



Georgia
Obstetrical and
Gynecological
Society, Inc.

OBGyn News

PROMOTING EXCELLENCE IN
WOMEN'S HEALTHCARE in GEORGIA

DECEMBER 2021 • VOLUME 15, NUMBER 6



Jack's Basket

Carissa Carroll
Founder and Executive Director

In March 2013, Jack's family received his Down syndrome diagnosis at birth, in an abrupt and assumptive way, and received no information about the genetic condition. Processing an unexpected diagnosis was overwhelming and daunting to them as new parents.

They found their best resource and encouragement was connecting with other parents raising children with Down syndrome. After a year of finding joy in the unexpected, Jack's family wanted to celebrate his life by bringing hope and encouragement to another family starting their journey. In March 2014, Jack's family delivered their first Jack's Basket at the same hospital in Minnesota where Jack was born. Since 2014, Jack's Basket has celebrated nearly 5,000 babies in all 50 states and 31 countries by providing families with gifts, support, and up-to-date resources.

We serve every baby possible with a primary focus on the U.S. Our work

begins from diagnosis to a baby's 1st birthday, and we do this by focusing on three primary activities:

1. Engaging, educating, and empowering healthcare providers to communicate and discuss Down syndrome accurately without bias.
2. Inspiring and connecting new parents with other families and resources.
3. Building awareness and changing the narrative of Down syndrome in society.

In 2018, founder and executive director, Carissa Carroll, in collaboration with Jack's Basket Board member Dr. Michael Pitt, Dr. Naomi Goloff, Dr. Christopher Carr, authored an article published in the Journal of American Academy of Pediatrics, *When Bad News Isn't Necessarily Bad: Recognizing Provider Bias When Sharing Unexpected News*.

Families often describe how they wish their healthcare providers had shared their child's diagnosis differently and we aim to help equip them to do so, with the hopes of changing the healthcare narrative around Down syndrome. As part of our mission, we:

- Empower providers to recognize the implicit biases they bring when they share diagnoses through in-person training and peer-reviewed journal publications.
- Enlighten providers by sharing the stories of families who overwhelmingly come to view their child's diagnosis with positivity and optimism, even after experiencing shock or grief when first learning of the diagnosis.
- Equip providers with tools to recognize the role they play in a family's story and to re-frame these discussions from "breaking bad news" to "sharing unexpected news."

For more resources regarding giving a Down syndrome diagnosis and sharing unexpected news, please visit

DO YOU KNOW A BABY RECENTLY DIAGNOSED WITH DOWN SYNDROME?

ABOUT US

We celebrate babies with Down syndrome through the delivery of a gift basket to the family. These baskets are filled with gifts for the baby along with informational books and brochures to help parents feel supported and encouraged on their new journey.



1. Ask the parents if they would like a Jack's Basket
2. Request a complimentary basket at jacksbasket.org

CELEBRATING BABIES WITH DOWN SYNDROME

jacksbasket.org/medical-providers. If you're interested in learning more, we would love to support your staff with a medical presentation to providers that work with our families including nurses, social workers, genetic counselors, OBGYNs, pediatricians, etc. As we work to achieve our goal of celebrating 1,750 babies next year, we appreciate the support of the community to share about our mission and programs as well as make basket requests.

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Jack's Basket Continued from pg 1

When Bad News Isn't Necessarily Bad

7 Strategies for reframing the "breaking bad news" paradigm

Recognize that your words and conversation will be a **part of the family's story forever** – take that role seriously and consider how the family will retell this moment for years to come.

If at birth, remember to **congratulate the family** on the birth of their child; encourage them and others to **celebrate their baby**.

Avoid framing the news as **"I have bad news"** – this reflects your possible bias and may forever frame their child in that paradigm; consider phrases such as, **"I have some news which may be unexpected."**

Offer hope that while it may not be what was expected, their child will be able to bring their family joy.

Provide expectations of what may need to happen in the **short term** (e.g. additional testing, follow up) **but avoid a laundry list of potential outcomes**.

Check the pulse of the conversation and **meet families where they are**; avoid the urge to be solely a pep talker or positive-spinner while offering encouragement.

Offer resources and connect them to families raising children with the same diagnosis when possible (see reverse).

Adapted from Carroll C. When Bad News Isn't Necessarily Bad. Recognizing Provider Bias When Sharing Unexpected News. Pediatrics. June 2019. bit.ly/unexpectednews © 2019 by Jack's Basket

"Welcoming a new child into the world is one of the most exciting and terrifying moments in a parent's life. As a neonatologist, I have seen hundreds of infants born under unanticipated circumstances, which can amplify the terror due to the fear of the unknown. It is my job to help families navigate the unknown and feel supported and empowered while caring for their little ones. During these moments, I know that my words matter. I also know that I am not perfect and that I want to be better. Jack's Basket inspires us all to be better and provides the tools for medical professionals to deliver unexpected news with compassion, empathy, and respect. It challenges us to evaluate our own self-biases to build stronger, more meaningful relationships with our patients and our patient's families. The message from Jack's Basket is a powerful one – it is about inclusion, compassion, and community, which is something we need now more than ever. As the COVID-19 pandemic sweeps the world leaving us with multiple unknowns and physical isolation, we can join together, continue to celebrate new life, and enhance our communication with one another. One of our goals at Jack's Basket is to continue

our outreach efforts, providing education to medical providers throughout the country using multimedia platforms. We as medical professionals have chosen our path because we believe in helping others during their time in need, and we want to be better. Jack's Basket helps make us better." -Dr. Erin Plummer, Neonatologist and Jack's Basket Board Member

Join us: visit [jacksbasket.org](https://www.jacksbasket.org), follow @jacksbasket, and like <https://www.facebook.com/jacksbasket/>.

About the Founder and Executive Director
Carissa Carroll, M.Ed., is an alumna of Bethel University and the University of Minnesota. She taught at elementary and collegiate levels before a sweet baby boy named Jack changed her heart and passion. Carissa presents to medical professionals about how to deliver a Down syndrome diagnosis without bias, works with the Jack's Basket board to further the mission, and connects with volunteers who deliver baskets.



Covered with
KINDNESS



GOGS Breastfeeding Medicine Corner Breastfeeding Basics #1: Tips for Managing Mastitis*

Dr. Keisha R. Callins, Chair, GOGS Breastfeeding Medicine Committee



Case Scenario

29yo G2P1 with history of an uncomplicated vaginal delivery presents to her 6 week post-partum visit a few days earlier than originally scheduled. Infant is feeding well and weights are satisfactory per mom's report. She plans to return to work next week. She reports increasing right breast pain over the past 2 days and feeling "under the weather". She admits some anxiety about transitioning from an exclusive breastfeeding plan, to pumping while at work and feedings while at home. She has a temperature (101.3°F). On exam, her right breast appears slightly larger than the left and is tender even with gentle examination. Further questioning reveals that she has been cutting back on infant feedings "to get everyone ready", and has not yet established a set pumping schedule because her toddler has been home from daycare for scheduled break.

Case Solution

Recommend increased feeding and pumping especially from the right breast (on a trial schedule), Ibuprofen scheduled for the next 24 hrs then PRN, warm compress and breast massage before feeding/pumping, cold compress after feeding/pumping, recruit a family member/friend for additional support over the next 2 weeks, suggest a discussion with boss for staggered return to work (M/W/F) for the initial week, and follow-up telemedicine encounter in 24 hours.

Definition

- Mastitis literally means, inflammation of the breast and may or may not involve a bacterial infection
- Clinical presentation is usually a tender, hot, swollen area of the breast with fever, chills, flu-like symptoms or systemic illness
- Consider the fact that the presentation may be evidence of progression on a continuum from engorgement to non-infective mastitis to infective mastitis to breast abscess

Diagnosis

- Laboratory investigations (clean catch milk collection in sterile container sent for culture/sensitivity testing) need only be performed in specific situations such as non-response to

antibiotics in 2 days, recurrence, hospital-acquired cases, antibiotic allergy, or severe cases

- Diagnostic procedures (breast ultrasound) may be indicated to assess for underlying mass or other abnormality especially in severe cases or multiple recurrence in the same location
- Most important management step is frequent and effective milk removal especially from the affected breast

Discussion

- There is no evidence of risk to the healthy term infant with continued breastfeeding, and on the contrary sudden cessation may lead to a greater risk of abscess formation
- Recommendations may include: rest, fluids, nutrition, analgesics, massage, heat before feeding (helps letdown and milk flow), cold after feeding (helps pain and edema), and social support at home
- If symptoms worsen within 12-24 hours, consider antibiotic course for 10-14 days
- Options may include a Penicillin (Dicloxacillin), in case of a Penicillin allergy, consider a Cephalosporin (Keflex) or in the case of Penicillin hypersensitivity, consider a Macrolide (Clindamycin)
- Examination of the breast and onset of breast pain can help to differentiate between mastitis (associated with acute symptoms such as fever and flu-like illness); candida infection (burning nipple pain or radiating breast symptoms); nipple concerns (cracked skin, blockage, milk blister or "bleb"); or an abscess (3% of women may have defined breast area that is hard/red/tender even after antibiotics and need referral for needle aspiration)
- Rapid recognition and intervention is critical - healthcare providers need to guide management (women need

- to know that milk expression is therapeutic, if analgesics or antibiotics are needed they will not harm baby, and lactation support is essential); and support persons need to provide physical and emotional support (help mom express milk, care of other children or complete chores)
- Encourage referrals for lactation expertise (IBCLC, breastfeeding counselor or coach or educator) and utilization of community resources (www.zipmilk.org) to help address underlying issues that impact feeding such as poor attachment (infant latch and flange fitting), patience (unrestricted feeding and unlimited feeding), pressure (tight bra or seatbelt), production (frequency of milk expression via infant feeding, hand expression, or pumping); practices (hand hygiene and cleaning of breast pump equipment); and post-partum status (stress and fatigue)

This is a summary review of the ABM Clinical Protocol #4: Mastitis, Revised March 2014 from the GOGS Breastfeeding Medicine Committee. Our call to action comes from ACOG Committee Opinion Number 756 (October 2018): Optimizing Support for Breastfeeding as Part of Obstetric Practice, which provides guidance for obstetricians-gynecologists and other obstetric providers to better enable women to achieve their breastfeeding goals.



**BEFORE AND AFTER BABY
YOU MAY HAVE LOTS OF FEELINGS.**

Those feelings can be managed.
People care and people can help.
Tell your MD/DO, NP, CNM or PA
about your concerns.

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www.peace4momsga.org



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Georgia OB/Gyn Society

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SCAN QR CODE
TO VIEW



**DR. WENTWORTH'S
VIDEO PRESENTATION**



CAROLINE WENTWORTH, MD
EMORY UNIVERSITY

COMPOSITE ADNEXAL TORSION (CAT) PREDICTION SCORE: EVALUATION OF A QUALITY IMPROVEMENT TOOL IN PEDIATRIC AND ADOLESCENT GYNECOLOGY

AIM QI Community of Learning

The Alliance for Innovation on Maternal Health (AIM) is launching a Quality Improvement Community of Learning developed in partnership with NICHQ.

AIM and NICHQ are excited to share that in an effort to strengthen and support knowledge and understanding of Quality Improvement (QI) methodology, AIM has partnered with the National Institute for Children's Health Quality (NICHQ) to develop a Quality Improvement Community of Learning (COL). This COL will cover topics related to The Model for Improvement, PDSA cycles, using data for improvement, spreading improvement, and sustainability. Participants will hear from states or entities that have had success with using QI to implement four core AIM patient safety bundles; Obstetric Hemorrhage, Severe Hypertension in Pregnancy, Care for Pregnant and Postpartum People with Substance Use Disorder, and Cardiac Conditions in Obstetrical Care. NICHQ will host 9 monthly educational offerings in 2022 and facilitate peer learning and one-

on-one technical assistance with experienced Improvement Advisors.

Registration for AIM's QI COL is now open. Any state or entity may register for the COL, regardless of their enrollment in AIM or the status of their sub award agreement with the American College of Obstetricians and Gynecologists (ACOG). Special populations such as U.S. jurisdictions, tribal organizations, and those representing under-resourced communities are highly encouraged to register. Everyone in your state or entity who is interested in participating in the QI COL should register, as registrants will receive communication with information on educational offerings. Multiple individuals from the same state or entity may participate. Registration should take no more than 10 minutes to complete, and you can review registration questions on page 6 of the Registration Packet attached to this email prior to submission. The Quality Improvement COL registration deadline is January, 5 2022.



- Further questions can be directed to
- QICOL@NICHQ.org.
 - www.acog.org
 - safehealthcareforeverywoman.org

For more information or to join the Georgia Perinatal Quality Collaborative please visit <https://georgiapqc.org/>

Educational Offerings Schedule

NICHQ will host a total of 9 educational offerings between January and August 2022. The format and structure of educational offerings will include subject matter expert presentations on the topics identified below, group discussion, and peer learning. In addition, NICHQ will provide supplemental opportunities for individualized feedback and technical assistance with subject matter experts via office hours.

Please note the schedule and format for educational offerings are tentative and subject to change. Dates and times for webinars will be finalized and shared in January 2022.

Topic	Month
Quality Improvement: What is it? Why do we use it? How do we start? • Adult education theory/principles of adult learning • Establishing readiness for change	January 2022
The Model for Improvement Part 1 • Aim • Aim change ideas (Driver Diagram, Bundles and Change Packages) • PDSA Cycles	February 2022
The Model for Improvement Part 2 • Data for Improvement • What is measurement strategy? • Using data for improvement	March 2022
Obstetric Hemorrhage: Sharing Success and Guidance	April 2022
Methods for Spreading Improvement • Breakthrough Series Collaboratives, Learning Communities and Networks	April 2022
Severe Hypertension in Pregnancy: Sharing Successes and Guidance	May 2022
Care for Pregnant and Postpartum People with Substance Use Disorder: Sharing Successes and Guidance	June 2022
Sustaining the Gains	July 2022
Cardiac Conditions in Obstetrical Care: Sharing Successes and Guidance	August 2022



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Virtual Community Learning Platform

Georgia Maternal Health ECHO provides a virtual community learning platform for clinicians and community advocates to collaborate on the implementation of solutions to address maternal mortality and severe morbidity in our state.

Curriculum

ECHO sessions are monthly, and typically, on the third Wednesday, from 12 pm-1 pm (EST).

If you are interested in joining this or any other DPH ECHO, please visit <https://forms.gle/RRGh6AF1zj9D9TMN7>.

Contact Information

To ECHO is to expand your understanding, so if you need more information, please email us at MaternalHealthECHO.Georgia@gmail.com.

If you would like to present a case in an upcoming session, please complete a case presentation form using the links in the second column:

- General Case Presentation Form https://docs.google.com/forms/d/e/1FAIpQLSf5cMF M9cxn4IQNfaLxTcplT2Ea_15V3MNejIuwH81IGe70g/viewform?usp=sf_link
- Hypertensive Disorders Case Presentation Form https://docs.google.com/forms/d/e/1FAIpQLSdhfMS2-ZVxtJQgYpsTrHHA4iKkHhZ5Drc04hMjAkOVbcOrGA/viewform?usp=sf_link
- Postpartum Hemorrhage Case Presentation Form https://docs.google.com/forms/d/e/1FAIpQLSd3NVRv2kK4x2IxzId9-nJ6R4wafmAmesZOCUAMICBxpcAJog/viewform?usp=sf_link

HIPAA Compliance

All patient information will be de-identified for presentation during sessions. To ensure HIPAA compliance during patient presentations, please identify your patient(s) only by their assigned ECHO ID.



GEORGIA OBSTETRICAL AND GYNECOLOGICAL SOCIETY

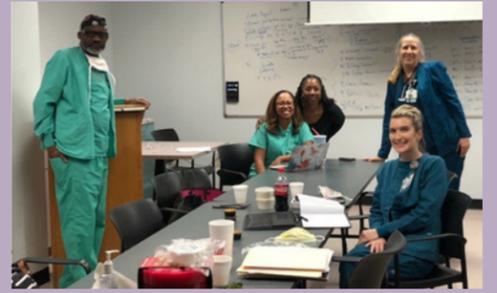
GEORGIA OBGYN SOCIETY connections

MEMBERS CONNECTING

GOGS Members hard at work for the Society and for our Members!



GOGS Members, Drs. Sandra Reed, Jane Ellis, Dr. Haben Debassai, and Ira Horowitz attended the MAG House of Delegates meeting in October. GOGS resolution opposing interference in the patient-physician relationship was adopted by the MAG HOD. Thank you for making "connections" on behalf of the Society & Members!



Keisha Collins, MD, Jeffersonville Ga.; Sandra Wells, RN, Liberty Regional; Heather Daniels, RN, Liberty Regional; Seth Borquaye, MD, Hinesville, Ga.; Kaprice Welsh, GOGS Staff

GOGS and Liberty Regional team strategy session for pilot program, Moms Heart's Matter to address Cardiovascular disease and maternal mortality.

**Save
The Date
for this
In-Person
Event!**

Legislative Day 2022

Hosted by Patient-Centered Coalition of GA :
Georgia OBGyn Society
Georgia Academy of Family Physicians
Georgia Osteopathic Medical Association
Georgia Chapter-American College of Physicians

THURSDAY

March 3, 2022
 8:30AM– 2:30PM

Floyd Veterans Building
 and
Georgia State Capitol

Plan to Attend the Georgia OBGyn Society Legislative Day at the Capitol on March 3, 2022
 Meet your state legislators and top government officials and learn how the state government and legislature impacts your practice and obgyns in Georgia. Join us under the Gold Dome!

Who Should Attend

The meeting is open to all obstetricians, gynecologists, residents and medical students. We will be joined at the meeting by our MD and DO colleagues in family medicine, internal medicine, and pediatrics. Opportunities for corporate support also exist. Registration begins January 2020.

For More Information

More information available in early 2022. Contact Nicole Reaves at nreaves@gaobgyn.org or call directly at 770-904-5298.

 Georgia OBGyn Society · 2925 Premiere Pkwy · Suite 100 · Duluth, GA 30097 · 770.904.0719



MARCH OF DIMES
REPORT CARD

The March of Dimes Report Card contains new sections this year, including a measure on social vulnerability, low-risk cesarean births, and state adoption of doula and midwives' legislation and policies. Topline findings include:

- For the first time in six years the U.S. preterm births declined slightly from 10.2 percent to 10.1 percent, with the nation keeping its C- grade. Yet, these rates increased slightly for Black and Native women.
- Black and American Indian/Alaska Native women are still up to 60 percent more likely to give birth preterm compared to White women.

- The infant mortality rate is slowly declining. The latest data shows a decline from 21,498 babies in 2019 to 20,921 in 2020. However, Black and American Indian/Alaskan Native babies are still 2x as likely as White babies to die before their first birthdays.

Right now, the MOD is calling on policymakers to prioritize the health of moms and babies in Georgia. Join their #BlanketChange movement and call on your representatives to advocate for change and give every family the best possible start!

<https://www.marchofdimes.org/peristats/tools/reportcard.aspx?frmodrc=1@=13>

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<https://tinyurl.com/3bt9j46n>

Georgia OBGyn Society



CHECK OUT OUR LATEST VIDEOS:

- *CPT CODING
- *EXPANDING CONTRACEPTIVE OPTIONS: NEW METHODS ON THE HORIZON
- *HIV PREVENTION FOR WOMEN IN THE US
- *ENHANCING CARE IN OBSTETRICS AND GYNECOLOGY THROUGH TELEMEDICINE
- *COVID19 WHAT A "PAIN"-DEMIC: INFECTION PREVENTION AND TREATMENT
- *SEXUALLY TRANSMITTED INFECTIONS UPDATE
- HEALTH EQUITY IN VULNERABLE POPULATIONS
- *SMACK DOPE PERCOPOPS AND CHICLETS - CUTE NAMES, SERIOUS DISEASE



2021 MARCH OF DIMES REPORT CARD

The 2021 Report Card highlights the latest key indicators to describe and improve maternal and infant health in the U.S. It features grades for preterm birth and measures on infant mortality in addition to social drivers of health, low-risk Cesarean births and inadequate prenatal care. Our Supplemental Report Card highlights the stark disparities across race and ethnicity within these factors.

With the onset of the COVID-19 pandemic, pre-existing health disparities have been magnified. Comprehensive data collection and analysis of these measures, and the resulting disparities, inform the development of policies and programs that move us closer to health equity. The Report Card looks at policies like Medicaid expansion and programs like Maternal Mortality Review Committees, that can help improve equitable maternal and infant health for families across the country.

GEORGIA

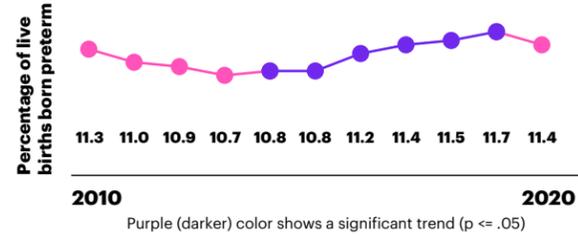
INFANT HEALTH

PRETERM BIRTH GRADE

D-

PRETERM BIRTH RATE

11.4%



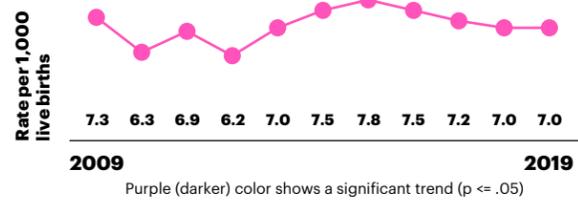
INFANT MORTALITY



Infant mortality rates are an indication of overall health. Leading causes of infant death include birth defects, prematurity, low birth weight, maternal complications and sudden infant death syndrome.

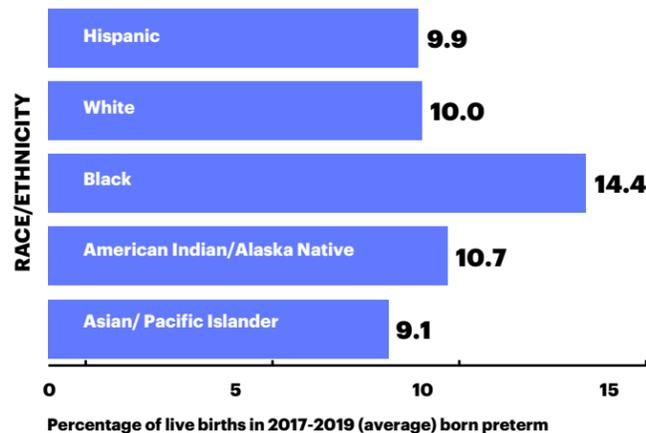
INFANT MORTALITY RATE

7.0



PRETERM BIRTH RATE BY RACE AND ETHNICITY

The March of Dimes disparity ratio measures and tracks progress towards the elimination of racial/ethnic disparities in preterm birth. It's based on Healthy People 2020 methodology and compares the group with the lowest preterm birth rate to the average for all other groups. Progress is evaluated by comparing the current disparity ratio to a baseline disparity ratio. A lower disparity ratio is better, with a disparity ratio of 1 indicating no disparity.



In Georgia, the preterm birth rate among Black women is 45% higher than the rate among all other women.

DISPARITY RATIO: 1.26
CHANGE FROM BASELINE: No Improvement

PRETERM BIRTH RATE BY CITY

CITY	GRADE	PRETERM BIRTH RATE	CHANGE IN RATE FROM LAST YEAR
Atlanta	F	11.7%	Worsened

A TIME FOR PARTNERSHIP AND ACTION: EXAMINING THE U.S. MATERNAL AND INFANT HEALTH CRISIS AND POLICIES NEEDED FOR CHANGE

March of Dimes recommends state policy actions that are rooted in addressing disparities in maternal and infant health outcomes, see www.marchofdimes.org/reportcard. For details on data sources and calculations, see Technical Notes. Scan the QR code to the right to access the full U.S. Report Card.



GEORGIA

MATERNAL HEALTH

There is a critical connection between infant health, maternal health and the health of a family. All are dependent on their lived social context, the quality and accessibility of healthcare and the policies within a state. Each factor can provide insight into how a state serves its population.

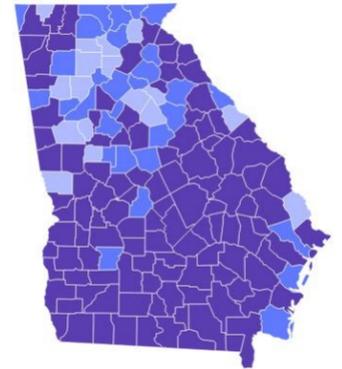
SOCIAL VULNERABILITY INDEX

Where you live matters.

March of Dimes is offering the opportunity to examine social determinants of health at the county level using the Social Vulnerability Index (SVI). Socially vulnerable populations are at greater risk of experiencing poor health outcomes during a public health emergency. The same factors used in the index also contribute to poor maternal and infant health outcomes, including poor access to maternity care. The differences in counties are measured using 15 social factors, grouped into four areas including: socioeconomic status; household composition and disability; minority

status and language; housing type and transportation. Each aspect of the index uses physical or social factors that help to estimate where poor health outcomes may be more prevalent.

The overall SVI for each county represents the amount of vulnerability relative to other counties in the state. The SVI measure is always a number between 0 and 1. A lower SVI indicates lesser vulnerability and a higher SVI indicates greater vulnerability.



Lesser vulnerability: 0.0-0.29, 0.30-0.59, Greater vulnerability: 0.60-1.0

CLINICAL MEASURES

Your healthcare matters.

Access to and quality of healthcare before, during and after pregnancy can affect health outcomes in the future. An unnecessary Cesarean birth can lead to medical complications and inadequate prenatal care can miss important milestones in pregnancy.

28.2

PERCENT



LOW-RISK CESAREAN BIRTH

This shows Cesarean births for first-time moms, carrying a single baby, positioned head first and at least 37 weeks pregnant.

17.1

PERCENT



INADEQUATE PRENATAL CARE

Percent of women who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

POLICY MEASURES

The policies in your state matter. Adoption of the following policies and organizations can help improve maternal and infant health care.



MEDICAID EXPANSION

States who have adopted this policy allow women greater access to preventative care during pregnancy.



MEDICAID EXTENSION

States have recent action to extend coverage for women beyond 60 days postpartum.



MIDWIFERY POLICY

Allows the practice of direct entry midwives and certified nurse midwives.



MATERNAL MORTALITY REVIEW COMMITTEE

These committees are essential to understanding and addressing the causes of maternal death.



PERINATAL QUALITY COLLABORATIVE

These teams work to identify and improve quality care issues in maternal and infant healthcare.



DOULA POLICY OR LEGISLATION

Passage of Medicaid coverage for doula care.

Legend ✓ State has the indicated organization/policy ✗ State does not have the indicated organization/policy * Waiver pending or planning is occurring * Has an MMRC but does not review deaths up to a year after pregnancy ends

A TIME FOR PARTNERSHIP AND ACTION: EXAMINING THE U.S. MATERNAL AND INFANT HEALTH CRISIS AND POLICIES NEEDED FOR CHANGE

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If you would like to send a letter to the editor, please send it to info@gaobgyn.org or mail it to the Society's office.



Save the Date

71st ANNUAL
EDUCATIONAL MEETING

*The Cloister at
Sea Island, Georgia*

AUGUST 25 - 28, 2022

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BE SURE TO RESERVE YOUR ROOM IN ADVANCE

For questions or additional information,
contact Nicole Reaves at 770.904.5298 or nreaves@gaobgyn.org

2022 DATES TO REMEMBER



Legislative Day
March 3, 2022

Floyd Veterans Bldg & GA State Capitol



CPT Coding Webinar

May 13, 2022

On-Line Event



GOGS Golf Tournament

May 18, 2022

Location TBA



Annual Education Meeting

August 25-28, 2022

The Cloister at Sea Island, Georgia



GaPQC Annual Meeting

Fall 2022

Date & Location TBA



CPT Coding Webinar

December 2, 2022

On-Line Event