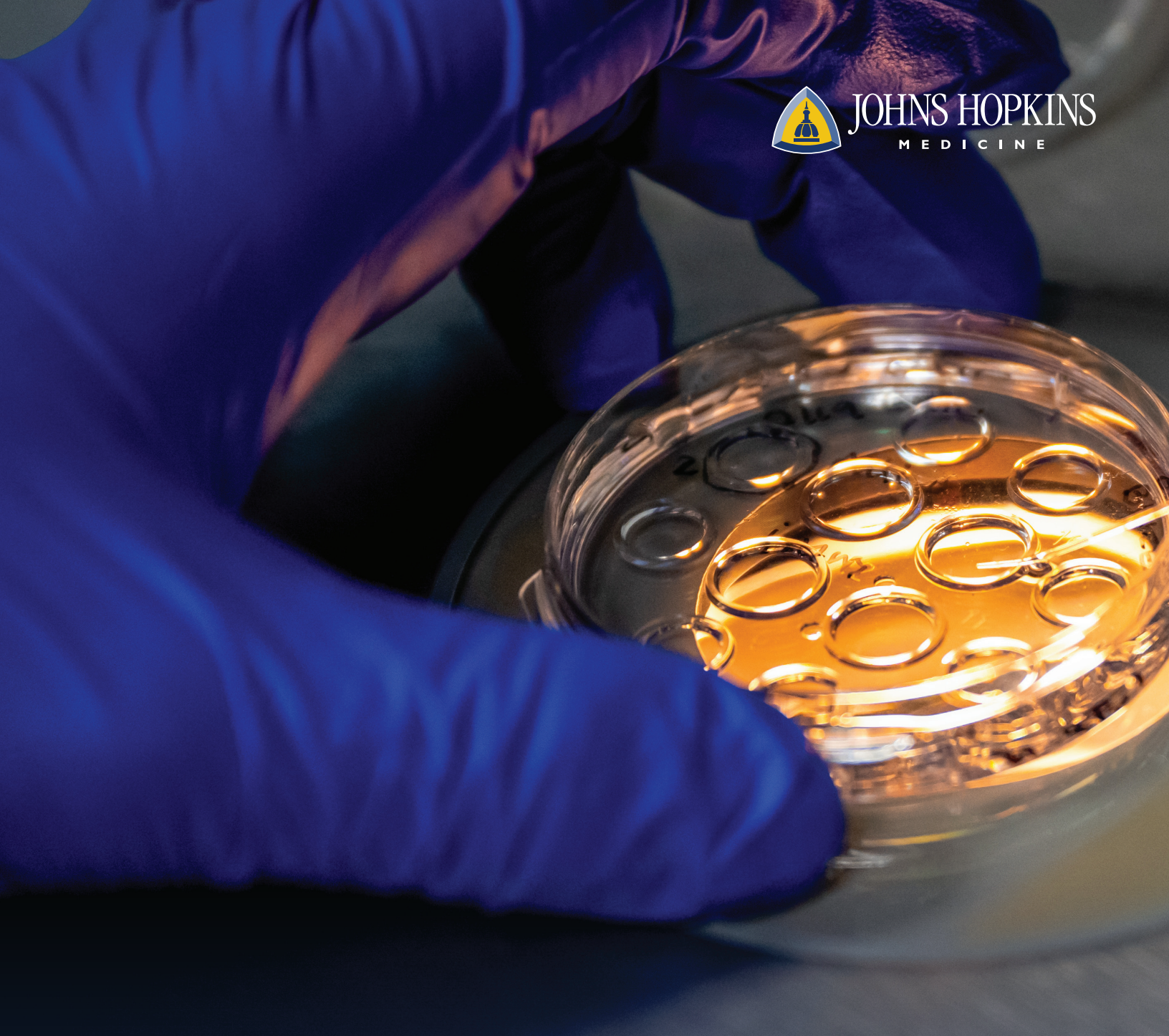


JOHNS HOPKINS
MEDICINE

ADVANCING CARE, RESEARCH AND EDUCATION

DEPARTMENT OF GYNECOLOGY AND OBSTETRICS

2025

ACKNOWLEDGEMENTS

The success of the Johns Hopkins Department of Gynecology and Obstetrics is directly attributable to our hardworking and collaborative team of clinicians and researchers.

We also deeply appreciate the contributions of our administrative team, including administrative specialist Nuru Shabazz. Their dedication and expertise help ensure the smooth operation of our department.

Diann Snyder, former administrator and director of nursing, retired in 2024 after more than 40 years of dedicated service. After a national search, Maryana Townsend became our new chief administrative officer, and Melissa Johnson was promoted to director of nursing. They have both hit the ground running and have been fabulous additions to our leadership team.

Additionally, we benefit from the tremendous support of Ashley Ostrega in development and Amy Holdridge and Natalie Carroll in marketing, whose efforts help extend our mission and impact.

Our residents, fellows and alumni continue to be an abundant source of pride and support, reinforcing the strength and future of our department.

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DIRECTOR'S MESSAGE

MOVING OUR MISSION FORWARD

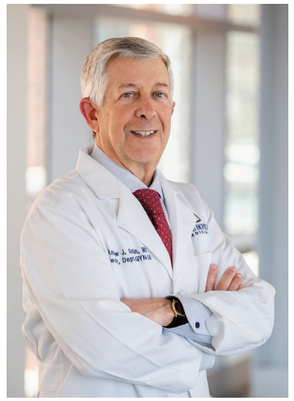
At Johns Hopkins, transformation is not a moment — it's a mindset. The Department of Gynecology and Obstetrics is not simply growing; we are redefining what's possible in reproductive health. With bold vision and relentless drive, we are setting new national and global standards in clinical care, research, education and advocacy.

For the first time in our department's history — and now for two consecutive years — we have been ranked the #1 Gyn/Ob department in the nation on *Newsweek*'s list of The World's Best Specialized Hospitals, and #2 nationally by *U.S. News & World Report*. These honors are not milestones — they are markers of a mission in motion.

Our success is no accident. It is rooted in a deep commitment to our "quad partite mission" — delivering exceptional clinical care, producing paradigm-shifting research, training the next generation of leaders and standing firmly in advocacy, especially for improving access and outcomes in reproductive health care across communities.

Today, reproductive health care remains one of the most underfunded, unevenly distributed and overlooked sectors in American medicine. In nearly 40% of U.S. counties, there are no practicing Gyn/Ob clinicians, no hospitals where babies can be safely delivered. We see that reality not as a deterrent, but as a call to lead.

And lead we have. Across Maryland and the Greater Washington region, our inclusive and accessible model of care has expanded significantly. We've strengthened our clinical reach, introduced new subspecialties — including urogynecology and minimally invasive gynecologic surgery — and broadened our reproductive endocrinology and infertility services. In 2023, we opened a state-of-the-art fertility center at Green Spring Station in Lutherville, Maryland, offering a comprehensive suite of treatments under one roof. Since 2018, our fertility services have quadrupled, an unmistakable sign of both rising demand and clinical excellence.



Andrew J. Satin, M.D.
Director of Gynecology and Obstetrics
Dr. Dorothy Edwards Professor of the Department of Gynecology and Obstetrics

TOP-RANKED HOSPITAL

GYNECOLOGY & OBSTETRICS

#1

WORLD'S BEST SPECIALIZED HOSPITAL

NEWSWEEK

2024
2025

#2

BEST HOSPITAL

U.S. NEWS & WORLD REPORT

2023–24
2024–25
2025–26

These advancements are underpinned by a technical revolution in care delivery. Just a decade ago, most gynecologic surgeries were open procedures; today, 95% are performed using minimally invasive techniques, even for complex cancer cases. Our patients experience faster recoveries and fewer complications — outcomes that speak volumes about the power of innovation when paired with world-class expertise.

Our research is just as dynamic. Our investigators are not only asking bold questions — they're delivering answers that save lives. Studies funded by prestigious philanthropic and federal organizations have uncovered groundbreaking insights, including the discovery that most ovarian cancers originate in the fallopian tubes — a finding now reshaping preventive strategies worldwide. We are aggressively pursuing barriers to fertility, including fibroids and polycystic ovary syndrome, and leveraging precision medicine to explore hypertensive disorders of pregnancy and persistent urinary tract infections with greater granularity than ever before.

We are also proud to be home to one of the world's leading centers for fetal therapy — one of only a few nationwide that seamlessly integrate fetal, maternal and pediatric care in a single, multidisciplinary environment. Here, families receive not only exceptional medical care, but compassion-driven, individualized treatment plans created through true collaboration.

Our workforce reflects our ambition. The department now includes approximately 150 physicians — more than double the number from a decade ago — including 60 residents and fellows, and other learners. Each year, we receive nearly 1,000 applications for just nine residency slots, underscoring the prestige of our programs and the caliber of talent we attract. We continue to invest in our trainees, ensuring the future of reproductive health is in expert hands.

Our impact is expansive: approaching 10,000 deliveries and 10,000 gynecologic surgeries annually, supported by hundreds of thousands of ambulatory visits. Behind these numbers is a deep sense of purpose — to bring the highest quality reproductive care to every patient, everywhere.

The COVID-19 pandemic tested our resilience, but we never faltered. With rigorous safety protocols and tireless dedication, we ensured that care continued uninterrupted — because pregnancies do not pause for pandemics.

This is what leadership looks like. This is what transformation feels like.

I could not be prouder of this department — our clinicians, scientists, educators, trainees and administrators. Together, we are advancing reproductive care not just for today, but for generations to come. While the challenges ahead are real, our collective resolve is stronger. The future of reproductive health will be shaped by those who approach it with urgency, innovation and purpose — and we are leading that charge.



Andrew J. Satin, M.D.
Director
Johns Hopkins Department of Gynecology and Obstetrics

DEPARTMENT LEADERS

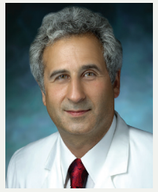
DEPARTMENT LEADERSHIP



ANDREW J. SATIN, M.D.
Director, Department of Gynecology and Obstetrics



VALERIE LYNN BAKER, M.D., M.P.P.
Director, Division of Reproductive Endocrinology and Infertility



AHMET A. BASCHAT, M.B.B.Ch., M.D.
Director, Center of Fetal Therapy



MOSTAFA BORAHAY, M.D., M.B.A., Ph.D.
Director, Division of Academic Specialists at Johns Hopkins Bayview Medical Center



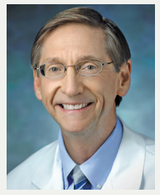
ANNE BURKE, M.D.
Director, Division of Complex Family Planning



BETTY CHOU, M.D.
Director, Division of General Gynecology and Obstetrics at Johns Hopkins Hospital



VICTORIA L. HANDA, M.D., M.H.S.
Director, Division of Urogynecology and Reconstructive Surgery



JAMES SEGARS, M.D.
Director, Division of Reproductive Sciences and Women's Health Research



JEANNE S. SHEFFIELD, M.D.
Director, Division of Maternal-Fetal Medicine



REBECCA LYNN STONE, M.D., M.S.
Director, Kelly Gynecologic Oncology Service



KAREN C. WANG, M.D.
Director, Division of Minimally-Invasive Gynecologic Surgery

CLINICAL LEADERSHIP



AMANDA FADER, M.D.
Vice Chair for Gynecologic Surgery
The Johns Hopkins Hospital



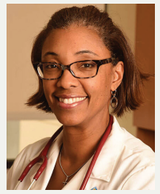
VICTORIA L. HANDA, M.D., M.H.S.
Department Deputy Director / Chair for Bayview Medical Center



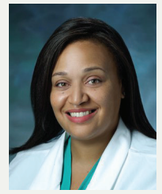
CYNTHIA HOLCROFT ARAGANI, M.D.
Labor and Delivery Medical Director
Bayview Medical Center



COLLEEN S. KEPNER, M.D.
Labor and Delivery Medical Director
Sibley Memorial Hospital



NIA JEWELL LEAK, M.D., M.B.A.
Labor and Delivery Medical Director
Howard Co. Med. Ctr.



KHARA SIMPSON, M.D.
Vice Chair Quality and Safety
Johns Hopkins Hospital

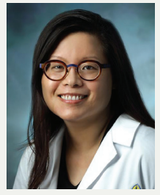


EDWARD TANNER, M.D.
Medical Director for Women's Health in the National Capital Region



ARTHUR JASON VAUGHT, M.D.
Labor and Delivery Medical Director
The Johns Hopkins Hospital

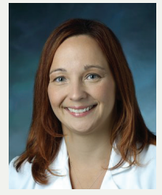
EDUCATION LEADERSHIP



GRACE CHEN, M.D., M.H.S.
Director of Global Women's Health Fellowship



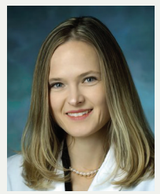
BETTY CHOU, M.D.
Director of Residency Program



JILL EDWARDSON, M.D., M.P.H.
Director of Complex Family Planning Fellowship



JAMES STUART FERRISS, M.D.
Director of F.J. Montz Gynecologic Oncology Fellowship



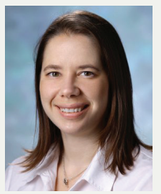
ANGIE JELIN, M.D.
Director of Maternal-Fetal Medicine Fellowship



DANIELLE PATTERSON, M.D.
Director of Urogynecology and Reconstructive Surgery Fellowship



KRISTIN ELIZABETH PATZOWSKY, M.D.
Director of Minimally Invasive Gynecologic Surgery Fellowship



JENNY A. ROBINSON, M.D., Ph.D.
Director of Medical Student Clerkship



JAMES SEGARS, M.D.
Director of Reproductive Endocrinology and Infertility Fellowship

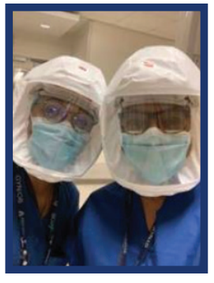
DELIVERING THROUGH CRISIS



THE COVID-19 RESPONSE

In the spring of 2020, as the world grappled with the challenges of the COVID-19 pandemic, our commitment to maternal and neonatal safety never wavered. Amid fear and uncertainty, our physicians and staff members emerged as masked warriors, dedicated to providing the safest possible care for our patients. Equally, our teams in reproductive endocrinology, gynecologic oncology, and minimally invasive gynecologic surgery ensured that essential treatments and surgeries continued without interruption. Across every subspecialty, we rose to the occasion, affirming that the urgency of women's health does not pause for a crisis.

A COMMITMENT TO SAFETY AND SUPPORT



From the onset of the pandemic, we implemented extensive safety and hygiene protocols, prioritizing the health of our patients and staff members. Each day brought new challenges and unknowns, but our team adapted swiftly, embracing the necessity of innovation in our practices. Whether managing high-risk pregnancies, delivering cancer care, or guiding patients through infertility treatments, we designed care pathways that balanced safety with continuity.

Our protocols evolved continuously, informed by the latest research and guidelines from health authorities. We instituted rigorous screening measures for patients and staff, including temperature checks and symptom assessments, to minimize the risk of transmission. Personal protective equipment became our new uniform, and training on proper usage and disposal was a priority. All team members understood their critical role in safeguarding the health of those we served.

In addition, we allocated extra time for patient interactions so that each expectant mother had opportunities to ask questions and learn about the evolving situation. This approach fostered trust and reinforced our commitment to patient care. Patients undergoing fertility treatment, facing a cancer diagnosis or preparing for surgery also benefited from this commitment. By extending time for dialogue and reassurance across all subspecialties, we reinforced Johns Hopkins as a trusted partner in even the most difficult moments.

LEADERSHIP FOR WOMEN'S HEALTH

As we navigated the unknowns of the virus, our department's leadership was pivotal. We met frequently to assess our strategies, share insights and adapt our protocols in real time. Collaboration was key, with our team drawing on the expertise of infectious disease specialists, anesthesiologists and pediatricians to ensure a comprehensive approach to safety.



That same spirit extended across all of the department — uniting maternal-fetal medicine, reproductive endocrinology and infertility, gynecologic oncology, and minimally invasive gynecologic surgery. Together, we safeguarded critical services that could not be delayed, ensuring that cancer care proceeded without interruption, fertility treatments remained accessible, and urgent surgical and obstetric needs were addressed with the highest level of expertise.

The dedication of the Gyn/Ob department during this challenging time is a proud chapter in our history. Our ability to deliver exceptional care while prioritizing safety has solidified our reputation as leaders in maternal and neonatal health. It also reinforced Johns Hopkins as a destination for excellence across the full spectrum of women's health.

LOOKING AHEAD TOGETHER

The lessons learned during this pandemic will continue to shape our practices and reinforce our commitment to innovation in patient care. At Johns Hopkins, we have proven that even in the most trying times, excellence in care is our unwavering promise. We emerged not only stronger, but more unified — advancing standards in obstetrics, fertility, oncology and surgical care that continue to set benchmarks for the field. This legacy of resilience defines us as leaders and innovators, ensuring that women everywhere can trust Johns Hopkins to deliver through any crisis.



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WHERE WE PRACTICE

THE JOHNS HOPKINS HOSPITAL



As the flagship of the Johns Hopkins Health System, The Johns Hopkins Hospital in Baltimore continues to define excellence in gynecology and obstetrics on the national and global stage. Consistently ranked among the top programs in the U.S., our department delivers comprehensive care across all subspecialties — including maternal-fetal medicine, reproductive endocrinology and infertility, gynecologic oncology, and advanced minimally invasive surgery. Our teams care for some of the most medically complex patients referred from across the country, while leading groundbreaking research and innovation in areas such as fetal therapy, complex gynecologic conditions and precision medicine. With a relentless focus on clinical excellence, education, and discovery, The Johns Hopkins Hospital serves as a destination center for women's health and a leader in shaping the future of academic medicine.

JOHNS HOPKINS BAYVIEW MEDICAL CENTER



Johns Hopkins Bayview Medical Center plays a critical role in delivering high-quality, academically driven women's health care with deep community integration. Bayview is home to two of our subspecialized divisions — Complex Family Planning, and Urogynecology & Pelvic Health and Reconstructive Surgery — as well as a robust general obstetrics and gynecology program that provides care for over 1,400 women annually. In 2023, Bayview expanded its community impact by partnering with Baltimore Medical System to open a new clinical facility at Yard 56, a Federally Qualified Health Center that delivers full-spectrum gynecologic, obstetric, and high-risk maternity care in a community-first setting. The center also offers pediatric and primary care, supporting holistic family health. About 900 gynecologic surgeries a year take place at Bayview, supported by the Johns Hopkins Ambulatory Surgery Center in White Marsh, making it a regional leader in surgical volume, access and innovation.

SIBLEY MEMORIAL HOSPITAL AND THE NATIONAL CAPITAL REGION



Sibley Memorial Hospital, located in Washington, D.C., serves as the cornerstone of our growing presence in the National Capital Region (NCR) — a strategic priority for the Johns Hopkins Health System. With nearly 4,000 births annually, Sibley offers high-volume, high-quality obstetric care along with advanced gynecologic surgery, maternal-fetal medicine, and subspecialty services. Under the leadership of Edward Tanner, medical director for women's health in the NCR, we are expanding robotic and minimally invasive surgical offerings for both benign and oncologic conditions. The region's capabilities continue to grow with the recruitment of Shannon Lamb, a fellowship-trained urogynecologist, who joins Dan Gruber in delivering leading pelvic floor care. Our physical footprint now includes comprehensive practices in Bethesda, Montgomery County, and our newly launched Arlington, Virginia, location, further enhancing access to coordinated, academic-level care across the region. These efforts solidify our position as a top-tier provider of women's health in one of the nation's most dynamic and diverse metropolitan areas.

JOHNS HOPKINS HOWARD COUNTY MEDICAL CENTER



Johns Hopkins Howard County Medical Center in Columbia, Maryland, is a thriving community-based center for subspecialty gynecologic and obstetric care. Our multidisciplinary team includes fellowship-trained experts in maternal-fetal medicine, gynecologic oncology, reproductive endocrinology, urogynecology, and minimally invasive surgery, ensuring that patients receive world-class care in a convenient, regional setting. In 2024, we expanded services to include reproductive endocrinology and infertility, giving patients access to fertility preservation, complex reproductive surgery, and consultation — all within their own community. This expansion represents our commitment to extending the full breadth of academic women's health care beyond Baltimore and into the communities we serve.

GREEN SPRING STATION



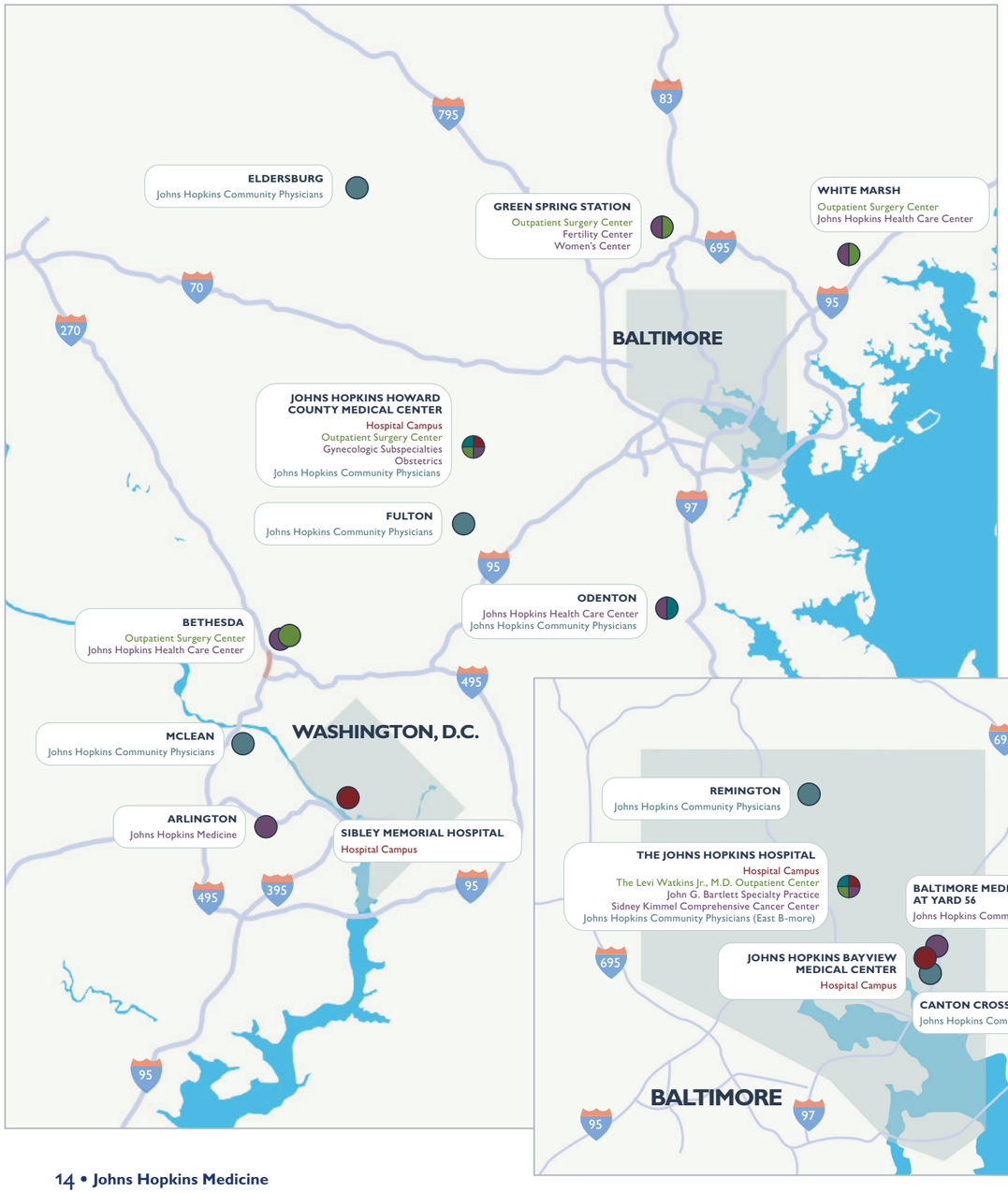
At the Johns Hopkins Health Care & Surgery Center — Green Spring Station, in Lutherville, Maryland, women's health care is delivered in a high-performance ambulatory setting that combines convenience with academic excellence. Opened in 2020, the Johns Hopkins Women's Center offers comprehensive services, including general gynecology, maternal-fetal medicine, perinatal ultrasound, pelvic health, and gynecologic oncology, all within a single integrated space. In 2023, we further enhanced this hub with the opening of the Johns Hopkins Fertility Center, a state-of-the-art facility providing fertility preservation, assisted reproduction, and access to clinical trials. This center represents our commitment to seamless, multidisciplinary care, uniting clinical teams around each patient to optimize experience and outcomes. Green Spring is a cornerstone of our regional women's health strategy, bringing academic medicine to the forefront of outpatient care.

JOHNS HOPKINS COMMUNITY PHYSICIANS



Johns Hopkins Community Physicians (JHCP) plays a central role in expanding access to exceptional women's health care across Maryland and the broader mid-Atlantic region. With over 40 outpatient sites, JHCP delivers a full continuum of gynecologic and obstetric services — including preventive care, prenatal visits, chronic disease management, contraception, and referral to specialty services — while ensuring consistency and coordination with Johns Hopkins' hospital-based programs. In 2024, JHCP extended its reach into the National Capital Region with the launch of a fully integrated women's health practice in Arlington, Virginia. This expansion is strategically aligned to improve accessibility to prenatal and gynecologic care, while supporting patients who deliver at Sibley Memorial Hospital. By embedding academic excellence into community-based settings, JHCP is redefining what it means to deliver patient-centered, equitable, and innovative care across our region.

CARE LOCATIONS



HOSPITAL CAMPUSES

Johns Hopkins Bayview Medical Center
4940 Eastern Avenue
Baltimore, MD 21224

Johns Hopkins Howard County Medical Center
5755 Cedar Lane
Columbia, MD 21044

Sibley Memorial Hospital
5255 Loughboro Road NW
Washington, DC 20016

The Johns Hopkins Hospital
1800 Orleans Street
Baltimore, MD 21287

OUTPATIENT SURGERY CENTERS

Bethesda
6420 Rockledge Drive
Suite 1200
Bethesda, MD 20817

Columbia
5759 Cedar Lane
Berman Pavilion
Columbia, MD 21044

Fertility Center
10755 Falls Road
Pavilion I, Suite 480
Lutherville, MD 21093

Green Spring Station
10803 Falls Road
Pavilion III
Lutherville, MD 21093

The Levi Watkins, Jr., M.D., Outpatient Center
601 N. Caroline Street
6th Floor
Baltimore, MD 21287

White Marsh
4924 Campbell Boulevard
Suite 225
Nottingham, MD 21236

CARE LOCATIONS

Baltimore Medical System at Yard 56
5525 Eastern Avenue
Baltimore, MD 21224

Gynecologic Subspecialties – Howard County
10710 Charter Drive
Suite 200
Columbia, MD 21044

Howard County – Obstetrics
11065 Little Patuxent Parkway
Suite 100
Columbia, MD 21044

John G. Bartlett Specialty Practice
1717 E. Monument Street
Park Building, Ground Floor
Baltimore, MD 21287

Johns Hopkins Fertility Center
10753 Falls Road
Pavilion II, Suite 335
Lutherville, MD 21093

Johns Hopkins Health Care & Surgery Center – Bethesda
10215 Fernwood Road
Suite 630
Bethesda, MD 20817

Johns Hopkins Health Care & Surgery Center – White Marsh
4924 Campbell Boulevard
Suite 200
Nottingham, MD 21236

Johns Hopkins Health Care Center – Odenton
1132 Annapolis Road
Lower Level 100
Odenton, MD 21113

Johns Hopkins Medicine – Arlington
4102 Wilson Boulevard, 2nd Floor (M2)
Arlington, VA 22003

Johns Hopkins Women's Center – Green Spring Station, Pavilion II
10753 Falls Road, Pavilion II
Lutherville, MD 21093

Sidney Kimmel Comprehensive Cancer Center
401 N. Broadway, The Harry and Jeanette Weinberg Building
Baltimore, MD 21231

JOHNS HOPKINS COMMUNITY PHYSICIAN LOCATIONS

Canton Crossing
1501 South Clinton Street
Suite 200
Baltimore, MD 21224

Columbia
10710 Charter Drive
Medical Pavilion, Suite 200
Columbia, MD 21044

East Baltimore
1000 E. Eager Street
Baltimore, MD 21202

Eldersburg
5961 Exchange Drive
Suite 108
Eldersburg, MD 21784

Fulton
8115 Maple Lawn Boulevard
Suite 140
Fulton, MD 20759

McLean
6849 Old Dominion Drive,
Suite 300
McLean, VA 22101

Odenton
1132 Annapolis Road
Medical Pavilion II, Suite 203
Odenton, MD 21113

Remington
2700 Remington Avenue
Suite 2000
Baltimore, MD 21211

CENTER FOR

FETAL THERAPY



AHMET A. BASCHAT, M.B.B.Ch., M.D.

DIRECTOR, JOHNS HOPKINS CENTER FOR FETAL THERAPY



At the Johns Hopkins Center for Fetal Therapy, our experts prioritize a collaborative and family-centered approach, developing tailored plans that address the needs of the unborn baby and entire family. Our therapies provide prenatal cures or the alleviation of important sequelae, and optimize delivery circumstances. We are one of the few centers in the country offering a comprehensive range of fetal, maternal and pediatric services in one location, delivering compassionate and coordinated care that leads to exceptional outcomes.

Led by Ahmet Baschat, our team has unparalleled experience in fetal diagnosis and therapy. As active participants in the North American Fetal Therapy Network, we are leaders in shaping new surgical techniques and advancing research in fetal therapy, defining best practices and supportive resources that enhance quality of care for families and clinicians alike.

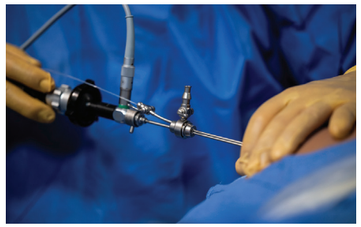
Dr. Baschat was honored for his pioneering work when he received the International Society of Ultrasound in Obstetrics and Gynecology Ian Donald Gold Medal in 2024, which is awarded to "an individual who has made a significant scientific contribution to the advancement of diagnostic ultrasound in obstetrics and gynecology and who has changed the way ultrasound is practiced through research or innovation."







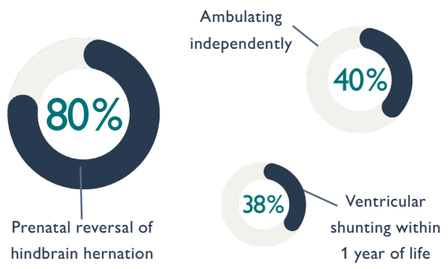




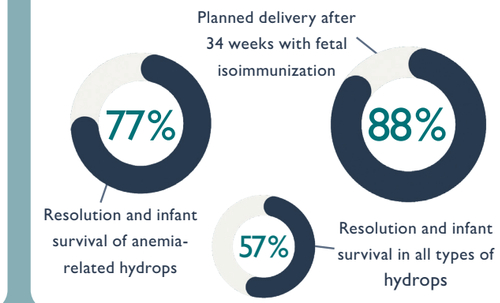


TREATING DISEASE BEFORE BIRTH

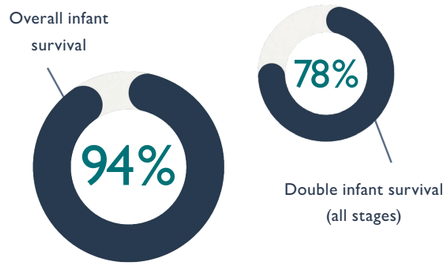
FOLLOWING FETAL CLOSURE OF SPINA BIFIDA



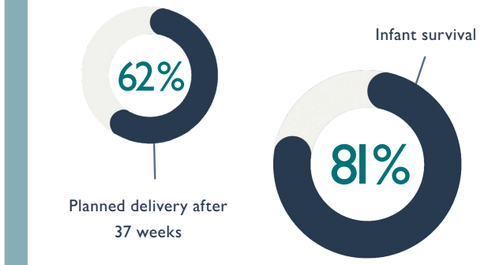
TRANSFUSION OR EXCHANGE TRANSFUSION TREATMENTS



SOLOMON LASER FOR TTTS



FETOSCOPIC TRACHEAL OCCLUSION FOR CDH



4,500
PATIENT CONSULTATIONS

2,000
LIFESAVING FETAL PROCEDURES

CLINICAL INITIATIVES

The center's experts are committed to improving outcomes and managing the risks associated with fetal surgeries through several specialized initiatives.

For years, the ability to intervene in fetal conditions lagged behind the growing recognition of how these efforts affect perinatal and lifelong health. In response to this urgent need, the Johns Hopkins Center for Fetal Therapy was established a decade ago — bringing together maternal-fetal medicine, pediatric surgery and neonatology to develop and refine lifesaving interventions before birth.

Today, the center stands as a national leader in providing fetal therapy, driving advances in minimally invasive surgery, precision diagnostics and multidisciplinary care. Seamless integration with neonatal and pediatric subspecialties at Johns Hopkins ensures that care extends beyond birth, optimizing long-term outcomes.

As the field of fetal therapy advances, our center is committed to pushing the boundaries of innovation, training the next generation of leaders and setting new standards in maternal-fetal care worldwide.

COMPLICATED MONOCHORIONIC MULTIPLES

This service manages a wide range of complications in monochorionic twin pregnancies. For twin-to-twin transfusion syndrome (TTTS), use of the Solomon laser technique as a first line of treatment has achieved high rates of disease resolution and twin survival, irrespective of disease severity.

FETAL SPINA BIFIDA CLOSURE

This treatment team focuses on minimally invasive fetoscopic myelomeningocele closure. The benefits of this technique are significant: It reduces the need for postnatal shunt insertion, leads to a high rate of ambulation in infants and mitigates the maternal risks associated with traditional open-fetal surgery. Pregnant women can generally return to their referring clinician for vaginal delivery and retain the option for vaginal delivery in future pregnancies.

FETAL TRANSFUSION AND BIOBANK

The fetal transfusion and biobank team performs lifesaving transfusions, including exchange transfusions. The program addresses a variety of conditions, such as isoimmunization, rare forms of anemia, hydrops fetalis, placental tumors, complex hemoglobinopathies and twin anemia polycythemia sequence. The team's expertise in these areas has proven lifesaving for fetuses, allowing for planned deliveries in coordination with referring clinicians for most patients.

The integrated care model has resulted in an 80% survival rate for CDH cases, along with favorable long-term developmental outcomes.

CONGENITAL DIAPHRAGMATIC HERNIA

Dr. Ahmet Baschat directs this service, which focuses on fetoscopic tracheal occlusion therapy for severe congenital diaphragmatic hernia (CDH). The program is renowned for its ability to achieve significant prenatal lung growth, and it has the lowest prematurity rate for this type of fetal therapy. The integrated fetal and pediatric care model at The Johns Hopkins Hospital has resulted in an over 80% survival rate of patients with severe CDH, along with favorable long-term developmental outcomes.

RESEARCH INITIATIVES

CENTER FOR FETAL THERAPY RESEARCH

Principal Investigator: Ahmet Baschat, M.B.B.Ch., M.D.

The center has been at the forefront of research into the benefits and proven outcomes of the most advanced prenatal surgery techniques to treat a range of conditions, including CDH, spina bifida, TTTS and fetal hematologic disorders. The center's research has also established the lifesaving benefit of serial amnioinfusion for babies with bilateral renal agenesis.

The center's clinician-scientists have been successful with obtaining grant funding from the National Institutes of Health and the Fetal Health Foundation.

DIVISION OF

GYNECOLOGIC ONCOLOGY



REBECCA LYNN STONE, M.D.

DIRECTOR, KELLY GYNECOLOGIC ONCOLOGY SERVICE



Rooted in the pioneering legacy of Howard Atwood Kelly, the Johns Hopkins Kelly Gynecologic Oncology Service (KGOS) has been setting and raising the standards of gynecologic cancer care since 1889. Situated within the Department of Gynecology and Obstetrics to advance the broader mission of championing women's health, the service supports the National Cancer Institute (NCI) designation and other core functions of the Sidney Kimmel Comprehensive Cancer Center. There, KGOS actively leads and participates in a wide array of national and international collaborative trials. The team includes 11 gynecologic oncologists — seven based in Baltimore and four in the National Capital Region — alongside expert pathologists as well as medical and radiation oncologists.

This dream team, covering four hospitals and six outpatient centers, provides highly specialized care to patients from broad geographic and cultural backgrounds. While many are burdened with some of the most complex ovarian, fallopian tube, uterine, cervical and vulvovaginal cancers, their outcomes consistently surpass national and global benchmarks. Success is driven by a steadfast commitment to precision medicine, surgical excellence, pioneering clinical trials and innovative prevention strategies. Notably, the KGOS model ensures that all patients — whether hospitalized or seen in clinic — continue to receive direct care from board-certified gynecologic oncologists. Award-winning nurses and staff members foster a long-standing culture of service excellence and personal connection with patients and their families. In March 2025, the Armstrong Institute Organizational Resilience Team recognized the Johns Hopkins Hospital inpatient unit as a Best Practice Area, earning top scores in safety culture, employee engagement and patient experience.













GYNECOLOGIC ONCOLOGY

OVERVIEW

The KGOS faculty members at Johns Hopkins are steadfastly committed to delivering comprehensive, high-quality care across the full spectrum of gynecologic oncology. Anchored by four core faculty based at The Johns Hopkins Hospital, the team administers over 1,000 chemotherapy cycles annually — despite a national trend that has seen 30% to 40% of gynecologic oncologists step away from this responsibility due to its growing complexity and demands. This speaks to the group's dedication and depth of expertise in managing even the most resource-intensive treatments.

Each year, the KGOS team evaluates more than 1,000 new patients, with over 90% presenting with either a confirmed diagnosis or elevated risk of gynecologic cancer. The surgical volume is equally significant, with more than 2,000 operations performed annually. Many of these are high-complexity procedures conducted in collaboration with other specialties, reflecting the group's leadership in multidisciplinary cancer care. Notably, 10% of surgeries on the East Baltimore campus are joint procedures — 93% of which involve non-gynecologic cancer or acute care indications. KGOS surgeons are regularly called upon to assist in cases beyond their traditional scope, such as colorectal cancer, underscoring their integral role in broader surgical oncology efforts.

The group's impact extends well beyond the main campus. At Johns Hopkins Howard County Medical Center, 84% of all scheduled KGOS surgeries now address preinvasive or invasive gynecologic cancers — a dramatic rise from just five years ago. This shift reflects both increasing community need and the expanding footprint of Johns Hopkins gynecologic oncology services. Additionally, the team is advancing cancer prevention efforts, performing nearly 100 risk-reducing procedures annually at the East Baltimore location alone. With plans underway to establish a center of excellence for gestational trophoblastic disease, the division continues to build on its legacy of innovation, access and leadership.

Beyond clinical excellence, KGOS is equally committed to education, advocacy and research. Its three-year fellowship program celebrated its 50th anniversary last year and evolves to meet the demands of a rapidly changing health care landscape. Faculty lead advocacy efforts at the local, state and national levels — addressing social determinants of health, expanding the role of community health workers, improving coverage for gynecologic cancer prevention, increasing cancer research funding, and helping to shape policy responses to crises like chemotherapy drug shortages. The division's research portfolio spans the spectrum of gynecologic oncology, from surgical stress and recovery to immunotherapy, clinical trials and cancer genomics. By integrating research into clinical practice, KGOS pushes the evolution of gynecologic cancer care forward for all.

CLINICAL INITIATIVES

BREAK THROUGH CANCER INITIATIVE

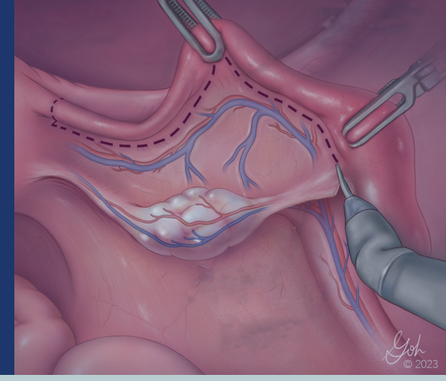
KGOS plays a leading role in the Break Through Cancer Initiative — a paradigm-shifting effort for the early detection and prevention of ovarian cancer. With mounting evidence that many ovarian cancers begin in the fallopian tubes, this initiative is pioneering imaging techniques, screening strategies and preventive surgical approaches tailored to women with varying levels of risk. This initiative catalyzed a national public health campaign to expand access to and awareness of options for ovarian cancer prevention. The ultimate vision: a future in which ovarian cancer is no longer a major threat because prevention is a standard of care that all people know about and are empowered to choose.

"We've never really had the promise of prevention like this in medical history — that one could choose to remove an anatomic structure that has no known function after childbearing to prevent a lethal cancer later in life."

~Rebecca Stone, M.D.
Director, Kelly Gynecologic Oncology Service

OPPORTUNISTIC SALPINGECTOMY

A GAME CHANGER FOR OVARIAN CANCER



Ovarian cancer is a notoriously difficult group of diseases to diagnose and treat. It has no effective screening method — most people have widely metastatic cancer when they start showing symptoms, and most patients die within five years. Additionally, the most lethal type — high-grade serous carcinoma — is the most common, and is the fifth most common cause of cancer-related death for women in the U.S.

A new approach offers some hope in preventing this disease, which will affect 1 in 78, or 1%–2%, of women in their lifetimes. Salpingectomy (fallopian tube removal) is a low-risk surgery that can reduce the risk of ovarian cancer by as much as half. While the approach has not yet been widely adopted, the Johns Hopkins Department of Gynecology and Obstetrics is leading the way in its own clinics, and faculty members are working on national and international educational and advocacy efforts.

Although it was long believed in medicine that ovarian cancer originates in the ovaries, research from the past 20 years shows that most cases arise from precancerous cells in the ends of fallopian tubes.

"That finding is such a game-changer because it explains why we have been unsuccessful at detecting it and developing screening tests," says Rebecca Stone, a gynecologic oncologist with expertise in ovarian cancer and director of the Kelly Gynecologic Oncology Service.

"We've never really had the promise of prevention like this in medical history — that one could choose to remove an anatomic structure that has no known function after child-bearing to prevent a lethal cancer later in life."

The fallopian tubes don't serve any known purpose beyond a patient's reproductive years, as opposed to ovaries, which still produce important hormones likely well beyond menopause.

The surgery, which takes minutes, can be electively performed at the same time as another planned intra-abdominal surgery, such as a hysterectomy or other post-reproductive gynecologic surgery. Patients interested in permanent contraception through surgical sterilization should be counseled about the option of salpingectomy in lieu of tubal ligation to reduce their lifetime risk of ovarian cancer, Stone says, as tubal ligation does not cut the risk nearly as much. She sees a lot of opportunity here, as 700,000 women a year elect to get tubal ligation surgery in the U.S. alone.

In 2015, the American College of Obstetrics and Gynecology released guidance recommending that patients undergoing certain surgeries be counseled about the option of concurrent salpingectomy for ovarian cancer prevention. Johns Hopkins has since adopted the procedure as best practice, providing salpingectomy to nearly 100% of patients undergoing hysterectomy and approximately 85% of patients opting for surgical sterilizations in the past year. This is substantially better than the national rates of 60% and 20% for hysterectomy and surgical sterilization, respectively.

Stone is now part of Break Through Cancer, which has a project that aims to expand awareness of and access to salpingectomy for ovarian cancer prevention as a means to decrease its death toll. The initiative includes specialists from Johns Hopkins, the Dana-Farber Cancer Institute, Memorial Sloan Kettering Cancer Center, the University of Texas MD Anderson Cancer Center and MIT's Koch Institute for Integrative Cancer Research. In concert with this effort, Stone is also among the specialists working with the Centers for Disease Control and Prevention to write medical coding for prophylactic salpingectomy. At present, salpingectomy is not universally covered by all insurances, and fixing medical coding is the first necessary step toward removing that barrier.

An article published in JAMA in June by Stone and her main collaborators — Memorial Sloan Kettering gynecologic oncologist Kara Long Roche (a former Johns Hopkins faculty member) and Johns Hopkins general and critical care surgeon Joseph Sakran — made the case for salpingectomy and brought attention to the issues Break Through Cancer is tackling. The article is in the top 5% of all research outputs scored by Altmetric, an entity that measures online engagement with scientific articles.

Stone also organized an international task force of obstetric and gynecologic surgeons, gynecologic oncologists, pathologists and epidemiologists to similarly spread awareness and tackle barriers to care that exist on an international scale.

"We're not talking about just changing practice for Johns Hopkins, we're talking about changing practice for the U.S. and for the world," Stone says.

CENTER FOR RARE GYNECOLOGIC CANCERS

KGOS is home to one of the only dedicated programs for individuals with uncommon gynecologic malignancies. The Center for Rare Gynecologic Cancers features an innovative approach to precision-based medicine through groundbreaking clinical trials and research, improving outcomes with cutting-edge treatments tailored to each patient's unique tumor and genetic profiles. This includes advancing immuno-oncology through collaboration with the Bloomberg~Kimmel Institute for Cancer Immunotherapy, a global leader in next-generation immunotherapy. The program focuses on identifying predictive biomarkers, developing personalized treatment strategies and leading trials in checkpoint inhibitors, targeted and adoptive cell therapy, and cancer vaccines. This audacious endeavor expands therapeutic options for patients whose cancers do not fit standard treatment paradigms.

ENDOMETRIAL CANCER PREVENTION AND EARLY DETECTION: WOMB FOR IMPROVEMENT

While the incidence and mortality rates of most solid tumors are decreasing or plateauing, endometrial (uterine/womb) cancer is one of the few malignancies experiencing a global rise in both incidence and death rates. The KGOS team is dedicated to reversing these concerning trends through pioneering research in prevention and early detection. Their efforts focus on developing novel genomic cancer detection platforms and conducting population-based studies to better understand and reduce the underlying risk factors associated with this disease.

NATIONAL CANCER INSTITUTE SPORE PIONEERS

Johns Hopkins is the only institution in the U.S. to lead two NCI-funded Specialized Programs of Research Excellence (SPORE) initiatives in gynecologic cancers. The Cervical Cancer SPORE — co-led with the University of Alabama — is led by pioneers in immunotherapy who are advancing next-generation HPV vaccines and therapeutic strategies. In parallel, the Ovarian Cancer SPORE — co-led with the University of Pennsylvania — focuses on early cancer detection using biospecimens such as cervical fluid and blood, and on developing therapies for the most treatment-resistant tumors. These efforts are already shaping the future of care, offering earlier diagnoses, more effective treatments and renewed hope for patients facing some of the most lethal cancers in women's health.

GYNECOLOGIC ONCOLOGY
INITIATIVES

OVARIAN CANCER CENTER OF EXCELLENCE

In collaboration with the Sidney Kimmel Comprehensive Cancer Center, KGOS established its Ovarian Cancer Center of Excellence — one of the first in the nation — to push multidisciplinary, patient-centered care to new heights. Co-led with medical oncologists, nurses, pathologists, radiologists and researchers who have specialized expertise in ovarian cancer, the center offers radical cytoreductive surgery, intraperitoneal and heated intraperitoneal chemotherapy (HIPEC), comprehensive genomic profiling for precision therapy, and access to groundbreaking clinical trials.

SURGICAL INNOVATION & PATIENT SAFETY

For over a decade, KGOS patients undergoing major surgery have benefited from perioperative care that follows Enhanced Recovery After Surgery (ERAS) protocols. This investment has reduced complications, shortened recovery time and minimized opioids for thousands of women. It has also facilitated the growth of the Surgical Research Program. The diverse research portfolio and a postdoctoral research fellowship are now supported by industry, foundation and NCI grants. The program brings translational research closer to the bedside through a 24/7 biospecimen processing lab embedded within the inpatient unit. It also serves as an incubator for electronic medical record-based data-streaming solutions, as well as novel patient education and engagement tools. In tandem, KGOS is pioneering and studying novel surgical approaches to minimize the toll cancer takes on patients' lives and aspirations. Among these, uterine transposition surgery — a fertility-preserving procedure for patients undergoing pelvic radiation — offers new possibilities in reproductive oncology.

CANCER SURVIVORSHIP PROGRAMS

At KGOS, cancer care extends beyond treatment. The Susan L. Burgert Gynecologic Cancer Survivorship Program provides comprehensive, multidisciplinary support focused on physical recovery, emotional well-being, long-term side effect management and survivorship planning. By striving to balance survival and quality of life, the KGOS survivorship work helps create opportunities for recovery and renewal after cancer. The program also emphasizes community by building networks where patients and caregivers find support, shared experience and practical resources. Through a partnership with Hopkins Community Connection, KGOS launched routine screening for social resource needs in the outpatient setting. This effort, called Resource EQuIP (Equity through Quality Improvement Partnerships) — funded by multiple entities, including philanthropy — has connected hundreds of women and their families to resources for food, housing, transportation, utilities and other essential needs. This resource embodies the heart of KGOS because healing from cancer begins with meeting the needs that extend far beyond medical care.

DIVISION OF

MATERNAL-FETAL MEDICINE



JEANNE S. SHEFFIELD, M.D.

DIRECTOR, DIVISION OF MATERNAL-FETAL MEDICINE



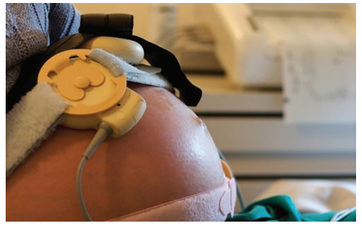
The Division of Maternal-Fetal Medicine (MFM) is committed to providing exceptional health care for pregnant women facing high-risk medical conditions, including obstetric complications and fetal abnormalities. With a rich history dating back nearly 130 years to its founding by J.W. Williams, the division has consistently been at the forefront of clinical and translational research, significantly advancing the field of maternal-fetal medicine.

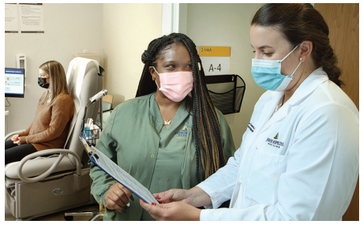
Comprising more than 20 board-certified maternal-fetal medicine subspecialists, including experts in genetics, addiction medicine, mental health, infectious diseases and critical care, the faculty brings a wealth of experience to high-risk obstetrics. These leaders actively contribute to state and national boards and task forces, shaping health policy to improve care standards.

The division's comprehensive approach includes multidisciplinary collaborative clinics that address a range of issues, such as fetal abnormalities, multiple gestations, infectious diseases and women's mood disorders. This integrated care model ensures that each patient receives tailored support from a team of experts, maximizing both maternal and fetal health outcomes. Through innovation and collaboration, the Division of Maternal-Fetal Medicine is dedicated to enhancing the pregnancy journeys of high-risk patients.

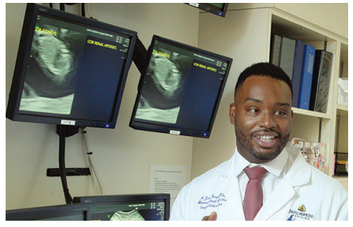
















OB ULTRASOUND & PRENATAL DIAGNOSIS

Advanced imaging and diagnostic services to monitor fetal growth, detect multiples, anomalies, or genetic disorders, and coordinate care with subspecialists before and after delivery.



TRANSPORT SERVICES

Level IV maternal and neonatal transport by ground or air, ensuring safe transfer and immediate access to Johns Hopkins' expert high-risk obstetric and NICU care.



GENETIC COUNSELING & SCREENING

Guidance and testing to identify inherited conditions, assess risks, and support families before and during pregnancy.



HIGH-RISK OBSTETRIC CARE

Specialized care for complex pregnancies, including critical care obstetrics, advanced surgical procedures, cardio-obstetrics, infectious disease management, and perinatal psychiatry.



LABOR & DELIVERY

A state-of-the-art unit with 24/7 obstetric, surgical, and NICU support, designed to manage complications and ensure safe outcomes for mother and baby.

MATERNAL-FETAL MEDICINE
INITIATIVES

CLINICAL INITIATIVES

At the core of Johns Hopkins' leadership in maternal-fetal medicine is its commitment to advancing ultrasound technology and fetal imaging, setting global benchmarks for precision, innovation and accessibility.

The Maternal-Fetal Medicine Fetal Assessment Center offers a comprehensive suite of advanced ultrasound services, including:

- First-trimester nuchal translucency screening for early aneuploidy detection
- Detailed fetal anatomy scans that provide unparalleled structural assessment
- First- and second-trimester fetal echocardiography for high-resolution imaging of congenital heart defects
- Fetal neurosonology, enabling early detection of central nervous system anomalies
- First-trimester preeclampsia screening, enhancing predictive maternal care
- Invasive fetal procedures, including amniocentesis and chorionic villus sampling (CVS)

The ultrasound suite at The Johns Hopkins Hospital, accredited by the American Institute of Ultrasound in Medicine, is one of the most advanced diagnostic imaging centers in the country. Staffed by over 20 highly trained sonographers, the facility is equipped with state-of-the-art imaging technology, supporting seven dedicated ultrasound rooms and multiple satellite offices. In 2024 alone, nearly 20,000 ultrasound exams were performed, reinforcing Johns Hopkins' role as a leader in maternal-fetal diagnostics.

Recognizing the critical importance of accessibility, the division also offers a robust telemedicine consultation service, ensuring that patients across Maryland, Washington, D.C., and Virginia can receive expert ultrasound interpretation and consultation without geographic barriers. Additionally, fetal testing is conducted in several dedicated units, staffed by specialized registered nurses and MFM physicians, providing continuous monitoring and personalized care for high-risk pregnancies.

COMPREHENSIVE MATERNAL-FETAL CARE AND TRANSPORT SERVICES

As one of only two Level IV maternity hospitals in Maryland, The Johns Hopkins Hospital is equipped to handle the most complex maternal and fetal conditions. The active maternal-transport service plays a critical role in regional perinatal care, facilitating the safe transfer of high-risk patients from across Maryland and neighboring states. Over the past five years, the hospital has successfully received nearly 1,500 direct labor and delivery transports, ensuring that the sickest mothers and most vulnerable fetuses receive the highest level of care.

In the past five years, the hospital has received almost 1,500 direct labor and delivery transports from Maryland and surrounding states.

MFM faculty provide full antepartum care at The Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center, while also supporting obstetric services at Johns Hopkins Howard County Medical Center and Sibley Memorial Hospital. This networked approach ensures that specialized maternal-fetal expertise is available across the region, improving outcomes for both mother and baby.

MATERNAL-FETAL MEDICINE

INITIATIVES

ADVANCED OBSTETRIC SURGERY CENTER

The Johns Hopkins Maternal-Fetal Medicine Advanced Obstetric Surgery Center provides specialized care for patients at risk for complications like placenta accreta spectrum, placenta previa, prior hemorrhage and other complex conditions. Our multidisciplinary team of maternal-fetal medicine specialists, critical care physicians, OB anesthesiologists, transfusion medicine specialists, labor and delivery nurses, MRI specialists and interventional radiologists provides comprehensive and individualized care for patients with complex surgical needs.

EXCELLENCE IN PERINATAL GENETICS AND PRENATAL DIAGNOSIS

The Johns Hopkins Prenatal Diagnosis and Treatment Center is a national leader in genetic counseling and advanced fetal diagnostics. With expertise in high-resolution imaging, fetal therapy and pediatric subspecialty collaboration, the center serves over 1,000 patients annually from around the globe.

A team of American Board of Genetic Counseling-certified counselors works alongside board-certified maternal-fetal medicine specialists, geneticists and experts in fetal therapy, pediatric cardiology, pediatric surgery and pediatric neurology to provide:

- Comprehensive genetic screening and counseling for families at risk of inherited conditions
- Innovative fetal interventions informed by real-time genetic insights
- Multidisciplinary support for complex diagnostic pathways, ensuring families receive the most precise and personalized care available

With the rapid evolution of perinatal genetics, Johns Hopkins continues to set the standard for integrating genetic advancements into clinical practice, reinforcing its leadership in precision medicine and individualized patient care.

INTEGRATED PERINATAL PSYCHIATRY SERVICES

Maternal mental health has become a national crisis affecting a significant percentage of our pregnant and postpartum patients. Our comprehensive integrated perinatal psychiatry service provides care for our patients throughout their pregnancy and up to one year postpartum. Care coordination with psychiatry and psychology specialists at the Johns Hopkins Hospital Women's Reproductive Mental Health Center has led to improved patient access to these services, resulting in improved pregnancy outcomes.

RESEARCH INITIATIVES

The faculty has obtained internal and external funding from multiple venues. Ahizechukwu Eke is a principal investigator on several National Institutes of Health and other federal grants, including an NIH Director's Pioneer Award and a K23 grant from the National Institute of Child Health and Human Development (NICHD). He investigates safety and pharmacometrics of novel antivirals in pregnant women living with HIV. Marika Toscano, M.D., recently received a Women's Reproductive Health Research Award for her work in women's mood disorders in pregnancy. Angie Jelin, M.D., is an NICHD K23 awardee who is using whole-genome sequencing to study the role of previously unstudied genetic mutations in fetal anomalies.

CARDIO-OBSTETRICS RESEARCH

Principal Investigator: Jason A. Vaught, M.D.

Cardio-obstetric research in the Division of Maternal-Fetal Medicine seeks to advance the field of gynecology through medical care and innovation. With a focus on the effect of heart conditions on pregnancy and the ways in which pregnancy can put stress on the heart and circulatory system, our goal in this multidisciplinary research is to develop new treatments or preventive therapies for patients and their babies to better manage a heart condition during pregnancy.

MATERNAL-FETAL MEDICINE RESEARCH

Principal Investigator: Ahizechukwu C Eke, M.B.Ch.B., Ph.D., M.P.H.

The Division of Maternal-Fetal Medicine is engaged in clinical, basic bench and epidemiological research. Our strengths lie in the expertise and diverse interests of our faculty, as well as in our collaborations with other disciplines and departments throughout the schools of medicine, public health and engineering, and with other academic centers. Mentorship of outstanding emerging clinician-scientists is a hallmark of this division.

LABOR AND DELIVERY

The labor and delivery team provides high-quality, evidence-based care that helps ensure optimal maternal and neonatal outcomes. Under the leadership of Jason Vaught, a specialist in obstetric critical care, and with direct oversight from maternal-fetal medicine specialists, our program is led by experts in maternal-fetal medicine and obstetric critical care who bring a depth of expertise rarely found in general obstetrics.

This structure enhances our ability to manage both routine and high-risk pregnancies. Our team works in close collaboration with neonatologists, anesthesiologists and other subspecialists, leveraging advanced diagnostic tools such as electronic fetal monitoring and biophysical profiles to ensure early detection and proactive management of complications including preeclampsia, gestational diabetes and fetal growth restrictions.

The seamless integration of our specialties allows for timely, coordinated interventions that improve clinical outcomes while maintaining patient-centered care. Our commitment to collaboration and continuous quality improvement enhances patient safety and reinforces our role as a leader in obstetric excellence.



DIVISION OF

MINIMALLY INVASIVE GYNECOLOGIC SURGERY



KAREN C. WANG, M.D.

DIRECTOR, DIVISION OF MINIMALLY INVASIVE GYNECOLOGIC SURGERY



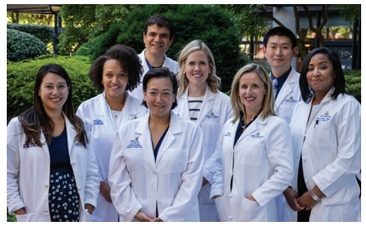
The Division of Minimally Invasive Gynecologic Surgery (MIGS) is committed to providing advanced treatment for complex benign gynecological conditions through the most advanced minimally invasive techniques. These methods offer numerous advantages over traditional open surgeries, including reduced blood loss, lower infection rates, decreased need for hospitalization and expedited recovery. Since its inception within the Johns Hopkins gynecological specialties group in 2016, the division has rapidly evolved. It became an independent division in 2020, and has expanded from three surgeons to five fellowship-trained attendings, two fellows and one certified nurse midwife.

The MIGS team excels at converting traditional open procedures into minimally invasive alternatives, significantly enhancing patient recovery times and outcomes, and prioritizing safety and efficiency. By leveraging the latest technology and techniques, the division is dedicated to advancing the standard of care for women facing benign gynecologic issues. This patient-centered approach ensures that individuals receive optimal treatment while minimizing the physical and emotional effects of surgery.













INITIATIVES

CLINICAL INITIATIVES

By expanding access to minimally invasive options and enhancing patient experiences, the division has consistently improved treatment results for a wide range of benign gynecological conditions. This progress is evidenced not only by increased surgical volumes but also by improved patient satisfaction and safety metrics.

EXPANDED CARE LOCATIONS

The division, initially based solely at The Johns Hopkins Hospital, now serves patients across multiple facilities, including The Johns Hopkins Hospital, the Johns Hopkins Health Care & Surgery Center at Green Spring Station and Johns Hopkins Howard County Medical Center. This expansion has significantly improved access to care, allowing patients to receive treatment closer to their homes and families.

GROWTH IN SURGICAL VOLUME

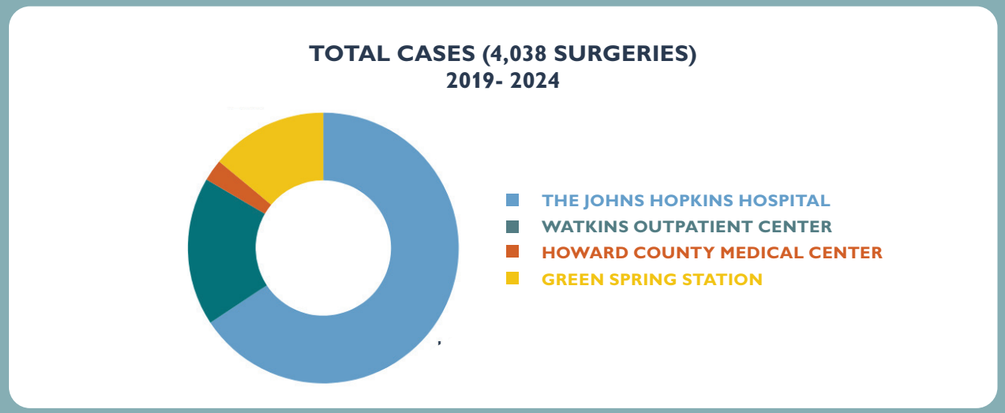
The division's growth—both in clinical capacity and geographic reach—has significantly expanded access to minimally invasive gynecologic surgery (MIGS), with procedure volumes more than doubling from 524 in 2020 to 1,293 in 2025. This expansion has enabled a broader application of laparoscopic and robotic techniques for procedures that were traditionally performed via open surgery, improving recovery times, reducing complications, and enhancing the overall patient experience. For instance, prior to the division's expansion into Johns Hopkins Howard County Medical Center, 94% of myomectomies performed there were via laparotomy, an open abdominal surgery that requires hospitalization and prolonged recovery. Three years later, in 2023, 85% of fibroid-removing surgeries at the medical center were completed laparoscopically or using robotic assistance.

In a five-year review across both campuses (The Johns Hopkins Hospital in Baltimore and Johns Hopkins Howard County Medical Center), 99.2% of hysterectomies and 93.7% of myomectomies were performed with laparoscopic or robotic techniques, compared to national minimally invasive hysterectomy and myomectomy rates of 60% and 50%–53%, respectively.

EDUCATIONAL PROGRAMS

A key focus of the division is education and surgical training of residents, fellows and generalists. Since the inception of our AAGL (American Association of Gynecologic Laparoscopists)-accredited Fellowship in Minimally Invasive Gynecologic Surgery in 2018, we have graduated five fellows and are welcoming our seventh fellow this year. Members have traveled nationally and internationally to educate surgeons all over the world. Additionally, our division hosts foreign physicians for training and is actively involved in the AAGL community, leading workshops, delivering lectures, guiding testing for the Essentials in Minimally Invasive Gynecologic Surgery education and assessment program, developing fellowship curricula, and participating in fellowship boot camps at national meetings. Members of the division also engage with patient advocacy groups to share knowledge on gynecological conditions. Members are recognized nationally and internationally, and have served on both the Fellowship in Minimally Invasive Gynecologic Surgery and AAGL boards.

OUTCOMES



In a five-year review, ***99.2% of hysterectomies*** *and* ***93.7% of myomectomies*** *were performed with laparoscopic or robotic techniques.*

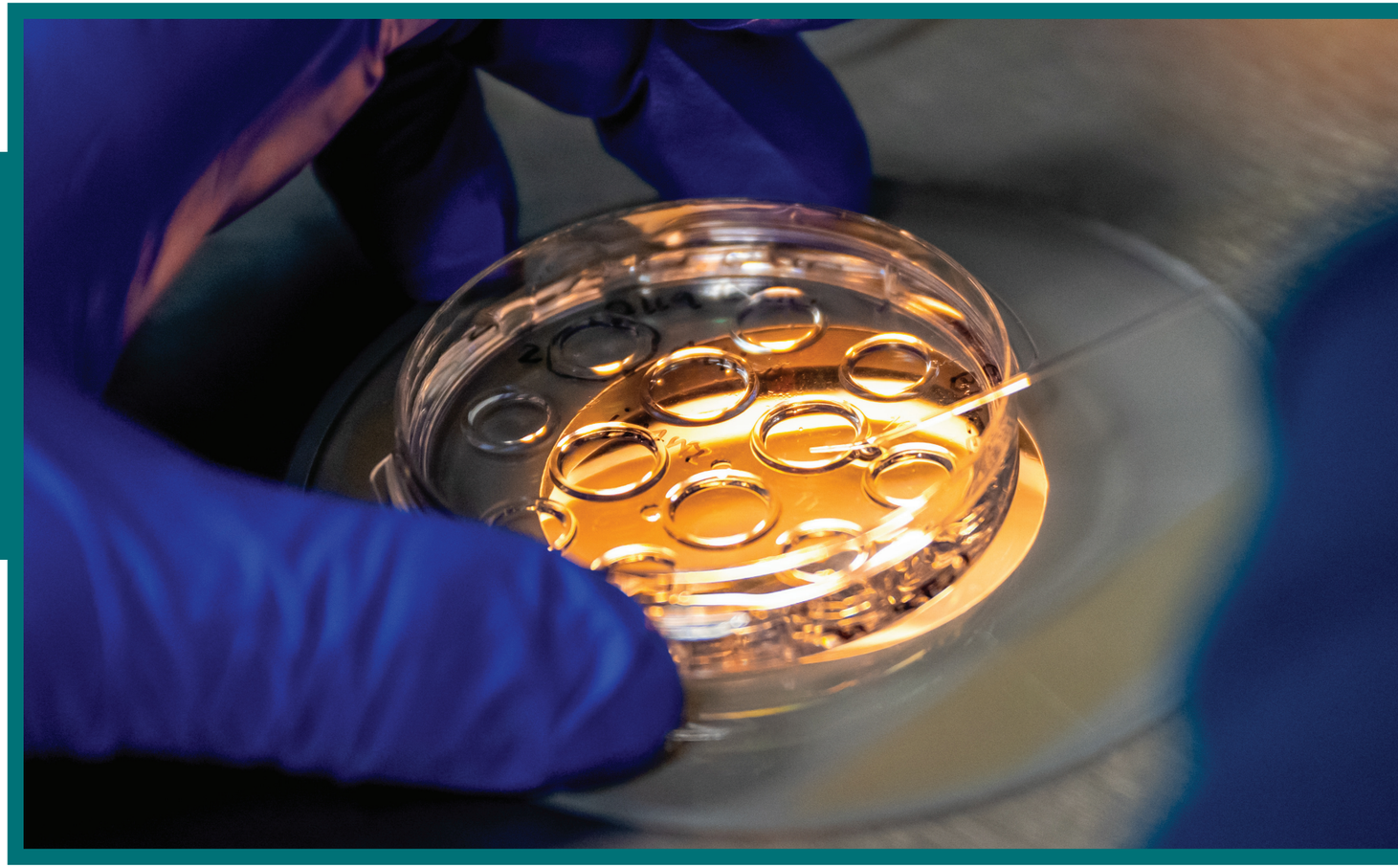
DIVISION OF

REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY



VALERIE LYNN BAKER, M.D.

DIRECTOR, DIVISION OF REPRODUCTIVE ENDOCRINOLOGY AND INFERTILTY



The Johns Hopkins Division of Reproductive Endocrinology and Infertility (REI) is dedicated to providing comprehensive and innovative care for individuals facing infertility. Patients benefit from access to nationally and internationally renowned fertility specialists who employ the latest testing and treatment options. The division also offers fertility preservation services and participation in cutting-edge clinical trials, ensuring that patients receive the most advanced care available.

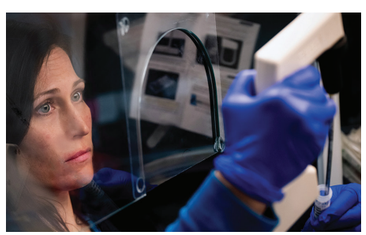
The establishment of the Johns Hopkins Fertility Center represents a pivotal moment in the evolution of reproductive medicine at Johns Hopkins. Seamlessly integrating academic excellence with patient-focused care, the center translates decades of REI research, innovation and clinical expertise into a dedicated space designed to support patients at every stage of their fertility journey — including individuals who have experienced treatment failures at other centers.

In addition to addressing infertility, the REI division provides specialized care for recurrent pregnancy loss and reproductive endocrine disorders, including absent or irregular menses, premature ovarian insufficiency and polycystic ovary syndrome.

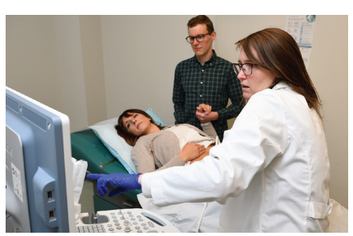














ASSISTED REPRODUCTIVE TECHNOLOGY LAB

The andrology lab and embryology lab are state-of-the-art facilities with 20 years of history performing a wide range of fertility services.

SPECIALITY-TRAINED CARE TEAM

Our specialty-trained team of physicians, embryologists, and nurses collaborates closely with additional specialists in the health system, improving patient outcomes.

DEDICATED SURGERY CENTER

The REI-focused ambulatory surgery center includes one operating room, one procedure room and five prep and recovery bays.

PATIENT-CENTERED CLINIC

Our expanded clinic space allows us to perform ultrasound, blood testing and other fertility-related procedures in one central location.

INITIATIVES

CLINICAL INITIATIVES

NEW GREEN SPRING STATION FACILITY

In 2023, the Johns Hopkins Fertility Center expanded its capabilities with the opening of a state-of-the-art facility at Green Spring Station in Lutherville, Maryland. Designed to enhance patient experience, care coordination and treatment efficiency, the center features:

- 17,000 square feet of clinic space
- In vitro fertilization (IVF) laboratory
- Dedicated surgery center
- Andrology laboratory for sperm testing
- Endocrinology laboratory for hormone analysis

In a single location, patients can access consultations, saline infusion sonograms, blood hormone level tests, hysteroscopies, intrauterine inseminations and IVF procedures.

SPECIALIZED PATIENT CARE

For patients with complex health issues who cannot have oocyte retrieval in an outpatient setting, the team can perform egg retrievals at The Johns Hopkins Hospital with safe transport of eggs to the IVF laboratory. Telemedicine consultations are available to better serve people without requiring travel to Lutherville.

"By bringing advanced fertility treatments and research-driven practices into a community setting, we're able to improve outcomes—particularly for patients with the most complex fertility challenges—and support every individual's unique path to parenthood.."

~Valerie Baker, M.D.
Director, Johns Hopkins Fertility Center

SERVICES OFFERED

The division provides a wide range of services, including:

- Ovulation induction
- Intrauterine insemination (IUI)
- IVF and preimplantation genetic testing
- Oocyte and sperm donation
- Gestational carrier services
- Fertility preservation (cryopreservation of oocytes, embryos and ovarian tissue)

Our specialists work with experts in related conditions, such as fibroids, endometriosis, high-risk pregnancies, cancer and sickle cell disease, to ensure that patients receive multidisciplinary care tailored to their needs.

RESEARCH INITIATIVES

JOHNS HOPKINS FERTILITY CENTER RESEARCH

Research in the Johns Hopkins REI division has focused on perimenopause and menopause and risks for hot flashes, fertility preservation and assisted reproductive technologies. Additional research focused on hormonal contraception, prolactin disorders and polycystic ovarian syndrome.

Several REI faculty members are leading National Institutes of Health (NIH)-funded clinical trials to improve the success and safety of IVF and to investigate novel treatments to improve the fertility of individuals with conditions such as uterine fibroids or endometriosis. Funding from the Jones Foundation is supporting national studies led by REI faculty examining the health of children conceived following specific techniques used during IVF to optimize safety. Other NIH-funded studies led by REI faculty members are examining the effect of uterine fibroids on long-term cardiovascular health.

DIVISION OF

UROGYNECOLOGY & RECONSTRUCTIVE SURGERY



VICTORIA L. HANDA, M.D., M.H.S.

DIRECTOR, DIVISION OF UROGYNECOLOGY AND RECONSTRUCTIVE SURGERY



The experts at the Johns Hopkins Division of Urogynecology and Reconstructive Surgery specialize in advanced surgical care. Using the latest techniques in minimally invasive and reconstructive surgery, they provide specialized treatment for pelvic organ prolapse, stress and urge incontinence, and vaginal fistulas related to childbirth, while optimizing patient outcomes and minimizing recovery time.

Through close collaboration with Johns Hopkins colorectal surgeons, urologists and gynecologic oncologists, the team addresses complex cases, including pelvic organ prolapse with bowel dysfunction and early-stage malignancies of the uterus, cervix or ovaries. This multidisciplinary approach streamlines care, reducing the need for multiple procedures. By shortening recovery times, lowering complication risks and preserving pelvic function, this strategy enhances long-term outcomes and improves overall patient well-being.

As leaders in the field, the division's experts are pioneering surgical techniques that improve patient safety and the long-term success of treatments — reducing the need for repeat procedures, preserving pelvic function and providing lasting relief for conditions such as pelvic organ prolapse and bladder dysfunction. Through innovative approaches, including advanced neuromodulation for refractory bladder dysfunction and optimized prolapse repairs, the team continues to raise the standard of care.

With a commitment to surgical excellence, innovation and patient-centered care, the division's specialists are trusted partners for referring physicians seeking comprehensive management of complex urogynecologic conditions.













INITIATIVES

CLINICAL INITIATIVES

EXPANDED EXPERTISE IN THE NATIONAL CAPITAL REGION

To better serve referring physicians and their patients in the Greater Washington, D.C., area, the division has added urogynecologists Shannon VanderPas Lamb and Daniel David Gruber to its team. Practicing in Arlington, Virginia, and Bethesda, Maryland, they specialize in treating pelvic floor disorders, including urinary incontinence, pelvic organ prolapse and complex gynecologic conditions. With decades of combined experience, they offer advanced surgical and nonsurgical treatments, including minimally invasive procedures and pelvic floor rehabilitation.

LEADING IN MINIMALLY INVASIVE AND ROBOTIC SURGERY

The division is at the forefront of surgical innovation, offering laparoscopic, robotic-assisted, and vaginal approaches to optimize patient outcomes while minimizing recovery time. Complex reconstructions, including mesh-based and native tissue repairs, are tailored to each patient's anatomy and functional needs. Advanced incontinence procedures, such as midurethral slings and neuromodulation, ensure durable results with minimal risk of complications.

PIONEERING INNOVATIONS IN BLADDER DYSFUNCTION TREATMENT

The division is a leader in the use of neuromodulation to treat refractory bladder dysfunction. Novel, patient-friendly neuromodulation devices — including an implanted ankle-based system — expands treatment options for people with overactive bladders and urinary retention issues.

RESEARCH INITIATIVES

CENTER FOR UROGYNECOLOGY AND RECONSTRUCTIVE PELVIC SURGERY RESEARCH

Principal Investigator: Victoria L. Handa, M.D., M.H.S.

The division's research focuses on advancing surgical outcomes, understanding predictors of complications, and improving quality of life for individuals undergoing pelvic floor and benign gynecologic procedures. Investigators are exploring innovative treatments and care barriers related to urinary incontinence and overactive bladder, as well as surgical strategies for pelvic organ prolapse, including revision approaches. Additional studies examine the long-term impact of obstetric trauma and levator ani injury on pelvic floor health. A strong emphasis is also placed on addressing health disparities and the influence of social determinants of health in urogynecologic care..

DIVISION OF

COMPLEX FAMILY PLANNING



ANNE BURKE, M.D.

DIRECTOR, DIVISION OF COMPLEX FAMILY PLANNING



The Division of Complex Family Planning provides expert, comprehensive care for individuals with complex reproductive health needs. Our board-certified obstetrician-gynecologists have advanced training in complex family planning, allowing them to offer specialized care in modern contraception and abortion procedures. With a commitment to high-quality, patient-centered care, our team provides compassionate counseling to help individuals and their providers navigate contraceptive options, considering both medical conditions and personal preferences.

The division plays a pivotal role in shaping the future of reproductive health through groundbreaking research and active community engagement. By integrating innovative research into clinical practice, we continuously improve patient outcomes and expand the scope of knowledge in reproductive medicine. Our outreach and advocacy ensure that reproductive health services are accessible to diverse and underserved populations.

RESEARCH INITIATIVES

RESEARCH ON REPRODUCTIVE HEALTH CARE FOR INCARCERATED PEOPLE

Principal Investigator: Carolyn Beth Sufrin, M.D., Ph.D.,

The Advocacy and Research on Reproductive Wellness of Incarcerated People group investigates the reproductive health needs and care experiences of individuals affected by the criminal legal system. The research examines systemic barriers to reproductive health care within jails and prisons, the impact of incarceration on pregnancy outcomes and policies that shape reproductive autonomy for incarcerated individuals.

Through qualitative and quantitative methods, the team works to document gaps in care, inform policy changes and advocate for improved access to contraception, abortion services and perinatal care in correctional settings. By collaborating with health care providers, policymakers and advocacy groups, this research aims to promote reproductive justice and ensure equitable health care for this marginalized population.













GENERAL GYNECOLOGY AND OBSTETRICS



MOSTAFA BORAHAY, M.D., M.B.A., Ph.D.

DIRECTOR, DIVISION OF ACADEMIC SPECIALISTS AT JOHNS HOPKINS BAYVIEW MEDICAL CENTER



BETTY CHOU, M.D.

DIRECTOR, DIVISION OF GENERAL GYNECOLOGY AND OBSTETRICS AT THE JOHNS HOPKINS HOSPITAL



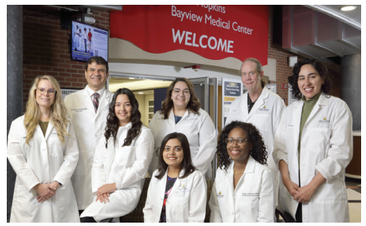
The Division of General Obstetrics and Gynecology is dedicated to providing a comprehensive, evidence-based continuum of care for women across all stages of life. Our robust team of physicians and advanced practitioners provides a wide range of services, from preventive well-woman care to high-risk obstetric management, ensuring that all patients receive individualized attention tailored to their specific needs.

ACADEMIC SPECIALISTS AT JOHNS HOPKINS BAYVIEW MEDICAL CENTER

Led by Dr. Mostafa Borahay, the division provides comprehensive obstetric and gynecologic care in a hospital-based academic setting. Eight faculty members manage a broad range of clinical services while also contributing substantially to the department's academic mission. The group maintains a strong research orientation, with faculty engaged in collaborative clinical studies and translational efforts, complementing the separate laboratory work already highlighted. Educationally, the team plays a central role in residency and medical student training, offering hands-on teaching and individualized mentorship across inpatient and outpatient settings.

GENERAL GYNECOLOGY AND OBSTETRICS AT THE JOHNS HOPKINS HOSPITAL

Led by Dr. Betty Chou, the division provides care across the full continuum of women's health, from preventive well-woman visits and routine obstetrics to high-risk pregnancy management and gynecologic surgery. Faculty and advanced practitioners bring expertise in areas such as adolescent contraception, menopausal health, cervical dysplasia, and perinatal mental health, ensuring continuity of care across inpatient, outpatient, and surgical settings. The team also advances patient safety and quality through institutional initiatives and research in areas such as postpartum care and HPV prevention. In education, faculty play central roles in residency and medical student training, earning national recognition for teaching excellence and preparing future leaders in women's health.







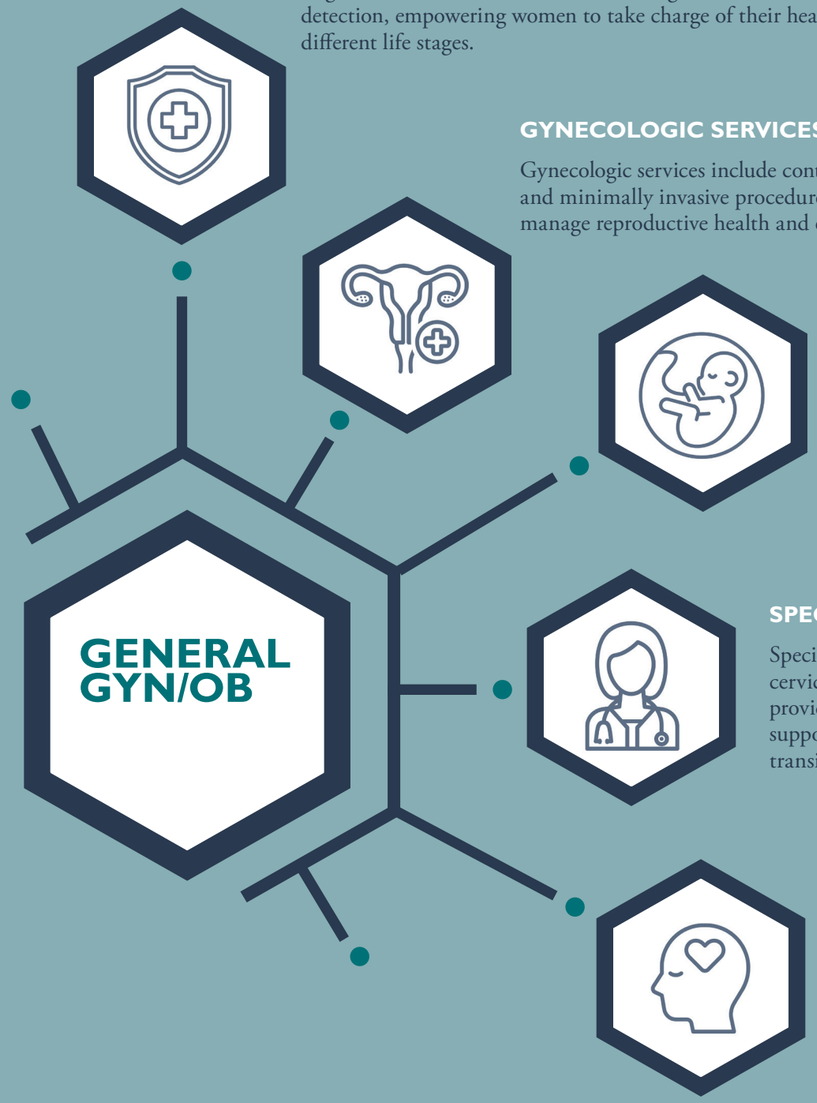






PREVENTIVE CARE

Regular well-woman exams and screenings are essential for early detection, empowering women to take charge of their health throughout different life stages.



GYNECOLOGIC SERVICES

Gynecologic services include contraceptive counseling, surgeries, and minimally invasive procedures, offering women options to manage reproductive health and enhance their quality of life.

OBSTETRIC CARE

Management of routine and high-risk pregnancies in outpatient and inpatient settings ensures care prioritizing a healthy and safe pregnancy.

SPECIALTY PRACTICES

Specialty care addresses conditions like cervical dysplasia and menopausal symptoms, providing tailored treatment options that support women's health during pivotal life transitions.

MENTAL HEALTH SUPPORT

Support for perinatal issues and post-cancer recovery is vital, providing counseling and resources that foster emotional resilience and well-being.

CLINICAL INITIATIVES

Our division is dedicated to delivering outstanding care, enhancing medical education, and spearheading innovative research, all while prioritizing patient satisfaction and safety. We provide a comprehensive range of clinical services through a team of physicians and advanced practitioners. Our services include:

- **Preventive Care**: Well-woman exams and routine health screenings.
- **Obstetric Care**: Management of both routine and high-risk pregnancies, available in outpatient and inpatient settings.
- **Gynecologic Services**: Contraceptive counseling, gynecologic surgeries, and minimally invasive procedures.
- **Specialty Practices**: Focused care in areas such as cervical dysplasia, early pregnancy loss, adolescent contraception, menopausal care, post-gynecologic cancer recovery, and perinatal mental health.

CLINICAL OUTCOMES

Our integrated approach allows us to provide seamless care from the clinic to the operating room and delivery room. This continuity enhances patient-physician relationships and promotes adherence to evidence-based treatment plans, leading to:

- **Improved Patient Satisfaction**: Stronger relationships and better communication result in higher patient satisfaction scores.
- **Better Clinical Outcomes**: Active participation in the Ambulatory Practice Council, Clinical Efficiency Committee, and Quality Improvement Committee helps identify best practices, prioritize high-value care, and enhance patient safety.
- **Well-Being Initiatives**: Involvement in the Johns Hopkins Hospital Well-Being Advisory Committee focuses on improving physical and mental health in the workplace.

DISCOVERY AND INNOVATION

Our faculty are nationally recognized leaders in various fields, driving research and innovation in:

- **Postpartum Care**: Enhancing care and resources for new mothers.
- **Cervical Dysplasia & HPV Prevention**: Developing strategies for early detection and intervention.
- **Peripartum Mental Health**: Emotional well-being during pregnancy and after birth.
- **Medical Education**: Innovating training programs and curricula.

Our commitment to patient safety is evident through the development of advanced simulation models for procedures such as laparoscopy, hysterectomy, and cesarean sections.

EDUCATION

Our division is deeply involved in educating the next generation of medical professionals:

- **Curriculum Development**: Creating assessment tools and teaching resources for medical students and residents.
- **Hands-On Training**: Instruction across various clinical settings, including ambulatory clinics, labor and delivery units, and operating rooms.
- **Leadership Roles**: Faculty serve in key positions such as program director and associate program director for the Gyn/Ob residency program, and lead educational initiatives in the undergraduate medical curriculum.

Our faculty have received numerous accolades for teaching excellence, including the CREOG National Faculty Award and the APGO Excellence in Teaching Award. Many faculty members are recognized leaders in medical education, shaping future practitioners through their roles as residency program directors and in curriculum development.

DIVISION OF GYNECOLOGIC SPECIALTIES



JENNELL S. COLEMAN, M.D., M.P.H.
DIRECTOR, DIVISION OF GYNECOLOGIC SPECIALTIES



BETTY CHOU, M.D.
DIRECTOR, DIVISION OF GENERAL GYNECOLOGY AND OBSTETRICS AT THE JOHNS HOPKINS HOSPITAL



For more than a decade, the Division of Gynecologic Specialties has advanced women's health through four pioneering programs: the Violet Project, the HIV Women's Health Program, the Reproductive Infectious Diseases Program, and the Women's Wellness and Healthy Aging Program. Each was designed to deliver specialized expertise for patients with unique and complex needs.

These programs have strengthened Johns Hopkins' leadership in gynecology, improving outcomes for adolescents, people living with HIV, individuals managing reproductive infectious diseases, and patients navigating menopause. Their contributions have been recognized nationally and internationally for shaping standards in care and research.

In 2025, this legacy will continue as the programs join the General Gynecology and Obstetrics Division under the leadership of Betty Chou, M.D. This transition ensures that the pioneering spirit and specialized focus will continue to thrive—woven into the larger framework of comprehensive gynecologic and obstetric care at Johns Hopkins.

REPRODUCTIVE INFECTIOUS DISEASES PROGRAM

The reproductive infectious diseases team focuses on infection prevention, adolescent health and access to essential care for vulnerable populations. The team's physician-investigators explore the complex interplay between the vaginal microbiome, immune response and the roles of drugs and hormones in STI acquisition and pregnancy outcomes. For women living with HIV, the team has led discussions on breastfeeding support and developed evidence-based care protocols. Its NIH-supported research tests implementation strategies for pre-exposure prophylaxis (PrEP) in Gyn/Ob clinical settings, building on the creation of educational resources for patients and providers and contributing to national guidelines to improve HIV prevention. Additionally, team members are committed to reducing cervical cancer rates by promoting HPV vaccination, advancing screening methods and advocating for self-testing to improve access for under-screened populations.













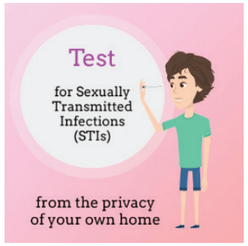
VIOLET PROJECT

Founded in 2021, the Violet Project improves access to sexual and reproductive health services for adolescents and young adults in Baltimore. Housed within the Johns Hopkins Department of Gynecology and Obstetrics, the project developed a youth-focused website (violetproject.org) that provides educational resources, an anonymous Q&A blog, and an online portal for free menstrual and safer sex products. The Violet Project also provides free testing for sexually transmitted infections (STI), and medical consultations if the results are positive.

With support and guidance from a Youth Community Advisory Board and a network of trained peer educators, the project has successfully reached low-income and minority youth, creating a safe space for learning and support. Key achievements include:

- **TRAINING 200 VOLUNTEER PEER EDUCATORS,** who provide valuable outreach and support.
- **DISTRIBUTING 500 STI TESTS**, with appropriate follow-up and treatment for people who are STI-positive.
- **DISTRIBUTING $250K OF FEMININE HYGIENE PRODUCTS**, addressing essential health needs within the community.

violet
violetproject.org







HIV WOMEN'S HEALTH PROGRAM

The Johns Hopkins HIV Women's Health Program provides comprehensive reproductive health services for women living with HIV/AIDS, fostering a patient-centered environment that emphasizes community engagement and empowerment. This approach improves health outcomes and reflects a dedication to equity in care, ensuring all receive the resources and support they need to thrive.



Established in 1988, the program, initially funded by the Maryland Department of Health and supported by the Ryan White HIV/AIDS Program, focuses on community-based, culturally sensitive care, including.

ANNUAL EXAMS AND GYNECOLOGIC CARE

Annual exams, including screenings for cervical cancer and STIs, are essential for women living with HIV, ensuring early detection of potential concerns. The Bartlett Clinic provides gynecologic, obstetric and preventive care tailored to the needs of women who are HIV-positive. These exams foster physical health and offer emotional support and reassurance to patients navigating their health journeys.

MAI-SOAR PROGRAM

The MAI-SOAR program is dedicated to enhancing the health and well-being of women with HIV by connecting participants to a network of resources, including mental health and educational services. By fostering a supportive environment, MAI-SOAR empowers women to thrive while managing their health and personal challengess.

RESEARCH

Our physician-investigators are researching many aspects of HIV obstetrics, including infant feeding choices and the impact of the vaginal microbiome on preterm birth. Recent findings have been presented at national conferences, emphasizing the program's commitment to advancing care for women with HIV.

WOMEN'S WELLNESS AND HEALTHY AGING PROGRAM

With an estimated 1.1 billion women projected to be postmenopausal by 2025, effective menopause management is increasingly critical. Women now experience about one-third of their lives after menopause, facing age-related diseases due to declining estrogen levels. This is particularly relevant for breast and gynecologic cancer survivors.



The Women's Wellness and Healthy Aging Program, led by Wen Shen, was established to address a lack of education about menopause among doctors. It offers comprehensive management of menopausal symptoms through collaboration among specialists in cardiology, geriatrics, gynecology, oncology, primary care and psychiatry.

Key initiatives include:

CONTINUING MEDICAL EDUCATION THROUGH THE EMPOWERED TRANSITIONS PROGRAM,

which enhances providers' knowledge of menopause management.

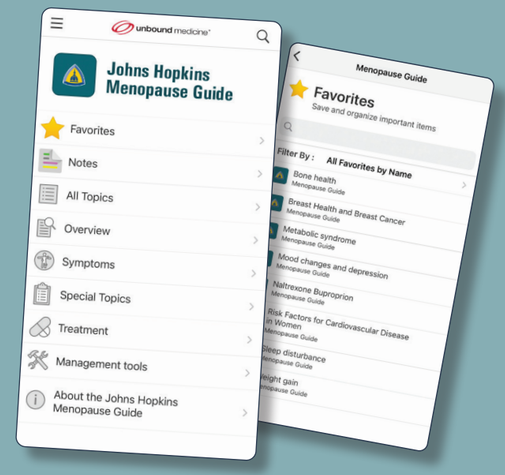
MINI GRAND ROUNDS, monthly meetings that educate health care providers on best practices.

BEHAVIORAL WELLNESS PILOT PROGRAM, which helps patients access cognitive behavioral therapy resources to manage menopause symptoms.

CARDIOMETABOLIC STUDY, which seeks to identify breast cancer survivors at higher risk for diabetes and heart disease, directing them to appropriate management.

CARE NAVIGATION, which coordinates and streamlines care across departments to enhance patient satisfaction.

THE JOHNS HOPKINS MENOPAUSE GUIDE, a comprehensive free resource for providers, accessed by more than 2,300 professionals globally. For each symptom — including hot flashes, sleep disturbance and weight gain — the guide lists definitions, differential diagnoses, treatment options, when to refer to a specialist, expert comments and references.





ADVANCEMENTS IN RESEARCH

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RESEARCH OVERVIEW

In the Johns Hopkins Department of Gynecology and Obstetrics, research is not an isolated pursuit—it is a driving force that shapes clinical care, informs education and saves lives. Our investigators are leading efforts to advance reproductive science across a wide spectrum, from cancer prevention and fertility preservation to fetal therapy and reproductive justice. This work is powered by strong interdisciplinary collaborations, an institutional culture of inquiry, and robust support from both philanthropic partners and major federal agencies.

The scale and ambition of our research enterprise reflect the complexity and urgency of the questions we're asking. Reproductive health remains deeply underfunded and often underserved, yet the conditions we study—such as ovarian cancer, fibroids, polycystic ovary syndrome, endometriosis, and pregnancy-related complications—affect millions of lives across every demographic. Our faculty are not only generating knowledge, but accelerating its translation into clinical practice, policy, and prevention strategies that reach far beyond the traditional boundaries of academic medicine.

A hallmark of our research is its multidisciplinary approach. Our teams span gynecologic oncology, maternal-fetal medicine, fetal therapy, reproductive endocrinology, minimally invasive surgery, epidemiology, and more—bringing together diverse expertise to tackle some of the most complex challenges in reproductive health. We are leveraging state-of-the-art tools such as the Precision Medicine Analytics Platform to generate high-resolution datasets that offer unprecedented insights into disease mechanisms, patient outcomes, and patterns of health disparity.

What sets our department apart is not just the volume or breadth of our research—it is the impact. Our investigators are leading national efforts to prevent ovarian cancer, improving reproductive outcomes for people facing infertility, advancing prenatal surgery for life-threatening fetal conditions, and uncovering systemic barriers to care in marginalized populations, including incarcerated women. Each discovery fuels our mission, strengthening our ability to deliver care that is not only evidence-based but also equitable, inclusive, and responsive to the real-world needs of patients.

We are proud that this work continues to attract competitive grants and recognition from organizations such as the National Cancer Institute, the National Institutes of Health, and Break Through Cancer, among others. These investments validate the importance of what we do—and enable us to continue pushing the boundaries of what's possible in women's and reproductive health.

At its core, our research enterprise is a reflection of our belief that science should serve. It should inform, improve, and inspire. And in this department, it does—every single day.

PUBLISHED RESEARCH
BY DIVISION (2019–2025)



FETAL THERAPY (128)

- Research priorities for the future health of multiples
- Prenatal diagnosis of Desbuquois dysplasia Type 1
- Prenatal management of myelomeningocele
- Maternal betamethasone and vascular resistance
- Right atrial aneurysm and aortic coarctation

GYNECOLOGIC ONCOLOGY (189)

- Osteosarcoma of the uterine corpus
- Gynecologic cancer in HIV-positive women
- CT staging of adnexal mass
- Sentinel lymph node mapping in endometrial cancer

GENERAL GYN/OB (51)

- Two-dose HPV vaccine in postpartum women
- Postpartum tubal ligation in underserved populations
- Obstetric counseling on fetal malpresentation
- Depression and prenatal care utilization
- Caregiver formation for children of incarcerated mothers

GYNECOLOGIC SPECIALTIES (106)

- Mental health syndemics and perinatal outcomes
- Rural delivery in women with HIV
- Persistent Trichomonas vaginalis infections
- Estrogen and tumor markers in lung cancer
- Labyrinths in pediatric palliative care

FAMILY PLANNING (139)

- Reproductive health for incarcerated individuals
- Reproductive justice and impact in mass incarceration
- Contraceptive access, preferences and continuation rates
- Abortion care: policies, access and impact of legal restrictions
- COVID-19 influence on reproductive health care

MATERNAL-FETAL MEDICINE (208)

- Intrauterine cleaning at cesarean section
- Ultrasound prediction for twin-twin transfusion syndrome
- 17-hydroxyprogesterone caproate and cerclage
- Nelfinavir pharmacokinetics in pregnancy
- Single vs. double-balloon catheter for labor induction

MINIMALLY INVASIVE GYN SURGERY (89)

- Transabdominal cerclage via laparoscopy
- Hysterectomy and symptom persistence in adenomyosis
- Ureteral injury litigation in MIGS
- Apical prolapse surgery outcomes

REI / INFERTILITY (110)

- Conception method and maternal serum biomarkers
- Lifelong reproductive care in cancer patients
- Severe maternal morbidity and fertility status
- Hormonal variability and hot flashes
- Luteal-phase progesterone supplementation practices

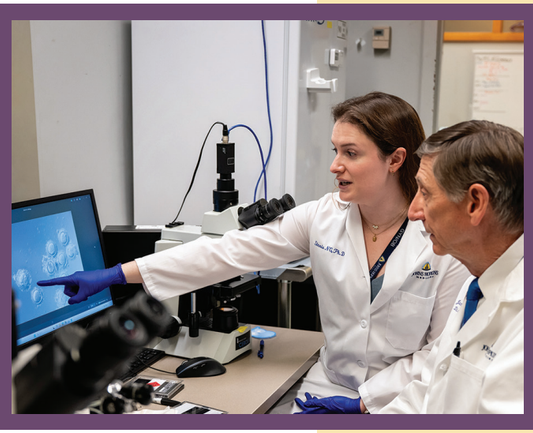
REPRODUCTIVE SCIENCES (83)

- Uterine fibroid treatments and signaling pathways
- Fertility treatments in fibroids and PCOS
- Molecular mechanisms in gynecological disorders
- Psychosocial impact of fibroids and endometriosis
- Health disparities in fibroid incidence and treatment
- Opioid therapy weaning

UROGYNECOLOGY (100)

- Surgical outcomes in pelvic floor and benign gyn surgeries
- Urinary incontinence and overactive bladder
- Pelvic organ prolapse
- Obstetric trauma and long-term pelvic health
- Health/social disparities in urogynecology

DIVISION OF REPRODUCTIVE SCIENCES AND WOMEN'S HEALTH









JAMES SEGARS, M.D.

DIRECTOR, DIVISION OF REPRODUCTIVE SCIENCES AND WOMEN'S HEALTH RESEARCH

BORAHAY LAB: GYNECOLOGIC AND FIBROIDS RESEARCH

Principal Investigator: Mostafa Borahay, M.B.B.Ch., M.D., Ph.D., M.B.A., M.Sc.

Mostafa Borahay's lab focuses on understanding pathobiology, developing novel treatments and carrying out high-quality clinical trials for common gynecologic problems, with a special focus on uterine fibroids. The lab also investigates causes and novel treatments for menstrual disorders such as heavy and irregular periods. In addition, Borahay's team explores innovative approaches to minimally invasive gynecologic surgery, focusing on outpatient procedures with less pain and faster recovery times.

THE HOWARD AND GEORGEANNA SEEGAR JONES REPRODUCTIVE ENDOCRINOLOGY LABORATORY

Principal Investigator: James Hugh Segars Jr., M.D.
New Co-Investigators: Kamaria Cayton Vaught, M.D. (RSDP Scholar); Md Soriful Islam

Translational and clinical studies in the Howard and Georgeanna Seegar Jones Reproductive Endocrinology Laboratory focus on reproductive conditions including endometriosis, uterine fibroids, polycystic ovary syndrome (PCOS) and genetic causes of infertility. PCOS and uterine fibroids are among the most prevalent conditions leading to infertility and disease in women, but both remain poorly understood. NIH-funded research in the division seeks to improve and develop treatments or preventive therapies for these conditions. In addition, the division trains students and young investigators pursuing careers in women's health research.

RICHARD W. TELINDE ENDOWED GYNECOLOGIC PATHOLOGY LABORATORY

Principal Investigator: Ie-Ming Shih, M.D., Ph.D.

Scientists in this lab pursue out-of-the-box approaches at the very edge of knowledge to:

- Elucidate the molecular/cellular/physiological landscapes of ovarian and uterine cancers.
- Understand the earliest events in their development and mechanisms of tumor evolution/dormancy and drug resistance.
- Deliver promises for better prevention, detection and treatment to women who have diseases or are at increased risk for these cancers.

PRECISION MEDICINE ANALYTICS PLATFORM



The Precision Medicine Analytics Platform (PMAP) is a centralized data repository that integrates electronic medical records with multiple additional data sources to create comprehensive clinical datasets. This powerful tool enables clinicians and researchers to apply sophisticated data analytics, biostatistical methods, and machine learning to advance discovery and improve patient care.

Current departmental studies are using PMAP to investigate hypertensive disorders of pregnancy, bacterial species contributing to recurrent urinary tract infections, and machine learning applications for maternal and fetal heart rate tracings. Soon, investigators will also have access to fetal ultrasound data linked to medical records, opening new opportunities for groundbreaking research.

This research-driven approach not only helps identify optimal treatment regimens but also supports the development of predictive models for patient outcomes, reducing trial-and-error in care. By analyzing vast, integrated datasets, researchers can identify biomarkers that predict treatment response and accelerate the discovery of new therapeutic targets—advancing precision-based drugs and interventions.

With PMAP, Johns Hopkins Gynecology and Obstetrics is not only generating new knowledge—it is shaping the future of women's health through precision medicine.

RESEARCH STUDIES SUPPORTED
BY DIVISION (2019–2025)



FETAL THERAPY (2)
GYNECOLOGIC ONCOLOGY (38)
GENERAL GYN/OB (13)
GYNECOLOGIC SPECIALTIES (49)
FAMILY PLANNING (7)
MATERNAL-FETAL MEDICINE (61)
MINIMALLY INVASIVE GYN SURGERY (5)
REI / INFERTILITY (8)
REPRODUCTIVE SCIENCES (9)
UROGYNECOLOGY (9)
OTHER (5)



RESEARCH SCHOLAR AWARDS

Empowering the next generation of women's health leaders through innovative research training and mentorship.

The careers of many junior faculty members in the Johns Hopkins Department of Gynecology and Obstetrics have been bolstered by three NIH-funded K12 grant scholar programs: Building Interdisciplinary Research Careers in Women's Health (BIRCWH), Women's Reproductive Health Research (WRHR) and the Reproductive Scientist Development Program (RSDP). The department is among only a few in the country to have scholars supported by all three.

Andrew Satin, director of the department, leads the programs with James Segars, director of the Division of Reproductive Science and Women's Health Research, and Victoria Handa, director of the Department of Gynecology and Obstetrics at Johns Hopkins Bayview Medical Center. Segars was an RSDP scholar about 30 years ago.

Scholars are supported monetarily and with mentorship from senior faculty. Additionally, the department offers a grant-writing course that helps young faculty members procure funding. Every scholar who has gone through the BIRCWH and WRHR programs has achieved independent funding and continued in academic medicine after completing the programs.

"These programs are essential tools for developing academic faculty who conduct innovative research and discovery," Satin says. "The researchers who have gone through these programs are going to be the foundational faculty members of the future."

"Thanks to the RSDP grant and my mentors, I have a solid understanding of the science of immunology, molecular targeted therapies and related areas."

~Tiffany Jones, M.D.

RESEARCH SCIENTIST DEVELOPMENT PROGRAM



RSDP is a multidisciplinary, multi-institutional research career development program for Gyn/Ob physicians who are studying cell and molecular biology and related fundamental sciences.

Under RSDP, physician-scientist Tiffany Jones studied the tumor microenvironment of endometrial cancers, the interplay between cancer cells and the immune system, and how external factors such as chronic stress and social determinants of health shift tumors from indolent to more aggressive and ultimately affect prognosis, overall survival and other factors.

Thanks to the RSDP grant and her mentors, "I have a solid understanding of the science of immunotherapy, molecular targeted therapy and related areas," Jones says. "I also know my mission and vision for myself in contributing to the field: harnessing the power of clinical and translation science and cutting-edge technology to empower, treat and cure those who suffer from gynecologic cancers.""

WOMEN'S REPRODUCTIVE HEALTH RESEARCH



The WRHR program, for which Satin is the principal investigator, supports women's health research by physician-scientists who are graduates of a Gyn/Ob residency.

Katie Cameron, a reproductive endocrinology and infertility specialist, studies the effects of infertility and infertility treatments on long-term health. Her current focus is on uterine fibroids and how they affect the in-utero environment and fetal health, as well as cardiovascular implications for the mother.

"For so long, we have been focused on infertility as something that only causes a problem when an individual is trying to start a family," Cameron says. "But many of these conditions are systemic processes that may also have long-term health effects."

Through the program, she has worked with collaborators throughout Johns Hopkins, including in the Johns Hopkins Bloomberg School of Public Health and Whiting School of Engineering, as well as at institutions all over the world.

BUILDING INTERDISCIPLINARY RESEARCH CAREERS IN WOMEN'S HEALTH



A collaboration among the Johns Hopkins University schools of medicine, nursing and public health, the BIRCWH program supports investigators researching women's health and sex and gender differences.

As a BIRCWH scholar from 2016 to 2018, obstetrician-gynecologist Carolyn Sufrin conducted pioneering research on pregnant people in prison. Known as the PIPS study (Pregnancy in Prison Statistics), it collected data on the number of pregnant women in state and federal prisons and in six jails, and on the outcomes of those pregnancies — statistics that federal agencies and state prison systems historically have not tracked.

"The grant gave me the protected time to conduct meaningful research that, hopefully, has an impact on improving outcomes and care for an overlooked group of pregnant individuals."

~Carolyn Sufrin, M.D.

After her time as a BIRCWH scholar, Sufrin authored or co-authored 11 publications related to that research, covering such topics as how many pregnant individuals are behind bars; how many give birth or have abortions or miscarriages; shackling and pregnancy care policies; contraception policy; abortion access; breastfeeding; and opioid use disorder.

The PIPS study also informed legislation that prompted the U.S. Bureau of Justice Statistics to collect pregnancy outcome data for federal prisons, and Sufrin helped the bureau start collecting similar data for state prisons and county jails. Subsequent NIH grants have allowed her to continue this work.



BUILDING TOMORROW'S LEADERS

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BUILDING TOMORROW'S LEADERS

Cultivating the next generation of women's health leaders through unparalleled training and comprehensive expertise across all specialties of obstetrics and gynecology.

At Johns Hopkins, building tomorrow's leaders in obstetrics and gynecology is not just a mission—it's a movement grounded in excellence, purpose, and a deep commitment to the future of women's health. Our postgraduate training program blends rigorous clinical immersion with focused subspecialty development, preparing physicians to lead with both skill and vision. Residents rotate through a wide range of settings—from high-volume labor and delivery units to complex gynecologic oncology clinics—gaining hands-on experience in every facet of reproductive health. The depth and breadth of this exposure reflect the multifaceted demands of modern medicine and the evolving needs of the communities we serve.

Leadership at Johns Hopkins is not confined to clinical acumen—it is cultivated through mentorship, scholarly inquiry and an environment that encourages questioning the status quo. Our faculty members are more than educators; they are role models guiding the next generation through a rapidly changing health care landscape. Graduates leave our program with the confidence to lead teams, advance health equity, and shape policy, practice, and education in ways that extend far beyond the clinic. This is training with a purpose—empowering physicians not only to deliver outstanding care, but to transform the systems and societies in which that care is delivered.

EDUCATION

RESIDENCY

RESIDENCY

Founded in 1889 by Howard Atwood Kelly — a pioneer in establishing gynecology as a recognized medical specialty — the Department of Gynecology and Obstetrics has a long-standing tradition of training leading clinicians and surgeons. For more than a century, it has maintained a distinguished reputation for its premier residency program, producing exceptional clinicians, researchers, educators and leaders in the field.

This dynamic program offers well-rounded medical and surgical training along with opportunities in leadership, research, quality improvement and patient advocacy. The program, led by top clinicians and researchers, fosters a culture of discovery, encouraging residents to pursue and share knowledge in areas like medical ethics, community outreach, health care policy and global health initiatives.

CAREER PREPARATION

The program prepares residents for successful careers and leadership roles. More than 70% of graduates secure fellowship positions, while others pursue paths in critical care, bioethics, advocacy and service with organizations such as Doctors Without Borders and the Indian Health Service.

TRAINING PROGRAM

Each year, the residency program welcomes interns for four years of comprehensive training in general gynecology and obstetrics, with extensive exposure to subspecialties such as:

- Maternal-fetal medicine
- Gynecologic oncology
- Urogynecology and pelvic reconstructive surgery
- Complex family planning
- Minimally invasive gynecologic surgery
- Reproductive endocrinology and infertility

Residents gain a diverse range of experiences through rotations at three primary hospitals:

- The Johns Hopkins Hospital: A subspecialty-oriented tertiary care center.
- Johns Hopkins Bayview Medical Center
- Greater Baltimore Medical Center

EDUCATION

FELLOWSHIPS

COMPLEX FAMILY PLANNING

The Complex Family Planning Fellowship Program at Johns Hopkins is a comprehensive two-year program aimed at cultivating leaders in clinical care, research and advocacy. This fellowship, accredited by the Accreditation Council for Graduate Medical Education (ACGME), is guided by experienced faculty members who specialize in complex family planning. Fellows receive advanced training in first and second trimester abortion and complex contraception at the Johns Hopkins Center for Family Planning, which serves patients with medically intricate conditions in the Baltimore and Washington, D.C., area. The program fosters skills in advocacy and education, ensuring that fellows are well-prepared to offer a range of family-planning options.

GLOBAL WOMEN'S HEALTH

The Johns Hopkins Global Women's Health Fellowship Program is a two-year program that addresses women's health issues in resource-limited settings. This interdisciplinary fellowship, a collaboration with Jhpiego and the school of nursing, pairs physicians with health care professionals, fostering collaborative learning and research. Fellows gain the skills necessary to implement clinical, educational and research initiatives that affect maternal and child health in underserved communities across Africa, Asia and the Americas. The program expands the network of health care providers who are equipped with global health competencies, promoting sustainable health solutions and improving the well-being of women worldwide.

GYNECOLOGIC ONCOLOGY

The Johns Hopkins F.J. Montz Gynecologic Oncology Fellowship Program is a three-year program with one to two fellowship positions available each year. Its goal is to train excellent abdominal-pelvic surgeons — clinicians who are well-versed in oncology, palliative and oncofertility care. Many graduates become leaders in the field and serve in faculty positions at top U.S. academic centers.

MATERNAL-FETAL MEDICINE

The Maternal-Fetal Medicine Fellowship Training Program is a clinical and research-oriented program that provides advanced training in high-risk obstetrics and prenatal care. Educational objectives align with ACGME and American Board of Obstetrics and Gynecology competencies. Focused on the needs of pregnant patients and their fetuses, the fellowship includes clinical experience with prenatal diagnostics and therapeutic procedures. Fellows benefit from mentorship by experienced faculty, enhancing their clinical and research skills in maternal health.

MINIMALLY INVASIVE GYNECOLOGIC SURGERY

The AAGL-accredited Minimally Invasive Gynecologic Surgery (MIGS) Fellowship Program, established in 2018, is a highly selective two-year program. The program emphasizes rigorous training in advanced surgical approaches for benign gynecologic disorders. Fellows gain extensive experience in operative hysteroscopy, advanced laparoscopy and robotic surgery. Rotating through multiple Johns Hopkins facilities, they handle a range of complex cases. The fellowship aims to produce exceptional MIGS surgeons who will lead in academic and clinical settings, enhancing patient care with innovative, minimally invasive solutions.

REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY

Established in 1973, the Johns Hopkins Reproductive Endocrinology and Infertility Fellowship Program trains future leaders in reproductive medicine. Over 65 graduates have emerged from this fellowship, many assuming leadership roles as division chiefs, department heads and deans. The fellowship encourages research productivity, with fellows contributing to numerous peer-reviewed publications. This rigorous training prepares graduates for successful careers in both academic medicine and private practice.

UROGYNECOLOGY AND RECONSTRUCTIVE PELVIC SURGERY

The Urogynecology & Reconstructive Pelvic Surgery Fellowship Program is an ACGME-accredited program providing extensive clinical training in diagnosing and managing complex pelvic floor disorders. Through comprehensive training, fellows develop advanced surgical techniques, conduct impactful research and enhance their leadership capabilities.

DEVELOPMENT
PHILANTHROPY

The Department of Gynecology and Obstetrics is grateful for the visionary philanthropy of our donors, whose contributions are vital to our mission. This support sustains our initiatives and inspires new possibilities.

The impact of these gifts resonates throughout our department and the communities we serve. Thanks to generous donor support, we have launched numerous initiatives that enhance education, research and patient care. Notable examples are our continuing education lectureships, which empower health care professionals with the latest advances in women's health, and research grants that give faculty and fellows protected time for discovery.

Additionally, our patient programs — such as survivor retreats and monthly support groups — offer important resources that foster community and connection during challenging times. Our outreach efforts include distribution of feminine hygiene products to those in need.

READY TO MAKE A DIFFERENCE?

Contact us at **GynObHopkins@jhmi.edu** to learn more about any of these opportunities. Your involvement, whether through giving, fundraising or volunteering, helps build a stronger future for our department and the communities we serve.

Together, we can advance women's health and create a brighter future for patients.

MAKE AN IMPACT

There are many ways to get involved with the department, such as joining a Below the Belt Stride and Thrive 5K team, hosting a special event fundraiser or making a gift to support our programs. Your support is vital to our success.

DONATIONS

Consider making a one-time gift to support an area that aligns with your values and interests. For sustained impact, join our monthly giving program to provide reliable, year-round support for our mission. We also welcome planned gifts and alternative forms of support, including stocks, appreciated assets and IRA transfers. Check with your employer about gift-matching programs — many companies offer this benefit, which can double or even triple your contribution's impact.

HOST A FUNDRAISER

Whether you're planning a dedicated fundraiser or celebrating a personal milestone, your creativity can inspire others to give. Turn your birthday, graduation or wedding into an opportunity for meaningful change by creating a personal fundraising page. This platform allows you to share your story, engage your network and track your fundraising progress while adding deeper purpose to life's special moments.

VOLUNTEERING

Currently, we have two dynamic volunteer-led committees: the Below the Belt Stride and Thrive Race Committee, which supports research, education and survivorship programming, and the Center for Fetal Therapy Parent Council, which helps shape and improve the patient experience and raise funds for research and patient needs. Throughout the year, we also need volunteers to support various events that advance our mission and bring our community together.

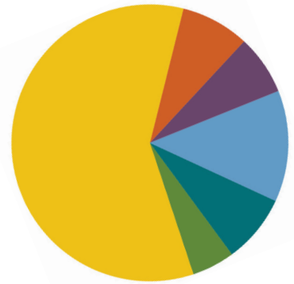
IMPACT REPORT

$15,000,000

RAISED BY DONATIONS, FUNDRAISING AND GRANTS 2019 THROUGH 2024

550 VOLUNTEERS
32 LECTURESHIPS
18 ALUMNI EVENTS
10 COMMUNITY EVENTS

FUNDING BY DIVISION



- GYN ONCOLOGY (59%)
- FAMILY PLANNING (8%)
- OTHER (7%)
- UROGYNECOLOGY (13%)
- REI / INFERTILITY (8%)
- GYN SPECIALTIES (5%)

COMMUNITY EVENTS



KELLY GYNECOLOGIC ONCOLOGY SERVICE

The annual fundraiser gathers hundreds in support of gynecologic oncology care and survivorship. To date, it has raised over $1.2 million, reflecting a strong, ongoing commitment to research, education, and hope for survivors and their families.

View Race Highlights >>



JOHNS HOPKINS CENTER FOR FETAL THERAPY

This annual family picnic brings together hundreds of attendees, offering a meaningful space for connection and community. It reflects a strong commitment to compassionate care, research, and the relationships that define our mission.

View Picnic Highlights >>



ALUMNI SOCIETY

The Alumni Society is a vibrant community that provides valuable networking opportunities to current and former trainees and faculty members. Through continued medical education, mentorship and participation in social events, alumni can enhance their careers while staying connected to the latest developments within the university.

The Gyn/Ob Alumni Society Day of Celebration on May 10, 2024, recognized the achievements of our alumni, as well as departmental highlights from leadership, followed by a social gathering at Woodberry Kitchen in Baltimore.

Alumni reunion dinners during major annual meetings, such as ASRM, SMFM, AAGL, SGO and ACOG, also provide opportunities for alumni to reconnect and engage with Johns Hopkins faculty in their respective specialties. These events reinforce our commitment to building a supportive network that celebrates past successes and nurtures the next generation of leaders in women's health.













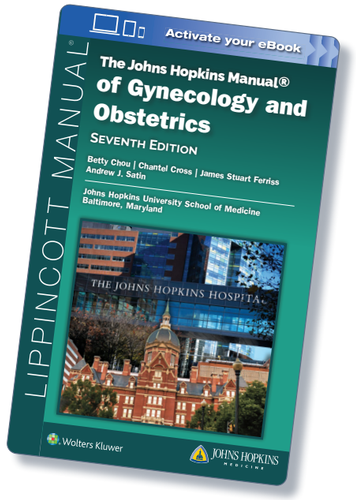




7TH EDITION TEXTBOOK

THE JOHNS HOPKINS MANUAL OF GYNECOLOGY AND OBSTETRICS

Edition: 7th
Editors: Betty Chou, M.D., Chantel Cross, M.D., Stuart Ferriss, M.D., Andrew Satin, M.D.
Publication Date: June 15, 2025



Compact, authoritative, and easy to consult, *The Johns Hopkins Manual® of Gynecology and Obstetrics*, 7th Edition, is a trusted, on-the-spot reference for virtually any issue you'll encounter in obstetrics, high-risk obstetrics, gynecology, reproductive endocrinology, infertility, and gynecologic oncology. Culled from the collective expertise of residents and attending physicians at The Johns Hopkins University and edited by Drs. Betty Chou, Chantel Cross, James Stuart Ferriss, and Andrew J. Satin, this thoroughly revised edition is ideal for quick reference or as a highly effective review tool for medical students, resident trainees and physicians in practice.

- Offers practical, dependable guidance in an easy-to-use, outline format modeled after *The Washington Manual of Medical Therapeutics*.
- Contains new and updated information from cover to cover, including two new chapters on maternal physiology, obstetric emergencies, fertility preservation, fetal therapy and in utero interventions, and disparities in Gyn/Ob outcomes.
- Provides portable, point-of-care information for house officers, medical students, and practitioners who encounter obstetric and gynecologic diseases and disorders in practice.
- Covers key topics such as female pelvic medicine/reconstructive surgery, multifetal pregnancy, substance abuse, psychiatric diseases, neoplastic diseases, hereditary cancer syndromes, UTIs and STIs, and more.
- Features clear illustrations and numerous tables throughout, as well as quick access to medication doses.

RECOGNITIONS RETIREMENTS

The contributions of these dedicated individuals have helped make the Johns Hopkins Department of Gynecology and Obstetrics a leader in women's health. We wish them the best of luck in retirement.

BARBARA CHASE
Senior Administrative Manager
49 YEARS

DIANN SNYDER
Department Administrator & Senior Director of Nursing
48 YEARS

FRANK WITTER, M.D.
Professor of Gynecology and Obstetrics
45 YEARS

CINDY BELL
Clinical Nurse Manager
39 YEARS

BETTY GILMAN
Medical Secretary
35 YEARS

JEAN ANDERSON, M.D.
Professor of Gynecology and Obstetrics
34 YEARS

BENJAMIN MEISNER
Associate Administrator
31 YEARS

JANELLE VOGAN
Administrative Supervisor
31 YEARS

DIANE O'DAY
Budget Analyst
30 YEARS

CAROLYN ELKINS
Assistant Administrator
23 YEARS

ANN GRODE
Clinical Nurse
23 YEARS

JAIRO GARCIA, M.D.
Professor of Gynecology and Obstetrics
23 YEARS

CATHY WEHNER
Nurse Practitioner
22 YEARS

JANICE HENDERSON, M.D.
Assistant Professor of Gynecology and Obstetrics
22 YEARS

TERRY NIGRIN
Patient Service Coordinator
21 YEARS

ANITA SHULMAN
Certified Nurse Midwife
21 YEARS

RUTHANN HOLBROOK
Collection Specialist
21 YEARS

NANCY FARRUGGIA
Clinical Nurse
20 YEARS

MARY SPANOLIA
Patient Service Coordinator
19 YEARS

CONNIE PENNINGTON
Administrative Supervisor
18 YEARS

DONALD GARLAND, D.O.
Clinical Associate
10 YEARS


JOHNS HOPKINS
MEDICINE