Dr. Joe Chappelle: Hello everyone and welcome back. I'm Joe Chappelle and you're listening to a special episode of the OBGYN Podcast. As you listeners will remember, Jerry Ballas invited me to the National Perinatal Association annual meeting at the beginning of April in Providence, Rhode Island. Until Jerry started telling me about the organization, about a year or two ago, I'd never heard of it before, and so I was in for quite a treat to say the least.

What is the National Perinatal Association? What are its goals? Well, actually, you'll hear from Jerry later in the series about that exact question, but let me tell you, as a relative newcomer, what I think the NPA’s about. In day to day practice at ACOG, SMFM, ASRM, whatever, every year. And even on this podcast, we tend to focus on the quote, unquote hard science of medicine, the new medications, the RCTs, meta-analyses. What I found from my two days with the National Perinatal Association was that they are about all of the pieces in between those studies. All the moving parts that we interact with every day and wish could be better, but to try to fix it just feels too complex. That is what I saw the NPA tackle this year at their conference.

They had talks on criminal justice, challenges in rural healthcare, community-based approach to postpartum mental health, the effects of communication on caesarean deliveries and so much more. Each and every talk was about the personal side of medicine, the part where the medication I prescribe is on the same footing as what words when communicating why she needs that medication.

Attending this conference was exhilarating and rejuvenating. They reminded me of why I got into women’s healthcare to begin with. Providing the best possible care for women, not the best healthcare, but the best overall care. And sometimes that means thinking about things other than latest trial or surgical procedure. I'm very happy that Jerry convinced me to go this year and I'm sad that I wasn’t able to record all the talks or interview every speaker. Over the next few weeks, you'll be hearing interviews from several of those speakers. Now I'm not a professional interviewer, and because I was excited, I definitely spoke too much, but you can still feel their enthusiasm coming through. I hope that you enjoy these and that they make you want to join the NPA in its mission or come to next year’s conference in Denver.

Today, I’m presenting an interview that Dr. Ballas did with Dr. David Gagnon, who was the first president of the National Perinatal Association. He leads us through the early years of the Association and what their mission was back then.

Dr. David Gagnon: My name’s Dave Gagnon. I was the vice-president of Women & Infants Hospital at the time, and I’d worked in Ohio with the Ohio Perinatal Association. I came to Rhode Island and worked to develop a new Women & Infants Hospital. And as vice-president I was also involved in perinatal
regionalization and the result was I got involved with the nascent group of National Perinatal Association which began in a hot tub in... I think Columbus, Ohio.

Dr. Jerry Ballas: How many organizations was there in a hot tub in Columbus, Ohio?

Dr. David Gagnon: With Stan Graven and Sister Jeanne and a few others, and that's where I had met them. And the result was... Stan helped organize the organization and he had his associated colleague who was an OB/GYN run the organization. And it when it came to the end of his term and I was on the Board of Directors we were meeting in one of the... one of the cities in the United States that I can't remember. And the Board was in the meeting room and the president elect knocked on the door and... a fairly distinguished obstetrician/gynecologist, who will remain nameless, and said "I'm resigning, I was told by ACOG not to have anything to do with this organization because it isn't a professional group and does not involve professionals from either ACOG or the Academy of Pediatrics."

So, everyone looked at one another and decided that... what are we going to do? And somehow or other they all looked at me and Sister Jeanne, against much argument from me, convinced me to take over. An organization that was at that time ready to end. And because I was the vice-president of a hospital and because I had a very sympathetic CEO, he funded me for the next year to travel to some 20 states and work either to develop perinatal organizations or to work with some of the nascents, some of the initial organizations that existed in some of the states. And so, we started to set up what would become the National Perinatal Association and link it to many of the state associations.

Dr. Jerry Ballas: What would you say that time was the issue or one of the biggest issues as a perinatal society that you were going to tackle or address?

Dr. David Gagnon: Well, I think at that time, you have to remember perinatal regionalization was pretty elementary or in its very early stages, and it was... Primarily, we were working on developing the concept of perinatal regionalization in states and having support from across all of the disciplines, nursing, the physicians, both OB and neonatal, and actually trying to establish a nexus between all the groups because at that time, they were just in silos, and they were distinct... differences between obviously the physicians, the nurses, even the disciplines themselves. And so, our initial organizational structure was built around perinatal organization and specially getting states at that time to develop perinatal regional programs and start to define things like levels of care.

Dr. Jerry Ballas: Now, the current makeup of a lot of the membership and a lot of the leadership is that we are very cross pollinated now with those associations that initially, sounded like forbade some of their members from joining. I'm member of ACOG, a member of SMFM... obviously a lot of our members are members of AAP
and midwife associations and so forth. Do you find that kind of enriching or is the rebel aspect of NPA kind of watered down in some ways?

Dr. David Gagnon: Well, I think… We didn’t consider ourselves as antithetical to the establishment, obviously. We saw ourselves as a niche organization that would be interdisciplinary and bringing all the groups together. But there was just this feeling that wasn’t… Why they were so adverse to us, because we were obviously not that strong an organization. We were existing on a lot of voluntary support with a very small membership fee and most of our money, frankly, came from the conference itself, which at that time had some really lucrative sponsors. We had in 1982, I think, in Dallas, we maybe had 2,500 or 3,000 participants. We had a huge… supported conference and money came in and one thing… We finally established a much more solid financial base. And having at that time someone who was part-time who could organize the activities of the organization. But the organization itself was primarily to interact with different state organizations and to act every year in terms of bringing issues in this perinatal conference that were cross-disciplinary.

Dr. Jerry Ballas: Right.

Dr. David Gagnon: So, it was, I mean…

Dr. Jerry Ballas: It's interesting to hear the arc, though, because upwards of a few years ago we… our difficulty was staying solvent relying on the conference for the main bulk of our income. Because a lot of money now is spread amongst all these organizations and every organization has a sub-organization and trying to identify sponsors that are able to support multiple different organizations within their framework. But just, of course the relationship between industry and pharmaceuticals and that wax and wane almost on a generational basis. But I like that the drive of a conference based on a topic that brings together multiple specialties seems to be the common thread. And despite that waxing and waning of funding and so forth, I still feel like we attract a pretty active and motivated membership.

Dr. David Gagnon: And I think that's always been the case. It's always been young, especially in the area of medicine, young physicians who are neonatologists or maternal-fetal medicine, which, at that time, maternal-fetal medicine, in 1979 to 1982 was a pretty small profession. Neonatology, when I first began working in the field of perinatal organization in the hospitals, a famous saying was that when they did the trip in the early seventies to one Cayman Islands for a conference, if the airplane had fallen, it would've set back neonatology 20 or 30 years because they would’ve all died. So, we had very few maternal-fetal medicine specialists in 1982 in the country. Neonatology was still a relatively new discipline. So, it an exciting time and we attracted a lot of the younger physicians. But we were especially attractive to nurses who are very committed. And, frankly, to public health people
from the various departments, who were very interested in bringing in regional programs. And at that time, there was still a lot of debate about levels of care and how could you organize levels of care. And that’s one of the things that NPA was involved in.

I've noticed as I've followed you over the years, that you're in more and more to the human aspects of the delivery process and the problems that are encountered by women and infants, and specially infants at risk. I think that’s a very good thing. What you’ve done is you’ve moved into areas where there isn’t as much interest in the… necessarily in the disciplines, although there is increasingly so.

Dr. Jerry Ballas: Right.

Dr. David Gagnon: And I mean, that's the same kind of motivation that was behind some of the original.

Dr. Jerry Ballas: Yeah, it’s interesting. I feel like in some respects we’re on the forefront in some aspects. We’ve been talking about substance use in pregnancy in the perinatal period now for… since I started on the Board in 2013. I even remember specifically emailing some of my maternal-fetal medicine contacts at NIH and so forth about projects, co-sponsorship and they declined. And then, before you know it, three, four years later NICHD is releasing statements about opioid use in pregnancy and SMFM is coming out with all sorts of statements and they did not want to get involved three, four years ago when we asked them about coming out with a statement about opioid use in pregnancy. So, it's interesting where, on one hand we feel niche, but before you know it the big organizations catch on.

Dr. David Gagnon: Yeah. No, I think it's been an interesting learning process. And I think the lot of it has to do with younger entrance into both nursing and medicine who have brought about the changes as they feel how much patient-centered care is necessary. And that’s now the coin of the realm, so to speak. Patient-centered care is what’s necessary in order for us to improve patient safety, patient quality of care,