



Meet GOGS' 63rd President Catherine Bonk, MD, MPH, FACOG

Physician Quote:

"I am continuously awestruck at the opportunity the practice of Obstetrics and Gynecology gives me to be with women and families at such important times in their lives. I find my patients' commitment to taking care of themselves and their families truly inspirational. It is a privilege to be a part of that process in even a small way."

Education

- Bachelor of Arts in Natural Sciences with Honors, Johns Hopkins University, Baltimore, Maryland 1980
- Master of Public Health in Health Administration, Johns Hopkins University, Baltimore, Maryland 1986
- Medical Doctor, Emory University, Atlanta, Georgia 1986
- Residency OB/GYN, Emory University, Atlanta, Georgia 1990

- Board Certified, American Board of Gynecology & Obstetrics 1992
- Fellow, American College of Obstetricians & Gynecologists

Clinical Interests

- Minimally Invasive Techniques for uterine bleeding control
- In-Office Incisionless Tubal Sterilization

Honors

- Named as one of the Top Doctors in the Atlanta Magazine, 1997
- Named as one of the Top Women Doctors in Atlanta Woman Magazine, 2003

Personal Highlights

- Born and raised in Pittsburgh, Pennsylvania
- Affiliated with Atlanta Gynecology & Obstetrics since 1993



- Board Member, The Dekalb Regional Health System and The Dekalb Physician Hospital Organization
- President, Georgia Obstetrical and Gynecological Society
- Member of the Governor's Medicaid Reform Committee
- Has two children
- Enjoys the outdoors, reading, playing the guitar and volunteering for school and church



The Intrauterine Environment and Fetal Vulnerability

Dr. Leslie Rubin
Atlanta, GA

Endocrine Disruptors

While we no longer use DES, there are many other medications, chemicals and compounds that have a significant effect on health, particularly during pregnancy on the health and well-being of the developing fetus. These compounds are termed "Endocrine Disruptors" and are defined as "chemicals that may interfere with the body's endocrine system and produce adverse developmental, reproductive, neurological, and immune effects in both humans and wildlife." Although endocrine disruptors can occur at any time during a child's life, they pose the greatest risk in the developing fetus during pregnancy as well as in the early postnatal period while organ systems are still developing. There are suggestions that these

compounds may also affect fertility, breast development and metabolism, predisposing the expectant mother to prostate cancer, thyroid disorders, obesity, and diabetes that may be associated with endometriosis.

The putative mechanisms whereby endocrine disruptors exert their effect are three-fold:

- They may mimic naturally occurring hormones and thus produce overstimulation which may result in a change in hormone levels.
- They may block receptors and result in hormone reduction, or
- They may alter hormone production or metabolism, also affecting circulating hormone levels and effective function of the hormones.

Continued on page 8

This article is Part II of a two-part series. If you haven't had a chance to read Part I, please see the August newsletter.

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The 35th L&D Closes in Georgia

Hugh Smith, MD, Secretary-Treasurer of GA OBGyn Society



On the final day of August, the state of Georgia witnessed the Catoosa County hospital close the doors of its obstetric care unit for good, marking the 35th labor/delivery unit closing statewide. Hutcheson Medical Center in Fort Oglethorpe first attempted to close its obstetric unit in 2013, but reopened due to the community push to keep it in operation. While closed, Hutcheson's OB unit was remodeled, reopening in 2014. However, even that wasn't enough to sustain the unit which has now closed permanently. In its statement pertaining to the closure, the hospital stated: "Hutcheson's Emergency Department will provide emergency care to treat and stabilize mothers with pregnancy-related medical conditions, followed by ambulance transfer to a qualified hospital facility with OB services."

Not alone, the unit closing in Catoosa adds to an already discouraging trend with similar obstetric closures in Emanuel and Barrow counties, taking place in June and

July of this year. The plight of closed labor and delivery units has resulted in another dilemma; less healthcare for Georgia women. With no labor and delivery unit, OBGyns are faced with the unsettling decision of moving their practice location closer to another facility that offers obstetrics or staying in their native community and working solely as a gynecologist offering office-based primary care.

If we do not act to reverse this trend, many women in Georgia will be on a path toward an inability to procure care even if they have insurance. Especially in rural Georgia, this negative progression decreases access to care, obstetric and otherwise, for vast populations of women and lends itself to some of Georgia's more crippling statistics, which includes being 50th in the nation for maternal mortality. Factors include delayed entry into prenatal care, high rates of under/unmanaged cardiac disease, diabetes, obesity and other effects due to the lack of adequate care. In some regions of Georgia, such as between Augusta and Athens, there is a span of 19 counties without an OB hospital. This is a growing epidemic, which needs attention as well as fast-acting solutions to pull Georgia out of crisis.



There are a number of facets to the solution. Just a few are suggested below:

- Reimburse OBGyns and OB hospitals at rates that allow them to keep their doors open.
- Develop a state plan to preserve access to care for obstetrics and women's health.
- Incentivize OBGyns to remain in rural Georgia.
- Graduate more and then keep more OBGyns in Georgia to practice.
- Look at expanded models of care.

While change can't always be implemented overnight, proactive steps must begin soon to halt and possibly reverse OB unit closings throughout Georgia. Time is of the essence, and we need to act soon.

President's Column

The Georgia OBGyn Society Welcomes Cathy M. Bonk as 63rd President



Catherine M. Bonk, MD, MPH, FACOG
GOGS President
Decatur, Georgia

At the Georgia OBGyn Society's 64th Annual Meeting in August, Dr. Catherine M. Bonk was installed as President of The Georgia OBGyn Society for the 2015-2016 year. Dr. Bonk is in private group practice in Dekalb and Gwinnett Counties. She delivers at Dekalb Medical Center.

"It is a privilege to represent the Society as president during the upcoming year. We will continue to pursue increased Medicaid reimbursement for the OBGyn community. In light of the critical decline in availability of obstetric services for pregnant women in rural communities, the Society will advocate efforts to maintain access to OBGyn care for rural

Georgia. This will include encouraging an increase in OBGyn residency slots and incentives to keep graduates in Georgia. I plan to continue work on the immediate postpartum LARC initiative to decrease repeat teen pregnancy in our state. With your help, our maternal mortality committee is making strides toward helping us reducing maternal deaths in Georgia and moving us from 50th in the country. I also hope to organize a stimulating and educational annual state meeting at The Cloister in August of 2016 which hopefully you will attend to see what we have actually accomplished over the year. I look forward to representing you and thank you for everything you do to care for the women in Georgia."

What Will I Do Now? How L&D Closings Affect OBGyns

Profiled: Rosalyn Banks-Jackson, MD



Dr. Rosalyn Banks-Jackson has been living in Swainsboro, GA for more than 15 years with her husband (a south Georgia native) and two daughters. For over a decade, Banks-Jackson served her community as the sole OBGyn practitioner in

Emanuel County. After nearly 13 years of private-practice service, Banks-Jackson joins the latest string of OBGyns in rural Georgia to be forced out of practice and out of work, when Emanuel Medical Center closed its labor and delivery unit permanently in July of this year. The Georgia OBGyn Society profiles Dr. Banks-Jackson, and how her story affects OBGyns and patients statewide.

GA OBGyn: What is your background? What led you to practice in rural Georgia?

B.J. I grew up mostly in Illinois. [But] my connection to Georgia is through my husband; he grew up and was raised here in Georgia. [Living in Swainsboro] has restored my belief in people. You spend time with your family. People will help you in ways you wouldn't imagine. We have a Super Walmart and have no restaurants outside of fast-food. It's a place where most people know your name and there's no need to hide things. There's a beauty about it. People watch out for you.

GA OBGyn: How did it make you feel at one time to be the sole OBGyn in Emanuel County?

B.J. By being a sole practitioner in such a small environment, I know everybody. I know the nurses and the patients, which I see both at the office, at Walmart, at dances, everywhere I go – and they just become such a big part of my life. I wish it was something that I could've continued doing.

My children were happiest when I was working at Emanuel Medical Center. It was only a few minutes away from home. I could actually pick them up from the bus; the proximity of everything really made it work for us, although, it can be difficult working in a place with limited resources. Some patients weren't able to make it to the office, so we would hold consultations by phone. I got so used to doing that.

GA OBGyn: How has the L&D closing at Emanuel Medical Center affected your work life? What does one experience working 'Locum tenens'?

B.J. The difference between working in private practice and working locum tenens is that you don't bring very much home with you. You just check in and check out. You don't get long-term follow-up or anything like that. [Nowadays], spending 18 days away from home so I can just work is a good thing.



GA OBGyn: What is your take on the growing crisis of L&D closings in Georgia and how it affects patient care?

B.J. I am really disappointed and concerned. Clearly when you go from having an obstetrics provider that is 15 minutes from your house to one that is 45 minutes from your house, things can happen – and they do happen. Every year, we always had someone with an obstetrical emergency. Without having local providers, there's gonna be a big gap before [patients] actually get seen by a doctor.

GA OBGyn: What worries you most about leaving your patients and them not having access to obstetric care?

B.J. I feel that a lot of times, they're just going to get by. I have lots of patients that walk to my office for their obstetric care. I don't think they'll have a way to get to the next town to be seen by an obstetric provider if they had to walk to my office. They're not going to stop getting pregnant; they're just not going to have access to care, and will just call the ambulance when it's time for them to deliver.

GA OBGyn: What suggestions do you have for decreasing and possibly reversing this crisis?

B.J. It's all about the money and how we choose to spend it. Right now, we're not choosing to spend it on low-income women who are pregnant, and that has to change. [Pregnant women] have to be just as valuable as older people with [chronic diseases] like diabetes and hypertension. Just like we have Medicare and now Peachcare for Kids. It's all about resources and how you allocate them.

GOGS extends sincere thanks to Dr. Banks-Jackson for contributing her story, and urges OBGyns statewide to take a stand in saving lives and saving jobs by keeping rural Georgia's L&D units open.



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The Georgia Obstetrical and Gynecological Society's 65th Annual Meeting

The Cloister, Sea Island, GA
Thursday, August 25 - Sunday, August 28, 2016

Book your room early!



Room rates start at \$360 per night!
Space is limited

To make a reservation, call 800-732-4752 and ask for GA-OBGyn room block
Rates are effective until July 11, 2016 or until room block is filled



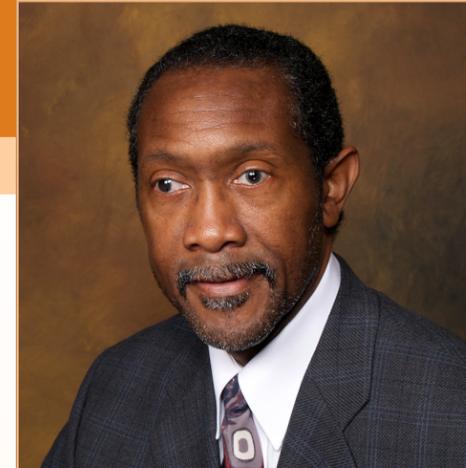
Editor's Column

Another Great Meeting!



avenues of support may require thinking outside of the box. Your suggestions are encouraged and will be most appreciated.

We opened our clinical meeting this year with a number of hands-on simulations, ultrasound labs and instructive lectures. Some of the lectures concerned abnormal uterine bleeding (AUB), minimal invasive surgery, medical complications of pregnancy, ways to limit obstetrical liability, etc.



Al Sermons, MD
Editor
Atlanta, GA

Over the past two decades, I have had the opportunity to attend several GOGS Annual Meetings. Each year, I leave feeling rejuvenated and thinking, 'this was the best one yet.' The 2015 meeting was no exception. I drove away from the coast feeling educated, energized, and entertained.

As usual, a meeting of the board of directors and advisory council preceded the opening plenary. I joined a group of colleagues from around the state, as we continued to brainstorm new solutions to the age-old problem of improving maternal and infant mortality throughout the state. It is stunning that we continue to struggle with the ability to provide basic obstetric care and funding in rural Georgia. The problem is multi-factorial, and lacks a simple solution. That being said, I know that the Board and its government relations committee work tirelessly in this endeavor. Certainly, we are thankful for The Society's partnership and collaboration with The Georgia Primary Care Coalition, for the first Medicaid reimbursement increase for OBGYNs in over 15 years. While I am sure this increase in fee schedule will be helpful, I am uncertain if the funding will be enough to stop the fast moving train of Labor & Delivery closures and the flight of OBGYNs from under-served areas.

Currently, The Society is exploring new opportunities to aid in funding to address the issues of maternal and infant mortality. A thank you goes to Dr. Ruth Cline et al. for spearheading one such opportunity via The Georgia OBGYN Foundation. The Foundation is now able to accept your tax free donations to support the ongoing efforts of The Society. Additional

There were a variety of topics designed to appeal to most attendees. The use of tetrahydrocannabinol/cannabidiol (THC/CBD) in managing drug-resistant pediatric epilepsy was also discussed. According to Dr. Duchowny, there is not enough evidence-based medicine to support THC/CBD use in the treatment of pediatric seizures. In my mind, the jury is also still out on the use of THC/CBD for adult-related pseudo seizures.

We also discussed the use of Flibanserin (Addyi), a.k.a. "the little pink pill" for the treatment of Hypoactive Sexual Disorder (HSDD). Although Flibanserin is a mixed agonist/antagonist for serotonin and dopamine receptors, the mechanism of action is vague. The downside of hypotension and syncope, particularly associated with alcohol, is a serious concern. My personal opinion is that there is no pink, purple or rainbow colored pill that will increase the sexual desire of a partner that is feeling angry, misused, or unappreciated. The presenting expert suggested that co-sharing the laundry, child-care, and other household chores may be as effective as the "little pink pill." Perhaps the use of THC/CBD may be a better alternative for treating HSDD rather than pediatric seizures.

The last evening of the meeting culminated in our black tie affair. We had the pleasure of getting dressed-up for dining and dancing

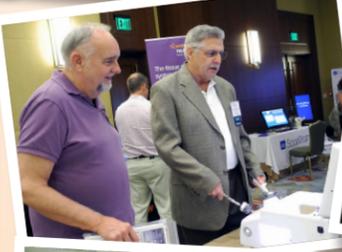
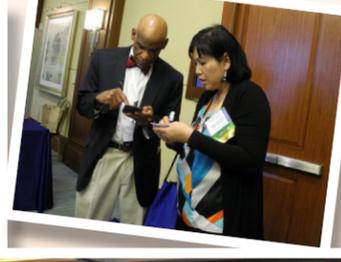
with friends. Those who preferred had the opportunity to rub elbows with a senator (Dr. Burke), dance with a commissioner (Dr. Fitzgerald), and feast with a surgeon general (Dr. Benjamin). I chose to dine with Dr. Don Sherline, Chairman, this year's recipient of the Distinguished Service Award. I sipped on a glass of healthy red wine, and watched as Dr. Patterson gracefully passed the gavel to the capable hands of Dr. Bonk. As the evening closed, it became evident that a new year was dawning. I relaxed, took another sip of red wine, and inwardly prepared myself to embrace a new cycle, a new beginning.

If by some unlikely happenstance you left the meeting feeling unfulfilled, disordered, or lacking in any way, it may be that you simply need to try it again next year. To that end, I encourage you to scroll through your e-calendars to 2016, and join me in making plans to attend the 65th Annual Meeting at The Cloister, Sea Island Georgia, August 25-28, 2016. I look forward to seeing you there.



Annual Meeting Highlights

Annual Meeting Highlights



The Intrauterine Environment and Fetal Vulnerability

Continued from page 1

Although there are potentially significant effects from these chemicals on all hormonal systems in the body, the most relevant for our purposes relates to the hormones of the reproductive system. Linda S. Birnbaum, Director of the National Institute of Environmental Health Sciences (NIEHS), asked the question, "Should we be Concerned?" (Figure 2) She framed her question in the context of noted increases in breast cancer, testicular cancer and hypospadias in women as well as a decreased sperm count in men, challenging us to examine the possible reasons. The overwhelming response is that such an increase is due to factors in the environment.

Other Environmental Chemicals

We have all become familiar with the health hazards of environmental toxins, such as lead and mercury, which lead to serious neurological consequences. Subsequently, air

pollution from exhaust fumes and tobacco smoke have also lead to adverse respiratory consequences. Other environmental factors, such as the change in the ozone have resulted in an increase in the rate of skin cancers. For the obvious environmental toxins that we can discreetly identify, like lead, tobacco and even alcohol for the pregnant woman and developing fetus, there have been precautions taken, such as banning lead from gasoline and paint, banning smoking in many public places and placing warning labels for pregnant women on packages containing alcohol. But what of the tens of thousands of other chemicals in our environment – how are we going to address those?

It is overwhelming to realize that there are around 84,000 potentially detrimental chemicals listed by the EPA that are

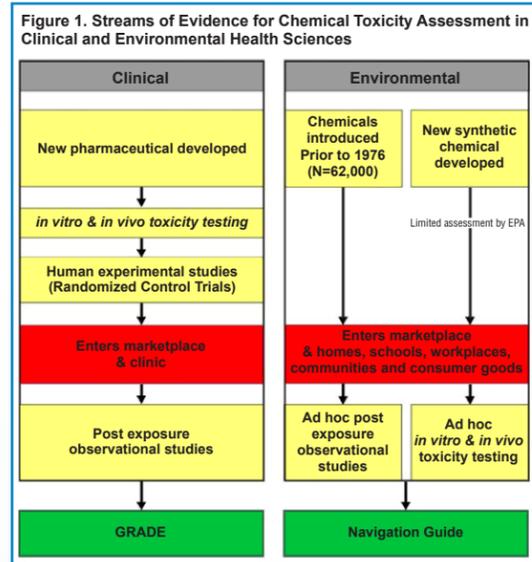


Figure 3
Woodruff TJ, Sutton P and the Navigation Guide Work Group. An Evidence-Based Medicine Methodology To Bridge The Gap Between Clinical And Environmental Health Sciences Health Affairs, 2011 30, no.5:931-937

currently in circulation, with 3000 of those used in "high volume" or exceed 1million pounds of use a year. Approximately 700 new chemicals are released annually. It then becomes more disturbing to learn that the vast majority of these chemicals have not been researched or subjected to standard studies. Although the FDA has very strict rules on the release of new drugs and an effective surveillance system for released drugs, there is no comparable system in place to identify or monitor all the chemicals released into our environment. (Figure 3)

Studies conducted at UCSF report that every pregnant woman in the U.S. has at least 43 toxic exogenous chemicals in her body, with virtually all pregnant women having measured levels of lead, mercury, toluene, perchlorate, bisphenol A (BPA) in her system. We know that these chemicals can be harmful to human reproduction, metabolism and development.

It should be noted that, while Figure 3 describes the situation in the U.S.A. with respect to chemicals introduced into our environment, the situation is quite different in the European Union (EU). The EU has a strong environmental policy called REACH, which 'aims to improve the protection of human health and the environment through the better and earlier identification of the intrinsic properties of chemical substances. This is done by the four processes of REACH, namely the registration,

evaluation, authorization and restriction of chemicals.' Interestingly, the stated goals include 'aims to enhance innovation and competitiveness of the EU chemicals industry.'

While these findings may be completely overwhelming – and we haven't yet touched on the direct and indirect role of poverty in potential toxin exposure or pregnancy outcomes, we're beginning to fully understand the chemical crisis.

Although much of this big picture is beyond our control, it is important to be aware of what is around us and what potential impact environmental chemicals have on our health and well-being, as well as the health and well-being of our patients; those that are pregnant, and their children.

Practical Approach:

What can physicians do to help guard their patients against potentially harmful chemicals from the environment? (Take the steps below.)

1. Become increasingly aware of the impact of environmental factors on the human reproductive system and outcomes of pregnancy.
2. Become aware of those environmental factors that we know to be harmful and the strategies to avoid exposure.
3. Take an environmental history from your patients.
4. Counsel your patients on what to do and what not to do to avoid unnecessary and potentially harmful environmental exposures. (See table to the right.)

Dr. Leslie Rubin is President of Innovative Solutions for Disadvantage and Disability; Research Associate Professor, Department of Pediatrics, for Morehouse School of Medicine; Co-director of Southeast Pediatric Environmental Health Specialty Unit, Emory University; and Medical Director of Developmental Pediatrics Specialists

* Adapted from: Sheela Sathyanarayana, MD MPH, Judith Focareta, MEd, RN, Tanya Dailey, MD, Susan Buchanan, MD MPH Environmental exposures: how to counsel preconception and prenatal patients in the clinical setting American Journal of Obstetrics and Gynecology Volume 207, Issue 6, December 2012, Pages 463–470

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Martine Bellanger, Barbara Demeneix, Philippe Grandjean, R. Thomas Zoeller, and Leonardo Tras Neurobehavioral Deficits, Diseases, and Associated Costs of Exposure to Endocrine-Disrupting Chemicals in the European Union J Clin Endocrinol Metab. 2015 Apr; 100(4): 1256–1266

Juliette Legler, Tony Fletcher, Eva Govarts, Miquel Porta, Bruce Blumberg, Jerrold J. Heindel, and Leonardo Tras Obesity, Diabetes, and Associated Costs of Exposure to Endocrine-Disrupting Chemicals in the European Union J Clin Endocrinol Metab. 2015 Apr; 100(4): 1278–1288.

Kavlock, R.J., et al., Research needs for the risk assessment of health and environmental effects of endocrine disruptors: a report of the US EPA-sponsored workshop. Environmental health perspectives, 1996. 104(Suppl 4): p. 715.

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Am J Obstet Gynecol. 2012. 207: 3, 164-173
Evanthia Diamanti-Kandarakis, Jean-Pierre Bourguignon, Linda C. Giudice, Russ Hauser, Gail S. Prins, Ana M. Soto, R. Thomas Zoeller, and Andrea C. Gore Endocrine-Disrupting Chemicals: An Endocrine Society Scientific Statement. Endocrine Reviews 2009 30(4):293-342

For information on DES from the CDC see (accessed 6/12/15): <http://www.cdc.gov/des/consumers/about/index.html>

For information on the REACH Program of the EU see (accessed 6/12/15): http://ec.europa.eu/environment/chemicals/reach/reach_en.htm

For information on Thalidomide see (accessed 6/12/15): <https://helix.northwestern.edu/article/thalidomide-tragedy-lessons-drug-safety-and-regulation>
http://www.nlm.nih.gov/changingthefaceofmedicine/physicians/biography_182.html

*Environmental Exposures: Tips for Reproductive Health Care Providers, Preconception and Prenatal Women

Mercury

Risk factors: Exposure can come from eating fish, contact with quicksilver, and use of skin-lightening creams. Exposure during pregnancy can lead to adverse neurodevelopmental outcomes.

Reducing exposure: Pregnant, preconception and breastfeeding women should follow U.S. Environmental Protection Agency and state-specific fish consumption guidelines. Avoid shark, swordfish, king mackerel, tile fish and large tuna.

Resources: <http://www.nrdc.org/health/effects/mercury/guide.asp>

Lead

Risk factors: Risk factors for exposure include recent immigration to the U.S., occupational exposure, imported cosmetics, and renovating or remodeling a home built before 1970. Lead is neurotoxic to a developing fetus.

Reducing exposure: Never eat nonfood items (clay, soil, pottery or paint chips); avoid jobs or hobbies that may involve lead exposure; stay away from repair, repainting, renovation and remodeling work conducted in homes built before 1978; eat a balanced diet with adequate intakes of iron and calcium; avoid cosmetics, food additives and medicines imported from overseas; and remove shoes at the door to prevent tracking in lead and other pollutants.

Resources: <http://www.cdc.gov/nceh/lead/publications/leadandpregnancy2010.pdf>

Pesticides

Risk factors: Exposure can come from eating some produce and from using pesticides in your home or on your pets. Exposure to pesticides in pregnancy has been shown to increase risk of intrauterine growth retardation, congenital anomalies, leukemia and poor performance on neurodevelopmental testing.

Reducing exposure: Do not use chemical tick and flea collars or dips; avoid application of pesticides indoors and outdoors; consider buying organic produce when possible; wash all fruits and vegetables before eating; and remove shoes at the door.

Resources: <http://www.ewg.org/foodnews>

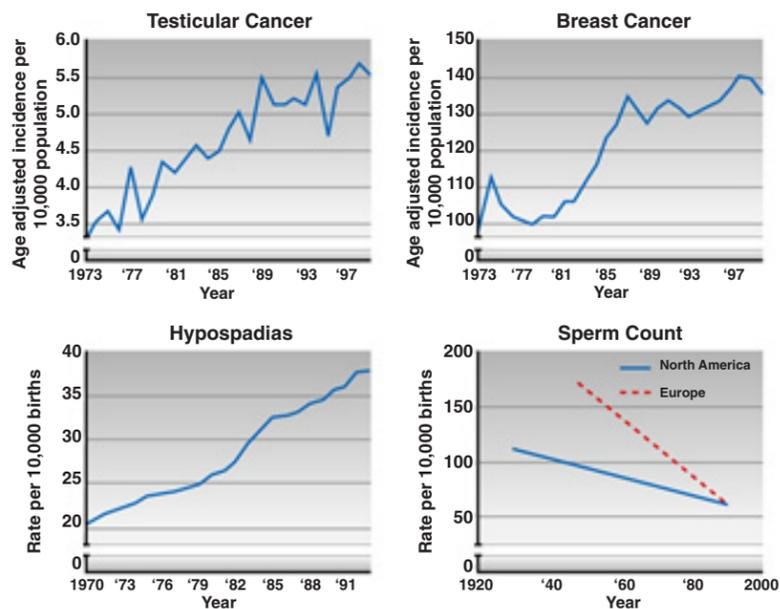
Endocrine-disrupting chemicals

Risk factors: Exposure can lead to changes in male and female reproductive systems, adverse health effects in obesity and diabetes, and adverse neurodevelopmental and neurobehavioral outcomes.

Reducing exposure: Decrease consumption of processed foods; increase fresh and/or frozen foods; reduce consumption of canned foods; avoid use of plastics with recycled codes #3, #6 and #7; be careful when removing old carpet because padding may contain chemicals; and use a vacuum machine fitted with a HEPA filter to get rid of dust that may contain chemicals.

Resources: <http://www.niehs.nih.gov/health/topics/agents/endocrine/>

Should We Be Concerned?



Sharpe and Irvine 2004

Slide Courtesy of Linda Birnbaum NIEHS 2012

Figure 2

A wide range of substances, both natural and man-made, are thought to cause endocrine disruption, including pharmaceuticals, dioxin and dioxin-like compounds, polychlorinated biphenyls, DDT in addition to other pesticides and plasticizers such as bisphenol A. Endocrine disruptors can be found in many everyday products– including plastic bottles, metal food cans, detergents, flame retardants, food, toys, cosmetics, pesticides and even some soy derived products.

In addition to the adverse effect of endocrine disruptors on the male and female reproductive systems, there are also well-substantiated and well-documented reports linking endocrine disruptors to metabolic disorders such as obesity and diabetes, as well as neurodevelopmental disorders such as ADHD. It is therefore very important that we become aware of these compounds and do the best we can to avoid them, which will help eliminate exposure and prevent the introduction of other harmful chemicals that can damage a developing fetus.

News from Around the State

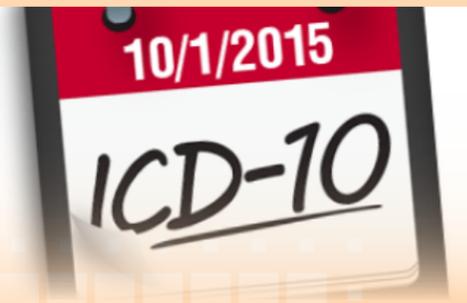
21 Hospitals Awarded for Honoring The 39-Week Banner



21 Georgia Hospitals were recognized for their commitment to ensuring healthy fetal and infant development by awaiting the 39-week mark for induced delivery, thereby opting to curb early elective deliveries.

The following hospitals took the 39-week pledge: Atlanta Medical Center, Barrow Regional Medical Center, Cartersville Medical Center, Clearview Regional Medical Center, DeKalb Medical Center, Doctor's Hospital of Augusta, Eastside Medical Center, Fannin Regional Medical Center, Floyd Medical Center, Grady Healthcare System, Habersham Medical Center, Houston Medical Center, Newton Medical Center, Northside Hospital, Northside Hospital - Cherokee, Northside Hospital - Forsyth, Phoebe Putney Memorial Hospital, Phoebe Sumter Medical Center, Southeast Georgia Health System - Brunswick Campus, Southeast Georgia Health System - Camden Campus, Wellstar Kennestone Regional Medical Center.

The Georgia OBGyn Society recognizes these hospitals for their support of maternal and infant welfare.



Are you prepared for ICD-10?

The federally mandated transition from ICD-9 to ICD-10 is now in place. This transition pertains to all HIPAA-covered entities including providers, payers, vendors and their business associates. Claims submitted for services rendered on or after October 1st that do not contain the ICD-10 coding will be pended, denied or rejected. Payments to providers cannot be made without the proper ICD-10 coding.

Vendors will be monitoring ICD-10 implementation and assist in troubleshooting and promptly resolving post-implementation issues following the transition. Providers are responsible for reviewing processes to confirm effectiveness and sustainability regarding clinical documentation changes, coding practices and processes, revenue cycle processes, and any other organizational changes made during the transition.

DCH has been conducting preparedness training for over a year. Stakeholders can access DCH's ICD-10 materials and repository of recorded webinars by visiting dch.georgia.gov/icd-10. Stakeholders can also view materials on the Center for Medicare and Medicaid Services (CMS) website (www.CMS.gov) and other online

resources, such as www.aapc.com or www.ahima.org. For any issues related to the ICD-10 transition, email the ICD-10 Project Mailbox at icd10project@dch.ga.gov.

Annual Atlanta Breast Cancer Walks

The Annual Atlanta Breast Cancer Walks series kicks off all October in recognition of National Breast Cancer Awareness month. Keep an eye out for this month's line of events: October 24th; Making Strides of Atlanta, presented by Independent Insurance Agents For A Cure; Centennial Olympic Park - 265 Park Avenue NW, Atlanta, GA 30313. October 31st; Making Strides of Cobb County, presented by WellStar Health System; Jim Miller Park - 2245 Callaway Road SW, Marietta, GA 30008.



March of Dimes Prematurity Awareness Summit

The March of Dimes 3rd Annual Prematurity Awareness Summit will take place Thursday, November 12th at The Loudermilk Center in Downtown Atlanta, located at 40 Courtland St.,



NE. This year's summit will explore strategic partnerships, educate and examine new ways to improve birth outcomes in Georgia. The focus will be "How Can We Innovate Against The Odds?", and is open to all medical and health professionals across the state. For further details about the event and how to register, contact Director of Program Services and Government Affairs, Julie Zaharatos by email: jzaharatos@marchofdimes.org or visit the March of Dimes website, www.marchofdimes.org/georgia.

Gardasil-9 (HPV Vaccine) is 317 Federal-Funding Eligible

The Georgia Immunization Program (GIP) is pleased to announce that it is now able to supply 317 federally funded 9-valent HPV vaccine (Gardasil-9) to public health departments for uninsured/underinsured adults 19 through 26 years of age. Gardasil-9 continues to be available for VFC eligible children. The vaccine administration fee is capped at \$21.93 for uninsured clients eligible for the 317 federally funded vaccines. The revised vaccine eligibility criteria table can be found on the GOGS website. The GOGS website also features the updated CDC guidance sheet for the use of HPV-9 in individuals who may have started the 3-dose HPV vaccine series with another type of HPV vaccine (e.g. Gardasil-4 or Cervarix/HPV2). Please be advised that if someone has received three doses of any type of HPV vaccine, then ACIP considers them complete. ACIP does not recommend that a booster dose of HPV-9 vaccine be administered to individuals who have completed a 3-dose Gardasil-4 vaccine series.

GIP would like to thank all of their providers for their hard work in protecting Georgians from HPV-associated cancers. Providers should

continue to make strong, clear HPV vaccine recommendations to parents of adolescent females and males as GIP works to achieve the Healthy People 2020 target of 80% coverage. For more information on the 317 federally funded 9-valent Gardasil-9 HPV vaccine, please contact Ben Sloat, MPH, Special Populations Manager Georgia Department of Public Health, 2 Peachtree Street, NW 13th Floor Suite 13.232, Atlanta, Georgia 30303. Email: Ben.Sloat@dph.ga.gov.



Move for Moms - 5K Fun Run

The Move for Moms - 5K Fun Run will be kicking into gear Sunday, November 8th at 10am in Piedmont Park, sponsored by Mental Health America of Georgia. This fun-filled, family-oriented event will usher in awareness and advocacy to the fight against maternal mental illness and associated stigmas, including those surrounding perinatal mood disorders and depression. The cost for the race is \$30 for adults and \$10 for kids (ages 11 and below). Registration for the race begins at 8:30am. For more information on the event, visit www.moveformoms.com. For further inquiries, contact Janelle Petak by phone at (678)-904-1972 or by email at janelle@mhageorgia.org.

Quick Blurbs Column

Tell Your Patients About The Georgia Drug Card for Prescription Savings

The Georgia Drug Card's free, prescription-drug assistance program can provide up to 75% savings for Georgia residents with little to no prescription drug coverage. Patients can print a Georgia Drug Card by visiting www.georgiadrugcard.com and redeem discounts at leading pharmacy retailers, including CVS Pharmacy.

Join GOGS for Legislative Day At The Capitol

Join GOGS in advocating women's healthcare at The State Capitol on Thursday February, 11 2016. All physicians are invited and encouraged to attend. For further details, visit the "Legislative Day" portion of GOGS' website, and/or email Beth Yoder at byoder@gaobgyn.org.

MAG seeks "Doctor Of The Day" Volunteers at the Capitol

MAG is seeking "Doctor of the Day" volunteers for the 2016 Legislative Session, taking place January thru April 2016. Volunteers will work in the Medical Aid Session at the Capitol and provide minor medical care to legislatures and staff. For more information on how to be involved, visit <http://www.mag.org/advocacy/take-action/dod> and/or contact Elizabeth A. Bullock at 678.303.9271 or ebullock@mag.org.

Save The Date: The CPT Coding Seminar

Mark your calendars for the upcoming CPT Coding Seminar, occurring Dec. 4th 2015 at the Atlanta Marriott Buckhead Hotel and Conference Center at Lenox Square. This seminar will discuss the ICD-10 Coding Update and HIPAA compliance among other topics. 3 CEU Credits are available. To reserve your room, call Atlanta Marriott Buckhead Hotel Reservations at 1-888-855-7741 and ask for the Georgia OBGyn Room Block Rate no later than Monday, Nov. 3rd.



Save More with PAA Vaccine Rebate Program

Encourage Your Pregnant Patients to Get Their Flu Vaccinations

Defense against the flu starts with you!

Per the CDC, the flu vaccination:

- Contains no increased risks for maternal, fetal, or infant complications during decades of safety monitoring
- Protects infants up to 6 months from influenza illness

Peach State Health Plan.

Source: <http://www.cdc.gov/flu/protect/vaccine/pregnant.htm>



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Georgia OBGyn
FOUNDATION

Ensuring women's care, now and forever

We believe that by caring for women, we are also caring for the next generation. Thus in an effort to enhance the delivery of health care to women in the state, the Georgia OBGyn Foundation was born. Spearheaded by OBGyn physicians from across the state, The Georgia OBGyn Foundation's mission is to strengthen the health and wellbeing of women by providing collaborative solutions for OBGyn needs.

Ready to help? Donate today!

Checks: Mail to **Georgia OBGyn Foundation**
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Credit Cards: Visit the Community Foundation website at www.ngcf.org.
Enter "**Georgia OBGyn Foundation**" as the destination.

Appreciated Securities: Contact the Community Foundation at **770.535.7880** for additional information.