

by Catherine Y. Spong, MD

## 2022: A year in review

ast year was a big one for obstetrics and gynecology, with major legal decisions impacting our practice, stacked on reopening from the pandemic. Additionally, several medical advances have been published, providing evidence for our practice. I reviewed some of these advances along with some impactful articles that were important to us as women's health care providers.

In Obstetrics and Gynecology, an article on addressing physician burnout published in January 2021 highlighting the effect of the pandemic on our profession tops the journal's list of most popular articles.1 Although the popularity may be related in part to the article's selection as an American College of Obstetricians and Gynecologists maintenance of certification article, its content resonates with many. Bradford and Glaser address workplace culture as a major source of burnout, with a push to implement a positive workplace culture, address schedules to minimize meetings timed to interfere with personal time, and consider the impact of positive leadership that can help address the burden of heavy workloads and stress that often plague the health care provider.1

A landmark study by Tita and colleagues was published in the *New England Journal of Medicine* on the treatment for mild chronic hypertension (blood pressure [BP] < 160/100 mm Hg) in pregnancy with a target of < 140/90 mmHg.<sup>2</sup> Of 2408 women with chronic hypertension

at < 23 weeks of gestation, active treatment to achieve BP < 140/90 mmHg reduced adverse outcomes (severe preeclampsia, indicated preterm birth, abruption, fetal and neonatal death; 30% vs 37%) with no impact on small for gestational age infants (11% vs 10%). The implications from the trial have prompted the American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine to change their recommendations to target BP control to < 140/90 mmHg.<sup>3</sup>

Similarly, in gynecologic oncology, Makker and colleagues evaluated over 800 women with advanced endometrial cancer with recurrence after platinumbased chemotherapy to determine if the addition of lenvatinib and pembrolizumab improved outcome. They found improved progression-free and overall survival with the addition of these therapies at 1 year. The Society of Gynecologic Oncology highlights these results and the best practices for management of recurrent metastatic endometrial cancer incorporating these findings.

In December 2022, the *New England Journal of Medicine* published a cohort study of 2,548,372 pregnancies evaluating buprenorphine (n = 10,704) and methadone (4387). The investigators reported an increase in neonatal abstinence (69% vs 52%), preterm birth (25% vs 14%), and low birth weight (15% vs 8%) with methadone; severe maternal complications were similar, at 3.3% to 3.5%. Understanding how best to manage opioid use disorder

during and after pregnancy is essential to optimize care for this growing group of women.

A number of 2022 publications highlight the impact of COVID-19 on pregnancy outcomes, fertility, and menstruation, as well as outcomes of COVID-19 vaccination during pregnancy.6-9 Other noteworthy studies, interestingly, did not demonstrate effectiveness for interventions that one might think would be beneficial. Tucker and Chappell and colleagues reported on 2 studies (BUMP 1 and BUMP 2), both randomized clinical trials of pregnant women, that found that blood pressure self-monitoring with telemonitoring did not improve timing of diagnosis of hypertension or blood pressure control. 10,111

As we embark on 2023, we can be assured that more data will be forthcoming to guide our practices as well as to address practice issues with a goal to improve the workforce and workplace.

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