

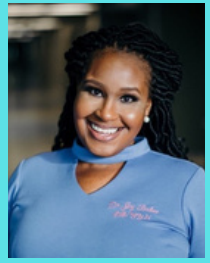


Georgia Obstetrical
and Gynecological
Society, Inc.

FEBRUARY 2024 | VOLUME 18, NUMBER 1

OBGYN NEWS

Promoting Excellence In
Women's Healthcare In Georgia



Reasons Why You Should Become a Member in 2024

Dr. Joy Baker - GOGS Member at Large,
Membership Committee Chair

In the ever-evolving landscape of women's healthcare, staying abreast of the latest advancements, research, and policy changes is vital. One impactful way to do so is by joining a group dedicated to the cause. The Georgia OBGyn Society stands as a beacon of support and empowerment for healthcare professionals committed to women's health in Georgia.

ADVOCACY FOR WOMEN'S HEALTH

The Georgia OBGyn Society is at the forefront of advocating for women's health at the legislative and policy levels. The Society engages in legislative efforts to protect and promote women's health, ensuring that the medical community's voice is heard when critical decisions are made. Members can partic-

ipate in impactful advocacy initiatives, creating a collective force that amplifies their influence.

Membership in GOGS empowers healthcare professionals to directly influence healthcare policy. The Society collaborates with policymakers to shape regulations and legislation that impact women's health. By participating in policy discussions and advocating for evidence-based practices, members contribute to creating a healthcare environment that prioritizes the well-being of women. This level of influence is invaluable in ensuring that the perspectives and needs of OBGYN professionals are considered in the decision-making processes that affect their practice.

PROFESSIONAL DEVELOPMENT AND NETWORKING OPPORTUNITIES

Being part of GOGS opens doors to unparalleled professional development and networking opportunities. The society hosts regular conferences, seminars, and webinars that provide members access to cutting-edge research, innovative medical techniques, and emerging trends in obstetrics and gynecology. Networking events foster connections between professionals, creating a supportive community that encourages collaboration, knowledge-sharing, and mentorship.

EDUCATION, TRAINING, AND BEST PRACTICES

The Georgia OBGyn Society is committed to advancing education and training in the field. Members have access to specialized training programs, such as the annual Simulation Lab, which enhances their skills and knowledge. This commitment to continuous learning benefits individual practitioners and elevates the overall standard of care in women's health throughout the state.

COMMUNITY OUTREACH AND PATIENT EDUCATION

In addition to professional development, the Georgia OBGyn Society actively engages in community outreach and patient education initiatives. Members can participate in programs to improve women's health awareness, provide resources to underserved communities, and promote preventive care. By joining the society, healthcare professionals can make a meaningful impact beyond their clinical practice, contributing to women's overall well-being across Georgia.

(continued on page 11)



One of the many benefits of joining GOGS is the opportunity to advocate along side other physicians for the house of medicine and the populations we serve. GOGS gives its members an opportunity to be an important part of meaningful dialogue that will shape healthcare delivery. Our collective expertise, advocating for patients and educating stakeholders are key components of the current and future success of healthcare delivery in Georgia.

- Ponda Mitchell, MD, MBA | OBGyn | Atlanta, Georgia

I am a GOGS member because it stands at the forefront of ever-changing landscape of women's healthcare, championing vital issues for our specialty across our state. Moreover, the robust networking and mentorship opportunities it offers have significantly contributed to my professional development. These relationships are crucial to ensuring we continue to provide the highest standard of care to our patients.

- Ashlee Nicole Sharer Tillery, MD | OBGyn | Vidalia, Georgia



At GOGS events, I see old friends...I make new friends... we educate ...and we stimulate new visions and ideas. Most importantly, we get things done. Involvement in GOGS is a must for any provider caring for women in the state of Georgia. JOIN NOW!!

- Cyril Spann, MD | Gyn Oncology | Atlanta, Georgia

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ADMINISTRATIVE OFFICE

2925 Premiere Parkway | Suite 100
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Phone: 770.904.0719

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or mail it to the Society's office

www.gaobgyn.org

QUICK LINKS



AWARENESS CAMPAIGNS FOR THE MONTHS OF

February and March

February



TEEN DATING VIOLENCE PREVENTION MONTH

Teen dating violence (TDV), also called, "dating violence", is an adverse childhood experience that affects millions of young people in the United States. Dating violence can take place in person, online, or through technology. Teen dating violence is common. Some teens are at greater risk than others. To learn more check out our featured article, *Fast Facts: Preventing Teen Dating Violence*, on pages 4-5 and visit: <http://tinyurl.com/TeenDatingViolence2024>



PRENATAL INFECTION PREVENTION MONTH

Some infections before and during pregnancy can hurt both mother and the developing fetus. They can cause serious illness, birth defects, and lifelong disabilities, such as hearing loss or learning problems. To learn more, visit: <https://www.cdc.gov/pregnancy/infections.html>

March

BETSEY, LUCY, AND ANARCHA HONORED

Every year on February 28 and March 1, the dates that bridge Black History Month and Women's History Month, ACOG formally acknowledges Betsey, Lucy, and Anarcha, the three enslaved Black women whose exploitation led to foundational advances in the field of obstetrics and gynecology that benefit millions of patients today. For more information on the events for 2024, visit: <https://tinyurl.com/ACOG-BLAMLMainPg>. Be sure to check out our featured article *Remembering the Mothers of Gynecology: Lucy, Betsey, and Anarcha* on page 6.



ENDOMETRIOSIS AWARENESS MONTH

Endometriosis may affect more than 11% of American women between 15 and 44. It is especially common among women in their 30s and 40s and may make it harder to get pregnant. To learn more, visit: <https://tinyurl.com/Endom2023>



NATIONAL WOMEN AND GIRLS HIV/AIDS AWARENESS DAY (3/20)

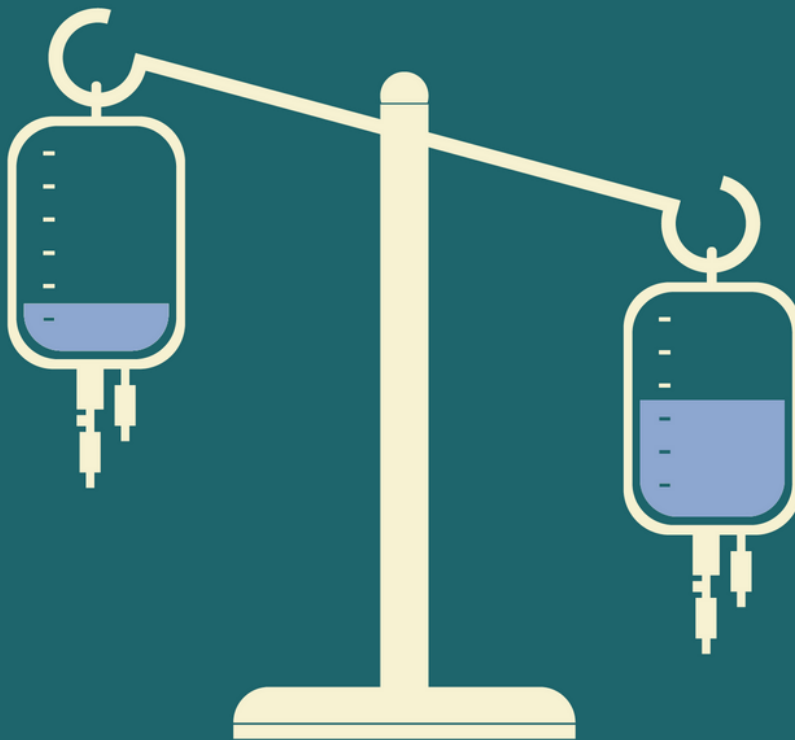
March 20th is National Women and Girls HIV/AIDS Awareness Day, a day to raise awareness about the impact of HIV on women and show support for women and girls with HIV. According to the CDC, though HIV diagnoses among women have declined in recent years, nearly 7,000 women received an HIV diagnosis in the United States and dependent areas in 2019. To learn more, visit: <https://bit.ly/3uOW4YR>



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As a relentless champion for the practice of good medicine, we continually track, review, and influence federal and state bills on your behalf. All for one reason: when you can tip the scales in favor of the practice of good medicine, you get malpractice insurance without the mal. Find out more at thedoctors.com



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Preventing Teen Dating Violence - Resources from the CDC

Important Information and Resources for your Practice and Patients



Teen dating violence (TDV), also called, “dating violence”, is an adverse childhood experience that affects millions of young people in the United States. Dating violence can take place in person, online, or through technology. It is a type of intimate partner violence that can include the following types of behavior:

- Physical violence is when a person hurts or tries to hurt a partner by hitting, kicking, or using another type of physical force.
- Sexual violence is forcing or attempting to force a partner to take part in a sex act and or sexual touching when the partner does not consent or is unable to consent or refuse. It also includes non-physical sexual behaviors like posting or sharing sexual pictures of a partner without their consent or sexting someone without their consent.
- Psychological aggression is the use of verbal and non-verbal communication with the intent to harm a partner mentally or emotionally and exert control over a partner.
- Stalking is a pattern of repeated, unwanted attention and contact by a current or former partner that causes fear or safety concern for an individual victim or someone close to the victim.

Teen dating violence profoundly impacts lifelong health, opportunity, and wellbeing. Unhealthy relationships can start early and last a lifetime. The good news is violence is preventable, and we can all help young people grow up violence-free.

HOW BIG IS THE PROBLEM?

Teens often think some behaviors, like teasing and name-calling, are a “normal” part of a relationship. However, these behaviors can become abusive and develop into serious forms of violence. Many teens do not report unhealthy behaviors because they are afraid to tell family and friends.



Teen dating violence is common. Data from CDC’s Youth Risk Behavior Survey in 2019 indicate that among U.S. high school students who reported dating during the 12 months before the survey:

- About 1 in 12 experienced physical dating violence.
- About 1 in 12 experienced sexual dating violence.

Some teens are at greater risk than others. Female students experienced higher rates of physical and sexual dating violence than male students. Students who identified as lesbian, gay, bisexual, transgender, or queer (LGBTQ) or those who were unsure of their gender identity experienced higher rates of physical and sexual dating violence compared to students who identified as heterosexual.

WHAT ARE THE CONSEQUENCES?

Unhealthy, abusive, or violent relationships can have short-and long-term negative effects, including severe consequences, on a developing teen. Youth who are victims of teen dating violence are more likely to:

- experience depression and anxiety symptoms
- engage in unhealthy behaviors, like using tobacco, drugs, and alcohol
- exhibit antisocial behaviors, like lying, theft, bullying, or hitting
- think about suicide





Violence in an adolescent relationship sets the stage for future relationship problems, including intimate partner violence and sexual violence perpetration and/or victimization throughout life. For example, youth who are victims of dating violence in high school are at higher risk for victimization during college.

HOW CAN WE PREVENT TEEN DATING VIOLENCE?

Supporting healthy, nonviolent relationships could reduce TDV and prevent its harmful, long-lasting effects on individuals, their families, and their communities. During the pre-teen and teen years, it is critical for youth to begin learning skills to create and maintain healthy relationships, including managing feelings and communicating in a healthy way. Research also highlights the need for prevention efforts that address the unique needs of teens who are at greater risk of experiencing teen dating violence.

CDC has developed resources to help communities focus their prevention efforts on what works to address risk and protective factors for violence:

- **Dating Matters®: Strategies to Promote Healthy Teen Relationships** is a comprehensive prevention model that teaches 11-14-year-olds how to have healthy, safe relationships both now and in the future. Programs for youth include interactive lessons on understanding feelings, healthy communication, unhealthy and unsafe relationships, and other topics. Dating Matters also includes programs for parents, educators, and older youth to help build protective environments and change social norms. Research shows that Dating Matters can reduce the risk for dating violence exposure in middle school, along with other forms of violence and risk behaviors.
- **Intimate Partner Violence Prevention Resource for Action [5 MB, 62 Pages]** describes strategies and approaches based on the best available evidence for preventing intimate

Teach safe and healthy relationship skills

- Social-emotional learning programs for youth
- Healthy relationship programs for couples

Engage Influential adults and peers

- Men and boys as allies in prevention
- Bystander empowerment and education
- Family-based programs

Disrupt the developmental pathways toward partner violence

- Early childhood home visitation
- Preschool enrichment with family engagement
- Parenting skill and family relationship programs
- Treatment for at-risk children, youth, and families

Create protective environments

- Improve school climate and safety
- Improve organizational policies and workplace climate
- Modify the physical and social environments of neighborhoods

Strengthen economic supports for families

- Strengthen household financial security
- Strengthen work-family supports

Support survivors to increase safety and lessen harms

- Victim-centered services
- First responder and civil legal protections
- Treatment and support for survivors of IPV, including teen dating violence
- Housing programs
- Patient-centered approaches

partner violence, including teen dating violence. It includes multiple strategies that can be used in combination to prevent intimate partner violence and teen dating violence.

SOURCES:

See [Intimate Partner Violence Resources](#) for articles, publications, data sources, and prevention resources for Teen Dating Violence.

<https://www.cdc.gov/violenceprevention/intimatepartnerviolence/teendatnviolence/fastfact.html#print>

Source: [National Center for Injury Prevention and Control, Division of Violence Prevention](#)

BECOME A PEER REVIEWER FOR THE GA MEDICAL COMPOSITE BOARD

The Georgia Medical Composite Board offers \$100 per hour if the peer review is completed within 21 days and \$50 per hour each day after that. In rare cases, the peer reviewer will have to testify at a hearing. If this happens, the Board will pay a flat fee of \$1,200 per day and reimburse necessary and reasonable lodging expenses (as appropriate). Minimum qualifications to become a peer reviewer for the Board include:

- Be a resident of Georgia
- Hold a board certification in a specific specialty and actively practice in that area
- Hold an unrestricted, active Georgia medical license for at least five years
- Have a clean licensure and enforcement history with the Board



Quality outside expert reviewers are essential for the Board to ensure that licensees are competent and qualified to practice medicine. If you are interested in giving back to the medical community and assisting the Board in its mission to protect the public, please consider contacting the Board to offer your services as a peer reviewer.

CONTACT: Latisha Bias | Enforcement Manager | latisha.bias@dch.ga.gov



GEORGIA PERINATAL QUALITY COLLABORATIVE
2024 ANNUAL MEETING

SAVE THE DATE
APRIL 25th & 26th
THURSDAY & FRIDAY



IN-PERSON
MEETING

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AGENDA AND REGISTRATION
INFORMATION AVAILABLE SOON

LOCATION:
EMORY CONFERENCE CENTER HOTEL
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Remembering the Mothers of Gynecology: Lucy, Betsey, and Anarcha

Zoë Julian, MD; Kasey Shepp, MD-Resident-PGY3 | Wellstar Kennestone



The field of obstetrics and gynecology is filled with eponyms. They permeate our language throughout medicine, named after highly regarded men who have been praised for decades. Yet for one of these men, the recognition came at the expense of lesser-known names whose lives, well-being, and freedom were more vital to the development of our specialty: Lucy, Betsey, and Anarcha.

Anarcha was 17 years old when she went into labor. Enslaved in Montgomery, Alabama, Anarcha's labor lasted three days with no assistance or medical care. Finally, James Marion Sims—the man heralded as the father of gynecology—was called. Despite his complete lack of training in reproductive care or gynecology, he used forceps to deliver Anarcha's baby. Anarcha endured several fistulas from her prolonged labor and delivery trauma, a debilitating complication at that time with no treatment available. Those affected with fistulas endured pain, infections, and shame, yet were still forced to work in inhumane conditions on a plantation.

As the local doctor, Sims was called to examine other enslaved women with obstetric fistulas, including Betsey and Lucy. The call came not from compassion from the enslaver, but from desire of productivity and economic gain that the childbearing of enslaved women provided. Using a bent spoon that has now evolved to the Sims speculum, Sims examined Lucy and was able to fully identify a fistula for the first time. Sims reasoned that he could now develop a surgery to treat it. He made an arrangement with enslavers to send Lucy, Betsey, Anarcha, and other enslaved women to him for his experimental operations. Despite the eventual development of anesthesia, Sims never used anesthetics and continued his dehumanizing surgeries for years. This included 29 operations on Anarcha alone, all that occurred without her consent. As enslaved people, the women were seized of any basic rights and bodily autonomy. They were unable

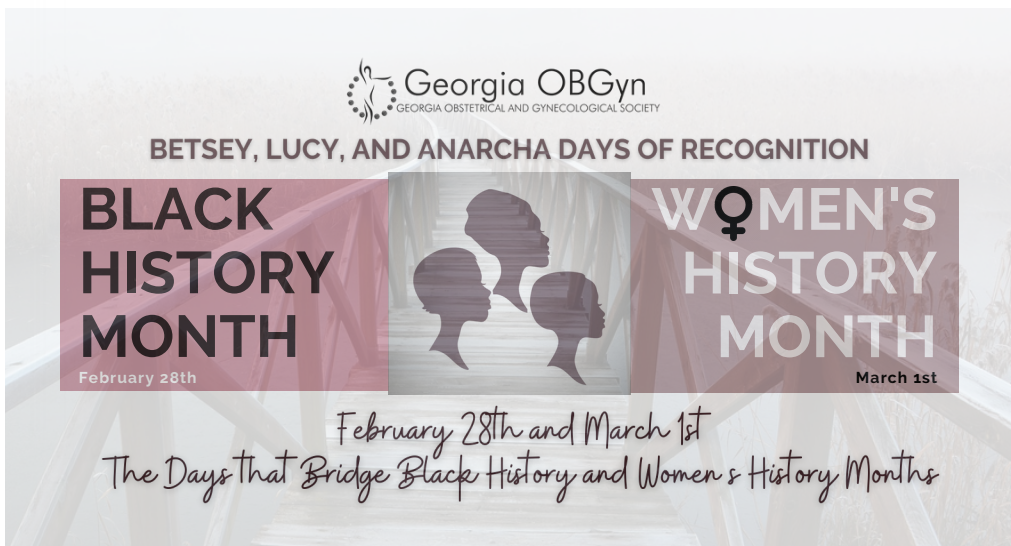
to object to Sims' demands and were forced to assist him on these inhumane surgeries.

Unfortunately, just as the praise for Sims continued, the systemic racism and unjust treatment of Black patients carried on too. Pregnancy-related mortality for Black patients is three to four times the rate of white patients in the United States, existing throughout different regions and worsening with increasing education or income status. Providers are more likely to ignore and insufficiently treat pain reported from Black patients compared to their white peers. The generational and traumatic stress of racism has resulted in increased rates of hypertensive disorders, diabetes, and cardiovascular disease in Black Americans.

and learning about the experiences of our Black patients and engage ourselves in anti-racist policies and action. We must commit to providing opportunity for our Black colleagues and increase the number of diverse providers. There could not be a stronger juxtaposition between Lucy, Betsey, and Anarcha's stories and my own. I have been immensely privileged in my life as a white, cisgender woman from an upper-middle class family. Racial identity was something I did not think about nor was forced to acknowledge. It continues to be a learning process that includes reflection, ownership, and many mistakes along the way. Through telling Lucy, Betsey, and Anarcha's story, I hope that those with similar backgrounds to myself—experiencing all the advantages society has to

offer—are able to acknowledge the atrocities carried out against these women, how history has shaped our current society, and the inequities continue to exist. Knowing this past and committing ourselves to antiracism is vital for the work that needs to be done. It is with humility, awareness, and respect for all that we must continue to strive for to create justice and

equity in obstetrics and gynecology.



As we reflect on the racial disparities in our field, it is important to recognize that race itself is a social construct without genetic or biological basis. The construct of race has been used throughout history to justify inequality and discrimination. It is this systemic racism that contributes to the disparities in our field today, not just for Black patients, but for Hispanic/Latino, Indigenous, Pacific Islander, and other groups that have been marginalized.

We must work together to make our field more inclusive and equitable. A good first step would be to acknowledge this history that includes Lucy, Betsey, and Anarcha, and many others whose names we do not yet know. After acknowledging this truth, we must make it a priority to reconcile the harm that has been done and the racism that still exists. Reconciliation comes only after we educate ourselves through listening

AUTHORS' AFFILIATION:

Zoe Julian, MD
OB/Gyn
WellStar Kennestone

Kasey Shepp, MD
Resident - PG3
WellStar Kennestone

REFERENCES:

Click [HERE](#) to view references for this article and a list of organizations/books to learn more:

For more information regarding ACOG's days of recognition for Betsey, Lucy, and Anarcha, visit <https://tinyurl.com/ACOG-BLAMLMainPg>.





WIC is here for your patients.

Many people don't realize they're eligible for WIC benefits, so WIC needs your help to spread the word! Your patients can find out more by calling (800) 228- 9173 or visiting signupwic.com. Those who currently receive Medicaid or SNAP benefits automatically qualify for WIC.

signupwic.com

PDF available by clicking on download button or go to: <http://tinyurl.com/WIC2024>

Do your part to keep kids healthy.



Keeping kids healthy requires more than regular doctors' visits. When you refer income-eligible women who are pregnant, post-partum, or have infants or children up to five years old to WIC, you're helping to ensure they have the wholesome food, nutrition education, and community support to keep their child healthy between doctor visits.

- WIC is for all working or non-working moms and moms-to-be who meet certain income requirements—in fact, we serve over half of all infants born in the US.
- WIC has nutrition experts who can educate your patients about making healthy choices that work for them and their family.
- WIC can give your patients wholesome food as well as guidance on how to shop for, prepare, and incorporate healthy food into their family's lifestyle.
- WIC's staff includes nutritionists, lactation consultants, professionals and peers—all ready to listen, share information, and provide guidance and moral support to your patients.
- WIC can check up on the health of your patients and their children at least every six months.
- WIC can connect your patients with resources outside WIC— including healthcare professionals like dentists and pediatricians, immunization services, substance-abuse counselors, domestic-abuse counseling, and social services.

Contact

Contact WIC for more information:

Phone: (800) 228-9173

Website: <https://dph.georgia.gov/WIC>

GA Gateway:
<https://gateway.ga.gov/access/>

Find pointers for how to talk about WIC with your patients and other resources on the WIC Hub.

thewichub.org

Find videos about WIC on the Georgia Department of Health YouTube Channel.

youtube.com/@GaDPH

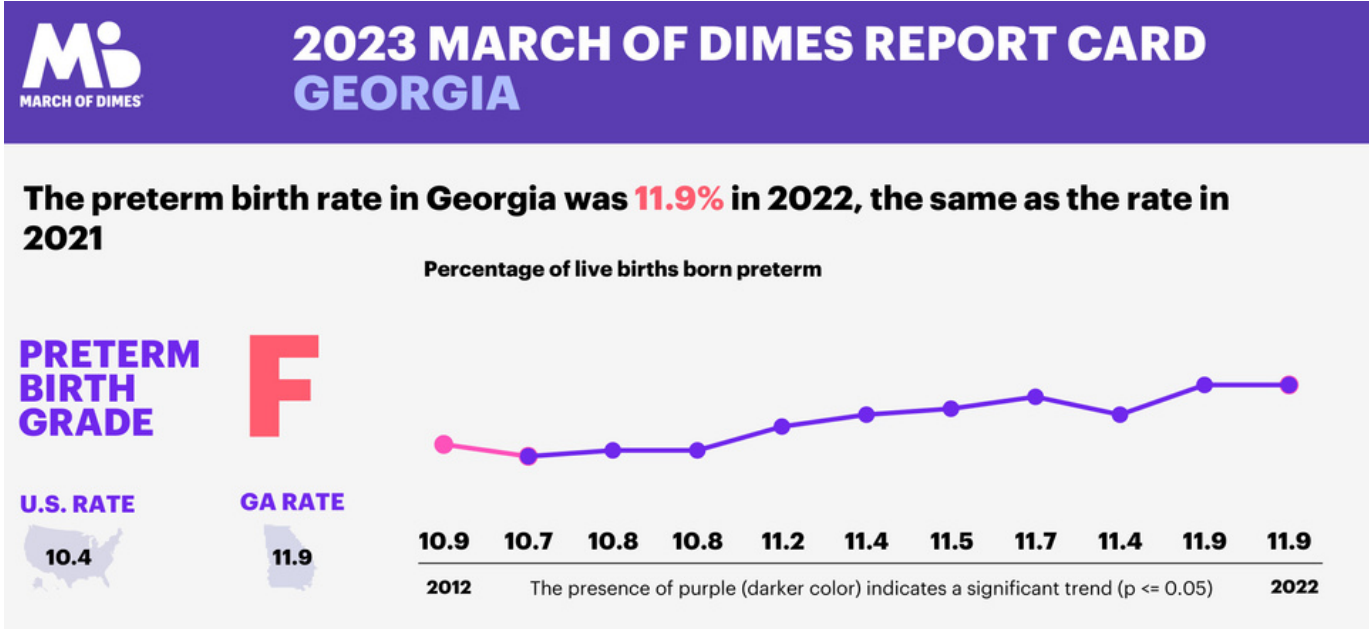


2023 March of Dimes Report Card - Now Available

Report Card for the State of Georgia

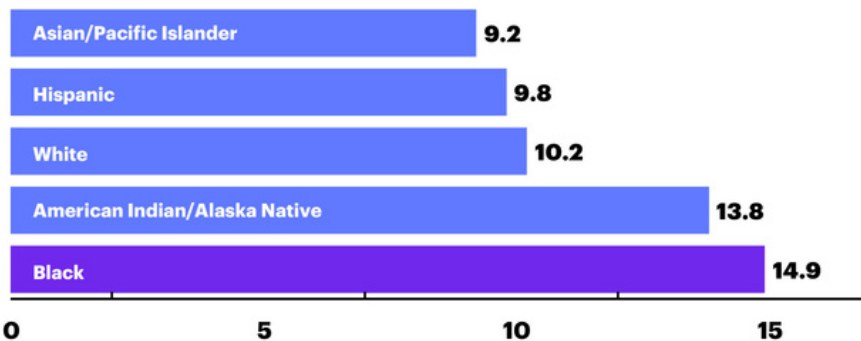


The 2023 March of Dimes Report Card highlights key indicators to describe the current state of maternal and infant health. We continue to provide updated rates and grades for preterm birth and data on infant mortality and maternal health. New this year is the inclusion of maternal mortality, leading causes of infant death, and data describing selected risk factors for preterm birth. Indicators by maternal race/ethnicity are included to call attention to the need for addressing racism in our systems and communities in order to eliminate health disparities. Detailed analyses of these measures inform the development of policies and programs that move us towards improving health for birthing people and the millions of babies born each year in the U.S., D.C. and Puerto Rico. The Report Card presents policies like Medicaid extension and programs like Maternal Mortality Review Committees, which can help to achieve equity in maternal and infant health outcomes.



The preterm birth rate among babies born to Black birthing people is 1.5x higher than the rate among all other babies

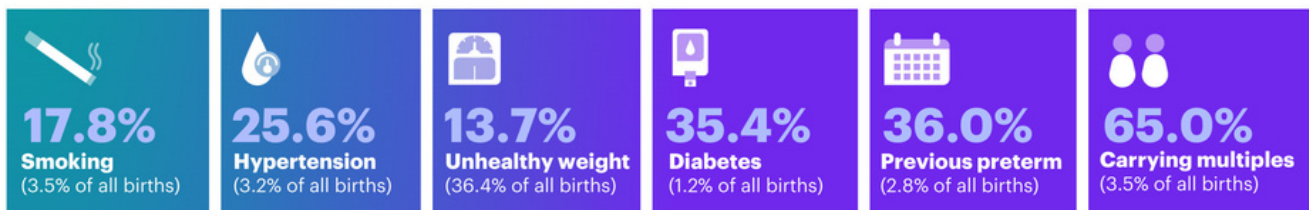
Preterm birth rate by race/ethnicity, 2020-2022



This chart is intended to highlight disparities in data related to race/ethnicity and should serve as a starting point for discussion about addressing systemic racism and inequality.

Many factors make birthing people more likely to have a preterm birth

Preterm birth (PTB) rate among birthing people by maternal factor (blue) and overall prevalence (in parentheses), 2022



Note: More than one factor can occur at the same time. Hypertension, diabetes, smoking, and unhealthy weight occur prior to pregnancy. U.S. PTB rates are as follows: smoking: 15%; hypertension: 23%; unhealthy weight: 12%; diabetes: 29%; previous preterm: 30%; carrying multiples: 62%.

Source: National Center for Health Statistics, 2012-2022 natality data.

THE 2023 MARCH OF DIMES REPORT CARD: THE STATE OF MATERNAL AND INFANT HEALTH FOR AMERICAN FAMILIES

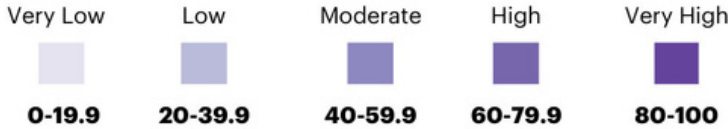
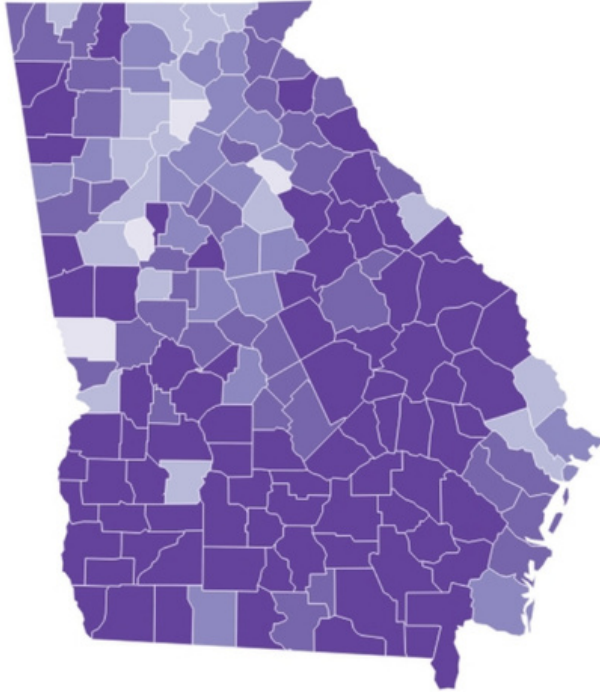
For the full report card visit www.marchofdimes.org/reportcard

For details on data sources and calculations, see Technical Notes: www.marchofdimes.org/reportcard-technicalnotes

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Birth people in Georgia have a **very nign vulnerability** to poor outcomes and are most vulnerable due to **general healthcare accessibility**

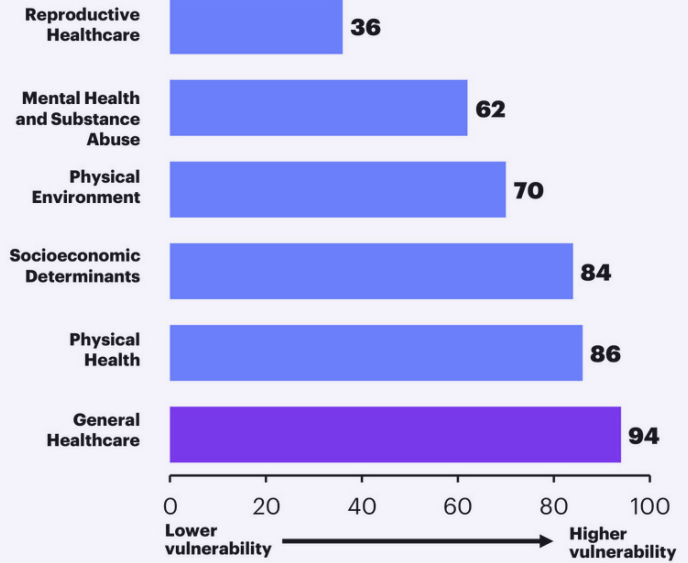


Notes: The Maternity Vulnerability Index (MVI) is a tool used to understand where birthing people in each state may be more likely to have poor outcomes, including preterm birth and maternal death, due to clinical risk factors and other social, contextual, and environmental factors. Visit <https://mvi.surgaventures.org/>.

Source: Surgo Health, Maternal Vulnerability Index, 2023.

Factors related to maternal vulnerability

Higher scores indicate higher vulnerability



The measures below are important indicators for how Georgia is supporting the health of birthing people



Source: National Center for Health Statistics, Mortality data, 2018-2021. National Center for Health Statistics, Natality data, 2022.

**THE 2023 MARCH OF DIMES REPORT CARD:
THE STATE OF MATERNAL AND INFANT HEALTH FOR AMERICAN FAMILIES**
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Adoption of the following policies and sufficient funding in Georgia is critical to improve and sustain maternal and infant healthcare



MEDICAID EXTENSION

State has extended coverage for women to one year postpartum.



MEDICAID EXPANSION

State has adopted this policy, which allows birthing people greater access to preventative care during pregnancy.



PAID FAMILY LEAVE

State has required employers to provide a paid option while out on parental leave.



DOULA REIMBURSEMENT POLICY

State Medicaid agency is actively reimbursing doula care.



MATERNAL MORTALITY REVIEW COMMITTEE

State has a federally funded MMRC committee, which is recognized as essential to understanding and addressing the causes of maternal death.



FETAL AND INFANT MORTALITY REVIEW

State has a Fetal and Infant Mortality Review team or teams to identify and review causes of death.



MATERNAL MORTALITY REVIEW COMMITTEE

State has a federally funded MMRC committee, which is recognized as essential to understanding and addressing the causes of maternal death.



FETAL AND INFANT MORTALITY REVIEW

State has a Fetal and Infant Mortality Review team or teams to identify and review causes of death.



PERINATAL QUALITY COLLABORATIVE

State has a federally funded PQC to identify and improve quality care issues in maternal and infant healthcare.

Legend



State has the indicated funding/policy



State reimburses up to \$1,500



State is progressing legislation but not yet active



State does not have the indicated funding/policy

**THE 2023 MARCH OF DIMES REPORT CARD:
THE STATE OF MATERNAL AND INFANT HEALTH FOR AMERICAN FAMILIES**

For the full report card visit www.marchofdimes.org/reportcard

For details on data sources and calculations, see Technical Notes: www.marchofdimes.org/reportcard-technicalnotes

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To view complete report card for the state of Georgia, follow link below or click on graphic below:



LEARN MORE ABOUT THE FACTORS IN YOUR STATE. <http://tinyurl.com/MODGARpt2023>

The CDC Foundation, in collaboration with the American Board of Obstetrics and Gynecology (ABOG) and the Centers for Disease Control and Prevention (CDC), is offering one or two-year fellowships in honor of Dr. Larry Gilstrap, an international leader in the field of Obstetrics and Gynecology and Maternal-Fetal Medicine.

The Gilstrap OBGYN Fellowship is an outstanding opportunity to bridge obstetrics and gynecology clinical practice with public health action through hands-on training at the CDC. Gilstrap fellows have published their work in high-impact journals (including Obstetrics and Gynecology, Pediatrics, Sexually Transmitted Diseases, and the Journal of Women's Health) and have delivered presentations to clinical and public health audiences during scientific conferences and meetings, including those hosted by the American College of Obstetrician Gynecologists, the Federation of International Gynecology and Obstetrics, the Infectious Disease Society for Obstetrics and Gynecology, the Society of Family Planning, the Society for Maternal-Fetal Medicine, the American College of Nurse-Midwives, Emory Rollins School of Public Health, the National Commission on Correctional Health Care, and CDC.

After the fellowship, graduates have successfully continued their work in public health positions (including at CDC) and clinical practices in obstetrics and gynecology.

The Gilstrap OBGYN Fellowship for recent obstetrics/gynecology residency graduates is a full-time position beginning in August for a one-year opportunity with the possibility of an extension for an additional year, pending on performance and interest. The fellowship will provide training focused on public health surveillance research, clinical guideline development, and building subject matter expertise in emerging and reemerging infectious diseases, sexually transmitted infections, and infections during pregnancy.

The fellow will be hired by the CDC Foundation and assigned to the CDC in Atlanta, Georgia. The fellow will be hosted by one of three participating divisions: the Division of STD Prevention (DSTDP), the Division of Reproductive Health (DRH) and the Division of Birth Defects and Infant Disorders (DBDID). Opportunities for cross-collaboration are available.

The CDC Foundation offers a competitive salary commensurate with post-graduate training and experience and an attractive benefits package. The Gilstrap OBGYN Fellowship does not involve clinical duties; however, fellows are eligible and encouraged to participate in clinical activities with external clinical organizations outside their fellowship work hours if desired.

Fellows are interviewed/considered on a rolling basis so applying earlier is better, but the final application deadline is March 15, 2024



MORE INFORMATION:

<https://www.cdcfoundation.org/programs/american-board-obstetrics-and-gynecologycdc-larry-gilstrap-md-fellowship>



TO APPLY:

<https://jobs.lever.co/cdcfoundation/951f73a9-647c-48c0-87dc-a684ab5b819a>



We ♥ our Residents



There's Always Time for Cake!

Drs. Wayson, Henry, and Riedel, residents of the Wellstar/MCG Augusta OBGyn Program and a part of their Health Labor and Delivery Team, are celebrating all the achievements and a great way to excuse eating cake at 10am in the morning!

Want to share your resident's stories? Please send your ideas to Nicole Reaves at nreaves@gaobgyn.org.

Source: Medical College of GA OBGYN's Instagram account: <https://www.instagram.com/mcgaobgyn/>



Be sure to check out all the recordings available on-demand through GOGS YouTube Channel!

- Incision Decisions for Gynecologic Surgery
- Iron Deficiency Anemia in Pregnancy: Can We Do Better?
- Navigating Legal Battles in the Medical World - A Guide to Medical Malpractice Claims
- One Year Post-Dobbs, Where Are We Now?
- The Evolution of Periviability and its Impact on Extremely Premature Infants
- AI and Medicine
- Intrauterine Postpartum Hemorrhage Control Devices
- ASCCP Risk-Based Management Guidelines and its Clinical Application
- Managing Chronic Vulvovaginal Diseases: Lessons Learned from a Tertiary Care Center
- An Update on Georgia Medical Malpractice Environment
- A Proactive Strategy for Reducing Cardiac Related Maternal Deaths
- CPT Coding Information
- GaPQC '23 Meeting Lectures
-and much more!

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Vaccine Hesitancy

Webinar Video Available from EPIC



VACCINE HESITANCY

Communication is Everything



EPIC is presented by:

Georgia Chapter - American Academy of Pediatrics
Ga. Dept. of Public Health/Immunization Program

In Cooperation with:

Georgia Academy of Family Physicians
Georgia Chapter - American College of Physicians
Georgia OB/Gyn Society



To View Webinar, Visit:

<https://register.gotowebinar.com/recording/7343451680114450946>



DEA Certification of Registration

Consolidated Appropriations Act of 2023 Details

DON'T FORGET!



In order to handle Controlled Substances
and List 1 Chemicals,

**You must Renew your DEA
Certificate of Registration.**

On December 29, 2022, the Consolidated Appropriations Act of 2023 enacted a **new one-time, eight-hour training requirement** for all Drug Enforcement Administration (DEA) registered practitioners on the treatment and management of patients with opioid or other substance use disorders. Beginning on June 27, 2023, practitioners will be required to check a box on their online DEA registration form, regardless of whether a registrant is completing their initial registration application or renewing their registration, affirming that they have completed the new training requirement.



To Renew, Visit:

apps.deadiversion.usdoj.gov/webforms2/spring/renewalLogin

For Training Opportunities, Visit:
knowledgeplus.nejm.org



Join Us

REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY GROUP - ATLANTA

Reproductive Endocrinology and Infertility Group (REIG) seeks BC/BE RE or MIGS trained OB/GYN to help our patients grow their families.

This is an outstanding opportunity to work with an experienced team of doctors, nurse practitioners and staff. REIG is a small, intimate practice that values shared decision making with patients to find their best health. We provide OI and IUI, with in-house sperm prep as well as on-site operative hysteroscopy.

This is a great opportunity to live and work in the highly sought after Atlanta Buckhead community with privileges at Piedmont Hospital and Clinic, one of the region's premiere hospital groups.

Position Highlights

- Work life balance focused practice
- Competitive 1 year guarantee - fast track to partnership and ownership
- Competitive compensation and full benefits package
- Paid CME

Position Requirements

- Excellent clinical and interpersonal skills
- 2+ years' experience or fellowship training preferred
- Minority/LGBTQ friendly

Send Confidential CV to: janet@handyconsulting.com | 770.294.1390
For more information about REIG, visit: www.reigeorgia.com





SAVE THE DATE

CURRENT PROCEDURAL TERMINOLOGY

CPT CODING WEBINAR

NEW CEU CREDITS
AVAILABLE

SPRING SESSION
MAY 10, 2024
9 AM - 12 PM

REGISTRATION BEGINS
IN MID MARCH OF 2024



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LLET20033 02/19



CODING UPDATE

CPT CODING CLARIFICATION

CPT 99459 is used when performing a pelvic exam with a chaperon as a part of a preventative health or E&M codes below. It is recommended by ACOG that documentation support "pelvic exam performed with a chaperone present".

TIPS:

- 99459 can be used any time a pelvic exam with chaperone is performed regardless of speculum use. This includes bimanual exams with chaperone and documented
- The add-on code 99459 can be used one time per patient per day when a pelvic examination is performed with the codes listed below
- Documentation in the medical record must support the need for the pelvic examination and confirm the use of a chaperone
- This code only valid in a non-facility setting

FROM ACOG'S CODING GUIDANCE:

CPT 99459 is an add-on code that must be billed when a pelvic examination is performed during one of the following visits:

CPT Code Sets	Description
99202 - 99205	Office or other outpatient visit for the evaluation and management of new patient
99212 - 99215	Office or other outpatient visit for the evaluation and management of established patient
99242 - 99245	Office or other outpatient consultation visit for new or established patient
99384 - 99387*	Initial comprehensive preventive medicine, new patients
99393 - 99397*	Periodic comprehensive preventive medicine, established patients

*Note that preventive visits for Medicare beneficiaries utilize HCPCS codes (G0402, G0438, G0439, G0468). There are not yet instructions available regarding the use of CPT 99459 with the Medicare initial and annual visits.



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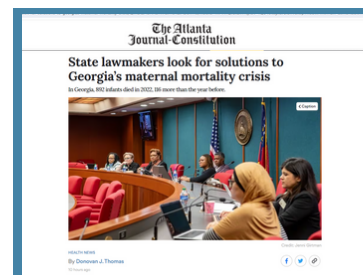
Dr. Suchi Chandrasekaran
testifying at the Georgia House in January



Dr. Jane Ellis
testifying at the Georgia House in January

Thank you to fellow GOGS Members, Suchi Chandrasekaran, MD, MSCE and Jane Ellis, MD, PhD for testifying at the Georgia House Democratic Caucus on Maternal Mortality on January 4th.

Read more in The Atlanta Journal-Constitution (AJC) article by Donovan J. Thomas: <https://www.ajc.com/news/health-news/state-lawmakers-look-for-solutions-to-georgias-maternal-mortality-crisis/QWLX2FIBNRDVGJHUTZIADBYHU/#>



Do you have a recent "connections" idea you would like to share? Please submit by clicking or using the following link:

<https://forms.gle/LPKRkrsfB45Ku7mBA>

• • • Thank you for making 'connections' on behalf of the society and members! • • •

The Doctor's Beat: News from Fellow Society Members



the doctor's beat
news from members

Recently, fellow GOGS member, Dr. Deborah Taylor shares her story of how an implicit bias training helped her care for a patient in a way that made the patient feel heard. Hear Dr. Taylor's advice for health-care professionals on the importance of listening to their pregnant and postpartum patients. Learn more at: cdc.gov/hearher



"The changes that you make don't have to be big and broad. They can just be the little ones every day."

Click on link below or use QR code to view video:
<https://www.youtube.com/watch?v=DGkdLI9MNAM>



Be sure to check out fellow GOGS member, Dr. Nisha Verma in the ABC News 'Impact X Nightline' special named, *On the Brink* led by ABC News anchor Diane Sawyer and senior congressional correspondent Rachel Scott. This news special uncovers the harrowing stories of pregnant women who have medical emergencies in states with laws restricting abortions and the physicians caught in a legal web when trying to provide essential health care. According to Dr. Verma, "she is grateful for these women and their families who shared their stories about the devastating impacts abortion restrictions have had on their lives. I feel honored to have had the opportunity to be a part of this."



Nisha Verma, MD, MPH, FACOG

On the Brink is available to stream only on [Hulu](https://www.hulu.com). For more information on this series, click [HERE](https://www.hulu.com). Link and QR are listed below.



<https://abc.com/shows/on-hulu/news/news/watch-impact-x-nightline-episode-on-the-brink-on-hulu>



Do you have a recent news you would like shared with membership? Please submit by QR code or click/visit the link below:

<https://tinyurl.com/4m5439kz>

Reasons Why You Should Become a Member in 2024

continued from page 1

Joining the Georgia OBGyn Society is a pivotal step for healthcare professionals committed to advancing women's health in Georgia. Through advocacy, professional development, networking, and community outreach, members of this society play a crucial role in shaping the future of obstetrics and gynecology. By uniting in a collective effort, these professionals not only elevate their practice but contribute to improving women's health throughout the state. In a field where staying informed and connected is paramount, the Georgia OBGyn Society stands as a beacon of support, empowering its members to make a lasting



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impact on the lives of the women they serve.

Are you a 2024 GOGS member? To join GOGS or renew your 2024 membership, click the link or scan QR code below. GOGS offers discounts to large (20+physician) practices who join as a group. Physicians who recruit 5 or more members receive free registration to the 2024 GOGS Annual Conference (a \$525 value). Inquire about GOGS group discounts at: kboyenga@gaobgyn.org.



<https://gaobgyn.org/membership/dues/>

REMINDER
**PAY YOUR
2024 DUES!**



Click graphic to view GOGS Membership Benefits Guide



GEORGIA OBSTETRICAL & GYNECOLOGICAL SOCIETY

Helping further knowledge, protect the doctor/patient relationship, and better obstetrics and gynecology in Georgia.

POSTPARTUM MEDICAID EXTENSION

In January 2022, Gov. Brian Kemp released the FY22-FY23 budget report including \$28M to extend postpartum Medicaid benefits from the current six months to one year. GOGS legislative team was instrumental in this huge step toward supporting the management of the chronic conditions that impact maternal mortality in Georgia.



MALPRACTICE INSURANCE DISCOUNT



GOGS is proud to partner with The Doctors Company's medical malpractice insurance program. Visit thedoctors.com/gogs for program discounts and free tail coverage for qualified members.

YOUR INFORMATION SOURCE

GOGS newsletters, e-alerts and time-sensitive updates offer cutting-edge information. Stay up-to-date on breaking news items so you stay in the know on information that affects your practice.



VIDEO RESOURCES

GOGS is home base for on-demand educational and informative content for OBGyn providers. Click on the YouTube icons below or Search 'Ga OBGyn Society' on YouTube to find videos on a wide range of topics such as COVID-19 vaccination, lactation challenges, and health equity.

CONTINUING MEDICAL EDUCATION

Attend one of our in-person educational events held each year at beach destination resorts. These events are complete with simulation labs, panel lectures on current events, and social events with other physicians in the state.



ADVOCATING FOR GA PATIENTS AND PHYSICIANS

GOGS advocated for an increase in Medicaid rates for 108 of the most commonly used CPT codes to 2020 Medicare levels. The additional \$20M needed to fund this measure, including \$825K earmarked to help OBGyns was included in Gov. Brian Kemp's State FY2022-FY2023 budget. This increase will especially help those physicians in rural areas of Georgia where the payor mix is dominated by Medicaid.

Telehealth has quickly become integrated into nearly every aspect of obstetrics and gynecology, and current trends indicate expansion of its use. GOGS advocated on behalf of HB307 which allows physicians to provide telemedicine services from their home and authorizes patients to receive telemedicine services from their home.



PROTECTING THE DOCTOR-PATIENT RELATIONSHIP

GOGS opposes any policies that limit the evidence-based practice of medicine, and affirms that physicians should not be criminalized for making the ethical and professional decisions that are in the best interests of their patients.



Half and Half MAT Training Webinar

Buprenorphine Training Webinar - CME Available

P C S S
Medications for Opioid Use Disorders

Providers
Clinical Support
System



Upcoming Buprenorphine Trainings

Audience: Physicians, Midwives, and NPRNs who wish to apply for a waiver to prescribe buprenorphine for the treatment of opioid use disorders

Time: 4:00 pm – 8:00 pm (E/T)

Date: Monday, March 25, 2024

CME Available: 8 hours

Instructor: Anna Maria South, MD

Fee: No cost

Type: Webinar/Zoom

INSTRUCTOR:



Anna-Maria South, MD
Assistant Professor
of Medicine
University of Kentucky

**LINK TO
REGISTER:**

<https://education.sudtraining.org/Users/InvitationCode.aspx>



Follow directions
listed on the left

Register in advance for this webinar, by Wednesday, March 20, 2024

Registration Directions:

1. Click on registration link above
2. "Create" an account - or - "Login" to your account
3. At prompt, use Invitation Code: **MOUD-375554-16811**
4. Continue with prompts until registration is complete
5. Click on "Join Meeting" to pre-register for Zoom webinar

***Email confirmation will be sent after registration is complete**

Learning Objectives:

- Screen and identify patients with OUD and define evidence-based treatments.
- Discuss the pharmacology of opioids as it relates to treatment of opioid use disorder (OUD) patients.
- Describe the fundamentals of office-based opioid treatment including the treatment of the co-morbid patient.
- Explain the process of buprenorphine induction as well as stabilization and maintenance.
- Discuss all FDA approved antagonist and agonist medications to treat OUD.
- Discuss basic office protocols including medical record documentation and confidentiality.
- Utilize evidence-based resources to ensure providers have the confidence to prescribe buprenorphine for patients with OUD.

MODERATOR:



Kate Boyenga, CNP
Executive Director
Georgia OBGyn Society (GOGS)



Georgia OBGyn
GEORGIA OBSTETRICAL AND GYNECOLOGICAL SOCIETY

Joint Accreditation Statement:

In support of improving patient care, American Academy of Addiction Psychiatry is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE) and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

Physician Designation Statement:

American Academy of Addiction Psychiatry designates this live activity for a maximum of 8 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Nursing Designation Statement:

American Academy of Addiction Psychiatry is an approved provider of nursing continuing education through AAPA's Joint Accreditation provider # 4008192. This program is approved for up to 8 Nursing Contact Hours.

PA Designation Statement: American Academy of Addiction Psychiatry has been authorized by the American Academy of PAs (AAPA) to award AAPA Category 1 CME credit for activities planned in accordance with AAPA CME Criteria. This activity is designated for a maximum of 8 AAPA Category 1 CME credits. PAs should only claim credit commensurate with the extent of participation.



Join us for the April 10
and
April 11-12

34th Annual
Conference on
Breastfeeding



April 10 & 11-12
Emory Conference Center

- "Breastfeeding Fundamentals" Course 4/10
- 2-day Conference on Breastfeeding 4/11-12
- On-demand access to the conference recordings



CLICK HERE TO
REGISTER

For more information
and to register visit:

<http://tinyurl.com/24EmoryBFC>



Did you know that GOGS will be celebrating
its 73rd anniversary this year?

We recently found some photos in our archives.
Recognize any of these youngsters?

(click on photo below to reveal the answer)





Georgia Obstetrical and
Gynecological Society, Inc.

ADMINISTRATIVE OFFICE

2925 Premiere Parkway
Suite 100
Duluth, Georgia 30097

Phone: 770.904.0719
Fax: 770.904.5251

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

www.gaobgyn.org

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SAVE *the* DATE

73rd ANNUAL EDUCATIONAL MEETING The Cloister at Sea Island, Georgia AUGUST 22-25, 2024

Rooms fill quickly, reserve in advance!

Room rates start at \$440 per night

To book on-line, go to: <http://book.passkey.com/e/50651302>,
or call The Cloister's reservations at 1.888.992.0391

Reference Room block 'GA OBGyn Society 2024 Event'

*Attendee registration begins in spring of 2024
For questions or additional information, please contact
Nicole Reaves at nreaves@gaobgyn.org



Georgia OBGyn
GEORGIA OBSTETRICAL AND GYNECOLOGICAL SOCIETY

2023-2024 DATES TO REMEMBER



CPT CODING - *Winter Session*

VIRTUAL WEBINAR

December 1, 2023



LEGISLATIVE DAY

IN-PERSON

January 30, 2024



GAPQC ANNUAL MEETING

IN-PERSON & VIRTUAL

April 25 & 26, 2024



CPT CODING - *Spring Session*

VIRTUAL WEBINAR

May 10, 2024



EDUCATIONAL MEETING

IN-PERSON & VIRTUAL

August 22-25, 2024



CPT CODING - *Winter Session*

VIRTUAL WEBINAR

December 6, 2024