



Georgia Obstetrical  
and Gynecological  
Society, Inc.

OCTOBER 2023 | VOLUME 17, NUMBER 5

# OBGYN NEWS

Promoting Excellence In  
Women's Healthcare In Georgia



## Welcome the 2023-2024 GOGS President, Dr. Gretchen Koontz

**G**reetings, everyone, I am Gretchen Koontz, the 70th President of the Georgia Obstetrical and Gynecology Society. I was installed during the August 2023 GOGS Annual Scientific Meeting at The Westin in Hilton Head, South Carolina. I specialize in Maternal Fetal Medicine and practice in Atlanta, where I work at three Northside Hospitals: Northside Sandy Springs, Northside Gwinnett, and Northside Forsyth. Additionally, I am temporarily providing coverage at Athens Piedmont Hospital. This wide range of coverage allows me to offer comprehensive care to women facing medical challenges during pregnancy.

This is the beginning of an exciting new chapter for the Georgia OBGyn Society, and will undoubtedly lead to innovative initiatives that further elevate the standards of women's healthcare in Georgia. I envision the Georgia OBGyn Society as a hub for collaboration and networking, sharing best practices, and fostering interdisciplinary approaches to women's health. Through these collaborations, I aim to enhance the quality of care provided to women and ensure they have access to the latest medical advancements.

My top priorities for this year include increasing GOG membership, advocating for comprehensive women's health care within our state, and improving access to care in rural areas of Georgia. Members have a collective voice to advocate for women's health issues in Georgia, making membership across our state vital to our goals as a society. If you or your practice are not members, please join us! The society provides

obstetricians and gynecologists in Georgia with the latest knowledge and best practices in obstetrics and gynecology. Members can access continuing medical education opportunities, such as workshops and training sessions, to keep up with emerging trends and technologies. Our partnership with The Doctor's Company offers program discounts on medical malpractice insurance and free tail coverages for members.

Membership dues are only \$285 yearly. This low fee is possible due to the wide support of more than 950 OBGyns in Georgia. GOGS offers membership discounts to practices that join as a group. For our existing members, if you recruit five or more members to join GOGS, you will receive a complimentary registration to the 2024 GOGS Annual Meeting at the Cloister in Sea Island - over a \$500 value. Membership benefits and dues information can be found here <https://gaobgyn.org/membership/benefits/>.

Members have an important voice and role to play in advocating for women's health issues in Georgia. Our legislative events, including the Legislative Day at the Capitol on January 30, 2024, mobilize members to actively engage in policy advocacy and initiatives that promote the betterment of women's health. Our 2024 legislative priorities, including fostering medical liability reform and opposing legislative

interference in the patient-physician relationship, are created by our Legislative/GynPAC Committee and approved by our Board of Directors. Click [HERE](#) to view our 2024 legislative priorities.

The Society is working to establish partnerships with healthcare providers and organizations in rural areas to



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THE GEORGIA OBSTETRICAL AND GYNECOLOGICAL SOCIETY'S

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improve access to obstetric and gynecological care. This includes telemedicine initiatives to connect rural patients with health care specialists. The network will optimize statewide access to prenatal and postpartum care to provide a unified approach to decrease the severe maternal morbidity and mortality rates in GA, improve maternal outcomes, and reduce preventable maternal deaths. Not all women have equal access to quality healthcare, and I aim to bridge this gap by establishing rural health networks.

I am excited for the year ahead and the positive impact the society's efforts will have on women's healthcare in our State. As President, I want to hear from you. Please reach out and share your thoughts and ideas at [president@gaobgyn.org](mailto:president@gaobgyn.org).

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### QUICK LINKS



## AWARENESS CAMPAIGNS FOR THE MONTHS OF

# October and November

## October



### BREAST CANCER AWARENESS MONTH

Win the fight against breast cancer.... It's time for early detection! Regular visits to a primary care provider are a necessary part of a health care routine. To learn more about breast cancer and prevention, visit: [dph.georgia.gov/BCCP](http://dph.georgia.gov/BCCP)



### NATIONAL DEPRESSION SCREENING DAY (10/8) AND WORLD MENTAL HEALTH DAY (10/10)

Major depression is one of the most common mental illnesses, affecting 6.7% (more than 16 million) of American adults each year. Like screenings for other illnesses, depression screenings should be a routine part of healthcare. World Mental Health Day is about raising awareness of mental health and driving positive change for everyone's mental health. To learn more read our featured article and resources on pages 5-6 and visit the Mental Health America at <https://mhanational.org/> or the World Mental Health Organization at <https://www.mentalhealth.org.uk/>



### NATIONAL MAMMOGRAPHY DAY (10/20)

Mammograms are a huge aspect of Breast Cancer Awareness Month, as millions of women across the globe are encouraged to attend Mammography screenings. According to the CDC, breast cancer is among the most common diagnosis in women, and screenings and exams are crucial for early detection and treatment. To learn more, visit: <https://www.cdc.gov/cancer/dcpc/resources/features/breastcancerawareness/index.htm>

## November

### BLADDER HEALTH MONTH

Urinary incontinence affects men and women, although it is nearly twice as common in women. There are two main bladder control issues that affect women: stress urinary incontinence and overactive bladder. Bladder control problems affect 30%-50% of women. To learn more, visit NAFC at: <https://nafc.org/womens-conditions/>



### NATIONAL MENOPAUSE AWARENESS MONTH

World Menopause Awareness Month highlights the importance of women, their families, and the clinical community celebrating and prioritizing the health and wellness of women as they age. To learn more, visit The Menopause Society at <https://menopause.org>.



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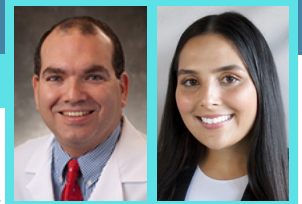


The Doctors Company  
TDCGROUP



# Maternal Depression: A Georgia Health Initiative

Eduardo Estrella, MD, FACOG; Ashley Lall, MD - Resident, PGY2 | WellStar Kennestone



**M**aternal mortality has been the forefront of many conversations at the legislative level for the state of Georgia which has resulted in significant investment of resources and a paradigm shift in how we approach maternal depression and mortality. Perinatal depression, which is defined as depressive episodes during pregnancy or up to 12 months postpartum, affects 1 in 7 pregnant individuals and is one of the most common complications in the postpartum period(1). In regards to maternal mortality, suicide was a more frequent cause when compared to hypertensive disorders or maternal hemorrhage. Maternal suicide was also closely linked to intimate partner violence(2). The current ACOG recommendations suggest screening each patient at least once for symptoms of anxiety and depression during the perinatal period using a standardized tool, such as PHQ-9 or Edinburgh Scale. It is thought that screening patients alone does have some clinical benefit, but when accompanied with the initiation of appropriate resources this leads to the most optimal maternal and infant outcomes(3).

When discussing maternal depression with patients, it is important to take a pragmatic approach. Understanding risk factors during pregnancy and in the postpartum period is pivotal for early screening and detection. Patients who experience depression during pregnancy may report a history of depression, unintended pregnancy, Medicaid insurance, tobacco use disorder, lack of social support versus patients who experience postpartum depression which may report traumatic birth experiences, issues with breastfeeding, preterm birth, infant admitted to the NICU(4). In addition, screening for intimate partner violence should be considered in the prenatal period.

The CDC's national data reveals approximately 13 percent of patients that experience postpartum depression, with 20 percent reporting not ever being asked about depressive symptoms during routine prenatal care. Fifty percent of patients once diagnosed with depression report never receiving treatment. The Pregnancy Risk Assessment Monitoring system (PRAMS), reveals that rates of perinatal depression from 2017 to 2020 have decreased for patients residing in Georgia. Self-reported depression 3 months

prior to pregnancy was highest each year when compared to depression rates during pregnancy and postpartum. These findings may be attributed to the development of federal and state partnerships with expanded funding through Title V that have a focus of improving maternal and infant mortality outcomes prior to the year 2025. Programs such as Peace4Moms and Lifeline4Moms, emphasize the improvement of perinatal psychiatry access through increased resources to mental health providers in collaboration with Emory and the Georgia Department of Health.

Taken all together, OBGYN providers can prioritize maternal mortality by addressing perinatal depression. Improving the understanding of risk factors and the incorporation of standardized tools for early screening and identification of depression in the prenatal period is quintessential. Patient education on the infant effects of maternal depression, such as poorer birth outcomes and development delay, should be included in the discussion for treatment options with cognitive behavioral therapy being a cornerstone of management(5). OBGYN providers in collaboration with pediatricians, must work to improve screening and treatment of maternal depression in the postpartum period(3). Most importantly, providers should empower patients to seek medical care for depressive symptoms and have local resources readily available.



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## REFERENCES:

Click [HERE](#) to view references for this article

## LOCAL RESOURCES AVAILABLE:



<https://www.peace4momsga.org/about-us/>



<https://www.mothersandbabiesprogram.org/resource-category/providers/>



<https://dbhdd.georgia.gov/maternal-mental-health-resources>



<https://namiga.org/calendar-2/>



# FDA Approval of the First Over-The-Counter Birth Control: Coming Soon to a Store Shelf Near You!

Melissa Kottke, MD, MPH, MBA | GOGS Past President



In July 13, 2023, the FDA announced its approval of the first over-the-counter (OTC) birth control pill. The pill is a progestin-only pill. It contains 0.075 mg of Norgestrel and will be sold under the name “Opill.” This approval is exciting and reflects many years of work from the scientific and advocacy communities. It is also reassuring that the US can join the over 100 countries where people can access birth control without a prescription.

There are numerous potential benefits to having more effective contraception available over the counter. OTC pills may be more convenient, private, and convenient for users. Increased access may serve to reduce stigma and be empowering for users to manage their sexual and reproductive health. Perhaps most importantly, is the potential to work towards reproductive justice and health equity. OTC birth control pills may remove barriers for individuals who disproportionately experience barriers to accessing health care systems and providers (for example people who are young, have lower incomes, are from minoritized communities, have no insurance, etc.). Having birth control over-the-counter may allow those who could not get to a clinician for a prescription to finally have access to an effective contraceptive.

The FDA has several criteria that must be met for a medication to be approved for OTC status. These include 1) the drug is not addictive 2) the drug has no significant toxicity if overdosed 3) users can self-diagnose 4) users can safely take a medication without a clinician’s screening and 5) users can take the medication as indicated without a clinician’s explanation. The first two are easily true; there have been no reports of addiction to or overdose from progestin-only birth control pills. Next, people who need birth control are, indeed, the best people to ascertain if contraception is necessary. The final two criteria required multiple studies that were closely reviewed by the FDA during this process. The full application and proceedings from the committee meeting are publicly available for those who are interested in a deeper dive. In the application, the company shared information from the ACCESS trial. ACCESS involved participants from 36

states, had racial and ethnic diversity, over-sampled young people (ages 12-17 years), and enrolled individuals who had low health literacy. In the self-selection part of the trial, they found that 99% of individuals who read the drug fact label were able to correctly self-select whether the product was appropriate for them. In the actual use part of the trial, participants purchased the pills at study sites, read the instructions on how to use the product, and documented their pill use in an electronic diary. There were over 90,000 days of use in the trial, and pill use was documented on over 92% of days. Adolescents and those with low health literacy did as well as the population group, as a whole. They also asked about mitigating behaviors (such as using a condom if missed a pill), and participants either took a pill or added mitigating behaviors on 97% of days. Overall, the ACCESS trial showed that people can read the drug fact label and choose whether the pill is right for them, and they can follow the instructions, to take one pill every day.

The pill is expected to be available in multiple settings in early 2024 and it will be available to people of all ages. There are implementation questions that have yet to be answered (cost, insurance coverage, etc.). In the meantime, health care providers can help support the roll-out by letting patients know that it will be available soon. Sharing safety information about the progestin-only may also be valuable. There is a lot of misinformation about contraception in the public, and clinicians are trusted

sources of information. The progestin-only pill is incredibly safe. It has one absolute contraindication (from the CDC US Medical Eligibility Criteria for Contraceptive Use): current breast cancer is the only MEC Category 4 condition. There are a few MEC Category 3 conditions (where the risks may outweigh the benefits), including certain liver diseases, lupus with antiphospholipid antibodies, history of malabsorptive bariatric surgery, and some concomitant medications. These conditions are rare in reproductive aged people, and individuals are generally under care of a clinician for management where a conversation about pregnancy and contraception can occur. The progestin only pill is also very effective at preventing pregnancy, and this will be the most effective contraceptive that a person can access without a prescription. There is a website that has information for both patients and healthcare providers, [www.opill.com](http://www.opill.com). It will be exciting to see how this gets into the hands of those who need it and what may be coming next.

#### AUTHOR’S AFFILIATION:

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Professor, Emory University  
Department of Gynecology and Obstetrics  
Director, Jane Fonda Center

#### RESOURCES:

1. <https://freethepill.org>
2. Loretta J. Ross and Rickie Solinger, Reproductive Justice, An Introduction, University of California Press, 2017
3. <https://www.fda.gov/media/167893/download>
4. <https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html>

#### DISCLOSURE:

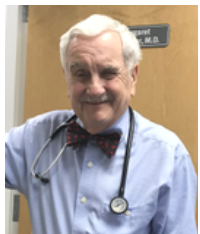
Dr. Kottke served as a consultant for HRA Pharma during the OTC application to the FDA

# In Remembrance

Eugene Michael (Gene) Schaufler, MD (1946-2023)



It is with heavy hearts to announce the death of fellow GOGS member, Gene Schaufler, MD., who passed away on August 3, 2023. Dr. Schaufler completed a pediatric residency at Monmouth Medical Center, Long Branch, NJ and a gynecology and obstetrics residency at Emory School of Medicine affiliated hospitals, including Grady Memorial Hospital where he met his wife, Mardi Schaufler, MD.





Dr. Schaufler completed a fellowship in Maternal Fetal Medicine at Emory School of Medicine. Gene practiced medicine in both New Jersey and New York before beginning his charmed life and career in LaGrange, Georgia in 1983. He felt it was such a privilege to practice medicine in LaGrange and had great devotion to his patients, his office staff and the hospital staff he worked with. Apart from his gentle ways and obvious intellect, Gene had a disarming sense of humor that endeared him to all kinds of people, but especially to Mardi. She laughed at his jokes until the very end. Click [HERE](#) to view complete obituary.

## Welcome Incoming Interns - GA OBGyn Residency Programs

Joanna Gao, MD - PGY4, Emory University School of Medicine



On behalf of The Georgia OBGyn Society, I want to give a warm welcome to all of the incoming interns at Atrium Health Navicent, MCG-Augusta University, Emory University, Memorial Health University Medical Center, Morehouse School of Medicine, and WellStar-Kennestone! It can be nerve-racking to juggle all of the new information: your hospital parking, the nuances of the electronic medical record, how to work a pager, and most daunting of all, the ever-changing practice guidelines in women's health. But we are here to help! As an OB/Gyn resident in Georgia, you are automatically a member of GOGs, where you can participate in a large network of professional peers and learn how to advocate for your patients! We are so excited to have you join this profession and can't wait to help you grow and achieve your professional goals over the next four years in residency training.



**ATRIUM HEALTH NAVICENT**

- Dr. Georgia Pridgen
- Dr. Olivia Ogba
- Dr. Shannon Vogel
- Dr. Alex Marion



**MCG-AUGUSTA UNIVERSITY**

- Dr. Dylan Anderson
- Dr. Hannah Harper
- Dr. Kaitlyn Kennedy
- Dr. Rachel Pelsang
- Dr. Alexandria Riedel



**EMORY UNIVERSITY**

- Dr. Capricia Bell
- Dr. Chloe Denham
- Dr. Brendan Gray
- Dr. Alexis Hernandez
- Dr. Kelly O'Sullivan
- Dr. Varsha Prabhakar
- Dr. Hannah Robinson
- Dr. Ericka Scott
- Dr. Melissa Valletti



**MEMORIAL HEALTH UNIVERSITY**

- Dr. Mary Katherine Ball
- Dr. Erika Olsen
- Dr. Samantha Perez
- Dr. Lauren Wells
- Dr. Meg Ray



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- Dr. Jessie Kue Ndukwe
- Dr. Cassandra Mafoh
- Dr. Destiny Miller
- Dr. Amissa Sei



**WELLSTAR KENNESTONE**

- Dr. Taylore Brooks
- Dr. Brea Davidson
- Dr. Roxana Lazo Gonzalez
- Dr. Navya Nuthivana



# Resident Research Project 2023 - Winner Announced!

Teresa Byrd, MD - Chair, GOGS Educational Committee



During this year's annual meeting, The Society offered an oral abstract session for selected residents, one from each of the six training programs in Georgia, to further showcase scholarly activity. Scholarly activity is a requirement for resident education and accreditation of residency programs nationally. The Society would like to announce this year's winner of the GOGS Resident Research Project Award for 2023, Aliya Nurani, MD.

Dr. Nurani is currently a PGY-3 medical resident at Mercer University School of Medicine in Savannah/Memorial Health University Medical Center. Aliya was born in Duluth, Georgia and earned her Bachelor of Arts in Communication Studies



Aliya Nurani, MD  
Mercer Univ/Memorial Univ Health

from the University of Georgia, and her Medical Degree at Mercer University School of Medicine. Aliya enjoys traveling, fitness classes, and reading and is most passionate about minimally invasive gynecologic surgery. Dr. Nurani's research project, *Are We "Pushing" Our Patients Toward Addiction? A Preliminary Post-Cesarean Survey to Quantify Narcotic Requirements for Pain Control*, was completed in collaboration with Merritt McGowan, MS4; Anthony Royek, MD; Eric Shaw, PhD; Stephanie Tootle, MD, and can be found by clicking [HERE](#) or online at <https://tinyurl.com/GOGS23Nurani>.

## Thank You

to all the Residents and Residency Programs that  
contributed to the 2023 Residency Research Projects



Morgan Castleberry, MD  
Atrium Health Navicent



Annabelle Clark, MD  
MCG Augusta University



Taylore King, MD  
Emory University



Joan Han, MD  
Morehouse School of Med



Areli Saucedo Baza  
Wellstar - Kennestone

*Congratulations, Dr. Nurani!*

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To request photos from this event, please email Nicole at [nreaves@gaobgyn.org](mailto:nreaves@gaobgyn.org).





# GOGS Connections: GOGS Members Making Connections

GEORGIA OBGYN SOCIETY

connections

Georgia Section ACOG Chairman and GOGS Past-President Dr. Cathy Bonk provided a shoulder dystocia simulation during the National Medical Association OB/Gyn Simulation Skills Workshop on July 30, 2023. The facilitators for the session were Drs. Sylvester McRae and Cyril Spann. The workshop was part of the NMA Annual Meeting and Scientific Assembly at the Hyatt Regency Hotel, Superdome, in New Orleans.



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>



## The Doctor's Beat: News from Fellow Society Members



Congratulations to fellow GOGS Member and GOGS Member at Large, Keshia Collins, MD, on her recent interview with AMA examining her work in rural and underserved communities. To view this article, *This OBGyn Makes It Her Mission To Change Her Patients' World* click or visit the link below:

<https://tinyurl.com/KCallinsAMAArticle23>



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

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Tuesday, January 30, 2024  
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