Georgia Obstetrical and Gynecological Society, Inc.

OBGyn News

PROMOTING EXCELLENCE IN WOMEN'S HEALTHCARE in GEORGIA

NOVEMBER 2021 • VOLUME 15, NUMBER 5

GOGS 2021 Year in Review

Padmashree "Champa" Chaudhury Woodham, MD, FACOG
GOGS Executive Board Member
Director, Maternal-Fetal Medicine
Director, Regional Perinatal Center
Navicent Health Physician Group
Mercer University School of Medicine

Greetings, members of the Georgia OB/GYN Society! It was only a few years ago that I first learned about the Society and everything it means to be a member. I am truly humbled and honored to now serve as your 2021-2022 President-Elect.

These last few years have been quite a whirlwind! After the difficult decision to cancel our Annual Meeting in 2020, we were all so hopeful that the roll out of COVID-19 vaccination efforts would bring this pandemic to an end. We never imagined that we would be faced with the difficult decision again in 2021 due to the Delta variant. Yet, only a couple of weeks from the meeting date, we not only had to make that decision, but we were faced with the challenge of changing the format of the meeting as we know it to a virtual platform. I personally had never taken part in helping construct a virtual meeting, so I honestly was quite anxious about the task of transitioning to a different platform with such little time. However, I must say that I so pleased with and proud of the final product! With the help of the committee members, Dr. Jessica Castleberry, Dr. Bunja Rungruang, and of course our fearless 2020-2021 President Dr. Missy Kottke, I suppose there is no challenge too large to overcome. Everyone simply "took the bull by the horns". The Annual Program Committee members and GOGS staff gave up lunches, evenings, and weekends to ensure a successful virtual meeting. Dividing the meeting into 2 parts allowed the opportunity for attendees to take less time off from work and still experience all of the education that our annual meeting provides. We are so grateful to our speakers who were extremely flexible with their schedules and willing to quickly record their presentations and participate in Q&A sessions. Under the leadership of Dr. Roland Matthews, we were able to continue resident participation in our Society with our first virtual Resident Research Presentation Session. Special thanks to Dr. Cyril Spann and Dr. Francis Nuthalapaty for their expertise in judging the resident presentations. And, of course, thank you to the sponsors who helped support the virtual 2021 Annual Meeting.

The change in our format unfortunately did not allow us to celebrate some of the most important people to the Society. We were all looking forward to celebrating the life of Dr. David Byck and all that he had accomplished in the field of obstetrics and gynecology and for our Society. We were also excited to honor Dr. Jeffrey Korotkin for his achievements in clinical medicine, academics, and ongoing service to the Society. The Society is excited to celebrate both of these amazing physicians at our 2022 Annual Meeting.

Several lessons were learned from the experiences over the last couple of years. First and foremost, there are certain things that we simply have no control over. The pandemic that has stretched from March 2020 all the way through now has completely changed our lives as we know it. Second, the members of the Georgia OB/GYN Society are some of the most dedicated colleagues I have ever worked with. No matter what barriers we were presented with in our Society's endeavors, everyone was determined to face them head-on. Lastly, we have definitely enhanced our knowledge in regards to the construction and delivery of virtual meetings. I have been an attendee in several virtual conferences over the last 2 years and can honestly say that I have so much respect for organizations that are able to put together such a large production.

In addition to a successful virtual annual meeting, we had a number of other major successes over this last year. Under the leadership of Dr. Adrienne Zertuche, Legislative Day at the Capital was done as a 3-part virtual series on "How to Lobby in a Virtual World". The Georgia 1115 waiver passed, which extends full Medicaid state plan benefits to postpartum people with incomes up to 220 percent of the federal poverty level from the current 60 days to 6 months. Another major success has been the addition of a force majeure clause into our future contracts with the Ritz Carlton which will allow us more flexibility when facing situations such as a

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Georgia Perinatal Quality Collaborative (GaPQC) 3rd Annual Conference

On Oct 14 & 15 the Georgia Perinatal Quality Collaborative (GaPQC) held its 3rd annual conference and featured phenomenal presentations from industry experts from across the country. Also highlighted was the Maternal and Infant Initiatives and their ongoing work to implement quality improvement initiatives that advance clinical knowledge and drive patient safety outcomes. We are so proud of these organizations and their commitment to quality improvement and to improving outcomes for mothers and infants. Awards ceremony facilitated by Dr. Teresa Byrd.

GaPQC

GEORGIA PERINATAL QUALITY COLLABORATIVE

Awards

Dedication to Neonatal Quality Improvement Award

Piedmont Rockdale Hospital

Piedmont Rockdale Hospital Saw Reduction in The Length of Stay For Infants By 57% From 39 Days to 17 Days

GaPQC Commitment and Engagement Award

Recognition of Commitment and Engagement with Collaborative Efforts

Emory Decatur Hospital

Liberty Regional Hospital Medical Center

Wellstar Health System

Augusta University Medical Center

Northeast Georgia Health System

Dedication to Maternal Quality Improvement Award

St. Mary's Sacred Heart Hospital

St Mary's Sacred Heart Hospital Had a 57% Reduction in Severe Maternal Morbidity From Hemorrhage From 2016 To 2020

Wayne Memorial Hospital

Wayne Memorial Had a 72% Reduction in Severe Maternal Morbidity For Hypertension From 2016-2022

Rural Hospitals Maternal Outcomes Achievement Award

Archbold Medical Center
Coffee Regional Medical Center
Colquitt Regional Medical Center
Crisp Regional Medical Center
Habersham Medical Center
Irwin County Hospital
Liberty Regional Medical Center
Memorial Hospital and Manor
Memorial Satilla Health
Navicent Health Baldwin
Phoebe Sumter Medical Center
Piedmont Mountainside Hospital
Union Regional Medical Center
Wayne Memorial Hospital

Spirit of Excellence Award

Honors The Outstanding Contributions Made By A Maternal & Neonatal Outreach Educator Through Exemplary Leadership, Service And Education

Atrium Health, Navicent-Jennifer Boland & Carla Morton

VON Center of Excellence in NAS Education and Training Award

Awarded to Centers Who Successfully Train Their Core Team Through The Entire Curriculum of 18 Micro Lessons

Augusta University Health System
Coffee Regional Medical Center
Colquitt Regional Medical Center
Crisp Regional Medical Center
Emory University Hospital
Irwin County Hospital
Memorial Hospital and Manor
North Fulton Regional Hospital
Northside Hospital
Piedmont Athens Regional
Wellstar Atlanta Medical Center
Wellstar Douglas Hospital
Wellstar Kennestone Hospital
West Georgia Medical Center

Speak-Up Health Equity Champion Award

Demonstrated Dedication To Advancing Racial Justice and Health Equity Through Supporting The Organizational Application of Racial Justice and Health Equity Principals Into Their Health System and Everyday Work

Andrea Kellum with Healthcare Georgia Foundation

Thanks to The Work of the GaPQC Planning Team

Kate Boyenga, Lisa Ehle, Laura Layne, Kimberly Ross and Kaprice Welsh for Organizing The GaPQC Conference

Thanks to The GaPQC Leadership Team for Their Continued Dedication and Commitment to GaPQC

Michael Bryan, Teresa Byrd, Kate Boyenga, Kaprice Welsh, Ravi Patel, Jamie Chausmer, Diane Durrence, Lisa Ehle, Tarayn Fairlie, Lynne Hall, Melissa Kottke, Laura Layne, David Levine, Kimberly Ross, Tonia Ruddock

Georgia Maternal Health ECHO: Connecting to Improve Maternal Health

by Sarah Owens, CNM, MPH, *Program Consultant Maternal Mortality Review Committee*

Physicians, Nurse-Midwives, Nurses, and other community advocates are uniquely challenged in our state. Most of us are aware of the high maternal morbidity and mortality rates in Georgia and the sometimes-limited resources to address key contributing factors. We are also working hard to provide exemplary care under extraordinary circumstances during the current pandemic. But we do not have to work alone to get things done.

Georgia Maternal Health ECHO is a newly launched initiative that aims to enhance knowledge, interprofessional collaboration, and dissemination of resources to directly address Georgia's maternal mortality and severe maternal morbidity rate. The Maternal Health ECHO initiative was launched this September 2021 with the following sessions:

- *"Perinatal Mental Health: The PEACE for Moms Project and Community Partners for Improving Quality and Accessibility of Care."* Toby Goldsmith, MD
- *"Hypertensive Complications of Pregnancy: Making Connections for Improved Care."* Franklyn Geary, MD, FACOG
- *"Cardiac Complications in the Perinatal Period: Community Coordination and Models for Optimal Care."* Keisha Callins, MD, MPH

In 2022 our expanded curriculum will work to implement Georgia Maternal Mortality Review Committee (MMRC) recommendations for provider education with sessions focused on the following topics:

- Prevention of Primary C-section
- Support and Treatment for Clients with Substance Use Disorders
- Respectful Obstetric Care and the Importance of Equity in Patient Safety
- Safer Postpartum Discharge Planning
- Collaboration with Emergency Medicine Departments to Improve Maternal Health Outcomes.
- Community-based Organization & Advocacy to Improve Maternal Health.

*All session recordings will be available on our home page: Maternal Health ECHO (https://dph.georgia.gov/maternal-health-echo)

"ECHO" stands for Extension of Community Health Outcomes. The University of New Mexico, where the ECHO model originated, uses the model to especially focus on rural providers to help move current clinical knowledge and community resources out of academic centers/conferences to providers who may not have the time to make it to a more formal event. The ECHO model has been successfully replicated in many states to expand consultation and collaboration networks to decrease wait time for specialist appointments and improve care. More details on the ECHO model can be found on the University of New Mexico ECHO homepage here. (https://hsc.unm.edu/echo/about-us/)

The goal of each Maternal Health ECHO session is to provide a targeted overview of a key topic followed by case studies to enhance discussion. Cases are submitted by care teams around our state to help create a better understanding of diverse practice environments. Our target audience includes OB/GYNs, RNs, and APRNs trying to expand their clinical knowledge and learn about resources to improve maternal care over their lunch hour.

Please join our virtual sessions every 3rd Wednesday in 2022 from 12-1pm to learn more.

- January 19
- February 16
- March 16
- April 20
- May 18
- June 15
- July 20
- August 17
- September 21
- October 19
- November 16

*No session planned December 2022

If you would like to subscribe to updates about sessions or if you would like to present, please contact us at: MaternalHealthECHO.Georgia@gmail.com

AMA Designation Statement

Project ECHO® designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credit. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ANCC Designation Statement

Project ECHO® designates this live activity for a maximum of 1.0 ANCC contact hour. Nursing contact hours will be awarded for successful completion of program components based upon documented attendance and completion of evaluation.

Current Recommendations for HIV Care in Pregnancy

Martina Badell, MD, Associate Professor, Director, Emory Perinatal Center
Director, Maternal Fetal Medicine Fellowship, Division of Maternal-Fetal Medicine
Department of Gynecology & Obstetrics, Emory University School of Medicine

Great strides have been made in the care of HIV in pregnancy. In the USA with appropriate antiretroviral therapy (ART) the risk of perinatal HIV transmission can be reduced to less than 1%.[1] Since the early 1990s the annual number of perinatal HIV infections in the USA has declined 95%. Unfortunately most perinatal HIV infections are among black/African American children. In 2018, of the 37,968 new HIV diagnoses in the US and dependent areas, 51% were in the South. Georgia has the 2nd highest rate of HIV infection in the USA at 23.8 per 100,000 people.[2] Given this high prevalence, Georgia law mandates HIV testing in both the 1st and 3rd trimester of pregnancy.

The critical maternal and neonatal benefit with HIV treatment in pregnancy warrants all pregnant women be screened for HIV at the beginning of each pregnancy. As some people may not know their HIV status and universal HIV testing is pregnancy is standard of care, Ob/Gyn providers may be the first to test and disclose a new HIV diagnosis.[3] Transmission of HIV in pregnancy can occur in the antepartum, intrapartum and postpartum periods. Once a patient is known to be HIV positive, multidisciplinary care with appropriate counseling and treatment are indicated. The key to optimizing maternal and neonatal health involves the use of antiretroviral therapy to reduce the HIV viral load. Combination ART should be initiated as soon as possible after HIV infection is diagnosed, whether in the preconception or antepartum period and should be continued through delivery and lifelong afterwards.

Clinicians in the US have access to the National Perinatal HIV Hotline (1-888-448-8765) which is a federally funded service that provides free 24hrs/day, 7 days/week clinical consultation to providers who are caring for women with HIV and their infants. This service is offered by the University of California San Francisco's Clinical Consultation Center to answer questions about the care of HIV-infected pregnant women and can assist in managing complex HIV situations in pregnancy including test results and delivery questions. Below is an outline of care for HIV infection in pregnancy.

Laboratory Evaluation

OB/GYN providers can order baseline laboratory testing for HIV in pregnancy so these results are available during initial HIV specialist appointment.

- Initial laboratory testing should include: plasma HIV viral load, CD4 count, HIV genotype, complete blood count, renal and liver function testing, screening for hepatitis A, B and C, HLA-B*5701, toxoplasmosis immunity, tuberculosis screening, and screening for concomitant STIs.
- HIV Viral Load: Monthly until undetectable, then every 1-3 months. Reassess at 34-36 weeks for delivery planning
- CD4 count: Every 3 months, unless undetectable viral load and CD4 count >200- then can be every 6 months
- STIs: Repeat screening for syphilis, gonorrhea, chlamydia at 28-34 weeks

ART in Pregnancy

The choice of an ideal ART during pregnancy should include an assessment of patient's ARV history, tolerability, data on safety/efficacy in pregnancy, patient preference and drug resistance. In general, if an individual becomes pregnant on ART regimen with fully suppressed viral load, they should continue that regimen. There is no one best ARV regimen for all people with HIV in pregnancy however in general the same regimens that are recommended for the treatment of non-pregnant adults should be used in pregnant women when sufficient data suggest that appropriate drug exposure is achieved during pregnancy; clinicians should weigh the risks of adverse effects for women, fetuses, or infants against the benefits of these regimens and recognize that there are often incomplete data on the safety of ARV drugs in pregnancy.[4] There are a number of online resources to help with management of HIV in pregnancy. The available ARV agents are summarized in the "Recommendations for the Use of Antiretroviral Drugs in Pregnant Women with HIV Infection and Interventions to Reduce Perinatal HIV Transmission in the United States" which is updated annually and available on-line at: www.hivinfo.nih.gov. The key is daily compliance with ARV medications to maintain viral suppression throughout pregnancy. If there is failure to obtain viral suppression, clinician should assess adherence and consult an HIV treatment expert.

Intrapartum Considerations

In individuals with HIV who don't breastfeed, the intrapartum period carries the highest risk for perinatal HIV transmission. The best way to reduce this risk is achieving an undetectable viral load by the time of delivery. Perinatal transmission through vaginal delivery with a viral load <1,000 copies/mL is very low. However if the 34-36 week viral load is >1,000 copies/mL a prelabor cesarean delivery at 38 weeks of gestation is recommended.[5] A scheduled cesarean delivery performed solely for prevention of perinatal HIV transmission in women receiving ART with HIV RNA ≤1,000 copies/mL near the time of delivery *is not recommended* given the low rate of perinatal transmission in this group. If a cesarean delivery or induction of labor is

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GOGS 2021 Year in Review Continued from pg 1

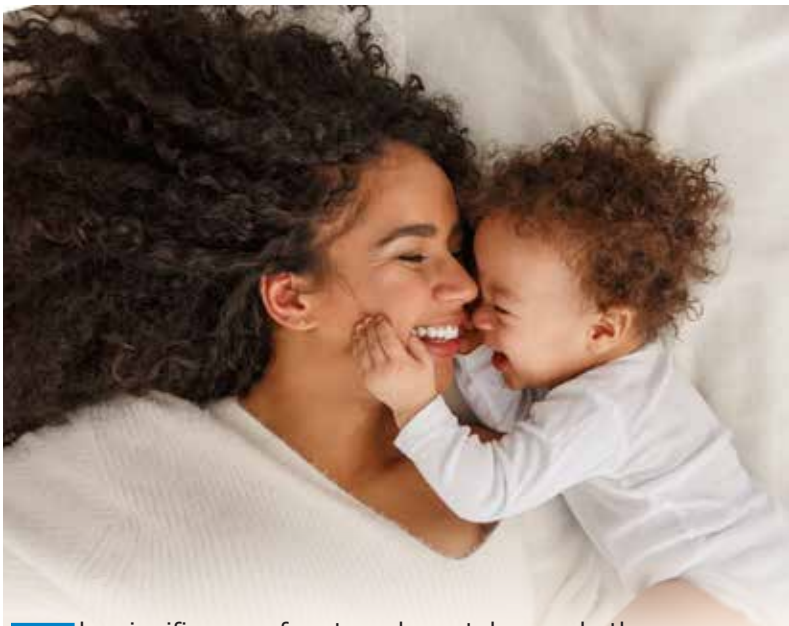
pandemic or other circumstances beyond our control. We hope to add a similar clause into our future contracts with the other meeting venues.

I absolutely cannot wait to see everyone face-to-face at the 71st Annual Meeting at the Cloister on Sea Island from August 25-28, 2022. I would like to conclude with this quote by Laura Kelly Fanucci that truly does encapsulate the feelings we have all experienced during this unprecedented time:

"When this is over, may we never again take for granted a handshake with a stranger, full shelves at the store, conversations with neighbors, a crowded theater, a Friday night out, the taste of communion, a routine checkup, a school rush each morning, coffee with a friend, the stadium roaring, each deep breath, a boring Tuesday, life itself. When this ends, may we find that we have become more like the people we wanted to be, we were called to be, we hoped to be. And may we stay that way - better for each other because of the worst."

PEACE for Moms *Mothers and Babies*

Rebecca J. Woo, M.D., FACOG
Emory University School of Medicine, Department of Psychiatry, Assistant Professor



The significance of maternal mental health has been emphasized by the pandemic. Pregnancy and new parenthood are challenging under the best circumstances, and most can agree that the past eighteen months would not qualify as "the best circumstances". As many as 1 in 5 patients experience anxiety and depression during pregnancy or post-partum, making mental health conditions the most common complication of pregnancy. While we are acutely aware of the effects on our patients, we are often at a loss for options to help them.

PEACE for Moms, Georgia's Perinatal Psychiatry, Education, Access and Community Engagement Program, seeks to expand options for patients and clinicians by offering consultation, referral, and education to improve maternal mental health care. A simple phone call to PEACE for Moms connects clinicians to perinatal psychiatrists based at Emory University for real-time consults. In 30 minutes or less, Drs. Toby Goldsmith and Rebecca Woo provide recommendations for medication, assistance with diagnoses, and resources for additional patient care and follow up. Among those resources is psychotherapy, specifically evidence-based psychotherapies.

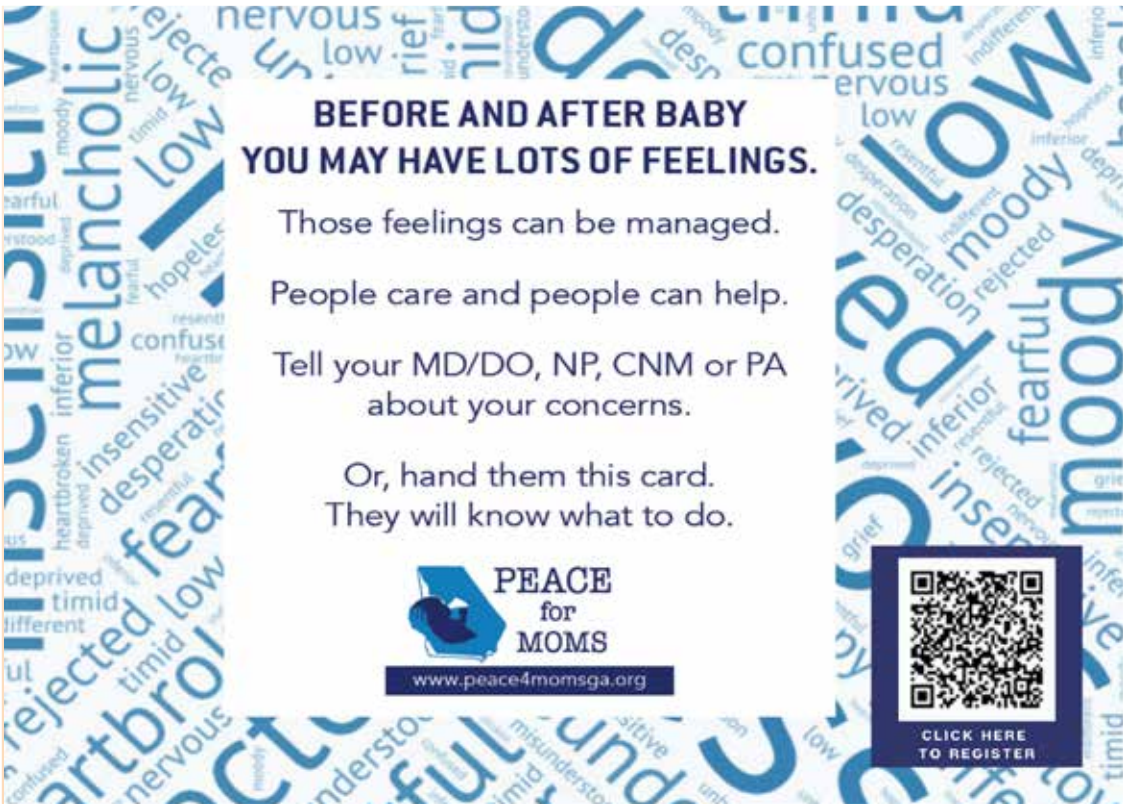
Evidence based psychotherapy approaches are more than just "someone to talk to". Therapies such as cognitive behavioral therapy (CBT) help patients recognize the role their thoughts and behaviors play in affecting their emotions. By changing their actions and reframing their thoughts, patients can manage their emotions more effectively. Evidence based psychotherapy approaches are proven to treat depression, anxiety and other mental health conditions by making lasting changes in thoughts, emotions and behaviors.

PEACE for Moms will begin offering a group therapy called ***Mothers and Babies***. Mothers and Babies focuses on improved coping skills and interventions to address symptoms of depression and anxiety. Mothers and Babies groups will be held over telemedicine over six to nine weeks for 60 to 90 minutes per session. Each session will be led by PEACE for Moms staff. Participants will be trained in mindfulness practices as well as focusing on developing healthy attachments to their new infant. Mothers and Babies groups are "closed" (patients may enter the program at specific intervals) and will allow 6-9 participants per cycle. We are recruiting patients to participate for our first group starting in January 2022.

Like all PEACE for Moms services, Mothers and Babies program is free to patients and clinicians. Clinicians wishing to refer a patient to Mothers and Babies may contact PEACE for Moms and request a consultation for their patient to be evaluated for Mothers and Babies. Mothers and Babies is best suited for mothers with mild depression or who are at high risk for developing depression, while patients with more serious depression or mental illness may need more active intervention or a higher level of care.

Please visit our website for more information on referring patients:
Peace4momsga.org

For additional information on Mothers and Babies:
https://www.mothersandbabiesprogram.org



Oral Health, Georgia PRAMS 2017-2019

Routine Dental Care Access

35% of Georgia women had their teeth cleaned by a dentist or dental hygienist before their last pregnancy

36% of Georgia women head their teeth cleaned by a dentist or dental hygienist during their pregnancy

76% of Georgia women had insurance to cover dental care during their pregnancy

Disparities in Beliefs about Oral Health

Significantly fewer women with certain characteristics knew it was important to care for teeth and gums during pregnancy:

- Non-Hispanic Black and Hispanic (vs. Non-Hispanic White)
- Medicaid for payor at delivery (vs. private insurance)
- High school graduate or lower education (vs. at least some college or higher education level)
- Received inadequate prenatal care (vs. adequate prenatal care)

Pregnancy and Oral Health

Oral health is important for both pregnant woman and their infants. Maintaining good oral health during pregnancy is a critical part of prenatal care, as poor oral health during pregnancy is associated with negative health outcomes for women and infants.[1] Women are at higher risk of periodontal disease during pregnancy, and an estimated 60-75% of pregnant women have gingivitis – a form of periodontal disease.[2] Periodontal disease may be associated with adverse birth outcomes, such as preterm birth and low birth weight.[1,2]

A mother's oral health status is also a strong predictor of her children's oral health status. Women who have a lot of cavity-causing bacteria during pregnancy and after delivery could transmit these bacteria from their mouth to the mouth of their baby.[1] Children of mothers who have high levels of untreated cavities or tooth loss are more than 3 times more likely to have cavities as a child.[1] Dental care is safe during pregnancy; pregnant women should practice good daily oral hygiene and discuss any concerns with their dentist.[3]

Reference

1. https://www.cdc.gov/oralhealth/publications/features/pregnancy-and-oral-health.html
2. https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2013/08/oral-health-care-during-pregnancy-and-through-the-lifespan
3. https://dph.georgia.gov/oralhealthprogramga

Take Action: Recommendations and Resources

MOTHERS CAN:

Perform oral health maintenance:

- Brush twice a day with fluoridated toothpaste, floss once daily, and limit sugary food and drinks
- Visit the dentist twice a year
- Stop use any use of tobacco products and recreational drugs and avoid secondhand smoke
- Drink fluoridated tap water
- Take your child to the dentist by first birthday or within six months after their first tooth erupts

HEALTH CARE PROVIDERS CAN:

- Conduct an oral health assessment during the first prenatal visit
- Review medical and dietary histories, including use of tobacco, alcohol, and recreational drugs
- Be aware of patients' health coverage for dental services during pregnancy to make referrals to the appropriate dental provider
- Counsel women to follow oral health professional's recommendations for achieving and maintaining optimal oral health

RESOURCES

For resources for oral health and pregnancy, visit:

- https://www.mchoralhealth.org/
- https://www.cdc.gov/oralhealth/publications/features/pregnancy-and-oral-health.html
- https://www.resourcehouse.com/hmhb/

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.

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Current Recommendations for HIV Care in Pregnancy Continued from pg 7

indicated for other obstetric indication in individual without an elevated viral load, delivery timing and route should be based on standard obstetric recommendations. Delivery management of an individual with an elevated viral load who presents in labor or with ruptured membranes should take into account the most recent viral load, ARV adherence, duration of rupture, gestational age and estimated remaining length of labor. The National Perinatal HIV Hotline (1-888-448-8765) is available to help clinicians in these situations.

In regards to intrapartum IV zidovudine (ZDV)

- ***SHOULD*** be administered if near time of delivery:
  - HIV RNA >1,000 copies/mL
  - Unknown HIV RNA
  - A suspected lack of adherence since the last HIV RNA result
  - A positive expedited antigen/antibody HIV test result during labor
- ***MAY*** be considered if HIV RNA ≥50 copies/mL and ≤1,000 copies/mL near delivery
- ***NOT REQUIRED*** if meet ALL of the following 3 criteria: receiving ART, have HIV RNA <50 copies/mL at ≥34 to 36 weeks gestation (or 4–6 weeks before delivery), and are adherent to their ARV regimen
- If indicated should begin IV ZDV (1-hour loading dose (2 mg/kg), followed by continuous infusion (1 mg/kg/hr) when women present in labor or at least 3 hours prior to scheduled cesarean delivery

Additionally, while on labor and delivery scheduled ARVs should be continued without interruption. Fetal scalp electrodes should be avoided if possible and intrauterine pressure catheters used with caution. In regards to management of hemorrhage, methergine should be avoided if individual is taking a protease inhibitors or cobicistat to avoid exaggerated vaso-constrictive responses.[5]

Neonatal Management

Specific neonatal management recommendations are also crucial in avoidance of perinatal HIV transmission. All newborns exposed perinatally to HIV should receive postpartum antiretroviral (ARV) drugs to reduce the risk of perinatal transmission of HIV. The specific regimen should be determined based on maternal and infant factors that influence the risk of perinatal transmission of HIV. For a low risk infant the regimen is AZT twice daily for 4 weeks.

In the USA today, breastfeeding is NOT recommended for women with HIV. (4) Breastfeeding presents an ongoing risk of HIV exposure after birth. Although suppressive maternal antiretroviral therapy significantly reduces the risk, it does not eliminate the risk of transmitting HIV through breastfeeding. Women who have questions about breastfeeding or who desire to breastfeed should receive patient-centered, evidence-based counseling on infant feeding options by an HIV expert. The current Perinatal HIV Guidelines currently suggest women with HIV who choose to breastfeed should be supported in risk-reduction measures to minimize the risk of HIV transmission to their infants.

In summary, many great advances have been made in the care of individuals living with HIV. We have the knowledge and tools to help guide pregnant individuals with HIV through healthy pregnancies with a very low risk of perinatal transmission. With early HIV detection, treatment with ARVs, appropriate delivery decisions, intrapartum management, neonatal prophylaxis and avoidance of breastfeeding with can reduce the risk of transmission to less than 1%.

Reference:

1. Centers for Disease Control and Prevention. HIV and pregnant women, infants, and children. Available at: https://www.cdc.gov/hiv/group/gender/pregnantwomen/index.html
2. Centers for Disease Control and Prevention. HIV and HIV Statistics https://www.cdc.gov/hiv/statistics/overview/geographicdistribution.html
3. American College of Obstetricians and Gynecologist. ACOG Committee Opinion No. 752 Prenatal and perinatal human immunodeficiency virus testing. Obstet Gynecol 2018; 132e138-142.
4. Panel on Treatment of Pregnant Women with HIV Infection and prevention of Perinatal Transmission. Recommendations for use of antiretroviral drugs in pregnant women with HIV infection and interventions to reduce perinatal HIV transmission in the United States. https://clinicalinfo.hiv.gov/en/guidelines/perinatal
5. ACOG Committee Opinion No. 751 Summary: Labor and Delivery Management of Women With Human Immunodeficiency Virus Infection. Obsetet Gynecol 2018; 132p803-804

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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.

Georgia OBGyn
GEORGIA OBSTETRICAL AND GYNECOLOGICAL SOCIETY

Save the Date

71st ANNUAL EDUCATIONAL MEETING

The Cloister at Sea Island, Georgia

AUGUST 25 - 28, 2022

ROOM RATES START AT $399 PER NIGHT

Book on-line: book.passkey.com/e/50258768
or call The Cloister for reservations at (855) 653-4744

Room block: "GA OBGyn Society"

Scan QR code for hotel reservations

ROOMS AT THE CLOISTER FILL QUICKLY
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
Location TBA

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 2022
Date TBA