

eEducate

A newsletter for the faculty of
Geisinger Commonwealth School of Medicine

Geisinger
Commonwealth
School of Medicine

WINTER 2017

Fetal Alcohol Syndrome: An Unnecessary Tragedy

To know my nephew Charlie is to fall in love with my nephew Charlie. One of the happiest moments of my life was when I learned my brother and sister-in-law had adopted twins from Kazakhstan. When my little niece and nephew started their new life in the United States, certain medical issues seemed to merit additional attention. Although both were very small for their age and required significant nutritional support, Charlie seemed to be a bit more rambunctious and required additional supervision. (See the features of FAS on page 2.)



The children were fortunate enough to have incredibly loving, dedicated parents who have access to exceptional medical care as residents of Philadelphia. After extensive testing, it became clear what was causing Charlie's developmental delay when his pediatric team made the diagnosis of FAS. My brother and sister-in-law became incredibly well-read about this challenging disorder, and threw themselves into national advocacy work to help prevent this unnecessary tragedy.

While there have been studies and media reports suggesting low levels of alcohol during pregnancy will not cause harm, the Centers for Disease Control reports rates of FAS in this country range from 0.2 to 2.0 cases per 1,000 live births. In addition, the rates of Fetal Alcohol Spectrum Disorder may be at least three times this number.

As obstetricians, we are powerless to prevent many conditions—such as vasa previa, acute fatty liver of pregnancy, and amniotic band syndrome. FAS is 100-percent preventable.

There aren't that many proven teratogens in our profession, and there are none that involve behavior that is more socially acceptable than alcohol consumption. It is time for our profession to encourage women to appreciate how small a percentage of one's life is spent pregnant, how many more years there are to enjoy an occasional cocktail, and how very high the stakes are during this important period of their lives. Oh, how I wish someone had been able to communicate all of this to sweet Charlie's biological mother. I am so grateful he's getting the exceptional care he's getting and very optimistic regarding his future. I only hope others in his situation are given the same opportunities.

To read Dr. Tracy's complete article, titled: *Alcohol: An Unfortunate Teratogen*, including the history of FAS, tools for prevention, symptoms, effects and alcohol screening tools, go to:

www.mdedge.com/obgmanagement/issues

Reference: *OBG Manag.* 2013 January;25(1):36-45

Dr. Erin Tracy is attending physician, Vincent Department of Obstetrics and Gynecology, Massachusetts General Hospital and associate professor, obstetrics, gynecology and reproductive biology, Harvard Medical School, Boston. Her brother, Gerald Tracy, Philadelphia, is the proud father of "Charlie," born in Kazakhstan, who has been diagnosed with FAS. He and his wife are dedicated advocates for the prevention of this unnecessary tragedy. Erin and Gerald are the children of Gerald Tracy, M.D., retired cardiologist and founding member of Geisinger Commonwealth School of Medicine.

Visiting Professor Day:

March 24

Geisinger Commonwealth
School of Medicine
MSB Building, 2045

featuring

Erin Tracy, M.D., M.P.H.

and

Gerald Tracy, Jr.

parent advocate for FAS awareness

11 a.m. - noon...Dr. Erin Tracy
Human Trafficking/Modern Day
Slavery: What Clinicians Need to
Know

Noon - 1 p.m...Dr. Erin Tracy
and
Gerald Tracy, Jr.
Fetal Alcohol Syndrome:
100% Preventable

2 - 3 p.m....lecture for students

3 - 4 p.m....presentation to the
Behavioral Health Initiative
Advisory Council

R.S.V.P. to mmazur@tcmc.edu
or call 570-504-9678

Please indicate which sessions you plan to attend.

The Features of Fetal Alcohol Syndrome

reported in 2000 by the American Association of Pediatrics

These features classically define Fetal Alcohol Syndrome:

- Dysmorphic facial features
- Prenatal growth abnormalities
- Postnatal growth abnormalities
 - Mental retardation

Approximately 80 percent of children with this condition also have:

- Microcephaly
- Behavioral abnormalities

As many as 50 percent of affected children also exhibit:

- Poor coordination
 - Hypotonia
- Attention-deficit hyperactivity disorder
- Decreased adipose tissue
- Identifiable facial abnormalities such as:
maxillary hypoplasia, cleft palate and micrognathia

Also common:

- Cardiac defects
- Hemangiomas
- Eye or ear abnormalities



CME CREDIT OPTIONS:

AMA PRA Category 1 Credit™

Geisinger Commonwealth School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide AMA PRA Category 1 Credit(s)™ for physicians. Various classes and programs are presented through the year, including a fall and spring Keystone Symposium, monthly Grand Rounds sessions, faculty development programs, research symposia and joint sponsorships with regional partners. In addition, many lectures are recorded and posted to our webpage at <http://tcmedc.libguides.com/cme>. These can be viewed and the quiz and evaluation submitted for CME credits.

AMA PRA Category 2 Credit™

AMA PRA Category 2 Credit(s)™ is CME credit which is self-reported and claimed by individual physicians for participation in activities not certified for AMA PRA Category 1 credits™. Activities, such as precepting students, research, medical writing, peer review and quality assurance participation, can be self-reported by physicians by documenting the activity type, subject or content area, date(s) of participation and number of credits claimed. Physicians should claim credit based on their participation time with 60 minutes of participation equal to one AMA PRA Category 2 Credit™.

Learning from Teaching

Learning from Teaching is a new a new category of AMA PRA Category 1 credit. Credit is given for the time spent teaching, not for the time spent learning. However, a learning process must occur to be able to claim this credit. CME credit is not a reward or payment, it is a recognition/acknowledgment/metric intended to note that the physician has engaged in an educational activity which serves to maintain, develop or increase the knowledge, skills and professional performance and relationships that a physician uses to provide services for patients, the public or the profession. Examples of a Learning from Teaching activity might be: preparing for a student encounter/teaching session; literature searching; researching case materials; researching clinical questions; reflection on teaching encounters, or developing educational materials. The credit is to recognize the learning that occurs as physicians prepare to teach, but the credit is calculated based on the time spent using what they learned to teach. Documentation of the teacher/learner needs to reflect his or her gap in knowledge, competence or understanding that required the research, updating, reflection or development of materials relative to the teaching/precepting assignment.

To download a Learning from Teaching form or for more information, go to: <http://tcmedc.libguides.com/cme>

Community-based Patient-centered Innovative education

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