current threats to a woman’s fundamental reproductive health rights. While we recognize that the political landscape has great influence on access to contraception, we are hopeful that this discussion will bring to light the importance of all providers, not just Ob/Gyns, advocating for patients’ unrestricted access to family planning resources.

In response to the concerning trend of increased maternal mortality among high-resource countries such as the United States, DRS. ERIKA WERNER and BRIDGET SPELKE examine the concept of the “Fourth Trimester of Pregnancy.” Their discussion implores all healthcare providers in Rhode Island, regardless of their chosen specialty, to seize the opportunity for maternal risk reduction and health promotion during pregnancy and beyond.

Similarly, in response to the current data on maternal deaths in our state, the featured article, “On the Future of Maternal Mortality Review in Rhode Island,” by DRS. BRIDGET SPELKE, SEBASTIAN RAMOS, HOPE YU, MICHAEL COHEN and TANYA L. BOOKER, commends the Rhode Island Medical Society for its prior support of mortality review committees at the legislative level, while imploring our small state to take a big lead on both near misses and maternal death reviews.

The field of obstetrics and gynecology is rich, with a variety of subspecialties that have ultimately shifted the overall scope and practice of modern general Ob/Gyns. In the 1990s, greater than 90 percent of trainees chose a career as a general Ob/Gyn, as compared to 70 percent currently. As more and more graduates pursue fellowship training and are drawn to larger metropolitan areas, this creates shortages of providers
and disparities in access to care in other locations. Rhode Island has certainly been impacted by this. Additionally, despite the changing landscape of our specialty, residency training programs have remained relatively unchanged. The article, “A Melting Pot of Medical Education,” by DRS. MERIMA RUHOTINA and DAYNA BURRELL, explores the challenges and solutions that exist for trainees and educators in a unique women’s Emergency Department. It highlights the importance of thoughtful integration of the education of our medical students and residents into our often fast-paced clinical environments.

As leaders in the field of women’s healthcare, we are poised at institutions like Women & Infants to transform the perceptions and expectations of the 21st-century specialist in general obstetrics and gynecology. Tackling important topics like those featured in this issue will enable our specialty and training programs to evolve and continue to meet the complex needs of our patients.

Guest Editor
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