

### Our Editorial Commitment

AI is moving into obstetric care faster than clinical guidance can keep up. Documentation, education, literature review, imaging, etc.

While tools are everywhere. Clarity is not.

This newsletter exists to separate the **applicable from the theoretical** in AI for obstetrics and women's health. We focus only on **safe, practical, clinician-tested applications** that improve real workflows.

### Every Issue includes



#### Tales from the Trenches: AI Edition

Reports of an algorithmic save, digital disaster, and the clinicians left to clean up the mess.



#### Apply in Practice

One ready-to-use clinical prompt set you can use immediately



#### Evaluate the Tools

One clinically relevant AI tool, reviewed for safety and real-world use



#### Follow the Evidence

One peer-reviewed, OB-relevant AI Paper worth your time

## Tales from the Trenches: AI Edition

### The Normalcy Nightmare: When ChatGPT Hallucinated "Reverse Flow"

\*Names changed, but story is real\*



#### The Character

"Dr. Maya V., a 3rd-year MFM fellow. It's 5:15 PM, her bag is packed, and she's mentally already at the gym."

#### The Actual Report

"UA Doppler S/D ratio: -2.0. Normal for gestational age. No AEDF/REDF. Plan: Repeat in 1 week."

#### The Scenario

"Maya is closing her last chart when the front desk calls and says they have a frantic patient on hold. It's Elena, a 32-weeker with fetal growth restriction (FGR) who had a UA Doppler study that morning. This isn't Elena's first scare; she has a history of abnormal Umbilical Artery (UA) Dopplers that had only recently normalized. She's seen multiple physicians across different sites and is understandably operating at a baseline of high stress."

#### The AI Intervention

"Elena, terrified that her FGR baby was slipping back into danger, uploaded her report into ChatGPT. Because the report contained the value "2.0" (which the AI interpreted as negative due to the flow being away from the probe) and the keyword "Doppler," the LLM hallucinated a catastrophe."

#### The AI's Response

"Your report indicates a critical finding. The negative velocity indicates Reverse End Diastolic Flow (REDF) and is a medical emergency. This means the baby is not receiving oxygen. You should go to the Labor & Delivery unit immediately for an emergency C-section. This is life-threatening."

#### The Story: "I Did My Own Research"

"Elena was hysterical. She was already in her car, driving toward the hospital, convinced her baby was dying and that her doctors were missing a fatal flaw.

Because she had experienced abnormal Dopplers in the past, her trust was already fragile. When ChatGPT told her the 'negative velocity' meant the baby was in distress, she believed the machine over the report. I had to call her while she was mid-commute. For 15 minutes, I walked her off the ledge. She was adamant at first that the interpretation she had found was correct and that we were wrong.

I pulled up the actual ultrasound images while on the phone with her, describing the waveforms in real-time to prove the flow was moving in the right direction. I explained that an S/D ratio of -2.0 is textbook-normal. Finally, the tension broke. She admitted, 'I did my own research... I put it into ChatGPT.'"

#### The Takeaway

"In the MFM world, 'Normal' is a relief. In the LLM world, 'Normal' can be a hallucination waiting to happen. We aren't just clinicians anymore; we're 'Algorithm Adjusters'—spending our evenings fixing the trauma caused by a machine that knows the words, but doesn't know the stakes."

#### What I Would Do Next Time

"Maya now says that she is more mindful about how things can be easily misinterpreted. So when counseling patients, she tells them that when they look things up, certain scenarios may not apply to them. Maya's goal is to meet the patient with the information level that they want but at the same time protect patients from being scared."

## Apply in Practice



### Virtual Concierge Prompt for Literature Search

Generative AI can dramatically accelerate literature review for scholarly work, but it can also fabricate citations, misrepresent studies, or produce polished nonsense if used carelessly.

This prompt document is designed for dual use.

As a step-by-step guide for humans to read and follow

As an attachable instruction set that can transform an AI chatbot into an expert literature-search "concierge"

The goal is not to replace academic rigor, but to use AI as a structured assistant while humans remain accountable.

[Link to Prompt](#)

## Evaluate the Tools

### Research Tool

Loathe literature reviews? This tool will help!



Research Rabbit

#### Research Rabbit

Research Rabbit is a research discovery platform that helps users explore scientific literature by showing how papers, authors, and citations are connected. Rather than relying only on keyword searches, it generates relationship maps and personalized recommendations based on the articles you save. This makes it easier to expand a bibliography, identify influential papers, and follow emerging work in a specific topic area. It's particularly helpful for building and updating literature collections for active research projects.

### Clinical Tool

#### Medical Brain

Maimonides Medical Center deployed an AI-based monitoring system called Medical Brain in obstetric care that continuously reviews clinical data and sends automated alerts when predefined safety risks or missed guideline-based actions are detected. The platform aggregates chart data, notes, labs, and imaging inputs to identify concerning patterns and notifies the care team with escalating alerts if no response occurs. Over several years of use across tens of thousands of deliveries, the institution reported a marked reduction in preventable obstetric safety events. The system functions as a real-time surveillance and escalation tool, supporting—but not replacing—clinician decision-making.



Medical Brain

[Learn More Here](#)

## Follow The Evidence

### Study Question

Can machine learning models classify maternal health risk (low, mid, high) using routine physiologic data such as age, blood pressure, blood sugar, temperature, and heart rate?

### Key Findings

A Random Forest model achieved the strongest overall performance (~88% accuracy after class-balancing methods)

Ensemble models outperformed single classifiers and neural networks in this dataset

Addressing class imbalance (with synthetic oversampling) significantly improved results

Mid-risk patients were the hardest group to classify accurately

### Why This Matters in OB



Supports earlier identification of higher-risk pregnancies using routine vital data



May strengthen triage and monitoring decisions in resource-limited settings



Demonstrates how structured physiologic data can power practical AI risk tools

### Limitations

Based on a relatively small public dataset (~1,000 cases)

Single-source population limits generalizability

Performance depends on data balance and preprocessing choices

Model interpretability and clinical workflow integration remain open challenges

[Pubmed link to article](#)

### Future issues will include:

- Resident/fellow AI use cases
- AI in MFM
- AI in imaging
- AI research briefs



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### Upcoming Conferences:

#### March 9-12, 2026, Las Vegas, NV

Looking for a place to connect with global experts, unravel healthcare's hottest topics, and discover futuristic tech?

HIMSS26

Edition-2 AI in Medicine Conference (AIMM 2026)

#### May 04-05, 2026, Boston, MA

Covers AI in medical research and clinical practice.

INFORMS Healthcare Conference

July 28-30, Raleigh, NC  
Exploring the innovation and integration of technology, policy, operations, and AI in the world of healthcare.

