Protecting Our Infants Act of 2015 Signed Into Law

On November 25th, 2015, President Obama gave official signage to the 'Protect Our Infants Act of 2015,' intent on reducing the number of newborns exposed to drugs, including opioids, in addition to improving their overall care. The March of Dimes, ACOG and American Academy of Pediatrics helped to facilitate the passage of this law, working concertedly to increase advocacy and awareness around the issue.

AAP President, Sandra G. Hassink, is passionate and applauded U.S. legislature for its decision to pass the law. "Every hour, one infant is diagnosed with neonatal abstinence syndrome (NAS). There could not be a more critical time to help families affected by substance abuse give their babies the healthiest possible start in life. Congress recognized the urgent need to address the rate of maternal opioid dependence, opioid exposure during pregnancy and infants born with NAS. The CDC cites that there are as many as 96-143 opioid prescriptions per 100 adults per year in the U.S. The number of mothers found to be using opioids during pregnancy has increased from 1.19 to 5.63 per 1,000 U.S. hospital births between 2000 and 2009. The number of babies born with NAS has comparatively increased in the same time period from 1.20 to 3.39 per 1000 hospital births per year. ACOG President, Mark S. DeFrancesco, MD, also weighed into the issue. "[The passage of the Protecting of Infants Act of 2015] marks a major step toward addressing opioid use during pregnancy and giving women the care that is right for them. The Protecting Our Infants Act will take action to ensure a healthy outcome for both mother and baby while offering non-punitive, family-centered medical treatment.”

Babies with NAS experience considerable problems in development, including trauma and seizures. These newborns often require weeks of hospitalization and are often difficult to nurse and console. To date, there are no guidelines in place to effectively diagnose and treat NAS newborns, which calls into attention the urgent need for additional research to help promote their normal development.

The primary areas of focus for this law are to 1) make recommendations for the prevention and treatment of prenatal opioid use disorders in addition to the diagnosis and treatment of NAS, 2) evaluate and coordinate federal efforts to research, 3) respond to NAS, and 4) assist state health agencies with data collection.

Visit www.govtrack.us/congress/bills to learn more about the Protecting Our Infants Act of 2015 and to track its progress.
Preserving Women’s Healthcare in Georgia

GOGS Members Present Their Thoughts at State Capitol

During the 2015 legislative session, Senator Renee Unterman passed Senate Resolution S60 (SR S60) to examine the adequacy of women’s healthcare in Georgia. Over the period, Senator Unterman and the appointed committee of Senators Dean Burke, Greg Kirk and Nan Orrock have held multiple meetings throughout the state of Georgia to thoroughly study women’s healthcare. Numerous OBGyns, including several GOGS members, testified at the hearings to provide the committee with a more accurate view of the women’s healthcare situation in the state of Georgia. The summary below features highlights of the recommended actions presented to the Senate Women’s Health Study Committee. The Society would like to thank all the members who took part on the hearings.

Related to rural practice:

- Increase the use of telemedicine for rural obstetric care through county health departments and other outreach health providers.
- Adequately fund public health programs and services aimed at women’s healthcare. Examples: Cancer State Aid, public health nurses, Maternal Mortality Review, rural health department services.
- Provide incentives for obstetric, certified nurse midwife and public health practices in rural areas such as loan repayment, tax incentives and credits, adequate reimbursement rates, bonus plans and a severity index for payments.
- Keep strategically placed hospital obstetric units open to preserve a network of OB service in rural Georgia.

Points of Business

Regarding education of the OBGyn workforce:

- Increase the number of OBGyns trained in Georgia who remain in state to practice as well as residency slots available in Georgia.
- Enhance funding for medical loan repayment with incentive for rural practice.
- Fund existing OBGyn residency slots through the Georgia Board for Physician Workforce similar to the funding currently in place for family practice residency slots.
- Support the opening of a second certified nurse midwifery (CNM) program in South Georgia, inclusive of collaborative training sites with existing obstetric MD/CNM practices.
- Fund an “OB practice re-entry program” at GRU to allow OBGyns in good standing, and currently not practicing OB, to re-enter OB practice.

Supporting the current OBGyn workforce:

- Support adequate reimbursement for the current OBGyn workforce to help them maintain their practices.
- Preserve geographically critical hospital obstetrical units thereby allowing OBs to remain in rural communities to practice.
- Maintain a stabilized medical malpractice climate for obstetrical practice and support a non-threatening political climate for quality obstetric practice.
- Assure that OB providers, public health, the regional perinatal system and OB hospitals have the necessary resources and network to support good obstetrical practice and outcomes for Georgia.
- Support additional learning initiatives similar to the Maternal Mortality Review Committee to enhance women’s healthcare.

Optimizing state-level efforts and planning:

- Encourage organized planning at the state level to assure that women’s healthcare remains accessible, particularly in rural Georgia.
- Support the strengthening and reorganization of the regional perinatal system for high-risk women’s healthcare.
- Provide support for public health campaigns aimed at helping women be more knowledgeable about their health: early cancer treatment, healthy pregnancy, obesity reduction, diabetes control, hypertension control.
- Consider a state-level perinatal health collaborative to evaluate and coordinate all Georgia’s efforts to improve obstetrical and newborn services. Work of this committee would include:
  - Reorganization of regional perinatal system
  - Developing a report on preservation of rural OB care
  - Evaluating the potential of collaborative care resources such as CNMs, other advance practice nurses and physician assistants
  - Development of a plan for assignment and monitoring of levels of care in OB hospitals
  - Bringing together and coordinate efforts of committees and agencies such as, GAP-QC, Regional Perinatal Centers, March of Dimes, Maternal Mortality Review, GHA HEN initiatives, Medicaid HEDIS measurement activities and others who are working to improve maternal and newborn care

Medicaid Presumptive Eligibility Payment for Services (What OBGyns Need to Know)

Medicaid Presumptive Eligibility (PE) for Pregnant Women is intended to improve access to early prenatal care during the application period. Pregnant women in need of Medicaid coverage may apply at their local health department and, if eligible, receive PE coverage immediately following completion of the application.

Any enrolled provider may seek reimbursement from fee-for-service (FFS) Medicaid for ambulatory prenatal care rendered to a patient covered under the program. Services provided during the PE period in compliance with Medicaid provider policies are reimbursable regardless of the final patient eligibility determination.

Since prenatal services rendered during the PE period are billable to FFS, Medicaid based on the date of service, a patient’s ultimate choice of CMO and prenatal provider do not impact the initial provider’s ability to seek reimbursement. When billing for partial obstetric care, reference the Medicaid Part II Policies and Procedures for Physicians Services Manual posted at www.mmis.georgia.gov.

For more information on the pregnancy-related resources and to find a health department providing PE application services, please visit http://dph.georgia.gov/pregnancy-resources.

Medicaid Presumptive Eligibility Payment for Services (What OBGyns Need to Know)

President’s Column

New grades for March of Dimes’ premature birth report card have rolled in, and after several C’s, Georgia received a D. This reversal is discouraging. The National Center for Health Statistics revealed that Georgia’s current preterm birth rate is 10.8%, far worse than March of Dimes’ 2020 goal of 8.1. Some parts of rural Georgia have as high as a 12.6% (Augusta) and 13.0% (Columbus) preterm rate. The reasons behind Georgia’s poor preemie birth report are multifaceted, involving many forces, some certainly beyond the control of OBGyns. However, we [as OBGyns] are called to roll up our sleeves and get to work on the things that we can control in order to alleviate these poor outcomes. We have a number of initiatives underway:

- Redoubling our efforts to assure effective use of antenatal progesterone and antenatal corticosteroids. We have recently begun partnerships to help us determine if we are maximizing the use of 17P and dexamethasone and how we can make prescribing patterns less burdensome for appropriate patients. A state Gap- QC activity initiated in 2013, including representatives from a number of OB hospitals, monitored rates of antenatal care, antenatal corticosteroids and 17P to determine compliance rates were actually quite good.

- The 548B program, allowing Medicaid and low income women to access birth control from their physicians before they become pregnant, is being implemented to encourage women to space their pregnancies a year or further apart in order to improve pregnancy outcomes. Even still, the reach of this program could extend much further with greater awareness.

- In an unheralded partnership between Medicaid, CMOs and The Georgia OBGyn Society, OB providers throughout Georgia have been trained on the insertion of Immediate Postpartum LARCs prior to discharge. In-hospital insertion is covered for both the OB and the CMO.

For the first time in Georgia, women can take advantage of these highly-effective, long acting contraceptives, especially those at risk for repeat premature birth and repeat teen pregnancy.

We are also ramping up our partnership with regional perinatal centers to assure that at-risk pregnancies are transferred to the most appropriate facility for delivery. Especially in rural areas, high-risk pregnancies are not always being delivered at a Level III center where the necessary NICU and ICU care would be immediately available. A small study showed that some OBs were unaware of the appropriate Level III transfer facility for their high-risk pregnancies, therefore provider education is needed.

These initiatives, in combination with our advocacy for appropriate pay for Medicaid services in order to maintain access to care for women in Georgia, demonstrate we are doing our part to get rid of that D! In addition, I hope you will work with your local partners on advancing activities to improve care. Hopefully, as we do our part, and other players in the women’s healthcare arena bring some muscle to bear, we can climb the ladder to grab our “C” back, then head for a “B” on our report card.
Editor’s Column

Are You A 5-Star Doc?: The Role of Bedside Manners in Patient Satisfaction

My office experiences a flood of patients at the end of every calendar year. With the expectation this year will bring much of the same, I recently retired to my office to set in motion an end-of-year plan of my own. I logged on to my computer, clicked Google Chrome, and searched for lodging in our sunny state (to the south), to provide me a nice setting for rest and relaxation after my year-end barrage of patients. I found a five-star hotel for an extraordinary price! I was pleased after my year-end barrage of patients.

Several days following, a new patient was shown to my office for consultation about her case. She proceeded to tell me that she had chosen me for her doctor for two primary reasons: (1) I was in her network; and, (2) I had good “star ratings.” Of course, I recalled the occasional report card from her doctor for two primary reasons: an extraordinary price! I was pleased after my year-end barrage of patients.

It is a well-known fact that medical practice claims are on the rise. As we work to provide high quality service to every patient. Satisfied customers could mean the highest star classification, and an overall healthy bottom line for all stakeholders.

Researchers tell us that a physician’s ability to practice medicine effectively [for patients], and other healthcare providers to a status where we also concern, and began to wonder if cost-effective medicine is the only conduit to power the stars? Is cost-effective medicine the five-star doc vs. a three star or four-star doc? Is patient satisfaction the five-star physician? Is patient satisfaction significantly increases patient satisfaction may be the most important variable in the decision to file a suit. Patient satisfaction, results of several studies point out that a positive doctor-patient relationship significantly influences treatment regimen. For the next three minutes, she is the most important person in our days, the world.

Be clear in your communication, and respond with care and strengthened our financial bottom line. After all, who doesn’t want to earn a five-star rating! Try practicing these simple patient-focused behaviors to improve your bedside manner.

Even when the patient is negative, rude, unappreciative, and demanding [as is sometimes the case], it is our responsibility to maintain the integrity of our craft, and guarantee excellent service to every patient. Satisfied customers could mean the highest star classification, and an overall healthy bottom line for all stakeholders.


Hyslop A. The role of the “technical” skills to tip the scales in our favor? How and by what do the stars really mean?

Too many times, I have driven away from five-star hotels with a three-star rating of my own experience. So, is a five-star hotel better than a three-star, and based on whom and what?

Can I really get excited about being a five-star doc vs. a three star or four-star physician? Is patient satisfaction the only conduit to power the stars? How important are my technical skills and clinical expertise? I pondered on the star classification system, and decided to seek an occasional reading card from an insurance carrier to inform me about my “practice of medicine.” Are we being scrutinized under the watchful eye of every hospital, physician network, IPO, or ACO, insurance carrier, etc.? Do their QI/QA committees grade us with stars or label us as cost-ineffective outliers? Is cost-effective medicine the same as evidenced-based medicine? If so, does either promote patient satisfaction or prevent lawsuits?

Does patient satisfaction trump cost-effective practices or evidence-based medicine?

It is a well-known fact that medical malpractice claims are on the rise. Researchers tell us that patient satisfaction may be the most important variable in the decision to file a suit. As we work to provide high quality care and minimize litigation growth, it makes sense to focus on ways that we can increase patient satisfaction. Higher patient satisfaction scores may be the best means of lessening the number of court cases initiated by patients. Good bedside manner be the variable that significantly increases patient satisfaction. Results of several studies point out that a positive doctor-patient relationship significantly influences patient satisfaction.五味的研究显示，五味的使用与药物的疗效密切相关。在药物的开发和利用中，不同程度地将五味的理论应用于临床，取得了一定的疗效。在中药的临床实践和科学研究中，五味的应用是十分重要的。

The Role of Bedside Manners in Patient Satisfaction

If so, does either promote patient satisfaction or prevent lawsuits?

For all of us, a few simple actions can be taken to improve bedside manner. Physicians can adopt a set of behaviors that will define good bedside manner, and build a positive doctor-patient relationship. Just as technical skills are sharpened and honed over time, physicians can also polish the bedside manner by practicing a specific set of actions. For some physicians these manners come naturally. For others, the bedside manner may have been lost or forgotten over time in the busy-ness of our days, the time crunches that appear to get shorter and tighter, and with new technology-focused practices.

For all of us, a few simple action steps can improve our bedside manner, increase patient satisfaction and financial outcomes, and strengthen our financial bottom line. After all, who doesn’t want to earn a five-star rating? By practicing these simple patient-focused behaviors to improve your bedside manner.

Even when the patient is negative, rude, unappreciative, and demanding [as is sometimes the case], it is our responsibility to maintain the integrity of our craft, and guarantee excellent service to every patient. Satisfied
The landscape of health insurance coverage may be experiencing an even more drastic change for patients, potentially bearing hefty consequences for providers. Aetna has proposed a merger with Humana, while Cigna has proposed a merger with WellPoint before the Georgia Department of Justice. If approved, these healthcare insurance giants will become even larger conglomerates, thereby threatening the integrity and amount of diversity in the health insurance market for patients. Through this decision, many patients may also unknowingly become displaced by their current insurance coverage, as new insurance policies from these mergers alter the means by which patients receive adequate care. This is a high point of concern for pregnant patients, as they may be forced to turn to out-of-network providers to fully fulfill their medical needs, and thereby not continue service with their long-time OBGyn physicians, with which they’ve already built a trusted relationship. This concern over the slimming pool of insurance providers for patients has sparked deep concern and controversy by MAG, which wrote a letter to the Department of Justice requesting that the mergers be examined for antitrust law violations.

The new Aetna (58 percent) and Anthem (30 percent) entities would control nearly 90 percent of the individual market in Georgia. In the small group market, Aetna would control more than 49 percent, while Anthem would control more than 33 percent. Each new company would control about 26 percent of the Medicare Title XVIII marketplace. And for large group market, Aetna would control more than 12 percent while Anthem would control nearly 55 percent.” (MAG, Top Docs Radio)

These mergers would subsequently place physicians at the mercy of the healthcare providers, who have little to leverage against the take-it-or-leave-it, unilateral terms of agreements that could be introduced from these multi-billion dollar insurance companies. The Department of Justice is exercising caution in approving the mergers and has expressed that the Aetna/Humana Cigna/WellPoint mergers may threaten Georgia’s standards for competition by violating individual, small group and Medicaid Title XVIII markets.

Sound off!

What affect do you believe these mergers would have on your patients and practice?
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- Medical Supplies
- Office Supplies
- Malpractice Insurance
- And MUCH More!

Contributor: Arlene Toole, IBCLC, RLC: EPIC Breastfeeding Program Director

Georgia has five Baby Friendly® Designated hospitals that have joined the WHO/UNICEF initiative to support breastfeeding by being part of the Baby Friendly Initiative. DeKalb Medical Center, Emory @ Midtown, Doctor’s Hospital (Augusta), Grady Health System and Piedmont-Henry Hospital are all proud to call themselves “Baby Friendly®”. These hospitals worked hard to improve hospital practices to support breastfeeding. The basis of the Baby Friendly Hospital Initiative is to follow “10 Steps to Successful Breastfeeding.” These research-based practices were started by the World Health Organization and UNICEF to improve breastfeeding rates worldwide. Most mothers are choosing to breastfeed, however, many hospitals have policies in place that do not always support this decision. When a mother comes to the hospital choosing to breastfeed, she should receive education and support from staff and be discharged breastfeeding. Critics may say that not every mother will choose to breastfeed and we should not force them or make them feel guilty about their feeding decision. Baby Friendly supports all mothers, no matter how they choose to feed their infant, but the healthcare staff will ensure that her choice is an educated one and will be supported.

These are the steps to become Baby Friendly:
1. Have a written breastfeeding policy that is routinely communicated to all healthcare staff.
2. Train all healthcare staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give newborn infants no food or drink other than breastmilk, unless medically indicated.
7. Practice “rooming-in”—allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center.

Not all Georgia hospitals will implement every step, but for every step achieved, research shows that breastfeeding rates increase. According to Catherine Bonk, MD, one of the lead Baby Friendly team members at DeKalb Medical, “Becoming Baby Friendly has been one part of DeKalb’s journey to become a family-focused obstetrical unit. We want our moms to have the birth experience they want. Breastfeeding, while only a part of that experience, is pivotal to a mother’s sense of success in her delivery. Baby Friendly helps moms maximize that sense of success with components such as skin-to-skin and rooming-in, which are beneficial to all moms and families. I would recommend these components of the process to every Labor and Delivery unit.”

Encourage your hospital to strive toward the Baby Friendly® Designation. Moms will soon be asking, “Is this hospital Baby Friendly?”

Georgia Hospitals become Baby Friendly®
New Process for Cleansing Reusable Medical Devices

13th, 2016 at the Macon Marriott City Center Hotel, 240 Coliseum Dr., Macon, GA. Topics for this seminar include ... Questions/requests for further details about this seminar can be directed to Beth Yoder at byoder@gaobgyn.org.

Save The Date: CPT Coding Seminar, Macon, May 13th

The next CPT Coding Seminar for OBGyn Practices will be held on Friday, May 13th, 2016 at the Macon Marriott City Center Hotel, 240 Coliseum Dr., Macon, GA. Topics for this seminar include understanding the ICD-10-CM coding update for 2016 as well as HIPAA compliance. Questions/requests for further details about this seminar can be directed to Beth Yoder at byoder@gaobgyn.org.

Hospital-acquired infection prevalence

By Age of Patient

<table>
<thead>
<tr>
<th>Age (days)</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>0.1%</td>
</tr>
<tr>
<td>5-11</td>
<td>0.2%</td>
</tr>
<tr>
<td>12-27</td>
<td>0.3%</td>
</tr>
<tr>
<td>28-45</td>
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<tr>
<td>46-60</td>
<td>0.5%</td>
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<tr>
<td>61-77</td>
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<tr>
<td>78-90</td>
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<tr>
<td>&gt;90</td>
<td>0.8%</td>
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By Hospital Size

<table>
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<tr>
<th>Size</th>
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</thead>
<tbody>
<tr>
<td>Small</td>
<td>0.1%</td>
</tr>
<tr>
<td>Medium</td>
<td>0.2%</td>
</tr>
<tr>
<td>Large</td>
<td>0.3%</td>
</tr>
<tr>
<td>Others</td>
<td>0.4%</td>
</tr>
</tbody>
</table>

By Patient Location

<table>
<thead>
<tr>
<th>Location</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical care</td>
<td>0.1%</td>
</tr>
<tr>
<td>Others</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

NAS Becomes A Notifiable Disease in Georgia

On January 1st, 2016 Neonatal Abstinence Syndrome (NAS) will become a notifiable disease in Georgia. Criteria for reporting will include at least one of the following: a baby born to a mother with a history of substance abuse during pregnancy; a newborn with withdrawal symptoms and/or a newborn with a positive drug screen. Reports should be submitted to the DPH within seven days of identification through the DCH secure web-based State Electronic Notifiable Disease Surveillance System (SendSS) at sendss.state.ga.us. Frequently asked questions related to NAS can be found at: dph.georgia.gov/NAS, and a list of all reportable conditions can be found at dph.georgia.gov/disease-reporting.

New Process for Cleansing Reusable Medical Devices

The CDC, in conjunction with the FDA, released a health advisory report through their Health Network urging providers and facilities to review existing procedures in regards to the proper cleaning, disinfecting and sanitizing of reusable medical devices. The Center for Medicaid and Medicare Services recommends: training personnel who reprocess medical devices; adherence to cleaning, disinfection, sterilization, and device storage procedures; and infection control policies and procedures. CMS highlights these policy changes to alert facilities that surveyors will be observing these practices to assess compliance with the regulations. CMS encourages facilities to review and correct any potential deficiencies in their current practice to be compliant with CMS policy, and reduce the risk of infectious disease contamination. Questions/requests for further details can be sent to HospitalsCG@cms.hhs.gov.

News from Around the State

Maternal Child Health Director - Michelle Allen

Allen will serve as the leader accountable for setting the strategic path for MCH and directing the day-to-day operations of the section. Allen will also oversee DPH's STD section, with a new STD director to be hired under her.

University Relations Director - Yvette Daniels

Daniels was formerly the Director of University Relations - One-Day Conference (January 27th)

The Georgia Rural Health Association will be holding the Rural Health Clinic One-Day Conference on Wednesday, January 27th, 2016 from 9a.m. - 3p.m. at the State Office of Rural Health in Cordele, GA, 502 South 7th St. Discussion points and highlights include an overview of Rural Health Clinic’s Policy and Procedures, Regulations and Compliance, Billing and Accounts Receivable Management, and Cost Reporting Compliance and Revenue Maximization Strategies. Cost for the conference is $99 for GRHA members and $129 for non-members. Visit http://www.grha.org/main/2015RDHC/ to sign up. For further conference information and/or registration, contact Paul Gober, Associate Director, at pober@georgiasouthern.edu and/or (770)-904-5293.

GOGS’ 2016 Golf Tournament

GOGS’ Golf Tournament will be held on Wednesday, May 18th at St. Ives Country Club, Johns Creek, GA. For further details, contact Office Manager, Beth Yoder at byoder@gaobgyn.org and/or (770)-904-5293.

January is National Birth Defects Prevention Month

Every year, 1 in 33 babies is born with a birth defect. Major structural birth defects, including spina bifida and cerebral palsy, dramatically impact infant mortality and result in billions of dollars of care.

Talk Dental Care with Your Patients

A healthy mouth makes for a healthy mom! Communicate to your patients the importance of dental care in pregnancy. A reported 76% of pregnant women experience an oral health problem during pregnancy, i.e. bleeding gums and tooth sensitivity. Yet, only 57% actually visited a dentist during pregnancy. (Cigna survey). It is crucial that pregnant women maintain their dentists’ visits, as minor oral infections, even light tooth decay and gum disease, have the possibility of adversely affecting their fetal wellbeing.

Maternal Child Health Director - Seema Csukas, MD

Dr. Csukas has taken on the new role of Medical Director of Maternal Child Health.

Maternal/child health and medical decisions are no longer made alone. Medical directors, as well as explore opportunities to advance their own agency, as well as explore opportunities to advance their own, while making changes to staff as a ‘stand-alone’ agency, as well as explore new opportunities to advance its mission, as well as evaluate opportunities to advance its mission.
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Fax: 770 904-5251
If you would like to send a letter to the editor, please send it to editor@gaobgyn.org or mail it to the Society’s office.

Checks: Mail to Georgia OBGyn Foundation
615-F Oak Street, Suite 1300
Gainesville, GA 30501
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.