



Georgia
Obstetrical and
Gynecological
Society, Inc.

OBGyn News

PROMOTING EXCELLENCE IN
WOMEN'S HEALTHCARE in GEORGIA

SUMMER 2021 • VOLUME 15, NUMBER 3



Opioids and Georgia's Maternal Population: Recent Data and Resources for Support

Lauren Kozlowski, MSW, MPH
MotherToBaby Georgia Coordinator

Opioids have come to the attention of virtually all types of providers in the healthcare realm. Their use for a variety of treatments, in combination with their addictive nature, requires a sensitivity in our approach to discussing them. This is even more true when working with our pregnant and nursing populations. I coordinate the MotherToBaby Georgia program that provides research-based information on exposures during pregnancy and while breastfeeding. MotherToBaby is located within the Center for Maternal Substance Abuse and Child Development (MSACD), which is housed at Emory University's School of Medicine. Recently, our staff requested data related to maternal substance use in Georgia from PRAMS, the Pregnancy Risk Assessment Monitoring System, out of the Centers for Disease Control and Prevention (CDC).

Though we did request data related to multiple substances, prescription opioids will be the focus here. While sharing some of this information, it is important to remember the underreporting of substance use that routinely occurs; these reported levels are likely lower than what the reality is in our state. At MSACD, we

also highlight the likelihood that there is almost never only one substance being used by an individual. Meaning that though someone may have an opioid use disorder (whether diagnosed or not) they are likely also using or abusing alcohol, nicotine, and/or some other substance. This is key to remember when considering prenatal exposures and their potential impact on a developing baby.

There is little information on rates of opioid use during pregnancy available; it remains a difficult thing to capture accurately. Recent data we have on prescription opioid medication use specific to Georgia's pregnant population is from the 2019 GA PRAMS survey of 789 people. The results of this analysis showed that 55 individuals, or 5.9% surveyed, used opioids at some point during their pregnancy. These individuals reported using the opioid medications for pain relief or other medical reasons – meaning, no one reported using them to help with emotions, feel good, or because they were “hooked” or had to have them.

Another set of data we received from the Georgia PRAMS includes a variety of pregnancy outcomes associated with substance use during pregnancy, including low birth weight and preterm birth. This data is from 2,516 live births between years 2017-2019. When comparing use of alcohol, tobacco, e-cigarettes, marijuana, depression or anxiety medications, and prescription opioids, the opioid group had the highest percentage of low birth weight babies born at 13.7%. When comparing preterm birth across the same substances, babies born to individuals that reported taking opioids during pregnancy made

up the group with the second highest percentage at 8.8%.

This is just a snapshot of the information we have on maternal substance use during pregnancy. Much information on substance use is in women of reproductive age, and in some cases, substance use/abuse surveillance data is not separated out by age or gender. No matter how anonymous a survey may be or how well questions about substance use may be framed, there are still many people that will not want to disclose their use or the extent of it. This is particularly true during pregnancy and given that there can legal implications of substance use while parenting.

Though there is still much we do not know, it is clear that some pregnant people do use opioids. Pregnant people that misuse opioids throughout pregnancy may also be at increased risk for preterm birth, poor growth of their baby, stillbirth and caesarian section. There is also evidence that use of opioids near delivery can increase risk for symptoms of withdrawal in newborns. Medication Assisted Treatment (MAT) can be very beneficial for some pregnant people managing their opioid use disorders. However, the number of providers offering MAT to pregnant patients may be a barrier to care, as is stigma about using drugs.

Continued on page 3

in this issue

Opioids and Georgia's Maternal Population	1,3
MAG & Alliant Health Solutions use 'G.R.I.T.' to support health care workforce	4
GPT - Global Partnership for Telehealth	5-7
COVID 19 Vaccination	8-9
Message from Past President Melissa Kottke,	10
Sponsors of GOG's 70th Educational Meeting	11
GOGS 2021-2022 Officers	11

Administrative Office

2925 Premiere Parkway, Suite 100
Duluth, GA 30097
Telephone: 770 904-0719
Fax: 770 904-5251
www.gaobgyn.org



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



Exclusively endorsed by



The Doctors Company
TDCGROUP



Covered^{with} KINDNESS


CareSource[®]

Opioids and Georgia's Maternal Population (Continued from page 1)

Georgia still has quite a bit of work to do in improving how we care for our maternal population with substance use issues. This includes making resources widely available, improving the number and accessibility of resources (for both education and treatment), and improving our screening and data collection. This can only be done if we work together across the spectrum of

community and healthcare providers we have. At MotherToBaby we offer a free resource for healthcare providers and the general public. Although this is only one piece of a much larger puzzle, we provide anonymous contact so those who are pregnant or nursing can call and ask us their questions without fear of judgment. We can be a resource both to providers that need more information,

or to pregnant/lactating patients that may feel more comfortable asking questions of one of our team members instead of disclosing use or misuse right away to their provider. One of our goals is to increase the discussion around use of opioids and other substances in order to reduce stigma, but also to increase education on things that impact developing babies. Always reach out to us with any questions you have, and let's work

together to improve serving women and birthing individuals across our state.

Resources:

If you would like fact sheets about opioids or medications related to MAT (buprenorphine, methadone) in pregnancy and breastfeeding: <https://mothertobaby.org/pregnancy-breastfeeding-exposures/opioids/>

In addition, we produce fact sheets and rack cards on a variety of topics that can be ordered at no cost.

If you would like to speak to a MotherToBaby expert directly, call: 855-789-6222, text: 855-999-3525, email: mothertobaby@emory.edu or live chat on our website: <https://mothertobaby.org>

If you are treating or working with someone that is pregnant and would like to locate Medication Assisted Treatment or MAT in their area: <https://dpt2.samhsa.gov/treatment/directory.aspx>

If you need to refer a family that has a baby or child with suspected prenatal drug or alcohol exposure for evaluation (learning, behavior, developmental issues), contact Sharonda Malcome at the Emory Neurodevelopment and Exposure Clinic, also housed at MSACD : <http://msacd.emory.edu/About%20Us/contact-us.html>



MAG & Alliant Health Solutions use 'G.R.I.T.' to support health care workforce



With a generous grant from Alliant Health Solutions, the Medical Association of Georgia's Physician/Health Care Workforce Resilience Task Force has launched a new initiative – Georgia's Resilience Innovation Team (G.R.I.T.) – to promote wellness and resiliency within every segment of Georgia's health care workforce.

The task force chair, Keisha Callins, M.D., says that, "The G.R.I.T. initiative was designed to help physicians

and allied health care professionals and workers contend with a new wave of challenges as the patient care requirement associated with the COVID-19 pandemic winds down."

Dr. Callins explains that, "This 'reduction phase' is going to bring an uptick in behavioral health challenges, including grief, mourning, and PTSD. We consequently want to ensure that physicians and the rest of the health care workforce have the support and resources they need."

The new G.R.I.T. web page features an array of resources and guidelines for physicians, physicians-in-training, allied health care professionals, medical students, educators, and administrators. Examples include resources to...

- Measure a team's level of stress or burnout

- Implement a 'peer-to-peer support' process
- Reduce burnout in medical schools
- Help administrators boost morale and create a better work environment
- Recognize health care systems for investing in physician well-being

It is also worth noting that MAG recently distributed a 'Top Docs' show on avoiding burnout and promoting resilience that features former AMA President Patrice Harris, M.D., and AMA Group Vice President Michael Tutty, Ph.D.

Dr. Callins points out that, "The big picture ramifications here are considerable given the significant and direct correlation between our mindset and level of joy and happiness in the workplace and the quality of care we deliver to our patients."

Finally, she emphasizes that, "None of this would be possible without the incredible financial support that we received on the front end, so our sincere thanks and applause to everybody associated with Alliant Health Solutions."

Contact Lori Cassity Murphy at lmurphy@mag.org with questions about the G.R.I.T. initiative.



If you're a medical student or resident who's feeling fatigued or overwhelmed, we have your back!

More at [MAG.org](https://mag.org) →





GPT - Global Partnership for Telehealth

By: HUGH SMITH, MD

GPT is a Nonprofit organization offering telehealth solutions in Georgia as well as other states and internationally for 20 years. GPT is a safe to use, affordable telehealth solution with hardware including Bluetooth stethoscopes, exam scopes, telemedicine carts, laptops and exam kits. GPT has 24/7 in house support, training programs, webinars, and educational programs. GPT has a primary focus on supporting rural hospitals, providers, school systems

and long-term care facilities. GPT is the grantee and host of the Southeastern Telehealth Resource Center and offers its own telehealth platform called Pathways. Pathways is a web-based platform that works on most devices.

HUGH SMITH, MD - I practiced women's health care in a rural setting at Upson Regional Medical Center for 40 years. During that time, I found the need for advanced medical consultation, specifically Cardiology, Neurology, and Infectious Disease. During these

last 40 years, fast access to these and other consultants was limited.

Technology has changed the availability in the form of Telemedicine. Physicians in Georgia have access to the GPT - Global Partnership in Telehealth. The GPT can be contacted by calling account manager Ed Honeycutt at 912-285-0902 or calling GPT directly at 866-754-4325.



Pathways - Features and Benefits

Full Feature Platform	All features and benefits of Pathways are included in one package for providers at any level.
Secure End To End Encryption	HIPAAA compliant standards: SSL encryption for web traffic and video transmission.
Unlimited Consultations	Duration of consultations and number of consultations is unlimited.
24/7 It Support	Support staff are US based, GPT employees. Support level includes phone, video and remote device access.
Email Support	Email support for IT, customer service or general telehealth guidelines.
Consultation History	Report provides consultation ID presenter/provider ID, time and date stamps.
Photo Capture	Images and photos can be captured in session for post consultation review.
Phone Support	Account management and IT staff available by phone during business hours.
No Patient Data Entered	Consultation summary available for up to 24 hours only. No patient data shared in our servers.
Free To D2c Patients	No usage charge to patients for offsite consultations.
User Manual	Provides the information necessary for system administration to manage access to pathways.
In Session Radio Buttons	Audio, video, screen share and camera selection.
Web Based	No software to download. Accessible to Windows, IOS and Android.



Pathways



THIS IS TELEHEALTH. **SIMPLIFIED.**

Pathways is a telehealth platform developed by Global Partnership for Telehealth (GPT). It is designed to be a secure, flexible system for healthcare professionals to connect with their patients quickly and easily.

> WEB BASED SOLUTION

Web based means that practices and their patients will have zero software to install, update, or maintain.

> USE ANY HARDWARE

No need to buy expensive proprietary devices. Use Pathways from your desktop, tablet, or smartphone.

> TRUSTED SUPPORT

GPT's team of telehealth experts and technicians are available around the clock, providing training and support for you and your staff as well as your patients.



SCAN HERE
FOR MORE INFO

(866) 754-4325
info@gpth.org

www.gpth.org
www.mypathways.us

GLOBAL PARTNERSHIP FOR TELEHEALTH
3599 PLANT AVE
BLACKSHEAR, GA 31516

PATHWAYS OVERVIEW



➔ Knowledge, experience, and dedication.

Pathways is owned and operated by Global Partnership for Telehealth; a non-profit telehealth company based in Georgia. Founded in 2004, GPT knows what it takes to be successful in the ever-changing landscape of telehealth. We are committed to seeing telehealth succeed and thrive which is why we offer technical support via phone or email at no additional cost 24 hours a day, 365 days a year. We also have experienced telehealth experts available to help you with training, integration, and workflow assistance.

➔ Dynamic features allow for more creative workflows.

Take advantage of some of the more advanced features within Pathways to create workflows that are tailored to your patients and fit your organization. We've built Pathways to be flexible. We don't believe your telehealth platform should be "one size fits all". With the use of roles like Support Staff and Organization Manager, and features like shared waiting rooms, call transferring, walk-in rooms, custom forms and more, you will be able to run your virtual telehealth clinic much like your physical clinic.

➔ We aren't holding anything back.

Every feature available in Pathways is included with your monthly subscription. HD Video, image capturing, screen sharing, file sharing, live chat, multi-camera support, call transferring, waiting rooms, guest invitations, end-to-end encryption, custom forms, BAA, reports and more. All with no caps, and no limits.

➔ Telehealth Simplified.

Using Pathways means no drivers or software to install. Pathways works on most devices and operating systems. Need help finding the right telehealth hardware? GPT can help. Let one of our friendly telehealth experts assist you in finding the hardware that's right for you. As a non-profit company, GPT can often offer hardware solutions at a fraction of the cost of our competitors.

HD Video	Far End Camera Control	BAA
Image capturing	Custom Waiting Rooms	Consultation Reports
Screen Sharing	Walk-In Waiting Rooms	Call Metrics
File sharing	Waiting Room Sharing	24x7x365 Tech Support
Live Chat	Guest Invitations	
Multi Camera Support	End-to-End Encryption	
Call Transferring	Custom Intake Forms	

COVID 19 Vaccination: Where We Are And Vaccine Hesitancy.

By: John P. Horton M.D. FACOG , Sandra Reed M.D. FACOG

A new wave of COVID -19 cases driven by a combination of viral variants and lack of vaccination has highlighted a need to assess our vaccination counseling and patient information. The American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal Fetal Medicine (SMFM) have released clear and concise vaccination recommendations stating:

- "ACOG strongly recommends that all eligible persons receive a COVID-19 vaccine or vaccine series. Obstetrician-gynecologists and other women's health care practitioners should lead by example by being vaccinated and encouraging eligible patients to be vaccinated as well.
- ACOG recommends that pregnant individuals be vaccinated against COVID-19.
- ACOG recommends that lactating individuals be vaccinated against COVID-19."

These recommendations provide clarity for patients and our own provider community as well confidence in vaccine safety that can aide in approaching vaccine hesitancy.

Georgia has some significant work ahead to educate and understand why its citizens and our patients are hesitant to get vaccinated. Vaccines are now readily available and in stock at local health departments and in private distribution centers such as grocery stores and supercenter shopping locations. Same day and next day vaccination appointments are readily available and can be found on vaccines.gov. Despite this access and even amid the recent surge, less than half of Georgia residents are fully vaccinated, and rates of vaccination of pregnant people nationally, is even lower.

In a January study, prior to ease of vaccine access, those in the US most likely to have COVID-19 vaccine hesitancy were Black or African American persons, Hispanic persons, people with children at home, people with lower education and incomes, residents in rural communities, and those who identified as Republicans.¹ This hesitation did not change with increased vaccine administration or availability. These groups that disproportionately experience vaccine hesitancy constitute a significant portion of the people in

Georgia. With the evolution of the pandemic, particularly with new and more infectious variants that put unvaccinated people at risk, it is critical for us as providers to look beyond categorization and towards education that can address the individual fears or beliefs that drive hesitancy. Safety and trust are often cited as concerns. Vaccines are very safe. Safety data that led to the



original emergency use authorization included a diverse cross-section of tens of thousands of Americans. Since then, nearly 350 million doses have been given across the US. This breadth of data and inclusion of diverse backgrounds can be highlighted to increase confidence with patients. Safety data may not be the only key to successful discussions around vaccine safety. Personal stories of vaccination from providers, medical staff, and local leaders have been found to be influential forms of motivation for those encouraging COVID-19 vaccination.

The first CDC data surrounding COVID-19 vaccination and pregnancy monitoring was released in April 2021, and it showed no obvious safety concerns amongst pregnant persons who received the mRNA vaccines. No congenital anomalies were identified among the 827 participants who completed pregnancy. Rates of miscarriage were similar for those pregnant people receiving COVID-19 vaccination to rates published prior COVID-19 pandemic.² As of early July, over 130,000 pregnant people reported receiving a COVID-19 vaccination and over 5,000 pregnant people have registered to the CDC v-safe registry that was created to specifically follow outcomes for them. No major adverse events have yet to be reported amongst pregnant COVID vaccinated patients and continued monitoring is ongoing.

In counseling pregnant patients on vaccination, it is important to not only discuss the vaccine safety data but to also discuss the effects that COVID-19 can have on both maternal and fetal outcomes. Vaccination has not been shown to produce problems or concerns for maternal or neonatal outcome,



Healthy Foods,
Nutrition Information
and Breastfeeding Support!

wic.ga.gov | 800-228-9173



This institution is an equal opportunity provider.

Private Practice for Sale Near Atlanta

- West Atlanta; Georgia.
- Established, Gynecology only.
- Experienced staff, Mid-Levels.
- More profitable than Hospital based.
- In office Ultrasound, Colposcopy, LEEP, Hysteroscopy, Bone Density Studies, Sonohysterograms, Novasure, Myosure Procedures.
- Control your destiny.
- Flexible Terms.

Contact pholloway@douglaswomenscenter.com
Or text 770-262-7433.

however, the disease itself can increase need for hospitalization, intubation, and ICU admission.³ Recent studies have also shown that mRNA vaccine can lead to antibody production as early as 5 days after first vaccination and there may be transfer to the neonate as early as 16 days after the first vaccination injection.⁴ This shows that even late pregnancy vaccination may have beneficial effects for both mother and neonate though further studies are needed to understand if any protective effects exist from antibody transfer.

Georgia has several resources for understanding the current state of COVID-19 disease and vaccination efforts. The Georgia Department of Public Health online resources can give you specific data for your community. County-level information including both infection and vaccination rates is updated daily. All providers should have vaccination strategies that consider factors unique to their patient population and community. This will not only help to understand COVID-19 vaccine hesitancy but also work toward an improved vaccination program for all. Whether the MMR, Tdap, or influenza having focused information at hand relevant to your patient is the start to successfully following up to the question, "Have you been vaccinated?"

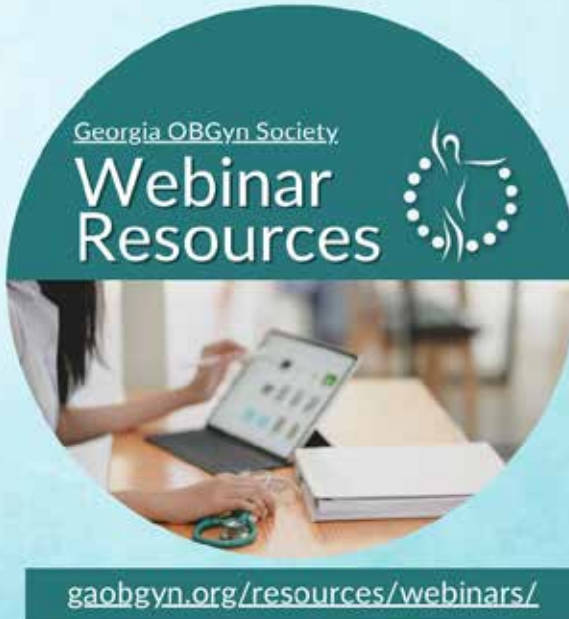
To learn if it is safe for a mother to receive a COVID-19 vaccination during pregnancy, is there a benefit to receiving a vaccination during pregnancy versus before or after pregnancy, and does the COVID-19 vaccine affect future fertility? Join host Dr. Vanessa Raabe and special guest, Dr. John Horton, Division Director of General Obstetrics and Gynecology at Emory Healthcare, Atlanta, as they answer these questions and more in this episode of Transmission Interrupted – **COVID-19: Pregnancy and Vaccines here:** https://netec.org/podcast/covid-19-pregnancy-and-vaccines/?utm_source=netec&utm_medium=email&utm_campaign=newsletter

CDC Pregnancy V-Safe information: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafepregnancyregistry.html>

ACOG COVID-19 Information: <https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/12/covid-19-vaccination-considerations-for-obstetric-gynecologic-care>

- 1 Khubchandani et al., "COVID-19 Vaccination Hesitancy in the United States."
- 2 Shimabukuro et al., "Preliminary Findings of MRNA Covid-19 Vaccine Safety in Pregnant Persons."
- 3 Rasmussen et al., "Coronavirus Disease 2019 (COVID-19) and Pregnancy."
- 4 Prabhu et al., "Antibody Response to Coronavirus Disease 2019 (COVID-19) Messenger RNA Vaccination in Pregnant Women and Transplacental Passage Into Cord Blood."

GOGS New Webinar Resources Page



Our Webinar page was designed to serve as a Home Base for on-demand educational and informative content for OBGyn providers.

New webinars are added frequently, so make sure to check back regularly for the latest content.

Is there a topic you would like to see added? Please email with your suggestion to president@gaobgyn.org.

Browse the page to find videos on a wide range of topics including our recent legislative webinar series featuring Brian Robinson from Robinson Republic, LLC., offering tips on "How to Lobby in a Virtual World", or GOGS staff member Kaprice Welsh's presentation to the National Institute for Children's Health Equity on, "Creating a Blueprint for Transformation".

Liletta
(levonorgestrel-releasing
intrauterine system) **52 mg**



Physicians' Alliance
of America

LILETTA® IS AVAILABLE THROUGH PAA!

Savings for Physicians' Alliance of America (PAA) Members

PAA is a nonprofit Group Purchasing Organization that uses the purchasing power of more than 10,000 member practices nationwide to negotiate discounts and preferred terms for the products and services practices use every day.

For more information on LILETTA,
call 1.855.LILETTA
or visit LILETTAHCP.com

For more information on PAA,
call 1.866.348.9780
or visit www.Physall.com



Medicines
360

© 2019 Allergan and Medicines360. All rights reserved.
Allergan® and its design are trademarks of Allergan, Inc.
Medicines360® and its design are registered trademarks of Medicines360.
LILETTA® and its design are registered trademarks of Odyssea Pharma SPRL,
an Allergan affiliate.
All other trademarks are the property of their respective owners.
L1T120833 02/19

Liletta
(levonorgestrel-releasing
intrauterine system) **52 mg**

Message from our Past-President, Melissa Kottke, MD, MPH, MBA



Whew, it has been a year filled with changes and challenges (again)! Despite this, the Georgia Ob/Gyn Society (GOGS) remains strong, which is a testament to you all as incredible members and doctors, as well as to our committed GOGS staff. As you know, this year's annual educational meeting, our 70th annual educational meeting, was held virtually in August. Our initial plan was to host an in-person/virtual hybrid, but as the days grew closer and the COVID surge was particularly active where our in-person component was to be held, we made the difficult decision to transition to an all-virtual platform. Difficult, but also straightforward in that the safety of our members, staff, friends and family and patients is an easy beacon to follow. Hats off to our executive committee, program committee, and GOGS staff who made rapid decisions and changes to make this meeting a success! We had two days of wonderful content and expert speakers. All sessions were recorded and are available on the conference app and available for CME through early 2022. We will continue to host additional educational sessions in the fall and will communicate that schedule soon. During the virtual meeting, we held the annual business meeting. Here is an overview of the highlights from our past year.

- Attendees at our annual business meeting approved the 2021-2022 slate of officers, and we installed new officers. Please join me in congratulating the new officers and thanking them for their leadership!
- This year, we have been excited to expand the educational activities we offer for members aimed at supporting your practice, your patients, and you as a busy Ob/Gyn. All educational sessions are recorded and are available on the GOGS website.
- We are excited to report that there is a new Ob/Gyn residency program in Georgia. This fall, they will be interviewing candidates for their first class! Northeast Georgia Medical Center will match six residents per year. It is wonderful to see additional trainee slots in the state, and we are excited to showcase that Georgia is a great place to set up their practices.
- We have expanded ways for members to be involved and help shape the society and care for our patients across the state by increasing the number of GOGS committees and the number of members on these committees. A new call for interest in committee engagement with open positions will be shared with you all shortly. Please consider signing up! Many hands make for lighter work, and your diverse experiences, viewpoints and skill sets will strengthen what we can accomplish collectively.
- This year, GOGS pledged our commitment to the Joint Statement on Collective Action Addressing Racism that ACOG and two dozen other national organizations who provide ob/gyn care created. The inequities in maternal health outcomes in our state are unacceptable, and we are committed to active and intentional efforts to deliver high quality, equitable care in Georgia.
- Our legislative committee has been active and has had several successes. Our CMS 1115 waiver which extends postpartum Medicaid coverage through 6 months postpartum was approved in April 2021 and will be in effect through March 31, 2026. This allows for ongoing coverage of all medically necessary covered Medicaid state plan benefits. It also outlines a Resource Mother Outreach benefit, which can provide personal and social support to beneficiaries and their families. We are very excited about this and think it is an enormous step toward improving maternal health in our state; we will continue to advocate on this topic and seek additional coverage to extend to 365 days postpartum. Other legislative successes included the passage of several bills that support telemedicine, an increase in Medicaid reimbursement, and a requirement for 30-day turn-around for record requests to support maternal mortality review.
- Several important initiatives are underway in women's health, many are in partnership with the Department of Public Health (DPH).
 - The Georgia Perinatal Quality Collaborative (GaPQC) is a learning collaborative that has members from ~85% of birthing hospitals in the state. GaPQC helps hospitals implement care bundles from the Alliance for Innovation on Maternal Health Program (AIM). The current maternal initiatives are focused on the prevention of obstetrical hemorrhage, management of severe hypertension and increasing equity. This year, obstetrical hemorrhage will go into sustainability mode and interested hospitals will be participating in a new bundle to improve cardiac care for pregnant and postpartum people. Cardiac conditions are the leading cause of maternal mortality in our state, so we are very excited to start working in this area. If you are interested in learning more about these bundles or GaPQC, please see the links below.
 - DPH is launching virtual collaborative learning sessions on high impact topics related to maternal health via the Georgia Maternal Health Extension of Community Health Outcomes (ECHO) program. Sessions will be held the third Wednesday of every month from 12-1 pm via WebEx. In these ECHO sessions, all teach and all learn using open discussion, collaborative problems solving and networking.
 - The Perinatal Psychiatry Education and Community Engagement (PEACE) for

Moms program recently launched to provide enhanced perinatal psychiatry access and consultation for providers and moms in Georgia.

It has been a pleasure and an honor to serve as the GOGS President for the past year. Thanks to each of you and to the GOGS team for your support and engagement as we work together on important issues in our state. All my best to Dr. Cary Perry as she leads the society forward; we are in very good hands. Cheers to all and take good care.

Read the Joint Statement on Collective Action Collective Action Addressing Racism: <https://www.acog.org/news/news-articles/2020/08/joint-statement-obstetrics-and-gynecology-collective-action-addressing-racism>

AIM: <https://safehealthcareforeverywoman.org/council/patient-safety-bundles/maternal-safety-bundles/>

GaPQC: <https://georgiapqc.org>

To participate in this or any other Georgia DPH ECHO session, please visit: <https://forms.gle/RRGh6AF1zj9D9TMN7>

For more information:
ECHO Overview - Project ECHO in 90 seconds - Video

Project ECHO One-Pager - Our Story and Model

Register for PEACE for moms: <https://redcap-neuro.emory.edu/surveys/?s=T89FED9DEM>
Providers can also call 855-579-MOMS to initiate a consultation or obtain community referrals.

Hepatitis B can be transmitted from mother to child at birth.
Test EVERY Pregnant Woman, EVERY Pregnancy for Hepatitis B.



Report HBsAg-positive results to the Georgia Department of Public Health within 7 days of lab confirmation.
Report cases at 404-657-2588 or sendss.state.ga.us



Thank You TO OUR SPONSORS

GOLD SPONSORS



Sterling Seacrest Pritchard



The Doctors Company
TDCGROUP

SILVER SPONSORS



BRONZE SPONSOR



SPONSORS OF THE
GEORGIA OBSTETRICAL AND GYNECOLOGICAL SOCIETY
70TH ANNUAL EDUCATIONAL MEETING - VIRTUAL CONFERENCE
AUGUST 20 - 21, 2021

GOGS WELCOMES 2021-2022 SLATE OF OFFICERS:



Cary Perry, MD
President



Melissa Kottke, MD, MPH, MBA
Immediate
Past President



Champa Woodham, MD, FACOG
President-Elect



Gretchen Koontz, MD
Secretary-Treasurer



Anthony Royek, MD
Member at Large



Joy Baker, MD
Member at Large



Ruth Cline, MD
ACOG Section Chair



Catherine Bonk, MD
ACOG Section Vice-Chair



Georgia Obstetrical and Gynecological Society, Inc.

Administrative Office

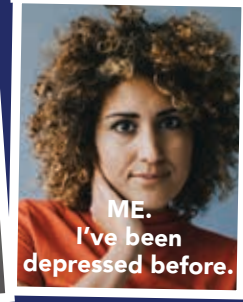
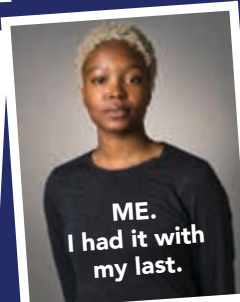
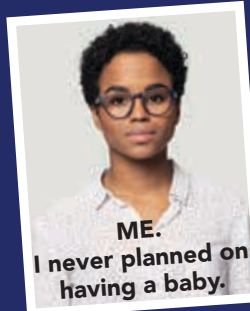
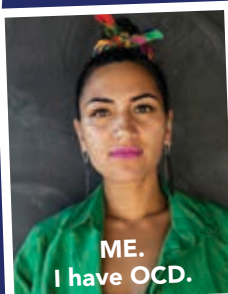
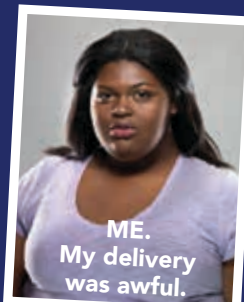
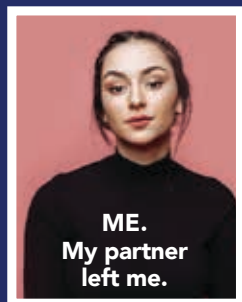
2925 Premiere Parkway
Suite 100
Duluth, Georgia 30097

Telephone: 770 904-0719
Fax: 770 904-5251

*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.*



WHO CAN GET PREGNANCY-ASSOCIATED DEPRESSION OR ANXIETY?



If you are one of us – tell your MD/DO, NP, CNM or PA. They can help.