

Letter from the Chairman



Dear Graduates:

We want to take this opportunity to congratulate and thank you for your contributions to the Department of Obstetrics and Gynecology and to our community. You have worked hard to achieve your goals and all of us celebrate with you and your families on this joyous occasion.

It has been a pleasure to work with each of you. We are proud of what you have accomplished and excited by what you will do in the future. I hope you will go on to positions of leadership in the medical community, taking with you both the clinical and academic excellence which are part of the proud history of our program and institution.

Again, congratulations and best wishes.

Sincerely,

A handwritten signature in black ink that reads "Roland Matthews, MD". The signature is stylized and cursive.

Roland Matthews, MD

History of the Department & Nelson McGhee, Jr., MD, PhD

In 1991, Dr. Nelson McGhee's vision to develop an academic Department of Obstetrics and Gynecology at the Morehouse School of Medicine was realized. The Department at Grady Memorial Hospital was initially staffed by two physicians and a nurse practitioner. The initial focus of the Department was on the provision of Obstetrics service with 10% of the Obstetric patients at Grady assigned to Morehouse School of Medicine.

In 1993, the Department employed a full complement of faculty to establish the medical student junior clerkship at Grady Memorial Hospital. In addition, the Department established a curriculum to train physician assistants from Duke University. By 1994, the division of Gynecology was established to provide 10% of the Gynecology Services at Grady. Subsequently, Maternal-Fetal Medicine and Gynecologic Oncology subspecialty units were established under the directorships of Drs. Franklyn Geary and Roland Pattillo, respectively.

After the untimely death of Dr. McGhee in 1996, the Department received Provisional Accreditation from the Residency Review Committee of the ACGME to begin a residency training program in Obstetrics and Gynecology. Under the Chairmanship of Dr. Roland Pattillo, and through the Residency Match Program, the first residents were selected to matriculate through the program at the Morehouse School of Medicine. The residents were: Dr. Sonya Poitier (Georgetown University), Dr. Yolanda Lawson (University of Arkansas), and Dr. Lisa Saul (University of California at San Diego). The Department has continued to grow with additional clinical and research faculty. To date, we are fully accredited with 23 groups of residents graduated.



Resident Research Day Program

Tuesday, June 4, 2024

Opening Remarks - Roland Matthews, MD

9:00 - 9:15 AM

Nelson McGhee, Jr., MD, PhD Lecture

9:15 AM - 10:00 AM

**HeartFelt Solutions: Preconception Counseling for Maternal Health
Cardiovascular Equity**

Natalie Hernandez-Green, PhD, MPH

Associate Professor, Department of Obstetrics and Gynecology
Executive Director, Center for Maternal Health Equity

Third Year Presentations

Moderator: Kiwita Phillips, MD, Residency Program Director

10:10 AM	Thomas Chavez, MD
10:30 AM	Erica Green, MD
10:50 AM	Victoria Johnson, MD
11:10 AM	Oluwadamilola Thomas, MD

Resident Research Day Program

Tuesday, June 4, 2024

Second Year Presentations

Moderator: Kiwita Phillips, MD, Residency Program Director

11:15 AM	Alexandra Caldwell, MD
11:30 AM	Katie Dew, MD
11:45 AM	Tambari Piawah, MD
12:00 PM	Deidre Wright, MD

Presentation of 2024 Resident Awards - Raimot Olanrewaju, MD

12:00 - 12:30 PM

Most Compassionate Third Year Resident

The Society for Maternal Fetal Medicine Resident
Award for Excellence in Obstetrics

The American Urogynecologic Society (AUGS)
Award for Excellence in Urogynecology

American Association of Gynecologic Laparoscopists (AAGL)
Special Resident in Minimally Invasive Gynecology Award

The Department of OB/GYN Best Second
Year Teaching Resident Award

Nelson McGhee Jr., MD, PhD Award
2024 Obstetrics and Gynecology Resident Research Day Award

Nelson McGhee, Jr., MD, PhD Lecturer



Natalie Hernandez-Green, PhD, MPH

**Associate Professor, Department of Obstetrics and Gynecology
Executive Director, Center for Maternal Health Equity**

Dr. Hernandez-Green is an Associate Professor in the Department of Obstetrics and Gynecology and the founding Director of the Center for Maternal Health Equity at Morehouse School of Medicine. Dr. Hernandez-Green received her Master of Public Health from Emory University's Rollins School of Public Health and a Bachelor of Arts in anthropology from Stony Brook University in New York. She earned her Ph.D. in public health and a graduate certificate in interdisciplinary women's health from the University of South Florida.

Dr. Hernandez-Green's previous research experiences and contributions to science have been dedicated to rigorous methodology using community engagement approaches to advance health equity through research and practice.

Nelson McGhee, Jr., MD, PhD Lecturer

She has more than 17 years of experience implementing population health that engages diverse stakeholder groups. Dr. Hernandez-Green is an NIH-funded researcher who has obtained diverse extramural funding to develop multiple lines of research to advance science toward eliminating women's health inequities, specifically with Black and Latinx populations. The research approach in these local and nationally funded initiatives encompasses community-based participatory research frameworks and takes a multi-sectoral and multi-level translational research approach. Additionally, her research explores the integration of technology to advance women's health. It provides easy access to maternal and women's health through patient navigation, mobile health interventions, telehealth approaches, and remote monitoring. Dr. Hernandez-Green sits on various boards and coalitions on maternal health, including Georgia's Maternal Mortality Review Committee. Dr. Hernandez-Green has presented her work at various international, national, state, and local conferences.

Fourth Year Graduate



Lauren Gibbs, MD

Undergraduate
University of Alabama
at Birmingham

Medical School
David Geffen School of
Medicine at UCLA

Future Plans
REI Fellowship at Rutgers
New Jersey Medical School

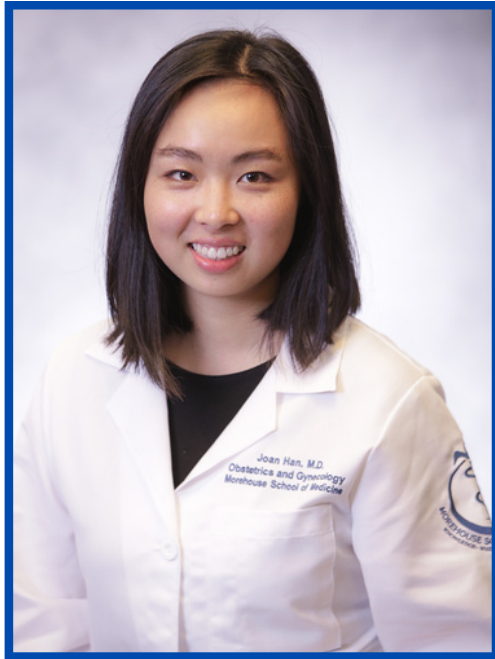
Resident-run Clinics: Preconception Care and Infertility Management for Underserved Populations

**Lauren Gibbs, MD, Banafsheh Shoai, MD, Alahni Becks,
Fengxia Yan, MD, Dorothy Mitchell-Leef, MD**

Abstract

Despite major advances in assisted reproductive technology services, barriers to care as well as disparities in outcomes remains a significant problem. The cost of treatment, lack of or inadequate coverage, and location of infertility clinics are obvious contributors, however, advanced pathology, medical comorbidities, and lack of preconception care also contribute to delay in fertility particularly in underserved communities. Previous studies have discussed the role of trainee-run clinics in low socioeconomic populations in providing low-cost infertility evaluation and management. This study uses a retrospective cohort chart review conducted at Grady Memorial Hospital- Morehouse Reproductive Endocrinology and Infertility clinic to support the approach of trainee-run clinics to increase fertility care access and preconception care in underserved populations.

Fourth Year Graduate



Joan Han, MD

Undergraduate
University of Georgia

Medical School
Medical College of Georgia
School of Medicine

Future Plans
Arbor Obstetrics and Gynecology
Atlanta, GA

Gestational Weight Gain in Obese Patients with Diabetes: A Comparison of 2009 Institute of Medicine vs 2019 JAMA Recommendations

Joan Han, MD a., Gail Ohaegbulam, MD b., Fengxia Yan, MD a., Michael K. Lindsay, MD c., Franklyn H. Geary Jr, MD a., Sallie Owens, MD a., Sheree L. Boulet, MD a., Regina Leonis, MD a.

a. Department of Obstetrics and Gynecology, Morehouse School of Medicine, Atlanta, GA, USA; b. Department of Maternal Fetal Medicine, University of Mississippi Medical Center, Jackson, MS, USA; c. Department of Gynecology and Obstetrics, Emory University School of Medicine, Atlanta, GA, USA

Abstract

Excessive gestational weight gain (GWG) is associated with adverse maternal and neonatal outcomes and maternal diabetes is associated with worse neonatal outcomes. Current guidelines established by the US Institute of Medicine (IOM) in 2009 recommend GWG of 11-20 pounds (lb) for all obese patients. In 2019, a metanalysis published by the Journal of American Medical Association (JAMA) proposed recommending less weight gain in obesity (0 -13 lb), not accounting for pre-existing comorbidities. We aim to ascertain if, in obese diabetic pregnancies, GWG within the updated JAMA guidelines is associated with better outcomes.

Fourth Year Graduate



Sasha Ray, MD

Undergraduate
Vanderbilt University

Medical School
University of Arkansas
College of Medicine

Future Plans
University of Maryland Capital
Region Medical Center
Lake Arbor, MD

The Utility of QR Codes in Obtaining Patient Evaluations of Resident Performance

Sasha Ray MD, Raimot Olanrewaju MD

Abstract

Medical Residents are asked to complete a variety of milestones prior to the end of training. Multiple competencies are established to ensure trainees graduate with the ability to safely take care of patients. Outside of technical skills, trainees are also required to exhibit behaviors of professionalism, adequate communication skills, interpersonal skills which are often best evaluated by patients themselves. Obtaining this information, although crucial to the growth of trainees as competent and compassionate physicians, remains challenging. Our survey investigated whether the issuance of resident specific surveys embedded in QR codes given at point of care were successful in increasing the amount of feedback available for resident evaluation and performance.

Fourth Year Graduate



Banafsheh Shoai, MD

Undergraduate
Georgia Institute of Technology

Medical School
Morehouse School of Medicine

Future Plans
Atlanta Gynecology & Obstetrics
Decatur, GA

Using a Smartphone-Based Application for Monitoring of Patient Outcomes to Avoid Preventable Delays in Healthcare During the Postpartum Period

Shoai B, Katebi N, Panchal R, Platner M, Carroll K, Bremer W, Nguyen T, Phan D, Francis S, Clifford, GD, Boulet SL, Franklin CG

Abstract

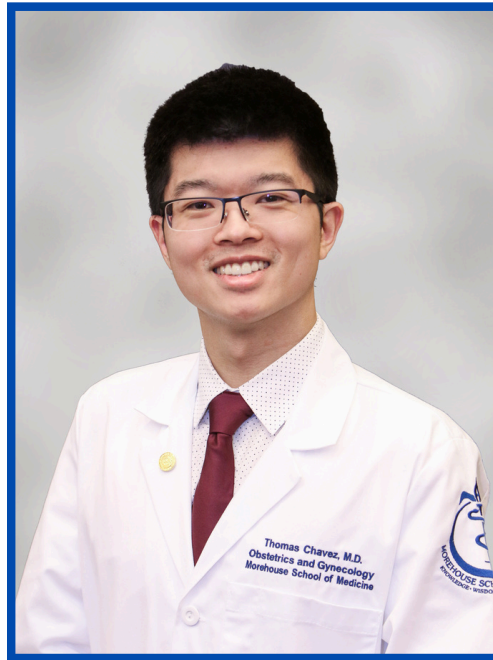
Hypertensive disorders of pregnancy (HDP) are leading causes of maternal morbidity and mortality. HDP disproportionately affect African American (AA) women and are associated with a 5-10x increased risk of maternal death. Prior studies have investigated using home blood pressure monitoring (HBPM) to avoid preventable delays in healthcare. However, there are many factors that affect use of HBPM including cost of equipment, age, parity, race, and insurance status.

42 AA women were recruited from OB/GYN services at Grady Hospital in Atlanta. Patients were incentivized to measure their blood pressure postpartum and to use a Smartphone application, Moyo Mom, to report values. Data was uploaded to a secure database for review by providers. High reported values and severe symptoms triggered alerts to the study team and prompted pop-up messages for users.

Of the 42 patients, 5 (12%) were diagnosed previously with chronic hypertension. 21 were diagnosed with an HDP intrapartum or postpartum (PP). Comorbid conditions included obesity, asthma, mental health, and substance use disorders. 95% of the participants were Medicaid insured. One patient was readmitted postpartum (2%) and two (4.7%) had an ED visit. Only 23 of the 42 (54.7%) women attended their PP clinic appointment. The number of blood pressures documented per patient ranged from 0 to 20+. 14 symptoms of severe hypertension were reported.

Our data demonstrate significant variability in compliance between participants with requested HBPM frequency. Analysis is being conducted to detect and address correlations between HBPM compliance and certain demographics and comorbid conditions as well as expanding our data set to include patients from practices outside Grady. Data is also being collected and analyzed on provider experiences using HBPM and their willingness to incorporate HBPM into future clinical practice.

Third Year Research Presenter



Thomas Chavez, MD

Predicting Endometrial Disease: Analyzing Risk Factors for Abnormal Endometrial Pathology in a High-Risk Population

Chavez TF, Yan FX, Lewis T, Birdsong G, Wright D, Martin N, Janjua N, Babatola O, Singh M, Terrell R, Ude N, Williams A, Leonis RK, Matthews RP, Del Priore G

Abstract

Endometrial cancer (EC) is the most common gynecologic malignancy in the United States, with a lifetime risk of 3%. In recent years, endometrial cancer rates are increasing while survivability is decreasing. Several groups have investigated different diagnostic modalities that could potentially be used to screen patients for this formerly simple to cure disease. However, low rates of specificity using univariate testing and lack of consensus criteria on who should be screened poses a barrier to implementation of a standardized screening protocol. Development of a risk assessment tool to determine a woman's immediate risk of having underlying endometrial pathology can inform the clinician and guide their decision on whether an asymptomatic patient should undergo further testing to rule out disease.

Third Year Research Presenter



Erica Green, MD

Evaluation of Endometrial Pathology Following Hysteroscopic Polypectomy

Erica Green, MD, Regina Leonis, MD, Raimot Olanrewaju, MD

Abstract

Previous research reported endometrial polyps are common, affecting up to 12% of postmenopausal women and majority of the polyps are benign, with prevalence of malignancy at 3-6%. Because of this low rate, routine polypectomy on asymptomatic women are not recommended. However, there is very little available level 1 evidence on management of endometrial polyps, specifically, in minority women who face increasingly higher incidence of endometrial cancers. At Grady, a safety net hospital in the metro Atlanta community, the majority of the population of female patients who have risk factors of endometrial cancer, such as obesity, race, and comorbidities are prominent. We anticipate we can learn valuable information regarding whether high-risk populations benefit from more aggressive interventions such as hysteroscopic polypectomy by learning what are the pattern of pathology detected after removal of symptomatic and asymptomatic polyps. We plan to identify clinical and demographic factors that are important in the decision-making process for polypectomy in this population. For our study, the data will be precured from patients who underwent endometrial hysteroscopic polypectomy at Grady Memorial Hospital from January 1, 2012 through December 31, 2022. We hypothesize that there is an increased incidence of malignancy of endometrial polyps in postmenopausal patients at Grady who present with abnormal bleeding compared to premenopausal patients and/or those who have incidental findings of endometrial polyp. Secondly, we hypothesize that there is an overall increased incidence of malignancy in our patient population compared to the current incidence in the literature.

Third Year Research Presenter



Victoria Johnson, MD

Adverse Childhood Experiences and Primary Ovarian Insufficiency: A Qualitative Study

Johnson VL, Gibbs L, Mitchell-Leef D, Olanrewaju R

Abstract

Primary Ovarian Insufficiency (POI) is the decline in ovarian function and subsequent reduction in fertility in women younger than 40 years of age. POI has been linked to genetic, chromosomal, and autoimmune etiologies and leads to lifelong health problems and psychological stress. In the United States, POI is higher in African American and Hispanic women than in Caucasian women. One potential contributor to this disparity is the history of Adverse Childhood Experiences. Adverse Childhood Experiences (ACEs) are traumatic events that occur in individuals 0 – 17 years old (for example being a victim to violence, substance misuse in the household, or witnessing intimate partner violence). There is a known link between ACEs and chronic health problems, mental illness, and substance abuse. Although everyone is at risk for ACEs, studies show the inequalities in these experiences secondary to the social and economic environments in which certain families live. We plan to determine the proportion of patients with POI that also have ACEs and identify potential associations between ACEs and POI in reproductive-aged women in Metropolitan Atlanta. We hypothesize that most of our patient population with POI have 1 or more ACEs and that ACEs increase the risk for POI

Third Year Research Presenter



Oluwadamilola Thomas, MD

Determining the Predictive Value of a Postpartum Hemorrhage Risk Assessment Tool at an Urban Safety Net Hospital

Oluwadamilola Thomas, MD, Raimot Olanrewaju, MD, Anquilla Deleveaux, MD

Abstract

Postpartum hemorrhage (PPH) is the one of the most common causes of maternal morbidity and mortality worldwide and studies show that black women are at higher risk of severe morbidity and mortality associated with PPH. The definition of postpartum hemorrhage (PPH) was traditionally defined as a blood loss more than 500 ml after vaginal delivery or > 1000 ml after a caesarean delivery. However, the American College of Obstetricians and Gynecologists (ACOG) now define postpartum hemorrhage as blood loss greater than or equal to 1000 mL or blood loss with signs or symptoms of hypovolemia within 24h of delivery whether cesarean section or vaginal birth (Andrikopoulou, 2019). Early diagnosis is essential to the effective management of obstetric hemorrhage for all patients (Maher, 2022). The current known risk factors for PPH include prolonged use of oxytocin, high parity, chorioamnionitis, general anesthesia, multiple gestation, coagulopathy, family history of PPH, polyhydramnios, macrosomia, magnesium use, and body mass index (AWHONN, 2017). Numerous postpartum hemorrhage risk assessment tools have developed over the years that focus on these specific risks factors to help stratify patients based on a low, medium, or high risk for a PPH, so management can be prepared accordingly. The Association of Women's Health, Obstetrics, and Neonatal Nurses (AWHONN) developed an assessment tool to accurately predict morbidity associated with obstetric hemorrhage by also stratifying patient's risk level based on variety of risk factors. For this study, a retrospective chart review will be employed to analyze pregnant participants who delivered at Grady Memorial Hospital from January 1, 2021 to December 31, 2021. Participants who had a postpartum hemorrhage (QBL>1000mL) and participants who also did not have a postpartum hemorrhage will be included in this study. This study will allow us to assess the positive predictive value of a risk assessment tool from a large metropolitan hospital. We hypothesize that this specific postpartum hemorrhage risk assessment tool will have a high positive predictive value for our patient sample. This will allow for its continued employment in various hospital settings to allow for early detection and effective management of postpartum hemorrhage.

Second Year Research Presenter



Alexandra Caldwell, MD

Timing Use of Perineal Massage and Warm Compress Compared to Hands Off Technique to Improve Perineal Outcomes in The 2nd Stage of Labor

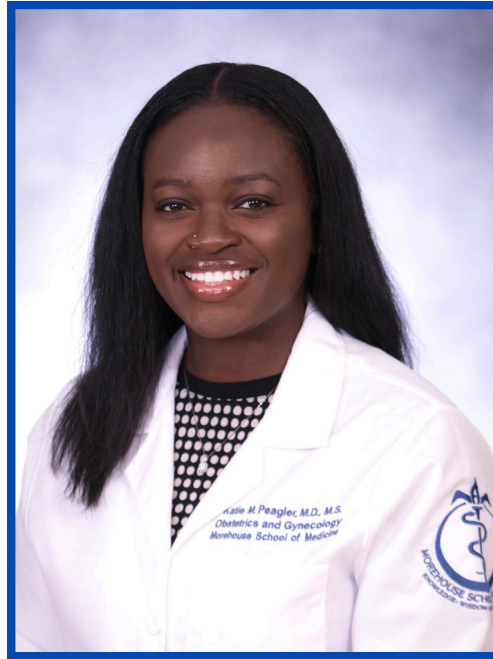
Alexandra Caldwell, MD

Morehouse School of Medicine, Department of Obstetrics and Gynecology

Abstract

Perineal trauma is a common occurrence during vaginal delivery. The potential for serious maternal morbidity poses a significant risk to affected persons for developing acute and chronic complications including dyspareunia, urinary incontinence, fecal incontinence, pelvic organ prolapse, and pelvic floor dysfunction. Both warm compress and perineal massage are thought to reduce third- and fourth-degree lacerations. Hands-on technique, defined as: one hand on fetal head, and hands-off technique have been shown to yield similar incidence of perineal trauma. We aim to determine optimal timing of perineal massage with warm compress and its effectiveness in reducing perineal trauma compared to hands-off technique.

Second Year Research Presenter



Katie Dew, MD

Implementation of Mental Health Services and Its Impact on Burnout in the Obstetrics and Gynecology Resident

Katie Dew, MD

Morehouse School of Medicine, Department of Obstetrics and Gynecology

Abstract

Burnout affects lifelong learners at all stages – medical students, residents, fellows, and practitioners. Prior studies have shown that burnout presents itself in 3 domains- emotional exhaustion, depersonalization and cynicism, and feelings of personal inefficacy and inadequacy.

Methods: Mental health services, including individual and group sessions will be implemented, by the Morehouse School of Medicine (MSM) OBGYN Residency Program, for the 2024-2025 academic year. Resident physicians will be assessed for markers of burnout via the Maslach Burnout Inventory, the gold standard for assessing burnout in medical personnel. MSM OBGYN residents will complete the assessment at prior to receiving services and at 6 and 12 months after services begin.

Second Year Research Presenter



Tambari Piawah, MD

Where's My Baby? Improving Patient Education and Expectations on Induction of Labor Through Written Material

Tambari Piawah, MD,
Morehouse School of Medicine, Department of Obstetrics and Gynecology

Abstract

Approximately 30% of all pregnancies result in an induction of labor. The reasons vary, whether medically recommended for late term pregnancy, pre-eclampsia, gestational diabetes, or a variety of both maternal and fetal comorbid conditions. Some will opt for elective inductions. Prenatal care often serves as the opportunity for providers to educate their patients about the induction process. However, many pregnant persons are unable to access consistent prenatal care and are unable to receive this information directly from their trusted providers. Even for those who are fortunate to obtain prenatal care throughout their pregnancy, the anxiety of induction day can easily make this information seem more foreign than not. We aim to determine if written patient education improves the understanding and expectations of the induction process in an urban teaching hospital setting.

Second Year Research Presenter



Deidre Wright, MD

Assessing the Use of Antenatal Corticosteroids and Prediction of Preterm Delivery Timing

Deidre Wright, MD

Morehouse School of Medicine, Department of Obstetrics and Gynecology

Abstract

Antenatal corticosteroid administration is one of the most important therapies in improving neonatal morbidity and mortality outcomes in the preterm period. The American College of Obstetricians and Gynecologists supports the use of antenatal steroids with known benefits in supporting lung maturity with the notation that use is supported for those “at risk for preterm delivery in 7 days” and those “at risk of imminent preterm birth”. Of note, a precise definition of “at risk” is not defined particularly when it comes to predicting delivery within 7 days and appears to be left to the physicians' subjective determination. With concerns arising regarding corticosteroid overuse, concerns regarding potential adverse neurodevelopmental outcomes and studies showing for example only up to 40% of women assessed for preterm labor delivered in the 7 day window, ongoing studies are needed to continue to optimize effective and conservative use of antenatal steroids. Using chart review of a major city hospital, this study will analyze the use of antenatal steroids and its relationship to the time of delivery, ultimately assessing provider ability to predict delivery within 7 days and providing indicators for improved prediction with future improvements in use of antenatal corticosteroids.

First Year Case Reports



Congenital Heart Block

Autumn Acklin, MD

Department of Obstetrics and Gynecology,
Morehouse School of Medicine



A Rare Case of Ectopic Mammary Tissue of the Vulva in a Postmenopausal Female

Jessie Kue Ndukwe, MD

Department of Obstetrics and Gynecology,
Morehouse School of Medicine



Pheochromocytoma in Pregnancy: A Case Report

Cassandra Maafoh, MD

Department of Obstetrics and Gynecology,
Morehouse School of Medicine



Endometrial Stromal Sarcoma

Destiny Miller, MD

Department of Obstetrics and Gynecology,
Morehouse School of Medicine



Acute NMDA Encephalitis Caused by Dermoid Cyst

Amissa Sei, MD

Department of Obstetrics and Gynecology,
Morehouse School of Medicine

Morehouse School of Medicine

Department of Obstetrics & Gynecology

Graduating Class of 2024

Lauren Gibbs, MD
Joan Han, MD
Sasha Ray, MD
Banafsheh Shoai, MD

Resident Alumni

Class of 2023

Cyra Cottrell, MD
Anquilla Deleveaux, MD
Aaron Doctor, MD
Peyton Garrett, MD

Class of 2022

Danielle Oliver Morton, MD
Michelle Uzor, MD
Amber Watters, MD
Lynette Wynn, MD

Class of 2021

Ginger Baker, MD
Jessica Cooper, MD
Zuri Hemphill-Bryant, MD, MS
Whitney Lankford, MD
Gail Ohaegbulam, MD

Class of 2020

Georgina Amaral, MD, MS
De'Smond Henry, MD
Susan Lee, MD, BSN
Alyssa Newton, MD

Class of 2019

Gloria Hughes, MD
Heather Skanes, MD
Emily Wang, MD
Ashley Wiltshire, MD

Class of 2018

Diane Goh, MD
Jolomi Iyoha, MD
Crystal Reese, MD
Ciara Talbot, MD

Class of 2017

Robinette King, MD
Charisma Manley, MD
Valencia Miller, MD
Maesha Twyner, MD

Class of 2016

Christina Cox, MD
Regina Lee, MD
Emerald Screws, MD

Class of 2015

Candace Gates, MD
Raimot Olanrewaju, MD
Michelle White, MD

Class of 2014

Anika Cherry, MD
Robert Holness, MD
Crystal Welch, MD

Class of 2013

LeThenia "Joy" Baker, MD
Pallavi Shikaripur Nadig, MD
Curtrina Strozier, MD

Class of 2012

Laquita Martinez, MD
Miriam Slatter, MD
Jocelyn Slaughter, MD

Class of 2011

Earl Brewster, MD
Keisha Callins, MD
Xuan Cao, MD

Class of 2010

Kiwita Phillips, MD
Shalandra Ross, MD

Class of 2009

Lisa Golik, MD
Jamil Minnis, MD
Fyama Wenner, MD

Class of 2008

Jamil Harp, MD
Trudy Seivwright, MD
Yung Mei Fung, MD

Class of 2007

Aiyanna Burton, MD
Kawami Clay, MD
Stacy Reynolds, MD

Class of 2006

Tanya Meziere, MD
Beenal Naik, MD
Lorenza Simmons, MD

Class of 2005

Kevin Edmonds, MD
Tuwanna Morris, MD
Tomekia Strickland, MD

Class of 2004

Precious Braswell, MD
Beverly Pottinger, MD
Mia Sanders, MD

Class of 2003

Tracy Bland, MD
Michelle Martin, MD
Renee Thomas, MD

Class of 2002

Ngozi Anachebe, MD
Njideka Anyadike, MD
Emmanuel Soyoola, MD

Class of 2001

Sonya Poitier, MD
Angela Chan Riser, MD
Lisa Saul, MD

Acknowledgments

The Department of Obstetrics & Gynecology at Morehouse School of Medicine appreciates your support of our 23rd Annual Resident Research Day. We would like to give special thanks to our Faculty, Community Physicians, and Staff for their dedication and continued support of the Residency Education Program.

Department Faculty

Frederick Bright, MD	Regina Leonis, MD
Kimberly Carroll, MD	Cavetta Tulloch-Lewis, CNM
Terri Chambers, CNM	Roland Matthews, MD
Indrajit Chowdhury, PhD	Siobhan McCarty Singleton, MD
Saladin Cooper, MD	Joline Milord, CNM
Carla Crawford, MD	Dorothy Mitchell-Leef, MD
Yvonka Crenshaw, MD	Raimot Olanrewaju, MD
Donald Culley, MD	Kiwita Phillips, MD
Lynne Cunningham, MD	Veena Rao, PhD
Giuseppe Del Priore, MD	E. Shyam Reddy, PhD
Aaron Doctor, MD	Shalandra Ross, MD
Cheryl Franklin, MD	Hedwige Saint Louis, MD
Franklyn Geary, MD	Barbara Simmons, MD
Tracey Greene-Johnson, MD	Madeline Sutton, MD
Myah Griffin, MD	Vonda Ware, MD
Christina Hamilton, MD	Dale Wilmot, MD
Natalie Hernandez-Green, PhD	Diana Wilson, MD
Yvonne Hewitt, CNM	Lawrence Wilson, MD
Gloria Hughes, MD	Shenelle Wilson, MD

Community Physicians

Leila Abadir	Jennifer Goedken, MD	Donna Sinclair, MD
Amma Agyemang, MD	Sheena Harmon, MD	Ivana Simpson, MD
Megan Amayo	Anjli Hinman	Cyril Spann, Jr, MD
Sandra Angotti	Tiffany Karsten, MD	Andrew Toledo, MD
Ebere Azumah, MD	Michael K. Lindsay, MD	Stacy Ulmer
Catherine M Bonk, MD, MPH	Joye Lowman, MD	Anna Womick
rica Duncan, MD	Kristin Oates, MD	Michael Zdradzinski, MD
Cat Dymond	Lathan Overstreet, MD	

The Department of Obstetrics & Gynecology would also like to thank Mohamed Mubasher, PhD, Biostatistician, Clinical Research Center (CRC).

*Special thanks to our Basic Science Researchers:
Indrajit Chowdhury, PhD, Natalie Hernandez-Green, PhD,
E. Shyam Reddy, PhD, and Veena Rao, PhD*

GME Affiliates: Melissa Paul, Simone Pitts, and Stacie D. Waddell

Kelli Hooper, Residency Program Manager, and Alisa Ware, Residency Program Assistant for a successful 2024 Resident Research Day.

