Regularly Scheduled Series
Continuing Medical Education (CME)

Allina Health

MOMS Complex Maternal Case Reviews

CloudCME ID: **1832** **Text ID to:** **844-939-3950** (your email must be paired)

DATE: September 23, 2026 **TIME:** 7:00 AM – 8:00 AM **LOCATION:** Virtual Teams

TOPIC(S) OR TITLE: **MOMS Complex Maternal Case Reviews – Congenital Hypoplasia, HX: Epilepsy, Hemophilia A carrier, HX: Seizure, Chronic Hypoxemic, Diabetes, Adrenal Mass, Intraventricular Hemorrhage, Cirrhosis, Myelogenous Leukemia, HIV, PAS**

FACULTY:

Kathleen Lorenz, MD

Ryan Loftin, MD

	Gender	Age of Patient	Condition/Topic
1	F	29	35w0d, G1P0, IVF, Panhypopituitarism, Hypothyroidism Congenita hypoplasia of left internal carotid artery
2	F	33	34w4d, G1P0, Hx epilepsy with recent increased seizure episodes requiring hospitalization 8/17-8/21, meningioma 1.8cm, migraines
3	F	32	34w2d, G4P2012, Hemophilia A carrier (moderate to severe), hypothyroid, depression, anxiety. Hx term NSVD x2, both boys with hemophilia A. Hx gHTN. Fetus XY
4	F	28	33w4d, G7P3213, HIV dx 2023 on Biktarvy managed by Hennepin Health ID. Hx seizure disorder d/t, TBI. Last seizure ~ 4 years ago. Hx VAVD, SVD x2, Classical C/S 25w1d d/t possible abruption/IUGR NND at 1 week of life. Hx C/S 34 wk, fetal TOF with demise at 2 months of life. Hx gHTN
5	F	28	30w3d, G1P0, admission for acute on chronic hypoxemic respiratory failure
6	F	35	29w0d, G3P1011, Poorly controlled Type II DM
7	F	36	32w4d, G11P1091, Adrenal mass-suspected to be pheochromocytoma
8	F	29	26w4d, G4P1021, Intraventricular hemorrhage, right basal ganglia arteriovenous malformation
9	F	37	20w5d, G4P0030, Cirrhosis of the liver with portal hypertension
10	F	41	37w0d, G1, Marginal Previa with possible PAS
11	F	34	36w2d, G4P3003, Accreta versus dehiscence
12	F	39	36w0d, G2P1001, PAS
13	F	34	37w6d, G4P2113, anterior placenta previa
14	F	31	34w2d, G2P1001, Previa with suspected PAS
15	F	34	33w6d, G3P1102, Previa with suspected PAS
16	F	35	33w0d, G2P1001, Previa with suspected PAS with short cervix
17	F	38	31w0d, G7P2133, Previa with suspected PAS
18	F	21	28w6d, G4P0122, Previa with suspected PAS
19	F	29	C/S 9/9/26 for probable diagnosis of Acute Myelogenous Leukemia

20	F	34	17w2d, G4P1112, CSEP, previa with PAS with intermittent bleeding

OVERVIEW/PURPOSE STATEMENT:

OB providers require discussion and review of current practice recommendations to optimize clinical outcomes for both mom and baby. Ensure appropriate clinical management over the entire pregnancy, delivery and 4th trimester. OB providers require current practice knowledge to manage clinical care over the continuum of pregnancy for these women.

OBJECTIVES:

1 Review maternal and fetal diagnostic results and outline core prenatal care through the continuum of the pregnancy including delivery.

2 Identify clinical changes that may alter the clinical care plan for prenatal care and delivery management.

3 Identify atypical clinical needs and designate location for delivery including a communicationplan to varied subspecialties.

ACCREDITATION AND DESIGNATION STATEMENT:

Allina Health is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The individual is responsible for determining whether this activity meets the requirements for acceptable continuing education for their discipline. In addition, you may be required to provide proof of attendance to the board upon request such as certificate, handout, agenda, etc. You should claim only those hours spent in the educational program.

Physicians: Allina Health designates this Live Activity for a maximum of 1.00 *AMA PRA Category 1 Credit(s)™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Non-Physicians: Allina Health designates this Live Activity for a maximum of 1.00 *AMA PRA Category 1 Credit(s)™*.

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Any individual in a position to control the content of a CE activity, including faculty, planners, reviewers, or others are required to disclose all relevant financial relationships with ineligible entities (commercial interests) that have existed WITHIN THE LAST 24 MONTHS, even if it has now ended. All relevant financial relationships/conflicts of interest have been mitigated prior to the commencement of the activity.

Name of individual	Individual's role in activity	Nature of Relationship(s) / Name of Ineligible Company(s)
Cassie Bigelow, MD	Planning Committee Member	Nothing to disclose - 01/06/2026
Lacey Boisvert, RN	Nurse Planner	Nothing to disclose - 11/18/2025
Heather Briggs, Other	Activity Coordinator	Nothing to disclose - 11/18/2025
Laura Colicchia, MD	Planning Committee Member	Nothing to disclose - 11/14/2025
Jodi Conlin, BSN	Nurse Planner	Nothing to disclose - 01/06/2026
Rachel Gobar, RN	Nurse Planner	Nothing to disclose - 12/02/2025
Matthew Loichinger, DO	Planning Committee Member	
Cassie Longtin, RN	Nurse Planner	Nothing to disclose - 11/19/2025

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Kathleen Lorenz, MD	Faculty, Lead Physician	Nothing to disclose - 11/07/2025

PLEASE SAVE, THIS FLIER SERVES AS YOUR CERTIFICATE OF ATTENDANCE FOR THIS SPECIFIC DATE.

Signature & Credentials: _____

My signature verifies that I have attended the above stated number of hours of the CME/CEU activity.