

Gynecology & Obstetrics

SUMMER 2019

A woman with long dark hair in a ponytail, wearing a light green t-shirt, is seen from behind, sitting in a red lecture hall chair. Her right arm is raised high, hand open, as if asking a question or participating in a discussion. The lecture hall is filled with rows of red chairs and desks, and the background shows a dark chalkboard.

**asking the questions
that move the field
forward**
innovations in
women's health

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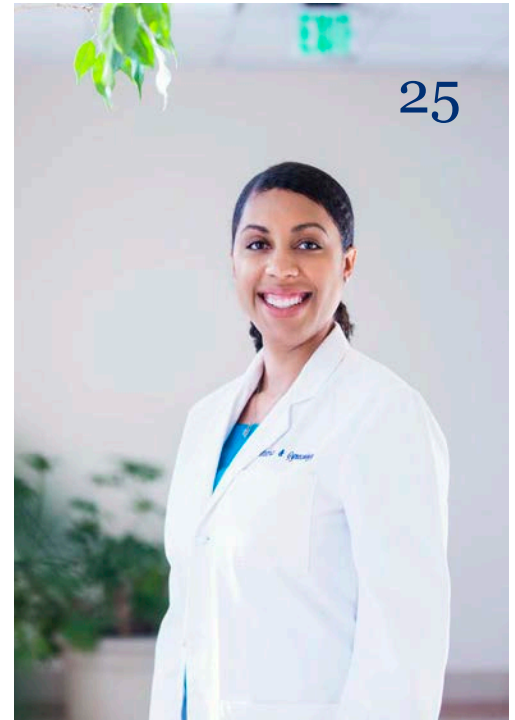
“Lactation may not seem like a very high priority, but it’s my job as a healthcare provider to make sure that any woman who wants to experience that opportunity to bond with their child has the support and resources necessary to make it happen.”

- Andrea Joyner, MD, IBCLC

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WELCOME TO EMORY DEPARTMENT OF GYNECOLOGY AND OBSTETRICS

Emory Gynecology and Obstetrics is part of Emory University's School of Medicine, a globally recognized leader in health care innovation, and the Emory Clinic and Emory Healthcare, a comprehensive health system that includes hospitals, offices, and research facilities.

As part of a university-based health care system, our department has access to state-of-the-art resources and tools. Our physicians and researchers are engaged in translating the latest research and advances into effective practice. We also have the opportunity to collaborate across departments and disciplines, ensuring that complex cases receive quality care – all under one roof.

The department's tradition of outstanding patient care is due to the expertise of our specialty and subspecialty trained physicians. Emory gynecologists and obstetricians are acknowledged as local, regional, national, and international experts in their fields.

I invite you to learn more about our department's offerings and to let us know if we may be of service.

Sincerely,

Penny Castellano, MD
Interim Chair,
Department of Gynecology and Obstetrics
and
Denise J. Jamieson, MD, MPH
Incoming Chair,
Department of Gynecology and Obstetrics



Denise J. Jamieson, MD, MPH, named Chair of the Department of Gynecology and Obstetrics

On June 20, 2019, Jonathan S. Lewin, MD, FACR, Emory Executive Vice President for Health Affairs, Executive Director, Woodruff Health Sciences Center President, CEO and Chairman of the Board, Emory Healthcare and Vikas P. Sukhatme, MD, ScD, Woodruff Professor, Dean, Emory School of Medicine Chief Academic Officer, Emory Healthcare announced the appointment of Denise J. Jamieson, MD, MPH, as Chair of the Department of Gynecology and Obstetrics for the SOM, and Chief of Gynecology and Obstetrics for Emory Healthcare beginning July 1, 2019. Dr. Jamieson was named the James Robert McCord Professor and Vice Chair for Population Health in 2017. Dr. Jamieson also serves as the Division Director for Gynecologic Specialties in the Department of Gynecology and Obstetrics and Associate Chief of Service for Emory Obstetrics and Gynecology at Grady.

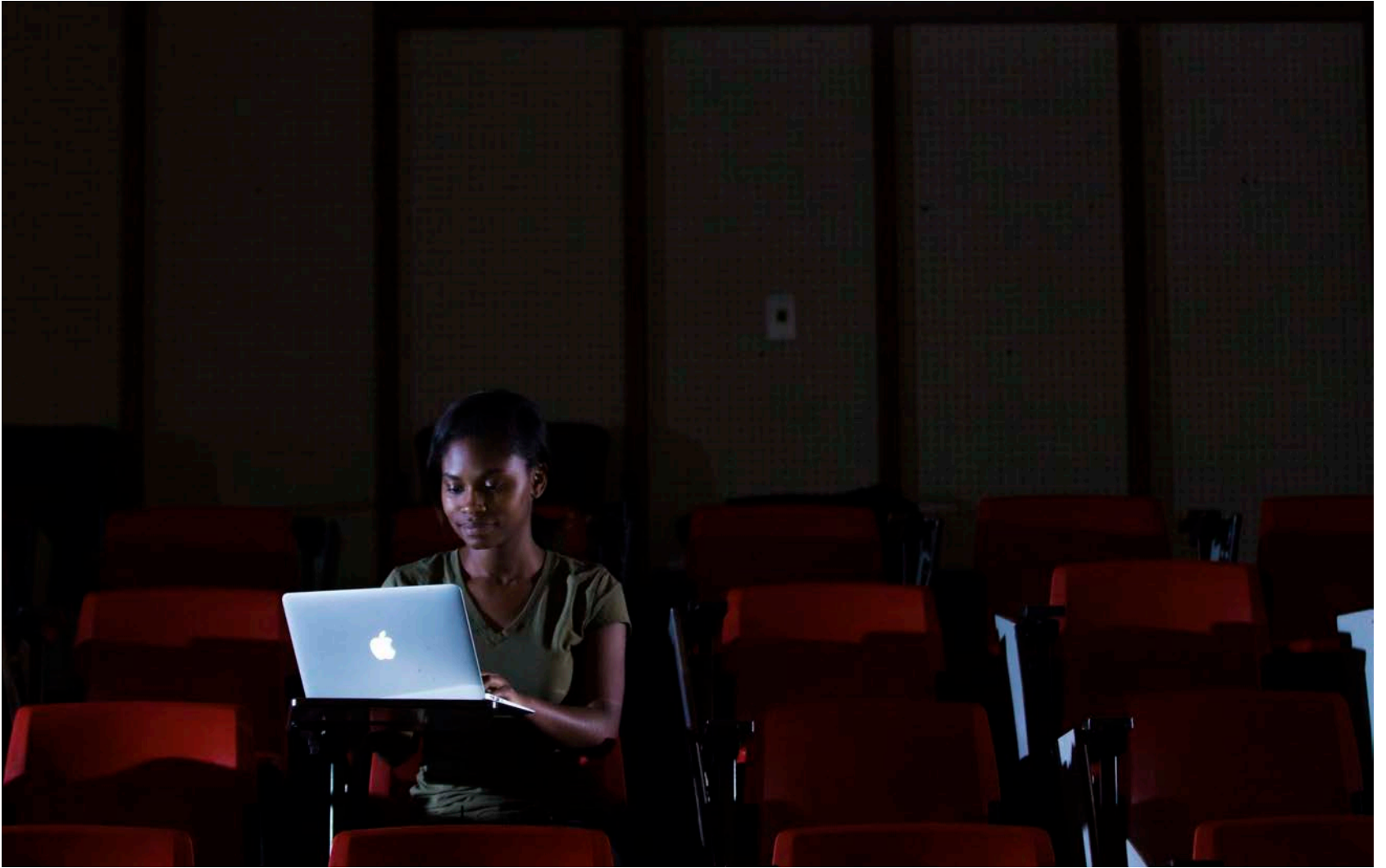
Dr. Jamieson earned a medical degree at Duke University School of Medicine and a master's degree in public health at University of North Carolina Chapel Hill, then completed a residency in obstetrics and gynecology at University of California at San Francisco. Following residency, Dr. Jamieson joined the U. S. Public Health Service and served as an Epidemic Intelligence Service Officer at the Centers for Disease Control and Prevention (CDC). She served in a variety of leadership roles in the CDC, including the role of the medical care task force lead for the Ebola response in 2014 and incident commander for CDC's response to Zika in 2016-17. Upon retirement from the U.S. Public Health Service as a Captain in July 2017, she received the Distinguished Service Medal, the highest award granted to an officer in the Commissioned Corps, for "notable contributions to reproductive health and public health practice."

Dr. Jamieson's work focuses on emerging infectious diseases in pregnancy and she has published more than 400 scientific peer-reviewed papers. Dr. Jamieson serves on several American College of Obstetricians and Gynecologists (ACOG) committees including the Immunization, Infectious Disease, and Public Health Preparedness Work Group, the HIV Work Group, and the Obstetric Practice Bulletin committee. She has been an oral board examiner for the American Board of Obstetrics and Gynecology (ABOG) since 2007 and serves on ABOG's Qualifying Examination Development Committee. In 2011, Dr. Jamieson was awarded a Distinguished Alumna Award for outstanding accomplishment in the field of medicine at The University of North Carolina at Chapel Hill.

Throughout her career, Jamieson has demonstrated exemplary leadership across all three missions of research, teaching and patient care. During a 2018 celebration after being named the James Robert McCord Chair, Jamieson pledged to "embrace and promote scientific inquiry and scholarship; strive for academic and clinical excellence; motivate and inspire medical students to pursue their passions; and teach, mentor, and support the next generation of obstetrician-gynecologists." In their joint announcement, Dr. Lewin and Dr. Sukhatme acknowledged and thanked Penny Castellano for her dedicated service as interim chair over the past 3 years. Noting her outstanding contributions to the department as a valued member of the SOM council of chairs Dr. Castellano will continue to serve as Vice Chair for Clinical Affairs and will also continue in her role as Chief Medical Officer for The Emory Clinic and Emory Specialty Associates.

Please join us in thanking Dr. Castellano, and welcoming Dr. Jamieson as chair.





The INNOVATION Issue: The journey from question to field shifting change.

by: Bryetta Calloway

There is a reoccurring theme in this issue of Emory Gynecology and Obstetrics Department magazine, the ongoing pursuit of knowledge and its integral part of pushing academic medicine forward. Whether snippets of our signature CONVERSATIONS video series or the research produced within the department, the field of women's health benefits from the spirit of inquiry deeply embedded in the culture of the department. The article *Transwomen and Breastfeeding* highlights the power of questions posed and pursued. Emily Trautner, a student in Dr. Andrea Joyner's lecture, asked a question after class that led her and Dr. Joyner to the World Professional Association for Transgender Health (WPATH) conference in Buenos Aires to delve deeper into the need for evidence-based transgender healthcare. In the article (page 14) then medical student, Emily Trautner states, "...it (breastfeeding) seemed like it would be a near-impossible task for a transgender woman. Thus, I was curious if it had been done before and how."

The data compiled during this trip has become the basis for work that is supporting the continued mission to innovate in the areas of women's health. "Healthcare providers are always thirsty for more knowledge." Dr. Andrea Joyner states in response, "It is our job to ask these types of questions, knock down barriers, and push healthcare even further." This kind of passion for progress in the area of women's health has created a focused attempt to fill in the gaps of predominantly anecdotal information surrounding transgender healthcare. As Dr. McCool-Myers states, "...clearly when it comes to health, we should be working off of evidence." You can read more about this work in the article, **Transwomen and Breastfeeding: Removing Barriers to Care** (page 14).

During one of our CONVERSATIONS video installments for *Moving the Field*

Forward, Dr. Marie Shockley and Dr. Krista Childress discussed the constant pursuit of knowledge, specifically in academic medicine and how this is ever-present in the dynamic between trainees, residents, and patients. In the video, which aired April 2019, Dr. Childress, a pediatric gynecologist working with Children's Healthcare of Atlanta (CHOA) shares, "I always say I learn something new every day. Either something my patients teach me, a new diagnosis, or even what my residents teach me. That is why academic medicine is so fun."

As a result of the growth and expansion of the department's gynecologic specialties scope, Dr. Shockley, a fellowship-trained Minimally Invasive Gynecologic surgeon at Emory Healthcare, discusses her expertise in robotics, laparoscopy and hysteroscopy surgery. "Surgery is always advancing. There is always a new device or a new technique, and I feel with minimally invasive surgery, we are really up on the newest technology, which is always great for our patients."

In a similar vein, Professor Lisa Flowers, Division of Gynecologic Specialties, discussed her first of its kind Lower Anogenital Screening and Treatment Fellowship in a CONVERSATIONS: *Moving the Field Forward* video installment, which aired January 2019. In the video Dr. Flowers shares, "I really want to make a difference in the field of HPV related disease, and I feel that developing this Lower Anogenital Screening and Treatment Fellowship is going to open up an area for gynecologists to be able to find the answers by which we can reduce HPV related diseases in our female population."

You can read more about this video series and the areas that have been highlighted on page 8 in the article, **CONVERSATIONS: A video series**

created to address women's health openly. You can also follow Emory Gynecology and Obstetrics on YouTube to watch the entire CONVERSATIONS series.

In a field that may be relatively unknown, there is much happening in the way of innovations as it relates to treatments for issues such as incontinence, overactive bladder, and pelvic pain. From Botox injections to implantable devices; physical therapy to prescription medicine urogynecologists, like Dr. Kelley and his colleagues in FPMRS, are always looking for new and better methods of treatment.

In our article, **Finding Answers for Incontinence**, we are sharing the work that has Dr. Robert Kelley of our Female Pelvic Medicine and Reconstructive Surgery (FPMRS) division partnering with Michael Lloyd, MD, an Emory cardiac electrophysiologist to find the heart of the matter behind incontinence and deliver new and effective treatments, "We know that there is electrical activity that helps control the heart rate. Our research is looking for the electrical activity that may be telling the bladder when and how to move urine through the bladder." Dr. Kelley, page 21.

Represented by the cover image of a student captured mid-question, hand raised and leaned forward in inquiry, this issue is shining a light on the complex issues present in women's health and the individuals, students, teachers, physicians, and researchers, taking the lead in finding answers. Whether creating new protocols like Dr. Andrea Joyner or new methods of treatment like Dr. Robert Kelley or even new ways to spotlight the narrative surrounding women's health CONVERSATIONS we hope you are inspired to discover what drives the innovation housed within Emory Department of Gynecology and Obstetrics.

CONVERSATIONS

A video series created to address women's health openly



The concept started over one year ago, a video series that captures the critical conversations surrounding women's health involving the experts on the frontlines of these issues. Now with more than 100,000 views on YouTube alone, this series has created a space for dialogue that is shining a light on the power of honest conversations, especially when discussing women's reproductive health.

"When I presented this idea to our leadership it was in response to having the privilege of listening to and learning from the amazing faculty within our department," stated Bryetta Calloway, Communications Manager for Emory Gynecology and Obstetrics. "With a background in filmmaking and storytelling, I immediately understood that our constituents would appreciate the candor of these kinds of conversations."

As part of Emory University's School of Medicine, a globally recognized leader in healthcare innovation, Emory Gynecology and Obstetrics has provided excellence in women's health care for more than 75 years. The video series was designed to be an integral part of the ongoing commitment to women's health.

"When we identified members of our faculty to sit down for a discussion surrounding women's health from their area of specialty, it was vital to showcase our faculty as physicians, researchers, and mentors."

The decision was made to introduce the series during Women in Medicine Month. The first video involved Dr. Carrie Cwiak, Division Director for Family Planning and Assistant Professor Dr. Megan Lawley.

"It's hard to say if I have a favorite video but, I will say that when I envisioned this series, Dr. Cwiak was one



of my first choices. I was hopeful that her passion for reproductive health care and the natural points of intersection with female empowerment would translate, and happily, the video exceeded my expectations."

Since the first video installment was produced, a new installment centered around Moving the Field of Women's Health Forward has followed.

"The Moving the Field Forward concept came from a conversation with Dr. Jessica Spencer, Division Director for Reproductive Endocrinology and Infertility." Bryetta continued, "Dr. Spencer was discussing the role of research and academic collaboration, and it clicked that this would be a natural extension of the video series."

Having shined a light on the role of women in medicine, access to contraception, the global impact of women's health, even the growing need for subspecialties, the topics have represented the range of the department.

"While it may sound odd, this series is truly my love letter to the amazing faculty within this department. Everything from the aesthetic design, the choice of set and location to the final editing choices came from my desire to honor the value these experts have given to Emory University and the Atlanta community at-large."

To see the full video series visit the Emory Gynecology and Obstetrics YouTube Page.

Top: Associate Professor, Gynecologic Oncology, Namita Khanna MD, MSPH Below: Family Planning, Associate Professor, Lisa Haddad, MD, MS, MPH and Associate Professor, Eva Lathrop, MD, MPH Center: Gynecologic Specialties, Assistant Professor, Krista Childress, MD and Assistant Professor Marie Shockley, MD Bottom: Professor Lisa Flowers, Gynecologic Specialties Previous Page Left: Professor Carrie Cwiak, MD, MPH Family Planning Division Director and Assistant Professor Megan Lawley, MD, MPH, Family Planning, Previous Page Center: Assistant Professor, Heather Hipp, MD and Emory Reproductive Center Medical Director and Associate Professor Jennifer Kawwass, MD Previous Page Right: Division of General Obstetrics and Gynecology Assistant Professor, Taniqua Miller, MD, NCMP and Assistant Professor Jade Stafford, MD.

“We will work alongside OB/GYNs to give families the best outcome. Together, we have the expertise required to keep you and your baby safe during pregnancy.”



Maternal-Fetal Medicine and The Emory Perinatal Center

MARTINA BADELL, MD AND THE EMORY PERINATAL CENTER ARE EXPANDING ACCESS TO MATERNAL-FETAL MEDICINE AT EMORY UNIVERSITY HOSPITAL MIDTOWN

Hearing the term “high-risk” can be scary for most pregnant women. For pregnant women who may fall into this category, this merely means that your medical history (including conditions such as diabetes, heart disease, advanced maternal age or high blood pressure), difficulties in a prior pregnancy, fetal abnormality in this pregnancy, or a pregnancy with more than one baby, necessitates a need to be monitored more closely to ensure the health of you and your baby.

While advanced age or multiple

pregnancies may have you need to meet with a maternal-fetal medicine specialist, you can seek the services of

a perinatologist even before you become pregnant. For example, if you know you have heart disease, hypertension, diabetes, autoimmune diseases, seizure disorders, blood clotting disorders, or infections such as HIV, you can consult with an

“It is our privilege to care for women during their pregnancy and our expertise allows us to focus on health concerns of the mother and her baby.”

- Martina Badell, MD

MFM physician to work in partnership with your obstetrician, family doctor, or midwife to co-manage your care.

Established more than 25 years ago, the Maternal-Fetal Medicine division

at Emory was one of the first specialty units in the country. Today the division provides services at two state-of-the-art perinatal centers: Emory Perinatal Center at Emory University Hospital Midtown, and Emory Regional Perinatal Center at Grady Health System, which is one of six regional high-risk infant care centers in the state. Martina Badell, MD is the Director of The Emory Perinatal Center and works with her colleagues Iris Krishna,

MD, MPH, and Marissa Platner, MD to provide care for high-risk pregnancies that present at EUHM. The Emory Perinatal Center is completing an expansion that will see the clinic move to the 15th floor and expand the clinical footprint.

“We are thrilled to be moving into our new expanded space. It is our privilege to care for women during their pregnancy, and our expertise

Iris Krishna, MD, MPH
Assistant Professor
Department of Gynecology and Obstetrics,
Maternal-Fetal Medicine



allows us to focus on health concerns of the mother and her baby. We help manage pregnancies using detailed ultrasounds, diagnostic procedures, if indicated, and enjoy counseling families on management plans during pregnancy.” Martina Badell, MD

The team provides perinatal services, including:

- Checking for genetic disorders with tests such as amniocentesis and chorionic villus sampling (CVS)
- Diagnoses and management of congenital disorders, heart problems, and blood disorders in developing babies
- Identifying risks and providing recommendations for future pregnancies
- Pre-conception counseling and genetic counseling for women with medical problems that could affect pregnancy.
- Management of pregnancy complicated by conditions such as diabetes, gastrointestinal issues, cardiopulmonary conditions, or infectious diseases.
- State-of-the-art ultrasound examinations, including 3D and 4D if indicated

- First and second-trimester diagnosis of fetal chromosomal problems using cell-free fetal DNA, CVS, and amniocentesis.
- Diagnosis of and treatment plan for fetal or placental anomalies.
- Management of multiple pregnancies, twins and above.
- Management of pregnancies in women of advanced maternal age (women older than 35).
- Neonatal Intensive Care (NICU) for high-risk newborns.

Location

The Emory Perinatal Center is located on the fifteenth floor of Emory University Hospital Midtown Medical Office Tower, 550 Peachtree Street. Emory University Hospital Midtown is also home to an outstanding Maternity Center, which includes a newborn nursery.



Marissa Platner, MD
Assistant Professor
Department of Gynecology and Obstetrics,
Maternal-Fetal Medicine

“For many years, and even today, the trans population lived in the shadows, we’re just trying to get them in for basic care and help them survive from one day to the next. It’s our job to ask these types of questions, knock down barriers and push healthcare even further.”



Transwomen and Breastfeeding: Removing Barriers to Care

OUT OF THE SHADOWS AND PUSHING HEALTHCARE FURTHER

After a class on breastfeeding for third-year medical students, Emily Trautner a student of Andrea Joyner, MD, IBCLC at Emory University School of Medicine, pressed her about an interesting fact shared with the class.

“I told the med students that it was possible for a transgender woman to induce lactation,” Dr. Joyner says. “Emily thought that was fascinating and asked for more details.”

Emily’s curiosity led her to ask for more information about transwomen breastfeeding, “I knew a little bit about the process of gender transition, though I never considered that breastfeeding would be possible for transgender women after transitioning. Since many cisgender-

women struggle to achieve good milk supply, it seemed like it would be a near-impossible task for a transgender woman. Thus, I was curious if it had been done before and how.”

When she went to look for the source she remembered, Dr. Joyner wasn’t able to find a reference paper.

“There wasn’t any research to prove that it is possible,” she explains. “What I was able to find was a blog post written by a transgender physician who was able to successfully breastfeed using a protocol created to induce lactation in adoptive mothers.

“No one had written anything up about inducing breastfeeding in transwomen,” Dr. Joyner continues. “So, I thought maybe we should.”

“Should we be working off anecdotes, or should we be working off evidence?” And clearly, when it comes to health, we should be working off of evidence.”



Helping a community in the shadows

A routine physical can be a traumatic and stressful experience for a transgender individual. Dr. Joyner immediately understood why research and literature weren't readily available about breastfeeding in transwomen.

“For many years, and even today, the trans population lived in the shadows,” she explains. “We're just trying to get them in for basic care and help them survive from one day to the next. Places like Grady's Gender Clinic are here to create a supportive, respectful environment for transgender patients. It's our job to ask these types of questions, knock down barriers, and push healthcare even further.”

Dr. Joyner quickly found a group of like-minded and passionate colleagues to dig into finding out more about transwomen and breastfeeding.

“I began asking around. I asked a family planning

specialist and an endocrinologist to see if it would even be possible to induce breastfeeding,” she recalls. “It just opened a big can of worms.” So, Dr. Joyner and her medical student put their heads together and decided where to go from there.

Ultimately, they decided to take the question all the way to Buenos Aires and the World Professional Association for Transgender Health (WPATH). Emory was already planning to attend and present during the seminar, so the team decided to take advantage of the opportunity and survey providers. They hoped to learn what experience other providers had inducing breastfeeding, about standardizing care, and if a best practice guideline would be useful to the field.

“Healthcare providers are always thirsty for more knowledge,” Dr. Joyner says. “We heard from physicians who said – ‘oh yes, I had a patient that did that’ and we heard from practitioners who admitted they had never even thought about it.”

Dr. Joyner and her team returned to Emory,

equipped with survey data they are just beginning to assess. Turning to one of her colleagues within the Department of Gynecology and Obstetrics, Dr. Joyner discussed her project with Assistant Professor, Department of Gynecology and Obstetrics, Division of Family Planning and Adolescent Reproductive Health Megan McCool-Myers, PhD, MPH. Dr. McCool-Myers recounts “[Dr. Joyner] didn’t have the means to disseminate those findings. And, considering that her time is primarily invested in clinical research, and I’m 100% research, I had the time, ability, and the opportunity, to advance what she was doing on the clinical front, put it out in academia, put it out in the peer-reviewed research, and push the research forward into a wider audience.”

Dr. McCool-Myers was eager to support the research considering that lack of transgender evidence-based research is quite common. “It’s anecdotal, things are just reported on blogs, or in different patient reports, but there seems to be very little evidence-based research. There is this contrast of, “Should we be working off anecdotes, or should we be working off evidence?” And clearly, when it comes to health, we should be working off of evidence.”

Dr. McCool-Myers had the opportunity to evaluate the findings of the research “90% of the participants think there should be protocols about breastfeeding for transgender women, but yet they don’t really exist. This indicates that there is a need, there is a desire for having evidence-based approaches to this, and that this should be an opportunity to think about ways to perform research, and then again, to disseminate and get that research out.”

Dr. Joyner also has the same vision for the medical advancement of transwomen “I’d also like to work with transgender women to see if this is something that they are interested in,” she continues. “Understanding their needs and concerns will help shape our research and efforts.”

The protocol for inducing breastfeeding in adoptive mothers is a significant first step. However, more research and understanding is required to see how it might be adapted for transgender women.



Dr. Joyner and Emily Trautner at WPATH Buenos Aires

“Many physicians aren’t even aware that the protocol exists for adoptive parents,” Dr. Joyner admits. “We need first to determine if it’s a best practice for transgender women, and how it would affect hormones they are already taking.”

Looking forward

Since the initial work at the World Professional Association for Transgender Health (WPATH), Dr. Joyner and her colleagues have seen encouraging steps forward. The abstract for this work was recently accepted for presentation at the 24th Annual International Meeting of the Academy of Breastfeeding Medicine taking place in October 2019.

Whatever the healthcare need, Dr. Joyner and her colleagues within Emory Gynecology and Obstetrics and the Grady Gender Clinic are committed to providing care with dignity and respect.

“Lactation may not seem like a very high priority, but it’s my job as a healthcare provider to make sure that any woman who wants to breastfeed her child has the support and resources necessary to make it happen,” Dr. Joyner says.

About Andrea Joyner, MD, IBCLC (*She/Her/Hers*)

Assistant Professor, Department of Gynecology and Obstetrics, Gynecologic Specialties

Associate Medical Director for Nurse Midwifery Services

In addition to her work within Emory Department of Gynecology and Obstetrics, Dr. Andrea Joyner has actively participated in the Grady Transgender Working Group which subsequently has become a fully operational and multi-disciplinary clinic focused on the transgender community in Atlanta. Dr. Joyner continually seeks to educate others on the importance of this practice through department and international presentations. She helped create the Emory Department of Gynecology and Obstetrics Inclusivity Working Group and co-writes a recurring column on trans health in **Ob.Gyn. News** which publishes the work and continuing research that identifies gaps in reproductive health education for transgender patients.

Dr. McCool-Myers agrees, “The professions that were represented during data collection ranged anywhere from an endocrinologist to obstetricians/gynecologist, to therapists. This is evidence that there is a need for a broad range of care for our transgender populations. I applaud Dr. Joyner’s work, and that she’s trying to spearhead this at Emory, and putting us at the front of innovation.”

The curiosity that sparked Emily Trautner to push for more information after Dr. Joyner’s class has become a starting point for new and innovative approaches to transgender health.

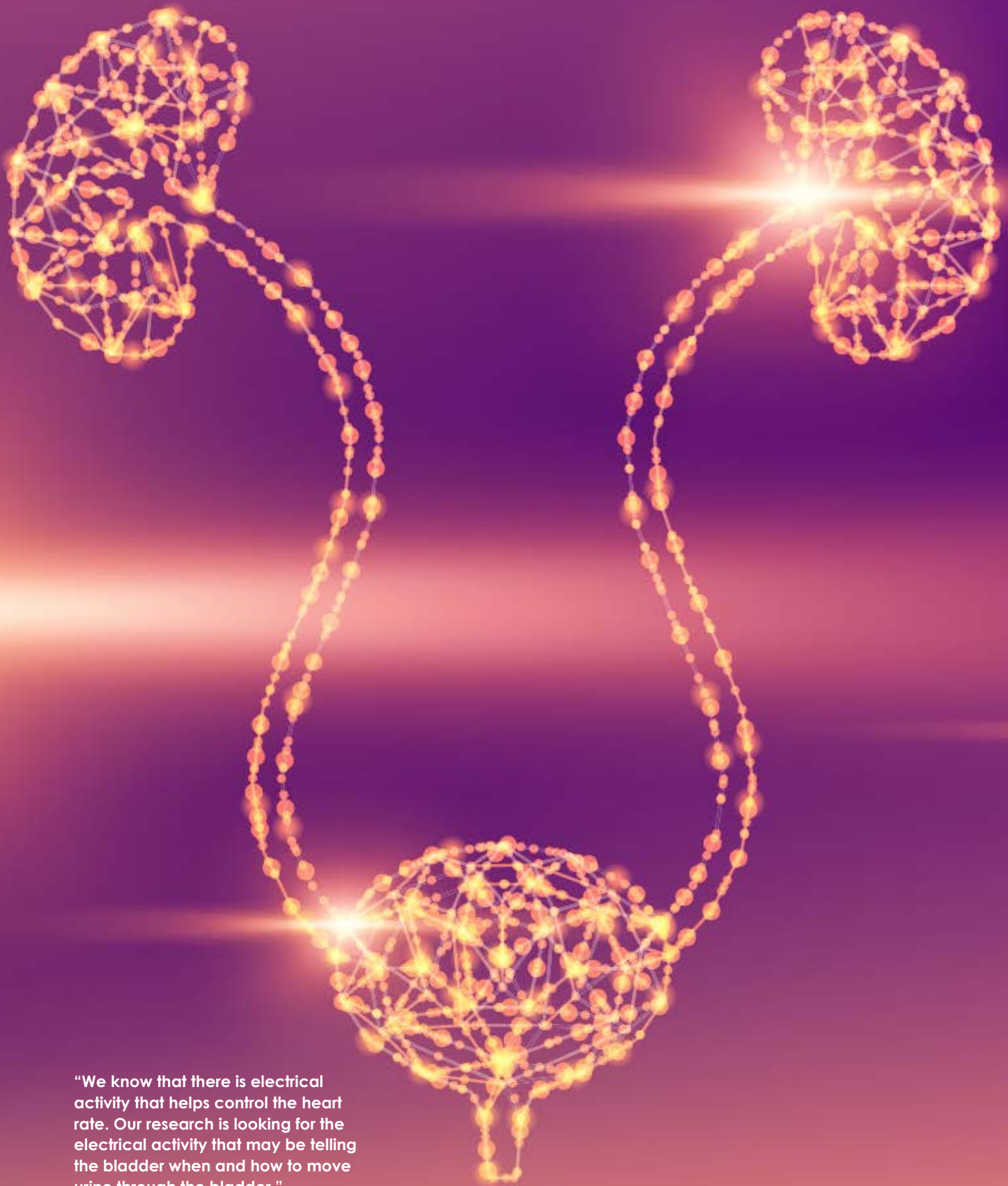
“Transgender reproductive health and rights is and will continue to be a growing area of medicine as more people are able to transition to affirm their gender identity with growing societal acceptance. This specific focus on breastfeeding in transwomen starts to answer the larger question of how and if breastfeeding in transwomen can be safely achieved. Ultimately this research is about providing competent, high-quality care to transwomen and their families; we have a lot to learn in the medical profession to ensure that we are meeting this objective adequately.”

To learn more about Grady’s Gender Clinic, contact 404.616.1000.

EVEN MORE

The World Professional Association for Transgender Health (WPATH), formerly known as the (Harry Benjamin International Gender Dysphoria Association (HBIIGDA), is a 501(c)(3) non-profit, interdisciplinary professional and educational organization devoted to transgender health. Professional, supporting, and student members engage in clinical and academic research to develop evidence-based medicine and strive to promote a high quality of care for transsexual, transgender, and gender-nonconforming individuals internationally. The mission of WPATH is to promote evidence based care, education, research, advocacy, public policy, and respect in transgender health. As an international interdisciplinary, professional organization, the World Professional Association for Transgender Health (WPATH) works to further the understanding and treatment of gender dysphoria by professionals in medicine, psychology, law, social work, counseling, psychotherapy, family studies, sociology, anthropology, sexology, speech and voice therapy, and other related fields. WPATH sponsors a biennial scientific symposia and publishes the Standards of Care and Ethical Guidelines, which articulates a professional consensus about the psychiatric, psychological, medical, and surgical management of gender dysphoria and help professionals understand the parameters within which they may offer assistance to those with these conditions. ■





"We know that there is electrical activity that helps control the heart rate. Our research is looking for the electrical activity that may be telling the bladder when and how to move urine through the bladder."

Finding Answers for Incontinence

Emory urogynecologists partner with cardiology to find the heart of the matter behind incontinence and deliver effective treatments

Urinary incontinence – the leakage of urine before getting to a bathroom – affects an estimated 15 million women in the United States. Incontinence can strike at any age: Women in their 20s, 30s and older have all admitted to experiencing a lack of bladder control at one point or another.

With urinary incontinence, even the simplest activities, like going to the grocery store or meeting friends for lunch, can become embarrassing, uncomfortable and uncertain. Women may find themselves asking, “Should I use the bathroom before I go out? Will there be a bathroom there? What if I can’t make it in time?”

Urinary incontinence has long been seen as a “normal” part of aging, or something that just “happens” after childbirth. Advances in urogynecology are offering new hope and options for women trying to cope with incontinence.

Challenging the status quo

Urogynecology is a relatively new subspecialty in obstetrics and gynecology that has pushed care and treatment for women suffering from pelvic floor

disorders forward. These conditions are caused by weakening of the ligaments, connective tissue and muscles of the pelvis.

New treatments and therapies – from Botox injections to implantable devices; physical therapy to prescription medicine – are improving women’s lives and empowering them to live the active life they want.

One Emory Healthcare urogynecologist is taking the field even farther by looking for answers about incontinence in an unexpected place: the heart.

“The heart is a muscular, hollow organ that expands and contracts to move fluid. The bladder is a hollow organ that expands and contracts to move fluid – urine,” explains Robert Kelley, DO, MBA, urogynecologist at Emory Healthcare. “We know that there is electrical activity that helps control the heart rate. Our research is looking for the electrical activity that may be telling the bladder when and how to move urine through the bladder.”

Dr. Kelley is partnering with Michael Lloyd, MD, cardiac electrophysiologist at Emory Healthcare, to find answers to this question. Initially, they are



FPMRS Division (left to right) Robert Kelley, DO, MBA, Jessica Harroche, MD, Sana Ansari, MD, and Gina Northington, MD, PhD

studying the electrical activity of the bladder in women who have symptoms of urinary incontinence. Participants agree to an additional, minimally-invasive step at the end of a cystoscopy. Drs. Kelley and Lloyd then use a small catheter inserted into the urinary tract to measure electrical activity around the bladder.

“We are already finding some interesting data about the electrical activity in and around the bladder,” Dr. Kelley says. “Our next steps are to look at individuals with normal bladder activity, so we can compare and contrast our findings.

“Urogynecology is changing almost every year,” he continues. “Providers are trying to understand the cause of conditions we don’t yet completely understand – from vaginal prolapse, incontinence, and much more. With that knowledge we can develop treatments grounded in sound research that are safe, effective, have fewer side effects, and

are less invasive.”

Finding answers through standardization, accreditation

The innovations, advancements and treatments available for women diagnosed with pelvic floor disorder have grown significantly, thanks largely in part to the growth of and commitment to urogynecology.

“There has been a phenomenal explosion of scientific discovery about women’s pelvic floor disorders,” explains Dr. Northington. “When I first started practicing gynecology, we didn’t have as many evidence-based guidelines that are available today. Instead, providers were often making decisions based on an individual’s experience.

“Now, we have the science, research and understanding to help women,” she continues.

“And, we’re adding to that literature. We are innovating more. We are teaching medical students, and we’re standardizing our field. We’re taking what we learn and sharing it with women who want to maintain a high quality of life in their 60s, 70s – even 80s and 90s.”

Diversity, collaboration key to driving field forward

Dr. Lloyd, a cardiologist working closely with Dr. Kelley, acknowledges that Emory has a unique advantage when seeking answers to what may initially sound like an unusual question.



“If you ask any inventor, they will tell you the best ideas come from new or different perspectives,” Dr. Lloyd says. “It’s when a heart doctor and engineer or a heart doctor and gynecologist come together and ask a question to share best

practices and discover how we can apply procedures, equipment and approaches from one field to advance another.”

Those different perspectives are also fostered within the urogynecology department at Emory Healthcare.

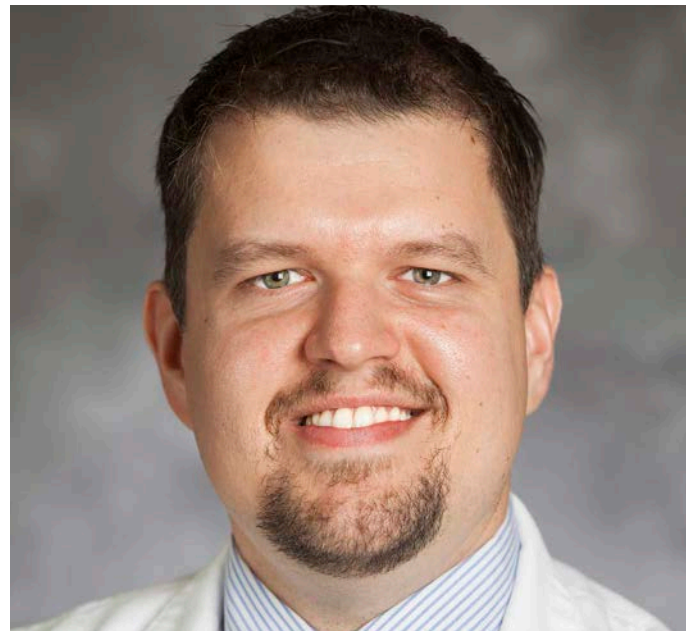
“Our team includes four providers, three fellows and two nurses,” explains Gina Northington, MD, Ph.D., Division Director of Female Pelvic Medicine and Reconstructive Surgery and Chief of Gynecology at Emory University Hospital. “We are a diverse group of providers from different backgrounds, ethnicities and training programs. We each have a unique perspective and work to bring it together to provide outstanding care for our patients.”

Compassionate, understanding care

Every advance, discussion and research project leads to one goal: delivering compassionate, understanding care for women suffering from incontinence and other pelvic floor disorders.

“Many of our patients don’t see incontinence as a condition that they can talk to their doctor about.

They’re embarrassed,” says Dr. Kelley. “Our research, advances in treatment and growing subspecialty are starting to change that and normalize the conversation, so patients do feel comfortable discussing this with their doctors.”



Dr. Northington seconds Dr. Kelley’s statement. “There are a variety of good treatments for various types of incontinence, which can dramatically improve women’s quality of life. Incontinence is not just a normal part of aging, and we can help,” she says.

The female pelvic medicine and reconstructive surgery division at Emory provides a complete range of urogynecology services, including comprehensive evaluations and treatment options ranging from non-surgical to minimally-invasive procedures to complex surgeries to help women manage a wide range of conditions. You can learn more about our services by calling us today at 404-778-3401.

For more information on our research or to support the effort with contributions both large and small contact Dr. Kelley at robert.kelley@emory.edu or Jeff Verner, our Director of Development for philanthropic contributions to Gynecology and Obstetrics at jeff.verner@emory.edu.



FEMALE PELVIC MEDICINE & RECONSTRUCTIVE SURGERY

This division provides a complete range of urogynecological services. We offer comprehensive evaluation, management, and treatment options for pelvic floor dysfunctions including urinary incontinence, fecal incontinence, pelvic organ prolapse, and genitourinary fistulas. Our offerings include the Pelvic Health After Pregnancy Clinic for women with postpartum pelvic floor issues, including lacerations, urinary or fecal issues, and perineal pain.

Our faculty members are fellowship-trained in Female Pelvic Medicine and Reconstructive Surgery. They offer coordinated interdisciplinary care that includes primary care physicians, gynecologists, urologists, gastroenterologists, and colorectal surgeons.

This division also received approval from the Accreditation Council for Graduate Medical Education (ACGME) for one of the first fellowships in Female Pelvic Medicine and Reconstructive Surgery in the country. We are currently the only ACGME-accredited program in the state of Georgia.



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Fellowship: University of Pennsylvania
Graduate Education: University of Medicine and Dentistry of New Jersey
Graduate School of Biomedical Sciences
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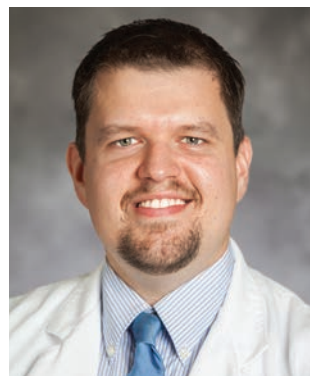
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Making the Connection

Two Emory Physicians Forge an Online Friendship that Extends to the Exam Room

Dr. Cherie Hill and Dr. Stephanie Holt first connected inside a Facebook group for women African-American physicians. Though they were both Emory physicians – Dr. Holt, an adolescent and pediatric physician and Dr. Hill, an obstetrician and gynecologist – the two hadn’t yet crossed paths in the hospital.

The Facebook group was a place to connect, network and share experiences. Dr. Hill and Dr. Holt were also both new to the Atlanta area, and the forum provided a great opportunity to meet people. Dr. Hill, who had recently completed four years of residency at Duke University, was eager to build a network of black women physicians.

“I think that’s a unique experience in medicine and one I wanted to share with others,” she said.

“The number of black female physicians nationwide is fairly low, according to the Association of American Medical Colleges data. While you may not interact with people who look like you on a day-to-day basis, you can connect with other physicians from all corners of the nation who may have similar experiences to you in medicine.”

The Facebook group would often fill with requests for career advice or referrals for family members and friends.

For Dr. Holt, it became a forum for a very personal reason.

Self-Diagnosing

In 2014, Dr. Holt began experiencing heavy bleeding. The bleeding was pronounced enough that despite her medical background, she -- like most of us -- began searching for an answer online.

“I did what most people do when they start having symptoms: I Googled it. I went through online materials, compared it to my own experience and medical background and diagnosed myself with fibroids,” Dr. Holt shared.

Her concerns continued to grow and navigating finding help became increasingly worrisome. “I went to maybe two different GYN-OB practices, and the bleeding hadn’t changed, she said.

“I had just gotten married, and my husband and I wanted kids. Suddenly, I have this heavy bleeding, and now I’m worried I won’t be able to have kids. It was an overwhelming time,” she continued.

Dr. Holt acknowledged that she was already aware that there might be difficulty getting pregnant even before the

“The number of black female physicians nationwide is fairly low, according to the Association of American Medical Colleges data. While you may not interact with people who look like you on a day-to-day basis, you can connect with other physicians from all corners of the nation who may have similar experiences to you in medicine.”



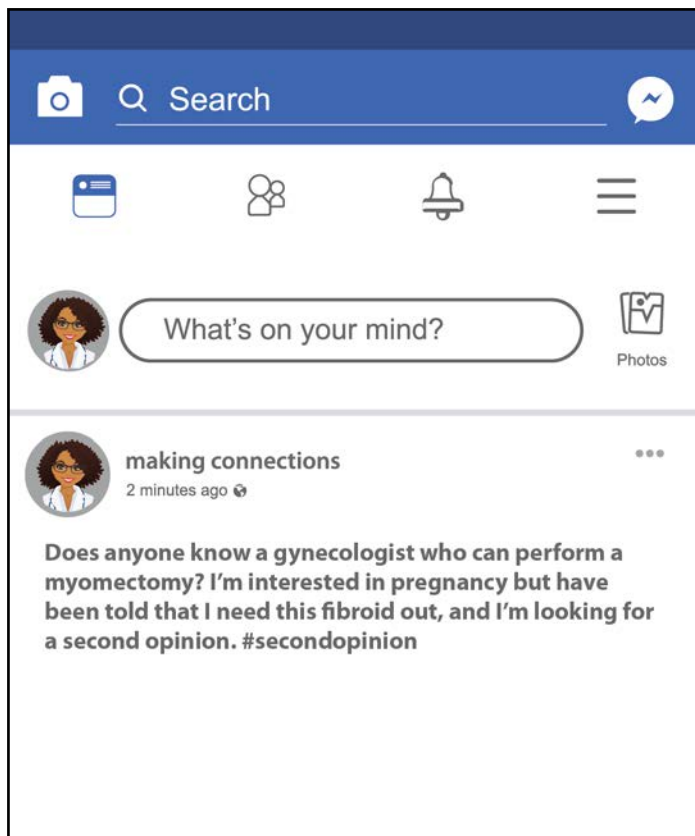
new fear of possibly having fibroids. She, like a growing number of women, had delayed pursuing pregnancy as she continued working toward her educational and personal goals. Now 34 years old, the idea that her age in combination with possible fibroids could negatively impact her ability to conceive was something she was struggling to understand.

“Here I am, searching online and constantly worrying – am I going to be able to have children depending on the type of treatment I have for fibroids,” she admitted. “I knew I needed to find the right physician to help diagnose and treat me so I could start a family with my husband.”

As the bleeding continued, Dr. Holt’s husband encouraged her to make her health a priority and seek help. He ultimately suggested that she turn to the group for advice and post for a referral.

“It takes a certain level of risk to put your personal information out there for everybody in the group. I decided it was worth it to find someone that could give me answers and help me feel better,” Dr. Holt said.

A few names were offered from the group, but the very first response was from a gynecologist herself. That



gynecologist was Dr. Cherie Hill.

“She replied with a message that was along the lines of, ‘Hi, I’m a gynecologist, and I can see you if you want to come in.’”

Two Doctors Brought Together

Dr. Hill recalled seeing the post appear within the Facebook group.

“It read something along the lines of, ‘Does anyone know a gynecologist who can perform a myomectomy? I’m interested in pregnancy but have been told that I need this fibroid out, and I’m looking for a second opinion.’”

Being relatively new in the group, Dr. Hill replied.

“I posted that I would be happy to see her, review her records and to potentially take her on as a patient. Fibroids are very common, particularly in black women. I wanted to try to help another physician,” Dr. Hill said.

As soon as Dr. Holt met Dr. Hill in person, she knew she had found the right provider.

“I immediately felt a connection with her,” Dr. Holt shared. “Dr. Hill had a plan that would not only stop the bleeding but also give me the best chance at having a healthy pregnancy.

“Dr. Hill and I are close in age. Talking with her wasn’t like just talking to a doctor; it was like talking to a friend. She put herself in my shoes, and she was always honest and direct,” Dr. Holt continued.

Dr. Hill was happy to meet Dr. Holt in-person. During that first appointment, she went through Dr. Holt’s medical history and performed a basic physical exam. The exam confirmed what both doctors expected.

“Statistically speaking, fibroids are much more common than ovarian masses or other growths that could occur in the abdomen in women,” Dr. Hill explained.

“Fibroids are often quite apparent once you do an examination. Depending on the size of the fibroids,” she said. “I can usually feel the fibroid extending into the abdomen.”

The next step for Dr. Holt was an ultrasound. The

"It takes a certain level of risk to put your personal information out there for everybody in the group. I decided it was worth it to find someone that could give me answers and help me feel better."



Dr. Stephanie Holt pictured with her children, both delivered by Dr. Cherie Hill

ultrasound shows how large the uterus is, how many fibroids are present and, potentially, their location. This is often followed up with an MRI of the pelvis. The MRI helps delineate the position of the fibroids and can also identify if the masses are cancer.

In Dr. Holt's case, after obtaining imaging and learning the fibroids were not malignant, Dr. Hill recommended removing them before attempting to conceive.

"If you have small fibroids, maybe 3 centimeters or less and they're not in the lining of the uterus, those often don't need to be removed before conception," Dr. Hill explained.

"But, if you have fibroids that are larger in size or in the lining, they could potentially degenerate during pregnancy and cause pain. They could also compete for blood supply during pregnancy, which causes a potential risk for growth concerns, the risk of preterm labor or miscarriage."

The next step was identifying the best course of treatment for Dr. Holt. This meant taking into consideration her plans for starting a family.

Dr. Hill understood that the ability to possibly conceive and carry a child naturally was very important to Dr. Holt and her husband. Dr. Hill, whose background includes robotic arm-aided minimally invasive surgical treatments, decided that proceeding with a robotic myomectomy (robotic removal of fibroids) would cause the least amount of damage to her patient's uterus. It would also provide a more comfortable and faster recovery. Most importantly, there would be less potential for the development of scar tissue, creating a better chance for post-surgical conception.

Making the Cut

A myomectomy is a type of surgery that is designed to remove fibroids or growths in a woman's uterus; these are sometimes called leiomyomas or myomas. Typically these growths are benign (cancer-free).

A robotic-assisted myomectomy is just one type of surgical procedure designed for the removal of fibroids. The incision is smaller than a standard surgery – 8 to 12 millimeters as opposed to the potentially 12 plus centimeters typical with a laparotomy (open, abdominal surgery).

Infection risk is often lower, and pain is decreased, requiring less use of pain medication or narcotics. The result for patients is a shorter hospital stay and faster recovery.

While Dr. Holt was asleep under general anesthesia, Dr. Hill placed a tiny camera through small incisions made in Dr. Holt's lower belly. A small tube sent gas into the abdomen to inflate the area around the uterus and enable Dr. Hill to have a better view of the growths targeted for removal. The tools used to remove the fibroids are manipulated using a robotic controller. This allowed Dr. Hill to make exact and small movements within the uterine wall to remove the fibroids.

"As a surgeon, you have greater dexterity with the use of the robot because of the pitch and yaw on the robotic arm," Dr. Hill explains.

Once it was confirmed that all growths had been removed, Dr. Hill removed the camera and tools, the incisions were closed and bandaged. Dr. Holt was able to go home the same day.

Following Doctor's Orders

As a physician herself, Dr. Holt was insistent on following every post-procedure instruction given from Dr. Hill.

"Fibroids can grow back. In the ideal situation, the patient would already have a partner that she plans to proceed with pregnancy with or a sperm donor that she plans to use for insemination so that within the first one or two years after surgery she can conceive, hopefully before any fibroids grow back," Dr. Hill stated.

"The uterine muscle also has to heal before conception. Depending on the extent of dissecting that we do into the uterine muscle, that period may be three to six months," she continued.

Dr. Holt was instructed to wait long enough for the muscle to heal so that there aren't any pregnancy complications from just having had the surgery itself.

"I had the surgery in December 2014, and then I found out that I was pregnant around July 4th of 2015," Dr. Holt laughed.

"I just remember being elated when I heard she was pregnant. It's indescribable," Dr. Hill said. "You always hope that your patients will achieve their dreams and goals, and if you played a tiny part in that process, it's just an amazing feeling."

To not only share in the excitement, but then play the role of educator and discuss with patients the risk but also reassure them that this was the right treatment course and that they should have a successful, healthy pregnancy is a role and responsibility Dr. Hill relishes.

“There was no question that Dr. Hill was going to deliver our baby,” Dr. Holt stated, “In fact, Dr. Hill was pregnant at the time herself, so I did see her colleagues for a few appointments, which I was okay with as long as she was still able to deliver!” she shared.

Dr. Hill did indeed return to deliver Dr. Holt’s baby.

“She was able to carry her pregnancy to full term, deliver her baby and have an uneventful delivery without any complications. There was no uterine rupture, no hemorrhage, no prolonged hospitalization: Everything went smoothly,” Dr. Hill said.

An essential benefit to addressing her fibroids pre-conception, outside of an uneventful pregnancy and delivery was the quality of life post-delivery.

“She wasn’t dealing with heavy periods because the fibroids were gone. So, she was able to enjoy her baby and not have to worry about those lifestyle interruptions,” added Dr. Hill.

Baby Times Two

When Dr. Holt returned to Dr. Hill pregnant with her second child all of the wonderful warm feelings came up again. Once again, she relied on Dr. Hill to help her navigate her second pregnancy in a slightly different fashion than her first.

“We went through her pregnancy with one difference the second time around,” Dr. Hill said. “Our Maternal-Fetal Medicine Division was involved, checking to see if the fibroids had grown back and if there were any other considerations necessary to ensure a healthy pregnancy.”

A Lasting Connection

“I think the power of social media to connect people is so interesting,” Dr. Hill shared. “We found each other on Facebook after she posted a simple question looking for a recommendation and then, lo and behold, she was an Emory faculty member.”

Dr. Hill and Dr. Holt’s paths have continued beyond patient and physician as their careers at Emory continue to grow.

“We’ve been in medical education day together and been able to get to know each other professionally. It’s been inspirational to watch her receive accolades at work and live a great lifestyle as a mother and physician,” Dr. Hill shared.

“It’s been great to be part of another young black women’s journey as a physician and as a patient. As providers, it can be tough and anxiety provoking to diagnose yourself because you know enough about the specialty to probably be scared, but not enough to truly understand your options. Now, we can continue our relationship as professionals. After all, pediatricians and obstetricians work together a lot,” Dr. Hill concluded.

Schedule an Appointment

Learn more about the General Gynecology and Obstetrics team at Emory Healthcare by calling 404-778-3401 or by visiting our Website.



Making the Most out of the Transition to Menopause

If you need proof that menopause used to be a ‘taboo’ topic of conversation, ask your mother about her experience. Or, depending on your age, what her mother told her. That absence of information can lead to misunderstanding, myth and uncertainty about a very natural phase of a woman’s life.

“Women enter menopause ill-prepared,” says Taniqua Miller, MD, obstetrician and gynecologist at Emory Healthcare. “They don’t really understand what is happening in their bodies or that it’s a natural phase of life. They often perceive their symptoms as abnormal or believe that they are losing their youth. The reality is that one-third of our lives are spent post-menopausal and that can be a wonderful, rewarding time in life.

“The first thing I do is to validate their experience and let them know that what’s happening to them happens to a lot of other women,” Dr. Miller continues. “My hope is that I can help women see menopause as a transition – something that is temporary – and make it a natural, easy process.”

Mary Dolan, MD, MPH, obstetrician and gynecologist at Emory Healthcare sees the same mindset in her patients. “Women in perimenopause are looking back to their youth, and not forward to their lives ahead,” she shares. “They think there’s nothing left to look forward to”, and that’s not the case at all. We work closely with all our patients to help them get through this phase of aging and look forward to the experiences and adventures they can still enjoy thanks to the treatments and approaches available to better manage their symptoms.

“Menopause is an exciting time – one every woman should look forward to and embrace,” she says.

Removing the stigma

“Menopause is a fascinating biological and psychological convergence in a woman’s life,” explains Dr. Dolan. “Besides birth and death, it’s one of the most important phases of her life: Her physiology is changing, and her identity is likely changing, too: Children may be moving away, her parents are aging, her relationship with her partner is evolving, and her career may be demanding.” That is a lot to juggle along with all of the physiologic changes.

“All of these things are going on, and it can be very dramatic,” Dr. Dolan adds. “Talking to a gynecologist can help her understand the biology of what’s happening and create a plan to manage symptoms.”

Many of the women Dr. Dolan and Dr. Miller see are surprised to learn that the transition to menopause is a dynamic continuum and happens over several years.

Perimenopause usually starts between the ages of 40 and 45. It’s generally marked by changes in her periods- (more or less often, heavier or lighter, shorter or longer) and symptoms including irritability, mood swings, changes in sleep patterns, anxiety, vaginal dryness, hot flashes and night sweats. The symptoms are usually more bothersome during perimenopause than after menopause.

Menopause is the natural cessation of menstruation (no period for a year) and usually occurs between the ages of 45 and 55.

Women are considered post-menopausal one year after their final period.



*Mary Dolan, MD, MPH, NCMP -
Director of Midlife and Menopausal Medicine*



Taniqua Miller, MD, NCMP

Expert care tailored to your changing needs

Once women understand what's happening to their bodies, it's easier for them to seek care. Dr. Dolan's first step in working with women who may be in perimenopause is to rule out any other medical conditions.

"Many common symptoms of menopause, including sleep changes, weight gain, vaginal dryness, pain during intercourse or even some chest symptoms, can also signal serious medical conditions," explains Dr. Dolan. "I often order more tests or refer patients to other specialists to rule out more serious conditions. It gives us a better picture of their health and is an excellent starting point to create a personal plan to manage symptoms."

Women today have a knowledge their moms and grandmothers did not. Medical advancements and deeper understanding of what happens in the body during menopause make finding an approach that works for them easier.

Some providers, including Dr. Dolan and Dr. Miller,

are members of the North American Menopause Society (NAMS) and have additional certification. This demonstrates their commitment to furthering their knowledge and improves their ability to offer patients proven, tailored approaches to care.

"We have a goal-orientated approach to treatment," explains Dr. Miller. "We listen closely to what women are telling us – including their symptoms, their goals and their lifestyles – and have a deeper arsenal of options to help them instead of a cookie-cutter approach."

NAMS providers have access to training and the latest advances in caring for women making the transition to menopause. That includes managing symptoms such as sleep disturbances, therapy, mood swings and issues with bone health.

Research also digs into more severe or less common symptoms.

"One really exciting area of study right now is on hypoactive sexual desire disorder," shares Dr. Miller. The disorder is characterized by a lack of desire for sexual

activity. “There’s medication up for review to help women suffering from this condition, which is a condition not widely discussed. NAMS is dedicating time at our next conference to better understand the symptoms and how we can better help women with the disorder.”

Dr. Miller also credits NAMS with her ability to offer comprehensive care for menopause. “We are committed to maximizing a woman’s health to give her the best quality of life possible before, during and after the menopausal transition.”

“NAMS isn’t just a group of OB-GYNs,” adds Dr. Dolan. “It’s cardiologists, endocrinologists, internists, psychologists and many other providers who come together to research, present and write literature, all to help women during and after menopause. We approach care from a multidisciplinary angle, sharing ideas and experience, to make sure women have access to the best possible care.”

The providers at Emory work closely with their patients to guide them to the support and treatment they need to maximize their quality of life throughout the transition. That may include sharing proven evidence on hormone replacement therapy and helping women decide if it’s right for them.

“Media coverage from more than a decade ago really did a disservice to hormone replacement therapy,” says Dr. Dolan. “It created a lot of misunderstanding and fear about the safety and effectiveness of hormone replacement therapy. We know that this type of therapy can help some women manage their symptoms.”

“Hormone replacement therapy – like every other treatment – is really tailored to each woman,” she continues. “There are many options today that are safe and effective – from topical estrogen to treat vaginal atrophy or thinning or using hormones for a short period of time. Your provider should be able to talk to you about the risks associated with treatment and find a plan that’s right. There are also many non-hormonal options for some of the symptoms.”

Providers also reach out to colleagues and resources outside OB-GYN to help women during perimenopause and menopause.

“We work closely with gastroenterologists, endocrinologists, cardiologists, urogynecologists, breast health specialists, internists and many other specialists to help women find answers, resources and guidance on building a healthy lifestyle,” says Dr. Dolan. “My whole focus is a woman’s wellness – helping her be the healthiest she can be and adjusting to the next phase of her life.”

Feeling like yourself again

At Emory Healthcare, menopausal care isn’t about surviving unpleasant or uncomfortable symptoms – it’s about helping women thrive.

“One of the best things we can do for our patients is to bring them back,” says Dr. Miller. “When a woman feels like herself again – I know I have done my job.”

Learn more about the Emory Gynecology and Obstetrics approach to supporting women before, during and after menopause visit gynob.emory.edu.

EVEN MORE

Following menopause, women experience a marked increase in cardiovascular disease, the number one killer of women. Estrogen deficiency causes 75 percent or more of the bone loss in postmenopausal women, placing them at increased risk for bone fracture. Eventually, nearly half of women experience genitourinary symptoms of menopause, which can adversely affect personal and sexual health. Emory Gynecology and Obstetrics is committed to better meeting the needs of underserved patient populations, particularly women in midlife and menopause. There are only 13 North American Menopause Society (NAMS) Certified Menopause Practitioners (NCMP) in the state of Georgia, and four of them are here within the department. ■

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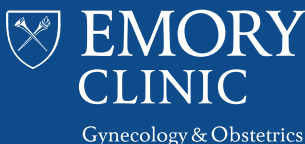
From routine well-woman examinations to management of complex gynecological issues, our team has the expertise to provide each patient with the best care for each stage of her life.

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Doctors from Winship Cancer Institute of Emory University — Georgia's only National Cancer Institute-designated cancer center — offer progressive treatments for reproductive cancers, including clinical trials.

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**Department of Gynecology
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Advancing Women's Health

...thanks to the generosity of others.

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Many gifts made to the department are tributes in honor of a special physician who has played a significant role in the health of an individual. These gifts are greatly appreciated by the people being honored and their families. You can make a donation in any amount large or small, in a number of ways, outright or pledged, over a period of up to five years.

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To find out more about supporting Emory Gynecology and Obstetrics, contact Jeff Verver, Director of Development for GYN-OB, at jeff.verver@emory.edu, or call (404) 727-7386.



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**Department of Gynecology
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