



Georgia Obstetrical
and Gynecological
Society, Inc.

DECEMBER 2022 | VOLUME 16, NUMER 6

OBGYN NEWS

Promoting Excellence In
Women's Healthcare In Georgia



GOGS Delegates Present Resolutions to MAG HOD

Dr. Winifred Soufi - GOGS Member at Large

Dr. Jane Ellis and I had the privilege of serving as the Georgia Obstetrical and Gynecological Society's delegates at the Medical Association of Georgia's House of Delegates Meeting held last month in Savannah, Georgia.

The House of Delegates (HOD) is the Medical Association of Georgia's (MAG) primary legislative and policy-making body. The HOD consists of over 200 delegates who represent county medical societies, specialty societies, and a number of sections – including International Medical Graduates, Medical Students, Organized Medical Staff, Resident Physicians, and Young Physicians. The MAG House of Delegates exists to give us a means to express our ideas and an opportunity to implement those ideas into action by creating policy regarding the practice of medicine in our state. The HOD meets yearly, at which time delegates bring forward resolutions that pertain to their patients and practice/specialties, which are then discussed and recommended for adoption, adoption as amended, or not adoption by reference committees consisting of 4-7 delegates. These recommendations are then proposed to the entire House for voting, at which time the resolution would be adopted as policy or as an action item for the organization. It was encouraging to see how physician delegates throughout the state from all specialties showed their

support for access to the full range of reproductive health care.

During this year's legislative meeting, the GOGS presented the following resolutions which were voted on and passed:

1. That the Medical Association of Georgia supports access to contraceptive care and methods, including emergency contraception, and opposes legislation limiting such access or placing barriers to accessing contraception in Georgia
2. That the Medical Association of Georgia supports legislation to protect access to emergency reproductive health care
3. That the Medical Association of Georgia opposes criminalization of women seeking care for abortion complications
4. That the Medical Association of Georgia supports legislation to protect patient information related to reproductive health care from disclosure without patient consent.

In addition, the medical student coalition with Dr. Shirley Cao presented the following resolution which also passed:

- That MAG supports legislation that promotes access to reproductive care for all Georgians, including provision of termination of pregnancy (abortion).
- That MAG supports legislation

that ensures that physician training programs in Georgia teach comprehensive reproductive health practices, including all medical and surgical techniques for abortion established as national core residency competencies.

As reproductive health care remains under attack, it is important that we all stay involved and engaged with our medical societies to prevent us from taking steps backwards in our patients' health-care, resulting in increases in maternal morbidity and mortality.

GOGS Resolutions from the MAG HOD meeting

1. Opposing Criminalization of Women Seeking Care for Abortion Complications

➤ To view click or visit:
tinyurl.com/GOGSRes22-pt1

2. Patient Privacy

➤ To view click or visit:
tinyurl.com/GOGSRes22-pt2

3. Contraception Access

➤ To view click or visit:
tinyurl.com/GOGSRes22-pt3

4. Emergency Medical Care

➤ To view click or visit:
tinyurl.com/GOGSRes22-pt4

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Care of Georgia



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or mail it to the Society's office

www.gaobgyn.org

QUICK LINKS



AWARENESS CAMPAIGNS

FOR THE MONTHS OF

December and January

December



NATIONAL INFLUENZA VACCINATION WEEK (12/5-12/9/22)

CDC's first estimates for flu vaccine uptake among children and pregnant people so far this flu season are lower than the same time last season. This could be dangerous for many of the people in these groups as well who may also be at higher risk of developing serious flu complications. Flu vaccines can be lifesaving in children, and flu vaccination helps protect pregnant people during pregnancy, as well as their baby for several months after birth. To learn more, visit: <https://www.cdc.gov/flu/>



HANDWASHING AWARENESS WEEK (12/5-12/11/22)

Keeping hands clean is one of the most important steps we can take to avoid getting sick and spreading germs to others. Many diseases and conditions are spread by not washing hands with soap and clean, running water. To learn more, visit: <https://www.cdc.gov/handwashing/why-handwashing.html>

January

CERVICAL CANCER AWARENESS MONTH

Cervical cancer was once a leading cause of cancer death for women in the United States. Today, screening and prevention have greatly reduced the impact of this form of cancer. It is the easiest gynecologic cancer to prevent with regular screening tests and follow-up. It also is highly curable when found and treated early. To learn more, visit: <https://www.cdc.gov/cancer/cervical/>



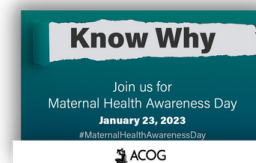
BIRTH DEFECTS PREVENTION MONTH

Awareness of birth defects across the lifespan helps provide individuals, parents, and families affected by birth defects the information they need to seek proper care. It also gives health-care professionals the evidence they need to deliver the best care for patients across all stages of life. Although not all birth defects can be prevented, people can increase their chances of having a healthy baby by managing health conditions and adopting healthy behaviors before becoming pregnant. To learn more, visit: <https://tinyurl.com/CDCBirthPrev>



MATERNAL HEALTH AWARENESS DAY (1/23/23)

According to the CDC, over 80% of maternal deaths in the United States are preventable. This year's Maternal Health Awareness Day theme is "Know Why". ACOG's efforts will center around raising awareness about the underlying causes of maternal deaths and emphasizing the critical role that data plays in identifying root causes and creating solutions to eliminate poor maternal health outcomes. To learn more, visit: <https://tinyurl.com/ACOGMaternalHlth2023>



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Georgia Home Visiting Program - Program Spotlight with Dr. Joy Baker

Kaprice Welsh, CNM, MSN, MPH - GOGS Clinical Liaison



The Georgia OBGYN Society continues its commitment to highlighting key public health programs that offer support and resources to mothers and babies across Georgia.

The Georgia Home Visiting Program is an evidence-based program that provides effective early-intervention strategies to improve the health and well-being of children and parents. Home visitation is a prevention strategy used to support pregnant moms and new parents to increase healthy pregnancies, improve parenting confidence and competence, improve child health, development and school readiness and increase family connectedness to community and social support. At its foundation, it offers families the vital support they need to deal with the challenges of raising babies and young children and strives to promote maternal well-being and healthy child development.

LEARN MORE



Visit:

<https://dph.georgia.gov/homevisiting>

How can I find a home visiting program in my community?

Look up your local coordinator through the link listed above to locate home visiting programs and other maternal and child health programs in your community.

Learn More About the Georgia Home Visiting Program!

If you or someone you know is interested in connecting a mom or family to the Georgia Home Visiting Program, call them at their toll-free number, 855-707-8277 and a service professional would be happy to assist you.

Participation in the Georgia Home Visiting Program is voluntary. Home visitors may be trained nurses, social workers or child development specialists. Their visits focus on linking pregnant women with prenatal care, promoting strong parent-child attachment, and coaching parents on how to build safe, stable, nurturing relationships with their young children and helping them access needed community-based services. Home visitors also conduct regular screenings to help parents identify possible health and developmental issues.



"When I was practicing in Lamar county, we had a home visiting program for all LBW babies and their mothers. I saw such a difference in the level of engagement, knowledge, and confidence from the moms who received the extra support. The Home Visiting DPH had in that area certainly helped get those families off to a healthier start".

- Dr. Joy Baker, LaGrange, GA

VISIT:

[www.dph.georgia.gov/homevisiting](https://dph.georgia.gov/homevisiting)

CALL TOLL FREE:

English: 855-707-8277

Espanol: 855-707-8277, then #1

The Georgia Home Visiting Program applies several evidence-based program models in its program:

Early Head Start; Healthy Families Georgia; Nurse Family Partnership; and Parents as Teachers.

In order to determine whether a family would benefit from home visiting, the Georgia Home Visiting Program implements a service called First Steps where a professional conducts a screening with a caregiver in order to determine the resources they may need to create the best environment for their family. Referrals based on this screening may include various community resources (e.g., child care options, housing supports, health care assistance, pediatrician suggestions). When more ongoing support is needed, a referral to a home visiting program may be made.



Check out the GOGS YouTube Channel for the Home Visiting Video



This video is an overview of the benefits of the Home Visiting Program presented by Dr. Joy Baker of LaGrange, GA. Dr. Baker is a GOGS member and serves as Member at Large on the GOGS Board of Directors. To view video click [HERE](https://youtu.be/ggFVYuhlB6Y) or visit:

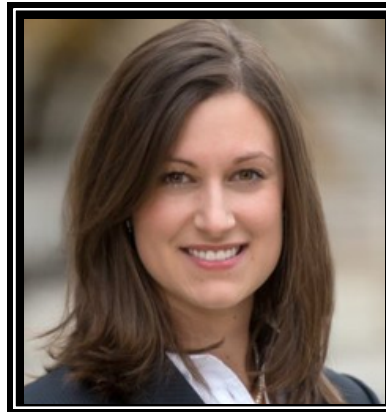
<https://youtu.be/ggFVYuhlB6Y>

The Georgia Obstetrical and Gynecologic Society welcomes, Lauren Pollow as the Society's new reproductive health lobbyist in front of the Georgia General Assembly.

Lauren is the Managing Director of the J.L. Morgan Company, a boutique lobbying and issue management firm that was founded nearly 30 years ago. She brings a decade of experience in healthcare policy, economic development, grassroots mobilization, and association management experience to the firm. As

Managing Director, Lauren's work is primarily focused on Medicaid, human services, public safety, and transportation. She has served as a valuable asset for clients when putting their public-affairs objectives before policymakers and regulators. Lauren has a passion for healthcare policy and reproductive health.

Her public affairs career began in New York State when she served as a policy aide for the 143rd Assembly district. She later joined Whiteman, Osterman & Hanna LLP, the largest law firm in Albany, to support their healthcare consulting



Lauren Pollow, MA
GOGS Lobbyist

practice. She worked directly with clients as they navigated New York's Medicaid expansion, which was a multi-year process. Lauren's work was focused on tracking the state's 1115 Waiver implementation and issuing programmatic guidance to clients across the spectrum of care as they prepared to engage in value-based contracting. She later served as Director of Governmental Affairs for the New York State Health Facilities Association where she advocated for skilled nursing

care policy in front of the General Assembly. Lauren's time was spent negotiating Medicaid rates within the state budget, ushering in further regulatory reform, and combatting unfunded mandates in the field.

She moved to Georgia in 2018 to continue to build on that work with the J.L. Morgan Company. She has since represented a spectrum of issues from small advocacy organizations to large Fortune 500 companies in front of regulators, state agencies, and policymakers.

Lauren is a graduate of University at Buffalo and holds a Master's in Public Policy and Healthcare Management. Lauren is known as a consensus builder and an effective communicator. She hopes to use her relationships and expertise to continue the important discussions about how policy decisions greatly impact patients in Georgia and the work of our OBGYNs in the field.



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Reducing Maternal Mortality from Cardiovascular Disease: The Cardiac Conditions in Obstetric Care Bundle

Dr. Jane Ellis - ACOG DIV Maternal Mortality Representative



Cardiovascular disease (CVD) is the leading cause of maternal mortality in Georgia and the US, accounting for 33 pregnancy-related deaths [KM1] in Georgia (2015-2017)¹ and 26.5% of pregnancy-related deaths nationally [2,3]. Only a small number of these women had known cardiac disease prior to the time they died. Most of the women who died presented with symptoms during pregnancy or in the postpartum period which were not recognized as indicative of cardiac disease or experienced a delay in appropriate referral and treatment [3,4]. Nationally, 25% of these deaths were determined to be preventable by Maternal Mortality Review Committees [4].

In an effort to reduce maternal cardiac deaths in Georgia, the Georgia Perinatal Quality Collaborative (GaPQC), in partnership with the Georgia Department of Public Health (DPH) and the Georgia Gynecological Society (GOGS), is spearheading a state-wide initiative to have hospitals with obstetrical services participate in the Alliance for Innovation on Maternal Health (AIM) Cardiac Conditions in Obstetric Care (CCOC) bundle. AIM bundles are evidence-based patient safety bundles designed to improve the way care is delivered and ultimately to improve pregnancy-related outcomes [5]

According to ACOG, the goal is to implement these bundles through state teams and health systems so that hospital level, state and national engagement efforts can align to improve maternal outcomes [5]. Many hospitals across the state are already participating in two other AIM bundles, the Obstetric Hemorrhage and the Severe Hypertension bundles. GaPQC recently received funding from the Centers for Disease Control and Prevention to support the CCOC bundle. State-wide recruitment for hospital participation is underway and, to date, seven hospitals have agreed to participate. Lisa Ehle, MPH, Senior Manager, Maternal Quality Improvement at DPH and the DPH Maternal Lead for GaPQC, is actively working to recruit hospitals.

A multidisciplinary group of providers from across the state has volunteered to plan the initiation of the CCOC bundle. This bundle has several components that are all necessary to achieve its aims. Four working groups have been assembled which meet on a regular basis to accomplish different goals. One working group is the Provider and Patient Education group. Drs. Iris Krishna and Carolyn Dude,

Maternal-Fetal Medicine (MFM) faculty at Emory, have developed a curriculum of monthly lectures designed to keep providers up to date on the care of pregnant patients with CVD. Lectures occur the first Tuesday of each month and will be given by providers from various disciplines. Dr. Dude presented an excellent lecture on cardiac physiology during pregnancy on October 4th, which kicked off the lecture series. The lectures are provided real-time on a virtual format and are recorded to be placed on the GaPQC website as well as within the existing GaPQC Microsoft Teams channel to allow providers access to lectures.

DPH GAPQC MATERNAL PLAYLIST IS AVAILABLE ON YOUTUBE

CLICK [HERE](https://tinyurl.com/YTGAPQC) OR VISIT:
[HTTPS://TINYURL.COM/YTGAPQC](https://tinyurl.com/YTGAPQC)



Cardiovascular Disease

Obesity is a major risk factor for cardiovascular disease (CVD).

Two additional working groups are led by Dr. Teresa Byrd, an OB/Gyn at Wellstar Kennestone. One group, the Intentional Cardiac Screening group, is focused on developing screening tools that are easy for providers to use to identify pregnant women experiencing cardiac symptoms and to help determine the urgency of care needed. Dr. Byrd is also leading a third working group in conjunction with her cardiology and MFM colleagues to develop algorithms for Acute Management of the Cardiac Patient in Low Resource Settings. The fourth working group, the Consultation and Referral group, is responsible for developing a network of cardiologists and MFMs across the state that will accept pregnant patients with cardiac disease. The goal is to leverage existing capacity at the six Regional Perinatal Centers to connect hospitals with these cardiology practices to facilitate care. GaPQC has been fortunate to have Dr. Afshan Hameed, an MFM and cardiologist in California, as a volunteer consultant for the Georgia roll-out. Dr. Hameed led the California Maternal Quality Care Collaborative in a successful roll-out of the CCOC bundle in California, the sole state



to fully implement the bundle thus far [6]. Currently, Georgia is the only state actively engaged in implementing the CCOC bundle. Dr. Hameed presented Emory grand rounds with a talk entitled “Cardiovascular Disease and Maternal Mortality: Can We Do Better?” on October 5th. This informative talk was made available to providers statewide and was well attended.

If you are interested in participating in GaPQC’s working groups or would like more information on how your hospital can become a participating hospital in the CCOC bundle, please contact Lisa Ehle at lisa.ehle@dph.ga.gov or Jane Ellis at jellis@emory.edu. To make this bundle work and reduce maternal morbidity and mortality from cardiac disease, we invite and need all Georgia hospitals providing obstetric services to participate.

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REFERENCES

1. Personal communication, Women's Health, Division of Clinical and Medical Services, Georgia Department of Public Health, October 11, 2022.
2. Benjamin EJ, Virani SS, Callaway CW, Chamberlain AM, Chang AR, Cheng S, et al. Heart disease and stroke statistics—2018 update: a report from the American Heart Association. American Heart Association Council on Epidemiology and Prevention Statistics Committee and Stroke Statistics Subcommittee [published erratum appears in *Circulation*. 2018;137:e493]. *Circulation* 2018; 137: e67– e492.
3. Pregnancy and heart disease. ACOG Practice Bulletin No. 212. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2019;133:e320–56.
4. National Vital Statistics Systems (2018). Maternal and late maternal deaths and mortality rates: United States, each state and the District of Columbia, 2018. Retrieved from <https://www.cdc.gov/nchs/maternal-mortality/MMR-2018-State-Data-508.pdf>. Accessed October 9, 2022.
5. Alliance for Innovation on Maternal Health (AIM). ACOG Practice Management. <https://www.acog.org/practice-management/patient-safety-and-quality/partnerships/alliance-for-innovation-on-maternal-health-aim>. Accessed October 9, 2022.
6. California Maternal Quality Care Collaborative. Cardiovascular Disease. <https://www.cmqqc.org/projects/cardiovascular-disease-pregnancy-postpartum>. Accessed October 9, 2022.

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2023 DATES TO REMEMBER



LEGISLATIVE DAY

VIRTUAL WEBINAR

January 17, 2023



WINTER SYMPOSIUM

IN-PERSON

February 4, 2023



GAPQC ANNUAL MEETING

IN-PERSON & VIRTUAL

April 13 & 14, 2023



CPT CODING - Spring Session

VIRTUAL WEBINAR

May 12, 2023



EDUCATIONAL MEETING

IN-PERSON & VIRTUAL

August 24-27, 2023



CPT CODING - Winter Session

VIRTUAL WEBINAR

December 1, 2023

Join Us For The

2023 WINTER SYMPOSIUM

SATURDAY | FEBRUARY 4, 2023
8:30 am - 3:30 pm
Atlanta Marriott Buckhead Hotel and Conference Center

The Winter Symposium is held in collaboration with the GA Chapter American Academy of Pediatrics

This event is open to all ob/gyns and pediatricians and clinical staff who work in those offices, and public health professionals working in maternal, infant and adolescent health



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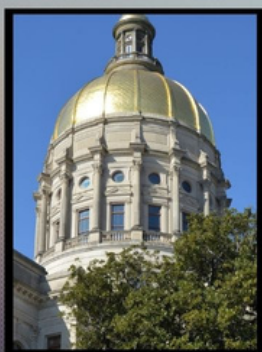
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Join Us For A
Virtual Advocacy Webinar
Wednesday, January 17, 2023
6:00 pm - 7:30 pm (ET)

This webinar is open to all obstetricians, gynecologists, residents and medical students

Moderator: Cary Perry, MD,
Georgia OBGyn Society

Hosted by the Patient-Centered Physicians Coalition of Georgia:
American Academy of Pediatrics—Georgia Chapter
American College of Physicians Georgia Chapter
Georgia Academy of Family Physicians
Georgia Obstetrical and Gynecological Society
Georgia Osteopathic Medical Association



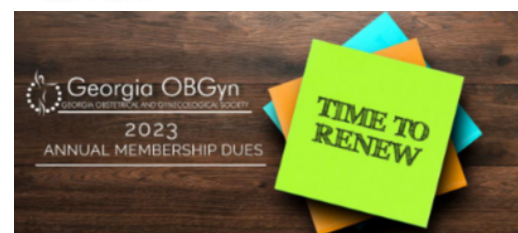
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GEORGIA OBSTETRICAL AND GYNECOLOGICAL SOCIETY

REMINDER

RENEW YOUR 2023 DUES!



[HTTPS://TINYURL.COM/GOGS23ANNUALDUES](https://tinyurl.com/GOGS23ANNUALDUES)



Georgia OBGyn Society

On Demand Videos

Check-out the latest resources available!



Georgia Home Visiting Program



youtu.be/ggFVYuhIB6Y



Georgia WIC Program



youtu.be/uv3UCNVqmCY



GOGS 2022 Annual Educational Meeting*



tinyurl.com/GOGSYTChannel



Throughout the COVID-19 pandemic people stayed home – they worked from home, social lives moved inside, and they postponed their routine medical appointments. It is estimated that initially 44% of medical appointments were postponed secondary to the pandemic, and the majority of these were routine physical exams [1]. As restrictions began to lift and people returned to normal, there have been lasting policy changes that have affected certain populations more than others. For example, restrictions regarding bringing children or families to appointments which disproportionately affect women's abilities to present for the routine care. Preventative care visits remain below pre-pandemic levels despite the loosening of restrictions [2]. As we continue to recover from the pandemic it will be important for gynecologists to focus on where lapses have occurred in women's health.


Cervical cancer is the fourth leading cause of cancer related mortality in women in the world and there are approximately 13,000 new cases of cervical cancer diagnosed in the United States every year. Since the introduction of the human papillomavirus vaccine in 2006 there has been steady improvement in the distribution of the vaccine primarily in women between the ages of 9-26 years. Improved vaccination rates have contributed to an overall decrease in the amount of cervical dysplasia that has been seen among younger women. It is estimated that in North America approximately 46% of girls eligible for vaccination had received it and as of 2019 approximately 15% of girls worldwide had been vaccinated [3]. Currently the goal proposed by the World Health Organization (WHO) is for 90% of those eligible to be vaccinated by 2030 worldwide and Healthy People 2030 recommends 80% of adolescents be vaccinated by that time.

Approximately half of the counties in Georgia currently have no ob/gyn provider, with many of these counties being rural [4]. At baseline women at the highest risk for not receiving the HPV vaccine include BIPOC (Black, Indigenous and people of color) and women living in rural areas. Lack of access to an ob/gyn provider only worsens the odds of receiving the HPV vaccine. In addition, during the pandemic many rural providers transitioned routine appointments to telehealth in response to changing policies and staffing [1,2].

When primary care appointments were postponed or transitioned to telehealth, there was a decrease in

overall vaccination rates. This decline was especially seen in adolescent vaccinations, with an estimated decrease of 25-50% remaining by June 2020. In this period alone an estimated 1 million HPV vaccines were not administered. This decline is something that according to the American Academy of Pediatrics has not yet recovered [5]. These adolescents will begin to transition from pediatric care to the care of gynecologists. It will be important to identify if these patients have completed part or all of their HPV vaccination series.

As we continue to recover from

 Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People™

Vaccines and Preventable Diseases

Administering HPV Vaccine

Dosage and Schedule

CDC recommends routine vaccination of preteens at ages 11 or 12 years. The vaccination series can be started at age 9 years. HPV vaccine may be given at the same time as other vaccines.

HPV vaccination is administered as:

- A two-dose series (0, 6-12 months) for most persons who initiate vaccination at ages 9 through 14 years
- A three-dose series (0, 1-2, 6 months) for persons who initiate vaccination at ages 15 through 45 years, and for immunocompromised persons.

Recommended number of doses	Recommended dosing schedule	Population
2	0, 6-12 months*	Persons initiating vaccination at ages 9 through 14 years, except immunocompromised persons
3	0, 1-2, 6 months**	Persons initiating vaccination at ages 15 through 26 years, and immunocompromised persons initiating vaccination at ages 9 through 26 years; three-dose schedule also applies to adults initiating vaccination at ages 27 through 45 years.

Footnotes

* In a two-dose schedule of HPV vaccine, the minimum interval is 5 months between the first and second dose.

** In a three-dose schedule of HPV vaccine, the minimum intervals are 4 weeks between the first and second dose, 12 weeks between the second and third dose, and 5 months between the first and third dose.

For more information on administering the HPV Vaccine click [HERE](#) or visit: www.cdc.gov/vaccines/vpd/hpv/hcp/administration.html#dosage

the COVID-19 pandemic it will be important to continue to evaluate our patients for HPV vaccination status and ensure they have been counseled or offered the vaccine. We can also reassure our patients that if their vaccination schedule was changed that it is still recommended they complete the series. We can advocate for our patients to determine if their children had their vaccination schedule changed secondary to the pandemic. Being vigilant in our patients' vaccination status and being advocates for the children of our patients will help to again increase the number of HPV vaccines being given and will hopefully lead us to the goal provided by Healthy People 2030 of 80% vaccination and ultimately a reduction of cervical cancer.

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REFERENCES

1. Wentzensen, Clarke, Perkins (2021.) Impact of COVID-19 on cervical cancer screening: Challenges and opportunities to improving resilience and reduce disparities. Preventive Medicine: vol 151 <https://doi.org/10.1016/j.ypmed.2021.106596>.
2. Smith DL, Perkins RB (2022.) Low rates of HPV vaccination and cervical cancer screening: Challenges and opportunities in the context of the COVID-19 pandemic. Prev Med. 2022 Jun;159:107070. doi: 10.1016/j.ypmed.2022.107070. Epub 2022 Apr 21. PMID: 35461955; PMCID: PMC9022394.
3. Bruni et. Al (2021.) HPV vaccination introduction worldwide and WHO and UNICEF estimates of national HPV immunization coverage 2010–2019. Preventive Medicine: vol 144 <https://doi.org/10.1016/j.ypmed.2020.106399>.
4. Georgia Alliance of Community Hospitals (2018.) Rural Development Council Presentation. https://www.house.ga.gov/Documents/CommitteeDocuments/2017/HouseRuralDevelopmentCouncil/Presentations/Metter/Georgia_Alliance_presentation.pdf. Accessed 10/15/2022.
5. Ryan G et. al (2022.) 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;19:210378. DOI: <http://dx.doi.org/10.5888/pcd19.210378external icon>.

Georgia OBGyn Residency Programs Spotlight: MCG-Augusta University

Jennifer Allen, MD - GOGS Educational Committee Member



- Q** : What year did your residency year begin?
- A** : 1961 (ACGME accreditation)
- Q** : How many residency slots?
- A** : 20
- Q** : What are you most proud of about your program?
- A** : Great group of people that care about each other as a family.



- Q** : Who are the key contacts for your program?
- A** : Program Director -
Jennifer Allen, MD
Associate Program Director -
Robert Higgins, MD
Program Manager -
Romona Cumbermack
Chair -
Sharad Ghamande, MD

For more information, click on icons below or visit on-line:

- www.augusta.edu/mcg/obgyn/residency/
- www.instagram.com/mcgoagyn/
- youtu.be/w-OLHppZYXk

THREE FUN FACTS ABOUT OUR PROGRAM:

- 1 International four week rotation to Peru - which is built into our curriculum
- 2 Early exposure to subspecialties as PGY 1 and PGY 2 (MFM, Urogyn, ONC, REI)
- 3 Easy access to the river and lake for outdoor fun and the ability to rent your house out for Masters Tournament for some passive income



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contact Nicole Reaves at 770.904.5298 or nreaves@gaobgyn.org

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