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OBGYN NEWS

Promoting Excellence In Women's Healthcare In Georgia



Dobbs Decision and the Impact on Georgia OB/Gyn Physicians

he past several weeks have been difficult for our profession and for our patients. On June 24th, 2022, the Supreme Court of the Unites States overturned Roe v. Wade, which had recognized an individual's right to abortion. On July 20, 2022, Georgia's HB 481, which had been enjoined was allowed to go into effect immediately. It bans abortion after about 6 weeks gestation except in very narrow exceptions. On July 26th, 2022 another lawsuit was filed against the State of Georgia on the grounds that HB 481 violates the State constitutional protections.

This series of events has created fear, concern, and confusion across the state for patients, families, ob/gyns, and our colleagues across the health care field. At the Georgia Ob/Gyn Society (GOGS), we have created a task force to try to anticipate the needs of our members and to be a reliable source of information. Our task force includes GOGS leadership as well as those from complex family planning, reproductive endocrinology and infertility, maternal fetal medicine, and general ob/gyn. Here's a snapshot of what we're doing:

- 1. We have initiated weekly Friday FAQs to address some of the more common questions that we're hearing. So far, we have shared information on:
 - Updates to the law nationally, and in Georgia

- A guide for hospitals to be thinking about how these laws impact care at the hospital level
- Patient referral information for abortion and contraception
- Overview of emergency contraception and ectopic pregnancy, both remain legal and unchanged with these recent law changes
- An overview of federal responses to the SCOTUS decision, including support for physicians who need to provide abortion under the EMTALA rule
- Information on the impact of HB481 on fertility care
- 2. This information is being cataloged on our website at gaobgyn.org/reproductive-health/ for members to access in the future. Given the dynamic nature of the landscape the task force is aiming to keep this information as current as possible.
- 3. Members can submit questions via a link on these messages, or by emailing president@gaobgyn.org.
- 4. We are planning a panel discussion at our upcoming annual meeting (hope to see you there!!)
- 5. We are connecting with other state medical societies to plan a state-wide webinar to address cross-cutting questions and concerns.
- 6. As a reminder, our goal is to support you, as our members, and your patients. Just like you, we are not legal professionals, and our



materials should be seen as educational and not providing legal advice. Please consult your legal counsel or that of your practice/hospital if you have specific questions.

At GOGS, we remain committed to you. We believe in the patientphysician relationship and the practice of medicine. We believe that physicians should be able to practice according to the best available evidence, their professional judgment, and their ethical obligation to their patients. These recent changes mark the beginning of a frightening era for all health care professionals, where civil and criminal penalties may be rendered for the provision of evidence-based and necessary care. We are here for you and with you. Thank you for all that you continue to do for our profession and our patients.

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QUICK LINKS











AWARENESS CAMPAIGNS FOR THE MONTHS OF

August and September

NATIONAL BREASTFEEDING MONTH

Breastfeeding is the best source of nutrition for most infants. It can also reduce the risk for certain health conditions for both infants and mothers. Most mothers want to breastfeed but stop early due to a lack of ongoing support. Learn more at: https://www.cdc.gov/breastfeeding/index.html

NATIONAL IMMUNIZATION AWARENESS MONTH

Protecting tomorrow's babies. CDC's comprehensive toolkit is intended to help prenatal care providers increase the rates of maternal immunization. Ob-gyns, nurse-midwives, and other

healthcare professionals who serve pregnant women. For CDC's resources and to learn more, visit: https://www.cdc.gov/vaccines/pregnancy/hcptoolkit/index.html

September

OVARIAN CANCER AWARENESS MONTH

Ovarian cancer causes more deaths each year than any other gynecologic cancer in the U.S. In 2019, the latest year for which incidence data are available, in the U.S., 19,571 new cases of ovarian cancer were reported among women, and 13,445 women died of this cancer. For every 100,000 women, 10 new Ovarian cancer cases were reported and 6 women died of this cancer. Learn more at:

https://www.cdc.gov/cancer/ovarian/index.htm

SEXUAL HEALTH AWARENESS MONTH

The World Health Organization defines sexual health as a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease,



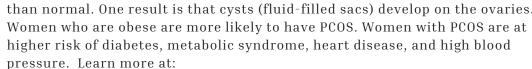
POLYCYSTIC

dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. Learn more at:

https://www.cdc.gov/sexualhealth/

POLYCYSTIC OVARIAN SYNDROME (PCOS) MONTH

Polycystic ovary syndrome happens when a woman's ovaries or adrenal glands produce more male hormones



https://medlineplus.gov/polycysticovarysyndrome.html

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Physician Wellness, Burnout, and Suicide

Cherie Hill, MD, Cynthia Abam, MD, and Joanna Gao, MD

his is a challenging time for health-care providers. The COVID-19 pandemic presents a perfect storm for worsening burnout with increased work, amidst inadequate resources and other financial and personal stressors. Every day, countless physicians go to incredible lengths to help patients achieve health, happiness, and wellness, often at the expense of their own mental and physical well-being, which can lead to burnout. Burnout is a triad of emotional exhaustion, depersonalization, feelings of negativism or cynicism, and decreased sense of personal accomplishment. In 2012, Shanafelt et al. published survey results of nearly 8000 US physicians and showed that rates of burnout and dissatisfaction with work-life balance among physicians were significantly higher than adults working in other professions1. In the subsequent years, the incidence of burnout continues to increase, now affecting more than half (54%) of all physicians surveyed2. While its manifestations and consequences vary widely, it results in significant harm to the provider, their patients, and the institution in which the provider interacts. At a time when there is compelling evidence of a shortage

of qualified practicing physicians,

there is a moral and ethical imperative to address physician burnout because it not only contributes to decreased quality of care, increased medical errors, and decreased patient satisfaction, but also broken relationships, alcoholism, substance use, and physician depression/suicide3.

September 17 is National Physician Suicide Awareness Day (#NPSAday). It is crucial that physicians are equipped with the necessary tools to recognize burnout while combating their day-to-day complexities. To that end, combatting physician burnout must go beyond individual solutions to improve resiliency. A physician's wellness, therefore, is the active pursuit of maximizing quality of life by keeping emotional, physical, occupational, financial, and spiritual aspects of life in balance.

Systemic change is a necessary component for physician wellness. Inadequate treatment for mental illness and increased job-related stress are modifiable risk factors that reduce risk of physician suicide3. Healthcare organizations must work on strategies to reduce stress in the workplace, provide protected time for adequate treatment of mental health conditions, and to work to eliminate the stigma



DID YOU KNOW? **PHYSICIAN** BURNOUT **STATISTICS**

WORK TIME

OBGYNS



A majority of doctors work between 50 to 80 hours, compared to most Americans working an average of 35 hours per week. Working more hours and spending more time on bureaucratic piencies of stress, burnout, and depression

It is estimated that between 40 to 75 percent of OB/Gyns experience some form of professional burnout. In Medscape's 2022 Physician Burnout and Depression report, OB/Gymranked third in ishest rates of burnout



GENDER DIFFERENCES

51% of female-identifying physicians are burned out compared to 36% of male-identifying



MENTAL HEALTH

Over one fifth of physicians say they are Sepressed. Roughly 300 to 400 physicians die every year by suicide in the United States.



SEEKING HELP

Half of physicians think they can deal with emotional distress on their own, but many fear disclosure of mental health problems to medical

BURNOUT AFFECTS ALL AREAS OF OBSTETRICS AND **GYNECOLOGY AND WE NEED** TO ADDRESS THIS ISSUE.



for receiving treatment from our governing bodies.

Self-care is a resilience strategy that can be employed simultaneously. The APGAR is a tool we use to assess the newborn in obstetrics and provides an example framework below for individual wellness strategies to try each day.

HELPFUL LINKS

- American Foundation for Suicide Prevention: https://afsp.org/suicide-prevention-for-healthcare-professionals
- National Alliance on Mental Illness: https://www.nami.org/FrontlineHealthCare Call the NAMI HelpLine between 10 am - 8 pm ET at 800-950-6264 to access confidential, professional support. For immediate assistance, text "SCRUBS" to 741741.
- National Physician Suicide Awareness Day: https://npsaday.org/wpcontent/uploads/2022/03/NPSADay ShareSuicidePreventionResources Ev
- National Suicide Prevention Lifeline: https://suicidepreventionlifeline.org Access confidential support at any time at 800-273-TALK (8255); Starting July 16, 2022 dial 988 from any phone to be connected.

satisfaction with work-life balance among US physicians relative to the general US population. Arch Intern Med. 172(18): 1377-1385. .Shanafelt TD, Hasan O, Dyrbye LN, Sinsky C, Satele D, Sloan, et al. (2015). Changes in burnout and satisfaction with work-life balance in physicians and the general US working population between 2011 and 2014. Mayo Clin Proc. 90(12):1600-13.

Shanafelt TD, Boone S, Tan L, et al. (2012). Burnout and 3.Gold KJ, Sen A, Schwenk TL. (2013). Details on suicide among US Gen Hosp Psychiatry, 35:45-9, doi:

> 4.Kane, L. (2022), Physician Burnout & Depression Report 2022; https://www.medscape.com/slideshow/2022-lifestyle-burnou



Allot your time - block your calendar for personal wellness and utilize all your paid time off



Peers - reach out to peers through your organization's support program or informally with colleagues



Gratitude - start a gratitude journal, or think of something you are grateful for as you wind down nightly



Avoid self-medicating – limit alcohol use and seek help for any substance use disorder or mental illness



Remember the basics - sleep well, exercise regularly, eat a healthy diet, and limit stress

Georgia OBGyn Residency Programs Spotlight Congratulations to the Class of 2022







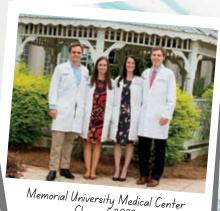


Emory University School of Medicine

OBGyn Program - Class of 2022



Morehouse School of Medicine OBGyn Program - Class of 2022



Sexual Health Includes Cancer Prevention

Brian Boyce, MD, Shirley E. "Bella" Borghi, and Amy Baldwin, PhD

PV is the most common sexually transmitted infection in both men and women, and most people will be infected with at least one HPV type in their lifetime.1 HPV infection with certain strains is directly linked to the development of precancerous lesions and invasive cancer. Vaccination has a proven track record over 15 years demonstrating efficacy in preventing HPV infection and resulting diseases. It is essential to promote and provide the HPV vaccine, which can protect individuals from nine different HPV types that are known to cause and contribute to 6 different types of cancers (including cervical, oropharyngeal and anogenital cancers). Continued monitoring of HPV vaccination effectiveness shows that it works! HPV vaccination results in fewer infections and increased protection against HPV cancers.2 Even though HPV vaccination has been available to girls and women since 2006 and to boys and men since 2009, vaccination rates in the US remain

• How does GA compare with the rest of the US and the world?

While Georgia excels at delivering other adolescent and childhood vaccines with rates that are routinely above 90%, we are lagging behind in vaccinating against HPV. In Georgia, only 55% of adolescents up-to-date with vaccination compared to the national average of 59%. This places Georgia in the bottom 40% when compared to other states.3 Furthermore, the HPV vaccination rate in Georgia and the US falls well below the Healthy People 2020 and 2030 goals of 80%.4 Many barriers involving health systems and misconceptions by patients and providers have contributed to these low numbers, but COVID-19 has especially disrupted vaccine efforts resulting in an estimated 75% decrease in HPV vaccination during the pandemic.5,6

Despite many obstacles, there are states that are excelling in HPV vaccination. Rhode Island and Hawaii, which both have school requirements for the HPV vaccine, lead the nation in vaccine uptake, thus providing better cancer prevention.3 While the US struggles to improve HPV vaccine rates, other countries have shown that nationwide HPV vaccination efforts can have major impacts in increasing coverage. In the UK and Australia, HPV vaccination is offered for free and in-school to all children between ages 9-13. These efforts have resulted in HPV vaccination rates between 80-85%, resulting in a signifi cant decline in precancerous cervical lesions and HPV-associated cancers.7,8 For Georgia, statewide efforts will be essential to improve HPV vaccination rates in an equitable way to reduce the burden of HPV-related cancers for all, which disproportionately impacts minority and marginalized populations. This impact was demonstrated in a recent study of rural and Black women in Georgia.9

• How can OB-GYNs contribute to current efforts to eliminate HPV cancers?

Every patient visit is an opportunity to discuss the importance of HPV vaccination as cancer prevention. The American College of Obstetricians and Gynecologists recommends that all healthcare providers strongly recommend HPV vaccination for all eligible patients as well as stocking and administering HPV vaccines in their offices to increase access.10,11 Current CDC guidelines recommend routine vaccination for girls, boys, men, and women between ages 9-26, and shared

clinical decision making is recommended for

unvaccinated patients between the ages of 27-45. Comprehensive and holistic sexual health includes not only patients, but their partners as well, and vaccination should be strongly recommended.

Education of healthcare providers as well as patients is essential to increasing HPV vaccination rates, and OBGYN practices are urged to partner with fellow healthcare professionals and com-



HELPFUL LINKS (click on logos to be redirected to website)

GEORGIA CANCER CONTROL

CONSORTIUN





· ACOG HPV Took-Kit

https://www.acog.org/-/media/project/acog/acogorg/files/pdfs/publications/hpv-toolkit.pdf?la=en&hash=B311167CA7D11186C4E0472B15FB7A0F

 HPV Cancer Free GA Cervical Cancer Awareness Day and HPV Awareness Day Videos https://linktr.ee/hpvcancerfreega

"Someone You Love Documentary: Using

Narratives in Entertainment Media to Increase HPV vaccination in Georgia" https://digitalcommons.georgiasouthern.edu/jgp ha/vol8/iss3/6/ munity health partners, such as the GA Department of Public Health (DPH), to provide cancer protection through vaccination. Improving HPV vaccination rates across Georgia is possible, but it will take buy-in from all stakeholders, including coordinated efforts with dentists and pharmacists. We must also ensure that efforts are equitable and inclusive of patient populations that are marginalized and underserved. A recent HPV vaccination event coordinated through HPV Cancer Free GA, the Hispanic Health Coalition of Georgia, and Cancer Pathways exemplifies this approach. These organizations partnered with physicians, nurses, medical students, and the local health department to vaccinate an underserved



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rural area and provided HPV health information in both English and Spanish. Providing comprehensive and holistic sexual healthcare requires working together - it takes a village!

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References:

- 1. Kreisel KM, Spicknall IH, Gargano JW, Lewis FMT, Lewis RM, Markowitz LE, Roberts H, Johnson AS, Song R, St Cyr SB, Weston EJ, Torrone EA, Weinstock HS. Sexually Transmitted Infections Among US Women and Men: Prevalence and Incidence Estimates, 2018. Sex Transm Dis. 2021 Apr 1;48(4):208-214.
- Rosenblum HG, Lewis RM, Gargano JW, Querec TD, Unger ER, Markowitz LE. Human Papillomavirus Vaccine Impact and Effectiveness Through 12 Years After Vaccine Introduction in the United States, 2003 to 2018. Ann Intern Med. 2022 May 17. doi: 10.7326/M21-3798. Epub ahead of print. PMID: 35576590.
 Vaccination Coverage Among Adolescents (13-17). TeenVaxView. Centers for Disease Control and Prevention.
- https://www.cdc.gov/vaccines/imz-managers/coverage/teenvaxview/data-reports/index.html. Accessed July 15, 2022.

 4. Healthy People 2030. US Dept of Health and Human Services. https://health.gov/healthypeople/objectives-and-
- data/browse-objectives/vaccination/increase-proportion-adolescents-who-get-recommended-doses-hpvvaccine-iid-08. Accessed July 15, 2022 5. Daniels V, Saxena K, Roberts C, Kothari S, Corman S, Yao L, et al. Impact of reduced human papillomavirus
- vaccination coverage rates due to COVID-19 in the United States: a model based analysis. Vaccine 2021;39(20):2731-5.

 6. Ryan G, Gilbert PA, Ashida S, Charlton ME, Scherer A, Askelson NM. Challenges to Adolescent HPV Vaccination and Implementation of Evidence-Based Interventions to Promote Vaccine Uptake During the COVID-19 Pandemic: "HPV
- Is Probably Not at the Top of Our List". Prev Chronic Dis. 2022 Mar 31;19:E15. doi: 10.5888/pcd19.210378. PMID: 35358035; PMCID: PMC8992683.
 7. Megan A. Smith, Karen Winch, Karen Canfell, Julia ML. Brotherton. Effective HPV vaccination coverage in Australia by number of doses and two-dose spacing: What if one or two doses are sufficient?Tumour Virus
- Research 2021; 11(6):1-6.

 8. Falcaro M, Castañon A, Ndlela B, Checchi M, Soldan K, Lopez-Bernal J, Elliss-Brookes L, Sasieni P. The effects of the national HPV vaccination programme in England, UK, on cervical cancer and grade 3 cervical intraepithelial
- neoplasia incidence: a register-based observational study. Lancet. 2021;398(10316):2084-2092.

 D. "We Need Access" Ending Preventable Deaths From Cervical Cancer in Rural Georgia. Human Rights Watch and Southern Rural Black Women's Initiative. Jan 2022
- 0.The Initial Reproductive Health Visit: ACOG Committee Opinion Number 811. Obstet Gynecol. 2020;136(4):e70-e80. 11.Human Papillomavirus Vaccination: ACOG Committee Opinion Number 809. Obstetrics & Gynecology. 2020 136(2):e15-e21.







