Non-Invasive Prenatal Testing (NIPT) for Fetal Aneuploidy

Kevin J. Gomez, MD

Chromosomal abnormalities are a major cause of congenital anomalies and reproductive loss. Fetal aneuploidy risk can be evaluated on the basis of a combination of maternal age, prior family history, maternal serum biochemical tests and fetal ultrasound markers.

Diagnosis of chromosomal abnormalities involves invasive testing, including chorionic villus sampling (CVS) and amniocentesis. Noninvasive screening involves either first or second trimester maternal serum markers and detailed ultrasound. Since, Down syndrome is the most common significant aneuploidy, prenatal screening has focused on the detection of this disorder.

Intact fetal cells can be seen circulating in maternal blood. These cells are rare and not a dependable source for prenatal diagnosis. Unlike intact fetal cells, which may persist for years after prior pregnancies, fetal “cell-free” DNA (cfDNA) levels are almost 1,000-fold higher in the maternal circulation with a mean half-life of only minutes. Both the mother and the fetus produce cell-free DNA. Most of maternal cell-free DNA originates from hematopoietic cells, while fetal cell-free DNA in the maternal circulation comes from apoptosis (programmed cell death) of placental cells. Fetal DNA can be seen in maternal plasma as early as 7 weeks gestation with increasing levels as pregnancy progresses.

Fetal DNA circulates in maternal plasma as a small percentage (3-10%) of the high background of maternal DNA. In maternal plasma, the cell-free DNA (maternal and fetal) molecules are in fragments.

Massively parallel sequencing (MPS) is a technology that can identify and quantify millions of fragments of both fetal and maternal chromosome 21 sequences in maternal plasma. A related quantitative approach termed Digital Analysis of Selected Regions (DANSR) selectively sequences loci only from chromosomes of interest by including a targeted amplification step. MPS and DANSR can quantify differences in amounts of chromosomal 21 DNA sequences in maternal plasma contributed by trisomy 21 fetuses compared with euploid fetuses. To determine if a tested maternal plasma sample belongs to a trisomy 21 pregnancy, one calculates a z-score of the percentage of chromosome 21 sequences of the tested sample. The z-score refers to the number of standard deviations from the mean of a reference data set. Therefore, in a trisomy 21 fetus, a high z-score for percentage chromosome 21 is expected when compared with values obtained from maternal plasma of euploid pregnancies.

NIPT for Fetal Aneuploidy in High Risk Pregnancies

In high-risk pregnancies, massively parallel sequencing (MPS) can detect a large proportion of Down syndrome affected pregnancies (98.6% detection rate) with a low false-positive rate (0.2%). This compares with first trimester screening with fetal nuchal translucency (NT) and serum biochemistry, with detection rate (DR) of about 90% at false positive rate (FPR) of 3-5%. NIPT can lead to a major reduction (around 75%) in invasive testing. However, this test is not fully diagnostic and, therefore, constitutes an advanced screening test. Validation of MPS positive results requires the option for diagnostic (invasive) testing. The role of noninvasive testing for trisomy 18 and trisomy 13 in clinical practice is rapidly evolving, with trisomy 18 (sensitivity 97 to 100%) and trisomy 13 (sensitivity 79%).

Who Should Consider Screening?

- Advanced maternal age: Women at advanced maternal age can be offered MPS screening for trisomy 21, trisomy 18 and trisomy 13 (as early as 10 weeks gestation). However, the genetic counseling must include options for first and/or second trimester screening, which also screens for risk of other aneuploidies and high risk pregnancy concerns.
President's Column

For the first time, obstetricians, neonatologists, and pediatricians held a joint meeting to address potential clinical challenges we anticipate to Georgia law starting January 1, 2013. The House Bill 854 Conference in early November brought together more than 120 physicians and hospital nursing and legal department representatives and highlighted many potential clinical challenges that lie ahead for those of us who practice obstetrics. We anticipate the law will change how we confront the clinical issues of caring for extremely preterm neonates. The 2012 election season is over, and players are in place for the next two and four years of legislative service on state and federal levels. The Thanksgiving and winter holiday season is here before we are ready. Now is the time to approach your local representatives, express your commitment to legislative session will be here before we are ready. Please continue to follow the Society activities on our new website at georgiaobgyn.org and friend us on Facebook, http://www.facebook.com/pages/Georgia-OBGYN-Society/, and follow us on Twitter, http://twitter.com/gaobgynsociety/. Be certain to put the May 3, 2013 CPT Coding Workshop, our Annual Golf Tournament on May 15, 2013, and our Annual Clinical Meeting on your calendars as you make your vacation and work plans for 2013! wishing all of you a safe and healthy holiday season.

Margaret D. Schaufer, MD
Editor
LaGrange, Georgia

Editor's Column

I couldn't have come soon enough to suit us. This focus on compounding pharmacies is long overdue. Unfortunately, it took 32 deaths and 438 nonfatal cases from fungal meningitis resulting from compounded steriods shipped from New England Compounding Center (NECC). And the investigation continues. Compounded drugs are not regulated by the Food and Drug Administration (FDA), and purity, efficacy and safety of these drugs are unreliable. Compounding pharmacists have different skill levels and different equipment; quality of the drugs is unknown. The drugs may be sub- or super-potent or even contaminated, as in the NECC case. Therefore, compounded drugs should only be prescribed in uncommon situations when there are no FDA approved options available.

I can't help but reflect on my experience with compounding pharmacies — a mysterious subculture of pharmacists who, patients are convinced, know more about diagnosing and treating female hormonal conditions than any ABOG certified, MOC-participating gynecologist. The retinue of Suzanne Somers followers only need my signature for a saliva test and a prescription for the pharmacist’s concoction of hormones. These pharmacists and patients seem to say, "Yes, doctor, just sign here. Ignore that small sick feeling in your stomach telling you something is awry." The year was 2004 when I realized my residency training had omitted the whole section about saliva testing for hormone imbalance and monitoring blood levels of hormones in HRT. I accepted an invitation from my local pharmacist to attend a conference in Savannah on compounded hormones and bioidentical hormone replacement therapy (BHRT). Unfortunately, the trip was canceled and I missed the opportunity to hear the inside scoop about what they don't teach you in traditional medicine. For physicians who have not been indoctrinated, it can be a challenge to counter the hype of the BHRT movement. It is unpleasant to disappoint the patient and not give her what she's convinced will work for her. It takes a lot of time to do that, and she doesn't like you for it. It's a lose-lose scenario, and the path of least resistance is all too tempting. In medicine, if you are trying to make people believe they need something for their health that you can sell them, and if that claim is not backed up by reproducible scientific studies, it is disingenuous, to put it mildly. The words "natural" and "bioidenti-cal" are marketing terms that mean nothing anyone can agree upon, but they no doubt imply safety and benefit. Pair those terms with promises to slow the aging process and rejuvenate sex lives and any warnings about safety and efficacy become moot. Our specialty is fertile ground for misinformation related to sex and aging. "Just because you sell, we shouldn't sell out to it. I submit, it is still our job to advise patients based on legitimate science. Hormone replacement therapy for appropriate patients can be tremen-

Margaret D. Schaufer, MD
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What enforcement actions is FDA taking today against compounded "BHRT" drugs?
FDA issued several Warning Letters today notifying certain compounding pharmacies about unlawful practices related to their compounded "BHRT" drugs. FDA’s letters warned the pharmacists that they make the false and misleading claims that their “BHRT” drugs, including claims that compounded “BHRT” drugs are safer or more effective than FDA approved hormone therapy drugs and claims that compounded “BHRT” drugs can prevent or treat serious illnesses such as Alzheimer’s disease and certain forms of cancer. In addition, FDA warned a number of pharmacies that they may not compound drugs containing the estrogen substance estradiol without a valid investigational new drug application. Firms that do not properly address violations identified in Warning Letters risk further enforcement, including injunctions that prevent additional violations and seizure of volatile drugs.


— Carl Sagan

Other resources:
The Endocrine Society Position Statement:

Dr. Maya Chinn: http://www.mayachinn.com/health/bioidenticalhormones/

A COG Committee on Bioidentical Hormones Statement:
http://www.acog.org/Resources_1/Committee_Statements/Committee_on_Gynaecological_Practice/Compounded_Bioidentical_Menopausal_Hormone_Therapy.pdf

Margaret D. Schaufer, MD
Editor
LaGrange, Georgia
HPV Vaccine: Not Just for Girls, Not Just for Cervical Cancer

Sandra Adamson Fryhofer, MD, MACP, FRCP

There are more than 100 different strains of Human Papilloma Virus (HPV). HPV types 6 and 11 cause 90% of genital warts and are also associated with recurrent respiratory papillomatosis (RRP). HPV types 16 and 18 are linked to 70% of cases of cervical cancer, and are also linked to vaginal, vulvar cancer, anal, penile, and oropharyngeal cancer. HPV vaccine is not meant to be a treatment for HPV infection or HPV related disease. Of all cervical cancers, 70% could be prevented by HPV vaccine. Routine cervical screening cancer screening beginning at age 21 is still needed. There are two HPV vaccines currently available. HPV 4: Gardasil (Merck) covers types 6, 11, 16, 18. HPV 2: Cervarix (GlaxoSmithKline) covers types 16 and 18. Vaccine dosing is the same for both vaccines: 3 doses over 6 months. HPV vaccine is a prophylactic vaccine. It works best when given before exposure to HPV virus, which usually occurs at the onset of sexual activity.

The vaccine does not contain any viral DNA so there is no way to become infected with the virus by getting the vaccine. HPV vaccine is not recommended for use in pregnancy. A vaccine in pregnancy registry has been established. You don’t have to do pregnancy testing before giving the vaccine; however, it should not be given to women who are pregnant or are planning to get pregnant soon. Actively lactating women can receive HPV vaccine.

HPV Vaccine Recommendations

Vaccination recommendations for males differ slightly from those for females.

- For females: Vaccinate with either vaccine, starting at age 11-12. Vaccinate through age 26.
- For males: Vaccinate with HPV 4, starting at same age (11-12). Routinely vaccinate through age 21. Selected groups of males, including men who have sex with men (MSM), immunocompromised males, and HPV positive males, should be vaccinated through age 26.
- Both males and females can start vaccinating as early as age 9.
- Observe patient for at least 15 minutes after administration.

HPV, Anal, and Oral Cancer

Anal cancer is on the rise, with a total 1600 new cases in women and 900 new cases in men each year. Incident rate is highest in men who have sex with men. However, the absolute numbers of anal cancers are higher in women and men who have sex with women.

HPV related oral cancer rates are increasing. Oral HPV is more common in men than in women. Risk factors for both men and women include having multiple sex partners and engaging in oral sex. For men, having sex with other men is also a major risk factor.

Preventing Cancer with HPV Vaccine

In April of 2012, data from Surveillance, Epidemiology, and End Results (SEER) National Program of Cancer Registries (NPCR) indicated that more than 33,000 cancers occur each year in the United States at anatomic sites associated with HPV. Of these, approximately 26,000 can be attributed to HPV and might be prevented through the use of HPV vaccine.

Dr. Sandra Adamson Fryhofer is Adjunct Associate Professor of Medicine at Emory University School of Medicine.

NCC Initiative Strives to Reduce Chlamydia Rates

GA Chlamydia Rates Higher than US Average

Due to the continued high rates of chlamydia infections, especially among age 25 years and under, the National Chlamydia Coalition’s (NCC) Provider Education Committee recently began an initiative to bring public and private health care providers together to reduce chlamydia rates and its harmful effects among adolescents and young adults.

The NCC Provider Education Committee is one of the older, established professional associations, including the American College of Obstetricians and Gynecologists (ACOG), and their members at the state level to collaborate with colleagues and state public health officials to increase chlamydia screenings and treatment. The NCC hopes that by connecting health care professionals and public health officials, states can increase chlamydia screening at the local level.

ACOG, as a member of the NCC, is working with other coalition members to achieve the following goals:

- Improve and protect the health of adolescents and young adults by increasing rates of chlamydia screening;
- Increase awareness of the importance of recommended chlamydia screening through public education;
- Encourage health care providers to increase screening rates.

Advocate for policy changes to increase access and use of chlamydia screening and treatment among adolescents and young adults.

The National Chlamydia Coalition estimates that there are about 2.8 million new cases of Chlamydia annually, and it is one of the most commonly reported STDs. The Coalition also estimates that 1 in 15 sexually active adolescent females has chlamydia. Yearly screening of all sexually active females age 25 and younger is widely recommended.

Georgia’s rate for Chlamydia infection, based on 2010 figures from the CDC, is higher than the national average.1 With a Chlamydia infection rate of more than 650 cases per 100,000 women, Georgia has a higher rate of infection than the US average rate, which is just over 500 cases per 100,000 women.

Out of the 7,634 reported cases of pelvic inflammatory disease could be attributed to Chlamydia infection Priorities ranks chlamydia screening and treatment as a high value, but an undervalued clinical preventive service and estimated that if 90 percent of eligible women were screened, 30,000 cases of pelvic inflammatory disease could be prevented each year.2 Georgia’s rate for Chlamydia infection, based on 2010 data from the CDC, is higher than the national average. Chlamydia is one of the most common STDs, and has a 90% prevalence in females, and a 50% prevalence in males. It is often asymptomatic, and 70% of cases go undiagnosed.3

This is a crucial time for health care providers. With implementation of the Affordable Care Act, health insurance coverage will expand for STD screening and counseling, as many young adults retain health care coverage through their parents’ plans. Many STD screening and counseling services will be covered by new group and individual health plans without deductibles and co-payments. The addition of chlamydia screening to the EHEMS as part of the accreditation process for health plans also increases the possibility of improving screening rates.

Resources for Chlamydia Information

- ACOG Resources, Guidelines for Adolescent HealthCare, which contains a chapter on STIs in adolescents, and the Committee Opinion, Expeditied Partner Therapy in the Management of Gonorrhea and Chlamydia by Obstetrician-Gynecologists, which was released in September 2011. Both are available on the member side of the College website: www.acog.org.
- National Chlamydia Coalition website offers general information, downloadable fact sheets and other resources at http://www.ncc.prevent.org/info [11/28/2012]
- CDC sites, including: CDC's STD page offers general information, statistical charts, downloadable fact sheets and other resources at http://www.cdc.gov/std/chlamydia/
- National Chlamydia Coalition, operated by NTV with scientific leadership from the CDC. The website contains information for teens and parents as well as resources for health care providers: http://www.myselfesteem.com/gyt/

With health care providers. With implementation of the Affordable Care Act, health insurance coverage will expand for STD screening and counseling, as many young adults retain health care coverage through their parents’ plans. Many STD screening and counseling services will be covered by new group and individual health plans without deductibles and co-payments. The addition of chlamydia screening to the EHEMS as part of the accreditation process for health plans also increases the possibility of improving screening rates.

References


Georgia OB/Gyn Society and Georgia Chapter - AAP
Saturday, February 23, 2013
8:15 - 4:30 p.m.
Atlanta Marriott Buckhead Hotel, Atlanta, GA
See the www.georgiaboyn.org website for registration and details.
Non-Invasive Prenatal Testing (NIPT) for Fetal Aneuploidy

- Fetal ultrasound abnormality with increased risk for aneuploidy: When abnormal ultrasound findings are noted with increased risk for aneuploidy, it is required to offer the option for invasive testing, such as CVS or amniocentesis.

- NIPT for Fetal Aneuploidy in Low Risk Pregnancies
  At the present time, non-invasive prenatal testing for fetal aneuploidy can be offered in high risk pregnancies for fetal trisomy 21 and trisomy 18. The role of these assays in low risk pregnancies is unclear. One study that assessed performance in a low risk population reported performance comparable to that in a high risk population (for trisomy 18 and trisomy 18 detection rate >99% and false positive rate <1%).

- Positive 1st or 2nd trimester screening results: In pregnancies that are identified at increased risk for fetal aneuploidy prior to the first trimester screening (10 weeks 6 days to 13 weeks 6 days), based on combined nuchal translucency and serum markers, one can consider the option for NIPT prior to CVS or amniocentesis. This may further define the risk for fetal aneuploidy prior to use of invasive procedures. In the second trimester (15 to 20 weeks), based on the quadruple or maternal serum test with increased risk for fetal aneuploidy, one can consider the option for NIPT prior to amniocentesis or CVS.

In addition, a detailed ultrasound evaluation is needed prior to offering NIPT in the above setting.

- Personal or family history for Down syndrome: In patients with history of Down syndrome in a first degree relative, or in patients with first-degree relatives with Down syndrome in their family history of translocation trisomy 21, one can consider the option for NIPT screening in the first trimester pregnancy (as early as 10 weeks gestation).

What about in Twin Gestations at High Risk for Aneuploidy?

One study showed MPS testing can be reliably used as a second-tier screening tool for Down syndrome in twins with high-risk twin gestations.

NIPT has a delay of 1-2 weeks between blood draw, panel screening and obtaining results. It is clear in the very near future NIPT will become a first-line test for fetal aneuploidy screening and will replace some of the noninvasive tests based on the presence of cell-free fetal nucleic acids in maternal plasma, representing the option for advanced maternal plasma screening. However, the introduction of NIPT should not be considered as a method of replacing the 11- to 13-week scan. NIPT is a screening test and not a diagnostic test and therefore, requires confirmatory positive results by invasive test. Additionally, NIPT is not indicated for secondary aneuploidy screening in pregnancies with structural fetal anomalies and should have diagnostic (invasive) testing offered.

Dr. Kevin Gomez, an OB/GYN with Atlanta Prenatal Consultants since 2002, has an extensive background in OB/GYN, maternal fetal medicine and medical genetics.

References

NIPT for Fetal Aneuploidy in Low Risk Pregnancies

1. Testing at present is only for fetal trisomy 21, trisomy 18 and trisomy 13 which does not include other fetal aneuploidies that would be identified through amniocentesis or CVS.
2. NIPT does not detect all cases of fetal trisomy 21, trisomy 18 and trisomy 13.
3. There are also occasional false positive results and therefore women with positive NIPT results need to receive confirmatory testing using an amniocentesis or CVS.
4. For some patients, NIPT test result may not be informative in as many as 1-4%.
5. For those women who are at increased risk of having a child with a priorarily diagnosis of Down syndrome with Mendelian pattern of inheritance, microdeletion syndrome, and some other conditions, amniocentesis or CVS should still be indicated.
6. Widespread application of NIPT at present is limited due to cost and potential reimburse-ment issues.

Newborn Screening Results: How OBs Can Help Expectant Parents Prepare for Newborn Screening

The results of the newborn screening survey show that most of our OB/GYN physicians do address NBS with their patients, and 37% feel this screening is confirmed by prenatal classes while 32% say it is addressed by hospitals.

These survey results indicate there is an opportunity to educate the OB/GYN community in regards to NBS.

According to results of patient surveys and focus groups, patients and families indicated it would be helpful to receive information about NBS prenatally so they were more prepared to receive the results after giving birth.2

While the Georgia Department of Public Health offers information and breakout sessions to patients about NBS, 35% of OBs of Georgia’s NBS panel were not aware of these resources. Patient NBS information and 43% did not use the state publications.

Figures 1-3 show results of participants’ responses to questions asked on the NBS Survey of “How many babies are born with hearing loss?” and “What are some of the many disorders are on the Georgia NBS panel?” The questions received a range of answers, suggesting that physicians may like additional information about NBS. NBS programs are mandatory, state-based public health programs that provide testing and necessary follow-up care for a variety of medical conditions. The goal of these programs is to improve neonatal and long-term health outcomes for the individual. Newborn screening programs test infants for various congenital disorders, including genetic and metabolic conditions, hearing loss, hemoglobinopa-
News from Around the State

Dr. Cheek Selected as Secretary Treasurer of ACOG

Ben H. Cheek, MD, of Columbus, was selected in November to serve as Secretary Treasurer for ACOG by the Committee on Nominations. Dr. Cheek is one of four officer nominees who will appear on the slate and be voted on at ACOGs Annual Business Meeting on May 6, 2013, during the Annual Clinical Meeting in New Orleans, Louisiana. Dr. Cheek has served on the ACOG Executive Board and on various ACOG committees for many years. He has also served as a past chair, vice chair, and secretary for ACOG District IV and as Georgia Section chair and vice chair. Dr. Cheek also served as the GOGS past president in 2001-2002.

GOGS Past President Cynthia A. Merz, MD, was sworn in as a member of the Board of Public Health on November 13, 2012. The Board of Public Health is comprised of nine people appointed by the Governor who establish general policies for the Department of Public Health to follow. Dr. Merz has been in private practice in gynecology and obstetrics for 30 years. She is a former chair of the Georgia section of the ACOG, serves on the Georgia Health Sciences Medical Center board of directors and is a clinical assistant professor with the Department of Obstetrics and Gynecology at Georgia Health Sciences University. Dr. Merz earned her bachelor's degree from the University of Georgia and her medical degree from the Medical College of Georgia. She completed her residency training at Emory University-affiliated hospitals.

Peach State Discontinues the NIA OB Ultrasound Program

After over two years of operation, Peach State has observed a significant decrease in non-appropriate requests for OB ultrasounds. Therefore, in light of the observed changes and in response to provider requests for an enhanced administrative process, Peach State Health Plan is announcing the discontinuation of the NIA OB Ultrasound program. NIA is presently initiating a new Prospective Reimbursement System with an effective date of 12/31/12.

In place of the NIA OB Ultrasound program, Peach State has established a Maternal-Neonatal Medical Advisory Group to assist in the management of the utilization of OB Ultrasounds and other related testing. This committee will be charged with reviewing OB ultrasound and BPP utilization statistics on a regular basis. Should the advisory group identify practices that show a pattern of over utilization, it will be empowered to recommend remediation, recoupment and consideration for termination.

Georgia Awarded $2.5 Million For HIV Care and Prevention

As part of Georgia's ongoing effort to reduce the spread of HIV infection, the CDC has awarded the Georgia Department of Public Health (DPH) $2.5 million in funding to link HIV-positive Georgians with treatment.

"We're talking about people who may or may not know they're HIV-positive, and for whatever reason are not in care," said Dr. J. Patrick O'Neill, director of DPH's Division of Health Protection. "Linking these patients with treatment is essential to reducing HIV transmission in Georgia."

Last year, more than 1,100 Georgians were linked to treatment within Georgia's HIV unit reduced the waiting list for medications under the AIDS Drug Assistance Program, or ADAP. Medicaid is currently the only program available for every- one known to be in need of care is receiving it. This new CDC grant is targeted at helping those who are HIV-positive without, or not seeking, treatment.

Georgia Accepts Premterm Birth Prevention Challenge Pledges to Help Give More Babies A Healthy Start in Life

The Georgia DPH has accepted a challenge to lower the state's premterm birth rate.08 percent by 2014. The challenge, issued by Association of State and Territorial Health Officials, and endorsed by the March of Dimes, would lower Georgia's preterm birth rate to 11.2 percent. At present, 12 percent of babies in Georgia are born prematurely. "We proudly join 48 states across the country, as well as the District of Columbia and Puerto Rico, and accept the challenge from the March of Dimes to lower our premterm birth rate," said DPH Commissioner Brenda Fitzgerald, MD. "We know that Georgia's babies will benefit tremendously from our efforts."

"We don't know everything about premature birth, but we know there are steps that can make a difference, such as improving access to health care, helping women quit smoking and ending early elective deliveries," said Dr. J. Patrick O'Neill, Georgia's Health Director for the March of Dimes.

Nine GA Hospitals Chosen for Baby-Friendly Incentive Project

The Georgia DPH and the Georgia SHAPE initiative announced the nine hospitals chosen to participate in the Baby-Friendly Hospital 5-STAR Incentive Project.

Funded by a grant from the Centers for Disease Control and Prevention (CDC), the 5-Star Incentive Project will provide training, technical assistance and financial support for this select group of hospitals that are already making significant prog- ress in their mission of accreditation as a Baby Friendly® hospital.

The nine hospitals selected: Hospitals:

• Doctors’ Hospital, Columbus;
• Gwinnett Women’s Center;
• Lawrenceville, Hamilton Medical Center, Dalton; 
• Phoebe Putney, Albany; 
• Southeast Georgia Health System, Brunswick; 
• Southern Regional Medical Center, Riverdale; 
• The Medical Center, Columbus; 
• Tift Regional Medical Center, Tifton; and 
• WellStar Forsyth, Marietta.

Baby Friendly Hospitals® promote and support breastfeeding with supportive policies and practices, staff education and post-discharge community referral.

To achieve this designation, hospitals must implement maternal care practices known internationally as the Ten Steps to Successful Breastfeeding.

ACOG’s 61st Annual Clinical Meeting

The GOGS 61st Annual Clinical Meeting will be April 8-12, 2013 in New Orleans, LA at the Ernest N. Morial Convention Center. Headquarters hotel is the Hilton Riverside New Orleans Hotel. For additional information on the Clinical Meeting, visit http://www.acog.org/~/media/ACM/acmPreview.pdf.

Mark Your Calendar for these upcoming GOGS Events:

• Legislative Day at the Capitol: Join your fellow GOGS members, along with other physicians from around the state, on Thursday, February 11, 2013. See our ad on page 11 for more details.

• WinSim 2013: GOGS and GAA joint focuses for 2013 Winter Symposium. February 23rd at the Atlanta Marriott Buckhead. See our ad on page 4 for more details.

• Spring 2013 CPT Coding Seminar: GOGS is offering the 2013 CPT Coding Seminar on Friday, May 3, at the Macon Marriott, featuring Sherry Adams and TopCare Services Healthcare Solutions Inc. Contact the GOGS office at 770-904-0719 to register.

• GOGS Golf Tournament: Plan now to attend the GOGS Annual Golf Tournament, Wednesday, May 15, 2013 at Bear’s Best in Suwanee, GA.

In Memory of Dr. W.G. Watson

Dr. W.G. "Curly" Watson, 102, died on October 24 at University Hospital in Augusta, where he began practicing in 1947. He is estimated to have delivered 50,000 babies there over a half-century. In a career that included decades of teaching medical students and residents at his alma mater, the Medical College of Georgia, Dr. Watson routinely tried to avoid hospital and banquet. He allowed the university to name its Women’s Center after him and allowed the hospital to throw him a 100th birthday party, which was crowded with people he had delivered and their families. In 2011, MCC gave him its Presidential Lifetime Achievement Award.

In Memory of Dr. Crawford W. Long and his son, Dr. George D. Long

Dr. Crawford W. Long, 86, died November 30th at his home in Atlanta from complications of heart failure. His son, Dr. George D. Long, 56, died Thursday, November 19, at his home in Atlanta with heart attack following a brief illness. Both doctors had practiced obstetrics in Atlanta for almost 50 years, from 1958 until Crawford retired in 2006. George continued the practice in Northwest Atlanta after his father retired. Both fathers, also known as "Dr. Longs," were affiliated with Northside Hospital in Atlanta and Forsyth.

A memorial service in honor of Dr. Crawford Long was held Tuesday, November 22nd at Trinity Presbyterian Church.

A memorial service for Dr. George Long was held Thursday, November 26th at Trinity Presbyterian Church, main sanctuary, Atlanta, GA.

Why Follow Georgia OBGYN Society on Social Media?

• Legislative Updates during the Georgia General Assembly

• News items and articles of importance to our membership

• Event notices or reminders

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http://twitter.com/GaOBGYNsociety
Newborn Screening Survey Results
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where additional information can be obtained on NBS and materials for distribution to patients. This information may also be accessed through links on our website at www.georgiaobgyn.org. With these available resources, physicians can provide information regarding NBS and hearing screening to patients during discussions at prenatal visits. As a result, their patients will be more knowledgeable about and better prepared for newborn screening and hearing testing.

Breastfeeding Coalitions Provide Support throughout Georgia

Beneath the auspices of the Georgia Breastfeeding Coalition, there is a whole network of localbreastfeeding coalitions providing support for women in their local areas who are interested in breastfeeding. The Georgia Breastfeeding Coalition is a group of health professionals, public health organizations, lactation consultants, breastfeeding advocates and nursing mothers who seek to promote, promote and support breastfeeding. Their vision is to see that breastfeeding is the cultural and social norm throughout Georgia. However, the localcoalitions are the ones providing direct support to women in their area. Below is a list of local breastfeeding coalitions, along with their contact information. Please share these local resources with women who are interested in breastfeeding or already are breastfeeding, as they can be a wonderful source of information and personal support.

For more information about the Georgia Breastfeeding Coalition and its local affiliates, visit www.GeorgiaBreastfeedingCoalition.org.

Directory of Active Local Coalitions

• NW Georgia Breastfeeding Coalition (Dalton)
  Meetsthursday of every month at 12:15 p.m. in the Loberbaum Room of Hamilton Medical Center. Contact: Patty Spanjer, pmls49@gmail.com, Website: http://www.mwgbcoalition.com/.

• Northeast Georgia Advocacy Group (Gainesville)
  Meets: Quarterly, third Tuesday of April, July, October and January 11:30 a.m.-2:00 p.m. at essentially for Women, NE Georgia Medical Center, Contact: Ann Sears, lasears@dhr.state.ga.us.

• Community Breastfeeding Coalition (Athens)
  Meets: First Wednesday of each month 12:30-2:00 p.m. at Full Bloom, Contact: Ann Sears, lasears@dhr.state.ga.us.

• Central Savannah River Area Breastfeeding Coalition (Augusta)
  Meets: Second Tuesday of each month at 950 Laney-Walker Blvd. Contact: Donna Wilson, dmwilson@dhr.state.ga.us, Website: www.csrabreastfeeding.org. Satellite Coalition in Burke County.

• Tri-Community Breastfeeding Coalition (Columbus)
  Meets: bi-annually, Contact: Shannah Whiddon, srwhiddon@dhr.state.ga.us.

• Heart of Georgia Healthy Start Coalition, Inc. (Dublin)
  Meets: Every other month, Contact: Margaret Turner, mtturner@dhr.state.ga.us, Website: http://heartofgeorgiahealthystart.org/.

• SE Georgia Breastfeeding Coalition (Brunswick)
  Contact: Jessica Willis, jessica.willis@segalairestfeeding.com or Monica Lightfoot, meightfoot@dhr.state.ga.us, Website: www.segeorgiabreastfeeding.com.

• Tift Area Breastfeeding Coalition
  Contact: Kelly Smith, kelly.smith@tfirregional.com, Facebook: www.facebook.com/TiftAreaBreastfeedingCoalition

• SW Georgia Breastfeeding Coalition (Albany)
  Meets: bi-annually, Contact: Teresa Poltevint, tpoltevint@ppmh.org, or Sarah Shiver, snsalter@dhr.state.ga.us.

Legislative Day at the Capitol

Join your fellow physicians for a day with State Representatives and Senators

Thursday, February 7, 2013
8:30 a.m.-2 p.m. Cost is $20.00

Breakfast with physicians and speakers, review legislative priorities, visit legislators at the Capitol and lunch with legislators.

Contact GOGS Office at 770-904-0719 or visit our website Georgiaobgyn.org for registration information.
WE’RE WITH YOU ALL THE WAY.
A lawsuit can make any physician feel anxious. That’s why MagMutual’s personal handling of each case is so important. And that’s also why we have started the Doctor2Doctor Peer Support program. This program connects physicians in litigation with MagMutual-insured doctors who have been there before. These peer counselors have firsthand experience with the emotional toll that a lawsuit can have. You won’t be alone.

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