The 2018 General Assembly adjourned, Sine Die, just after midnight on Friday, March 30. The Georgia OBGyn Society (GOGS) had a very successful session. The top two priorities, funding for the prevention of maternal mortality and funding for OBGyn residency slots, were achieved. Our success this session would not have been realized without the expert attention of Skin Edge and partners at the Department of Public Health (DPH), March of Dimes and Patient-Centered Physician Coalition.

In addition, the Society would like to thank the following people for their support during the session:

- Representative Terry England, Chairman, House Appropriations
- Representative Butch Parrish, Chairman, House Health Subcommittee of Appropriations
- Speaker Pro-Tem Jan Jones
- Representative Sharon Cooper, Chairman, House Health and Human Services Committee
- Representative Deborah Silcox
- Senator Jack Hill, Chairman, Senate Appropriations
- Senator Dean Burke, Vice-Chair, Appropriations
- Senator Renee Unterman, Vice-Chair, Appropriations
- Senate President Pro-Tem Butch Miller
- Senator Bill Cowsert, Senate Majority Leader
- Senator Chuck Hufstetler
- House and Senate Budget Staff

GOGS Executive Director Daniel Thompson would also like to thank Drs. Jane Ellis and Cindy Mercer for taking time out of their day to come to the Capitol to lend their voice on specific issues, as well as everyone who attended Primary Care Legislative Day at the Capitol.

Below is a brief summary of the measures GOGS supported this year:

**Maternal Mortality Prevention Funding:** The FY 2019 state budget includes $2 million, directed to DPH, for maternal mortality prevention. GOGS advocated for this funding during the session, supported by DPH and March of Dimes. GOGS is working closely with DPH in planning for the implementation of the funding, which will be used to implement AIM hemorrhage and hypertension quality improvement bundles.

**Funding for OBGyn Resident Positions:** The General Assembly appropriated $306,600, in rural birthing hospitals for 20 OBGyn residency positions at 5 training programs (4 positions at each program). This is the same amount of funding that was received in the FY 2018 budget. The General Assembly appropriated $306,600 in rural birthing hospitals for 20 OBGyn residency positions.

**Group Prenatal Care Funding:**

The FY 2019 state budget includes $500,000 in state funds for reimbursement for group prenatal care. This funding is in the Department of Community Health (DCH) Low-Income Medicaid budget. GOGS supported this request, which was led by the March of Dimes. GOGS will monitor the implementation of this reimbursement.

**Increased reimbursement for delivery in rural counties:** Also in the DCH Low-income Medicaid budget is the inclusion of a $250 increase in reimbursement for newborn deliveries that occur in counties with fewer than 35,000 people. GOGS has been successful in previous years in obtaining support for this increase in the state budget.

Levels of Perinatal Care Hospital Designation: HB 909, sponsored by Representative Deborah Silcox (R-Sandy Springs), gained final passage by the Senate on March 14 and was sent to the governor. The OBGyn Society supported HB 909, which establishes a voluntary program for hospitals to designate a level of neonatal and/or maternal care. Currently, hospitals can self-designate their levels of care. GOGS is working closely with the Regional Perinatal Center medical directors and DPH on the implementation of the bill.

**"The Health Act"** SB 357, sponsored by Senator Dean Burke (R-Bainbridge), gained final passage on Sine Die. SB 357 encompasses recommendations that were released by the Health Reform Task Force led by Lt. Governor Casey Cagle that convened in 2017. The measure establishes the Health Coordination and Innovation Council and creates the position of state director of health policy. SB 357 also establishes an advisory board to assist the council in developing recommendations. SB 357 directs the Maternal Mortality Review Committee to submit a report to the council.
Comments on the Arrive Trial

We have to remember that all mothers want what’s best for their babies. When we remember this, and keep it at the forefront of every conversation, we can become the trusted resources they need,” said NICHD Senior Director Jennifer Roby and colleagues at RS, IS, RHC, IBCLC.

Bedsharing, Breastfeeding and Babies Dying:
A Conversation Worth Having

The Arrive Trial was released on February 1st at the Society for Maternal Fetal Medicine’s Annual Meeting. The Arrive trial was a randomized controlled trial comparing labor induction at 39 weeks to expectant management at 42 2/7 weeks among low risk nulliparous women. The primary outcome was a composite of perinatal outcomes and the secondary outcome was cesarean birth. The trial included 3,000 women in each arm and was performed at university hospitals belonging to the NICHD Maternal Fetal Medicine Network. The composite neonatal outcome was not statistically different (rates of perinatal death, very low Apgars, seizures, HIE, birth trauma, and infection were the same; rates of cesarean and respiratory complications were slightly higher—perhaps related to increased meconium after 41 weeks). The rates of cesarean at birth were 18.6% in the immediate induction group and 22.2% in the expectant management group. The authors stressed that having a standardized approach to the management of labor and clear-cut definitions for induction failure were critical to the success of the low rates of cesarean with labor induction.

Comments:
1. The patient population in this study was both very low risk (mean age = 24yrs, and all women with any medical complications were excluded) and quite interested in this intervention (fully 75% eligible patients refused entry into the trial). Nonetheless, a cesarean rate of 18.6% following labor induction in nulliparous women is quite an accomplishment.
2. Most hospitals do not come anywhere near this rate. The rate of cesarean after labor induction in low-risk nulliparous women among the 240 California hospitals averages 32% with rates as high as 60%.

**Continued on page 11**

Georgia Physicians Offered Course in Safe and Effective Opioid Prescribing

The Doctors Corporation helps Physicians Meet State Requirement

**LILETTA is available through PAA**

**Legislative Update**

Continued on page 1

We have to remember that all mothers want what’s best for their babies. When we remember this, and keep it at the forefront of every conversation, we can become the trusted resources they need.”

Fieldman-Winter, a pediatrician and safe sleep and breastfeeding expert who is currently working with NICHD on the National Action Partnership to Promote Safe Sleep Improvement and Innovation Network (NAPPS-IIIN), aims to make safe sleep and breastfeeding the national norm, has decades of experience grappling with these questions.

“Although the benefits of breastfeeding, the fact remains that there is a five times greater risk for infant death when bedsharing, when the infant is less than 3 months of age,” she notes. “This clear risk remains we need to find ways to prevent bedsharing while ensuring it happens in a safe sleep environment.”

It starts by developing meaningful conversations between healthcare providers and mothers. These conversations can help mothers and caregivers better understand the risks of bedsharing while reinforces the advantages of breastfeeding.

“These are difficult conversations to have,” says NICHD Senior Director Jennifer Ustanov, MS, BS, RHC, IBCLC. “We have to remember that all mothers want what’s best for their babies. When we remember this, and keep it at the forefront of every annual. GOGS will be closely monitoring the implementation of SB 317 to ensure improving the quality of women’s health in Georgia is a priority.

Rural Health System Innovation Center HB 769 by Representative Rick Jasperse (R-Jasper), establishes the Rural Health System Innovation Center within the State Office of Rural Health to be studied and recommend new approaches for financing and delivering healthcare in rural settings in Georgia. The center will be located within an academic health center, which will be determined by DCH after an initial period of proposal.

Joint Labor Commission on Low THC Medical Oil Access
HB 65, sponsored by retiring Representative Allen Page (R-Macon), establishes a House and Senate Study Commission to study the use of low THC medical oil and its potential to improve health outcomes in Georgia. On Sine Die, language was added to include “post-traumatic stress disorder and ‘intractable pain’ as conditions for which low THC medical oil may be prescribed after certain conditions are met. Measures that were not given passage:

- Expansion of scope of practice for advanced practice registered nurses
- Medicaid expansion
- Surprise billing
- Sleep Therapy
- Licensure for genetic counselors
- Perinatal hospice (never introduced)

Once again, it’s an honor and privilege to serve as your GOGS legislative chair. Please do not hesitate to contact me for any issues/questions you may have regarding legislative topics.
Looking to avoid risk?
WE CAN SHOW YOU THE WAY.

We’re taking the mal out of malpractice insurance. Thanks to our national scope, regional experts, and data-driven insights, we’re uniquely positioned to spot trends early. We shine a light on risks that others can’t see, letting you focus on caring for patients instead of defending your practice. It’s a stronger vision that creates malpractice insurance without the mal. Join us at thedoctors.com
Hands-On Lab!

• Live Model Trainings
• Simulation Labs
• Surgery Skill Practice
• Skills Updates

Hands-On Lab activities and training improve skills through hands-on training. Lab includes simulators, surgical technique practice, live models with ultrasound practice demonstrations and the ability to perform skill demonstrations.

Wednesday, August 22, 2018
9:30 am - 1:00 pm Physician Registration
10:00 am - 1:00 pm GOGS Board of Directors Meeting
1:00 - 5:30 pm Simulation Lab Activities and Training

MOC PART IV AWARDED

To receive MOC credit (no additional fee), you must attend the full simulation lab session on Thursday, 1:00-5:30.

Improve skills through hands-on training. Lab includes simulators, surgical technique practice, live models with ultrasound practice demonstrations and the ability to perform skill demonstrations.

Wednesday, August 22, 2018
6:00 - 7:00 pm Opening Reception for all Guests (Business Casual)

Registration

August 23–26, 2018
The Cloister, Sea Island, GA

Physician’s Name as desired on name badge:

Practice Name: ____________________________

Spouse/Guest(s) Name(s): ____________________________

Children: Names: ____________________________ Ages: __________

Office Address: ____________________________

City/State/Zip: ____________________________ Cell Phone: ____________________________

Primary Phone: ____________________________ Email: ____________________________

I agree to receive meeting notifications via text message

Confirimations and link to syllabus will be sent via email

Registration Fee

(Late registration: $50 will be added to the registration fee after July 23, 2018, or at the door.)

Physician Member: $450.00 Subtotal: $______________

Physician Non-member: $550.00 Subtotal: $______________

Spouse and Guests (18 years and older): __________ @ $150.00 each Subtotal: $______________

# Guest(s) for Friday Breakfast

# Attending Saturday Night Banquet (18 & older)

# Children for Saturday Kids’ Night (6:00-10:00pm for ages 3-12) (Included in registration fee)

No charge

Total: $______________

Dietary Restrictions: ______________________________________________________

For assistance or to pay by credit card: Fax 770-904-5251 or contact Nicole at 770-904-5298, nreaves@gaobgyn.org

Credit Card Type (circle the one that applies): AMEX Visa MasterCard

Credit Card Number: ____________________________ Expiration Date: _______/_______

Billing Address (if not office): __________________________________________________

Pay by check: Please mail check and registration form to be received by July 23, 2018, payable to GOGS:

2925 Premiere Parkway, Suite 100, Duluth, GA 30097.

Media Release

Professional photographs, audio, and video will be captured during the conference. Attendees and their guests hereby grant GOGS and its representatives permission to be photographed and/or recorded at the meeting. Attendees and their guests give GOGS permission to copyright, publish, and distribute these photographs, audio recordings, and/or videos and use them in any/all media, including print and electronic for any lawful purpose.

Cancellations

A refund for conference registration will be made upon written request prior to July 23, 2018; however, $75 will be retained for administrative costs. No refunds will be made after July 23, 2018. We reserve the right to cancel the program. Full registration fees will be refunded for canceled programs. GOGS is not responsible for reimbursement of airline or transportation fees, hotel, or rental car charges, including penalties. By registering for this conference, you acknowledge and agree to this policy.
**Bedsharing, Breastfeeding and Babies Dying (continued from page 2)**

Interested in learning more about what’s been done to improve safe sleep practices across the country? In a recent article, we offer insight on the progress that’s been made and what’s being done to leverage those successes. Or, attend a free webinar, led by Founder of the Global Infant Safe Sleep Center, Stacy Scott Winter. “We need to consider why these questions will help us target our conversations and frame breastfeeding habits? Answering these questions will help us adopt an approach that’s more likely to resonate.”

**Leverage Counseling Strategies**

There are several techniques that can encourage open dialogue. One technique Feldman-Winter promotes is motivational interviewing. Here, the nurse or doctor asks an open-ended question such as, “what do you like about breastfeeding?” The nurse or doctor then asks, “why do you choose to breastfeed?” By proactively avoiding yes or no answers, with an open-ended question, the provider can understand the mother’s motivations and provide solutions that work for their family. Another approach is L.O.V.E. With this technique, providers “Listen” to what the families are saying, “Observe” “Open-ended” questions, “Validate” their feelings and provide targeted “Education that address families’ concerns.”

**Be Practical**

Health professionals need to be realistic in the advice they give, says Feldman-Winter. “Our recommendations should consider the relative risks and benefits for each individual circumstance. We don’t have all the answers out there. For example, many mothers who bedshare may do so inadvertently. A common risk associated with breastfeeding in bed is that the mother may fall asleep after or while feeding her baby. While healthy and safe, this should always advise against bedsharing. That advice should be accompanied by recommendations that reduce infant risk if accidental sleep occurs, recommends Feldman-Winter. That could include reminding mothers to remove pillows, loose blankets, and sheets from the bed, as well as moving the bed away from the wall to prevent entrapment.”

For the clinician, advice that targets high-risk situations can help reduce overall sleep-related deaths. “Remember to emphasize the danger for infants under four months of age, and infants that were premature or very low birth weight,” Feldman-Winter advises.

Each of these tactics ensures meaningful conversations because each tactic engages with the circumstances and experiences unique to individual families. So, they encourage mothers to openly discuss what they want, how they feel, and the behavior, and then easily understand risks. And the more meaningful conversations that occur, the more likely we are to be able to help.”

Looking for more strategies to reduce infant sleep deaths? Check out our achieving pregnancy article, we offer insight on the progress that’s been made and what’s being done to leverage those successes. Or, attend a free webinar, led by Founder of the Global Infant Safe Sleep Center, Stacy Scott Winter. “We need to consider why these questions will help us target our conversations and frame breastfeeding habits? Answering these questions will help us adopt an approach that’s more likely to resonate.”

**Georgia Improving in Fight Against Opioid Abuse**

Information provided by Georgia Health News

Georgia earned the highest mark of “improving” from the National Safety Council in April at the National Rx Drug and Heroin Summit in Atlanta for working to prevent opioid overdose.

In 2016. Georgia received a ranking of “failing” that year, more than 42,000 Americans died from an opioid overdose, the Safety Council said. The CDC reported 916 of those deaths occurred in Georgia. The report estimated that 2.1 million people suffer from opioid use disorder.

Opioids include Vicodin, Percocet, and OxyContin. Biologically, these drugs are similar to heroin. Opioids are frequently combined with fentanyl, increasing the potency of the drug up to 100 times.

The Safety Council identified six key actions that states can take to improve data collection, the state’s Prescription Drug Monitoring Program, and to help patients recover.

1. Continue Opioids for Chronic Pain

The Prescriber’s Dozen

Below, we summarize the CDC recommendations for prescribing opioids for chronic pain outside of active cancer treatment, palliative, and end-of-life care.

To read the CDC’s complete guidelines, go to www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm#B1_down.

Determining When to Initiate or Continue Opioids for Chronic Pain

1. Consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient. If prescribing opioids, combine them with nonpharmacologic therapy and nonopioid pharmacologic therapy, as appropriate.

2. Establish treatment goals with all patients within one to four weeks of starting opioid therapy for chronic pain and harms of continued therapy with opioids. If benefits do not outweigh harms of continued opioid therapy, optimize other therapies and work with patients to taper or discontinue.

Opioid Selection, Dosage, Follow-Up, and Discontinuation

4. Prescribe immediate-release opioids instead of ER/LA opioids.

5. Prescribe the lowest effective dosage. Use caution when prescribing opioids at any dosage.

6. For acute post-operative prescriptions, use effective dose of immediate-release opioids and prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids.

7. Evaluate benefits and harms with patients one to four weeks after starting opioid therapy for chronic pain or dose escalation. Evaluate benefits and harms of continued therapy with opioids every three months or more frequently. If benefits do not outweigh harms of continued opioid therapy, optimize other therapies and work with patients to taper or discontinue.

8. Assess baseline pain and function (i.e., PEG scale).

9. Schedule initial reassessment within one to four weeks.

10. Prescribe short-acting opioids using lowest dosage on product labeling; match duration to scheduled reassessment.

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Georgia Prescription Drug Monitoring Program now under DPH
August 2, 2017

It is no secret that Georgia, like the rest of the country, is in the midst of an opioid epidemic. Whether it manifests itself in a cluster of opioid overdoses as seen earlier this year in middle Georgia or the number of babies being born addicted to drugs and experiencing heartbreak and withdrawal symptoms in the first hours after birth, opioid addiction, overdoses and abuse of prescription pain medications are a public health crisis.

During the 2017 legislative session, the Georgia General Assembly passed House Bill 249 which provided for several changes to the Georgia Prescription Drug Monitoring Program (PDMP). Effective July 1, 2017, management of the PDMP transferred to the Georgia Department of Public Health.

The PDMP was established by the legislature in 2009. Its purpose is to reduce the prescribing and overprescribing of Schedule II, III, IV and V controlled substances and to promote proper and legitimate use of medications used to treat pain and terminal illness.

The PDMP also helps reduce duplicative prescribing and overprescribing of controlled substances. All Georgia-licensed dispensers (pharmacies and dispensing prescribers) are required to submit information for dispensed Schedule II, III, IV and V controlled substance prescriptions on a daily basis. The Department records the prescription information & receives it into an electronic database, which can be reviewed to determine misuse, abuse, and patterns of controlled substance prescribing.

"There is a critical need for awareness to appropriately identify misuse and abuse of these powerful drugs," said Patrick O'Neal, M.D., commissioner of the Georgia Department of Public Health. "Working together we have the power to help reduce the number of Georgians severely affected by or dying from opioid overdoses."

The Department works closely with the Georgia Drug and Narcotics Agency, which is responsible for enforcing Georgia laws and rules pertaining to manufactured and compounded drugs and to ensure only licensed facilities or persons dispensed or distributed pharmaceuticals.

The Department also collaborates with the Georgia Department of Behavioral Health and Developmental Disabilities to help individuals struggling with addiction get into treatment.

For additional information about the PDMP, go to dph.georgia.gov/pdmp or for information about preventing opioid abuse, visit dph.georgia.gov/EmergencyHelp/OpoidOverdoses. The Department of Public Health emergency help for opioid overdose has access to webinars on preventing patient abuse and instructions for recognizing abuse and responding to overdose.

Redmond gets CON for obstetrics and birthing unit

Redmond Regional Medical Center has won approval from the Georgia Department of Community Health to offer a new obstetrics and birthing program at the hospital.

“We are pleased with the state’s approval of our certificate of need application to add obstetric services,” said Redmond CEO John Quinlivan. “We appreciate the support and approval of the Georgia Department of Community Health enabling us to expand our services and to provide families in our community a choice in obstetrical care.”

Construction is slated to consume more than 25,000 square feet. The total cost for the project has been estimated at almost $21.9 million.

Redmond filed for the service under provisions associated with a 2008 exception to Georgia Certificate of Need regulations. Attorney Josh Belinfante told the Rome News-Tribune back in December that the exception was created because the General Assembly did not want monopolies on the provision of basic level birthing services.

The rule applied to counties where there was only one hospital (currently at Floyd Medical Center) and less than three hospitals in surrounding counties. There were only two other programs in the contiguous counties, one at Cartersville Medical Center and the other at Gordon Hospital in Calhoun.

Redmond’s plan is to provide labor, delivery, recovery and postpartum rooms; a well-baby nursery; and a procedure room for Caesarian sections in a completely renovated area of the hospital — the original application was to utilize the floor. Existing rooms will be renovated and repurposed so as not to exceed its 230-room capacity.

Some of the reasons to quit smoking are very small.

Amanda smoked while she was pregnant. Her baby was born 2 months early and weighed only 3 pounds. She was put in an incubator and fed through a tube. Amanda could only hold her twice a day.

If you’re pregnant or thinking about having a baby and you smoke, please call 1-877-270-STOP (7867) or Spanish: 1-877-2NO-FUME.
GOGS Golf Tournament

May 16, 2018
Royal Lakes Golf Club
Flowery Branch

Register Today!
770.904.5298
www.gaobgyn.org

The Georgia OBGyn Society