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2017 Queenan International Agency Fellow: Final Report
Site: Geneva, Switzerland
Mentor: Doris Chou, MD
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I began the Queenan Fellowship at the World Health Organization (WHO) in Geneva, Switzerland in July 2018. Like previous Queenan Fellows, I joined my mentor, maternal-fetal medicine specialist Dr. Doris Chou, in the Special Programme of Research, Development and Research Training in Human Reproduction (HRP)/Department of Reproductive Health and Research (RHR) as part of the Adolescents and at-Risk Populations Team. The top research priorities within the team included maternal morbidity/mortality and quality of care during pregnancy and childbirth. HRP is based at the WHO headquarters in Geneva, Switzerland and is the main instrument within the United Nations system for research in sexual reproductive health. The vision of HRP/RHR is for a world where all people's rights to enjoy sexual and reproductive health and gender equality are promoted and protected, and all people, including adolescents and other underserved and marginalized populations, have access to comprehensive sexual and reproductive health information and services.

After years of delivering healthcare in rural Southern Haiti based off of WHO guidelines, I was enthusiastic for the opportunity to participate in the process of reproductive health research and guideline development. Prior to my arrival, Doris and I worked together to create learning objectives for my six months in Geneva, including: (1) improving my understanding of how to conduct high impact/effective global health research related to maternal/perinatal health; (2) improving my understanding of the highly complex nature of multidisciplinary, multi country research; (3) being exposed to the process of guideline development.





My initial work involved rheumatic heart disease (RHD), as it relates to pregnancy and the life course. In conducting this desk review on RHD in pregnancy, I discovered that it contributed to a substantial burden of cardiac disease among pregnant women and was nearly completely isolated to low and middle income countries (LMIC). The current recommended management of RHD in pregnancy, as suggested by international societies from high-income countries (HIC), involves complex and highly technical equipment and advanced provider skill sets.

Unfortunately, in the low-resource settings where the majority of RHD and related complications occur, the recommended treatment and surveillance is not possible. Working in collaboration with the Non-Communicable Disease cluster within the WHO, Doris and I participated in the preliminary work aimed at prioritizing RHD in pregnancy, with an emphasis on the life course of RHD.



Additionally, I focused on mental health in pregnancy. At the WHO, I presented and developed the initial drafts on perinatal mental health research gaps and helped to suggest priority areas for focus over the upcoming years. Major research gaps identified included severe psychiatric illness (such as schizophrenia, bipolar disorder, and peripartum psychosis) and management during pregnancy and lactation.

I was fortunate to attend several meetings during my time at the WHO, including the WHO Birth defect surveillance meeting.

This was a two-day meeting from international experts reviewing the global work on related research and mapping of surveillance systems. Zika was a large focus of the meeting, which is of particular interest to me.

One of the most valuable experiences I had during my six months as a Queenan fellow was participating in an intensive, two-week WHO HRP Alliance research methods training course in Lausanne, Switzerland. This course enrolled international researchers involved in implementation research. We were taught by one of the co-directors of the Cochrane, WHO HRP staff, and faculty from University Institute of Social and Preventive Medicine in Lausanne. We designed and presented research proposals in teams, and were critiqued by the faculty on components including feasibility, study design, and study importance.





My unique experiences as a Queenan Fellow have undoubtedly impacted my life outlook and future career choices. I greatly value the extraordinary exposure I had into the inner workings of an international agency in the field of reproductive health. I was able to participate in meaningful and fulfilling projects, witness international leaders formulate research and guidelines in women's health, and broaden my knowledge base in global health research. I am grateful for excellent mentoring and career guidance. I hope to remain deeply invested in maternal and perinatal global health research for the remainder of my career, and the Queenan Fellowship has provided me with the inspiration, motivation and guidance to do so, for which I am truly grateful.