

LANE COUNTY MEDICAL SOCIETY | AUGUST 2026

MEDICAL MATTERS

Trust Across Generations

Dr. Geoffrey Gill shares
how trust, collaboration,
and connection define
his approach to
women's healthcare.



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LCMS MISSION STATEMENT

The Lane County Medical Society is a professional organization that represents, unifies, and supports its physician members as they practice medicine. The Society promotes the interests of member physicians and advocates for the health of the community.



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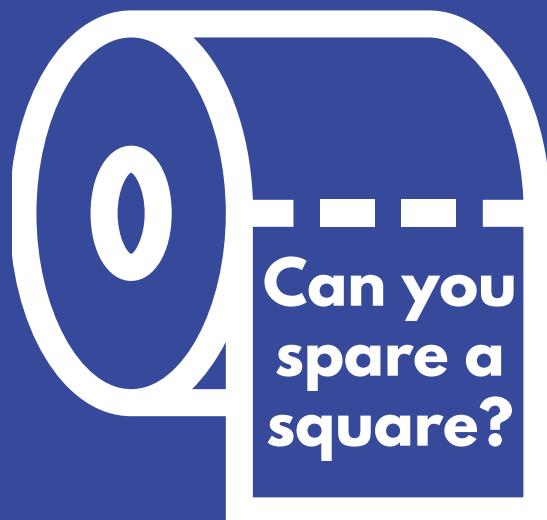
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SCAN ME

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New providers have been added to the PWP. Visit lcmedsociety.com/pwp to view the full list or for more details.

Expanding Our Impact

Last month, LCMS staff attended the American Association of Medical Society Executives (AAMSE) annual conference in Louisville, KY, connecting with peers who understand our challenges and wins on a deeper level.

This conference gives us a chance to see what others are doing across the country to engage their membership, simplify administrative processes, advocate for healthcare, and more. It's a space where there is no market competition, and everyone is encouraged to "steal" ideas that could help improve their Society.

One highlight from this year was Angel's and my presentation on *Project 52: 52 Meetings with 52 Physicians in 52 Weeks*, which gave us direct feedback and one-on-one engagement with members across specialties and organizations.

We shared our processes for connecting with key physicians, how we used the information to better align our events and other offerings, and the impact it made on relationships we developed from these conversations. Not only did we receive plenty of questions about "how-tos," but we also talked with many attendees who wanted to bring this idea back to their own organizations.

LCMS was also recognized with a *Profile of Excellence in Communications* award for our monthly magazine, *Medical Matters*. After moving to a full-color magazine in 2017, we developed a publication that highlighted our members, shared community resources, and offered more than the typical educational materials physicians already have access to.

In the past couple of years, Angel has successfully continued and expanded the magazine, thinking of new, relevant, and timely themes, while also working with our "Allies in Medicine" to spotlight the impact their organizations have on our medical community.

Being recognized in these two ways on a national stage speaks to the innovative work LCMS has accomplished and encourages us to stay creative in how we support those who take care of our community. Of course, we also have several takeaways we're looking to implement in the next year to continue building member connections.



LCMS staff at AAMSE 2026 in Louisville.

Advocacy in the Legislature

On August 4th, LCMS and its partners with the Lane County Healthcare Sector Partnership are hosting the last gathering of the legislative advocacy series at McKenzie-Willamette.

Two panels will underscore plans and preparations for the potential impacts

of HRI as well as topics of focus for the 2027 legislative long session, including streamlined credentialing and corporate practice of medicine. Several local legislators are slated to join the conversation along with business leaders and other healthcare advocates.

The first round of bills is due in September, so the timing of these gatherings is vital for any edits or adjustments that could help move these bills forward on the floor. I highly encourage you and your colleagues to join the conversation. ♦



Kianna

If you're unable to attend the August 4th discussion, LCMS is happy to help connect you with your local legislators and plans to stay informed of their requests for testimony as the session progresses.

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Chart Notes

LCMS Picnic in the Park at Island Park, Saturday, August 29th!

Join LCMS for a free, family-friendly Picnic in the Park on Saturday, August 29th from 12–3 PM at Island Park. This special event celebrates the collective impact of our physician community, with

special recognition for Eugene Emergency Physicians. Bring your family for an afternoon of delicious food, fun activities, and meaningful connection with colleagues and friends. *Register by August 24th.*



Healthcare Sector Partnership: Future of Healthcare Forum, Tuesday, August 4th

The Lane County Healthcare Sector Partnership invites you to the Future of Healthcare Forum on Aug. 4th from 5:30–8 PM at McKenzie-Willamette Medical Center. Topics include: OMA's CareFirst Coalition and its potential impact on healthcare access, affordability, and operations; Corporate Practice of Medicine (CPoM) regulations and implications; and HR1's anticipated effects on healthcare funding, workforce, and community health services. Scan the QR code or visit lcmedsociety.com to RSVP. Registration is required.

As healthcare workforce shortages, regulatory changes, and rising costs continue to impact access to care across Oregon, this forum provides a vital platform for healthcare providers, employers, business leaders, and community stakeholders to develop a strong, coordinated voice ahead of the 2027 legislative session.

“That long-term relationship, from before they’re pregnant, after they’re pregnant, and then getting to see their kids grow up, knowing they trust me and they’re comfortable, that’s a huge compliment.”

– DR. GEOFFERY GILL ON THE REWARDING NATURE OF WOMEN’S CARE SEE MEMBER PROFILE ON PAGE 12.

UPCOMING

UPCOMING OHSU CME Opportunities

• **When Things Go Wrong in the Outdoors** on August 13th-14th at Timberline Lodge Government Camp. This engaging program covers key wilderness medicine topics including outdoor emergencies, environmental injuries, and remote care. 8.5 AMA PRA Category 1 Credits available.

• **21st Annual Northwest Regional Hospital Medicine Conference** on September 10th-11th in Hood River, Oregon. Featuring the latest clinical updates tailored for hospitalists and inpatient care providers. 14.75 AMA PRA Category 1 Credits available.

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Helping Women Cope: A Collaborative Behavioral Health Resource

BY HEATHER CHAVIN, MA

PROFESSIONAL COUNSELOR ASSOCIATE,
JOYFUL LIVING BEHAVIORAL HEALTH

A patient in her late 40s walks into my office with a familiar refrain: “I just don’t feel like myself anymore.”

Over the course of a single year, she visited her primary care physician, a doctor she likes and trusts, three separate times. During visit one, she presented with unexpected weight gain and profound fatigue. Given the high patient interest, a detailed discussion of GLP-1 medications, alongside metabolic lifestyle modifications, was provided.

During visit two, she sought help for insomnia, reporting waking up at 3 a.m. with a racing mind. This resulted in a standard sleep hygiene checklist. By her third visit, she described a new cluster of heavy anxiety and depressive symptoms, and was prescribed an SSRI to address both mood and sleep issues.

Three distinct problems, three logical, evidence-based solutions. Yet the larger physiological pattern remained invisible, a natural byproduct of standard 15-minute visits and fragmented patient disclosures.

In my therapy sessions and my Perimenopause and Menopause therapy groups, we have the luxury of time to draw out the rest of the clinical iceberg. When asked directly in a safe, collaborative space, she

connects a staggering multi-system constellation of symptoms. She shares what she had omitted during her brief medical exams: debilitating brain fog, persistent digestive issues, difficulty concentrating, stress incontinence during workouts, painful intercourse, and a vanished libido. These symptoms are not random; they reflect the systemic reality of the menopausal transition.^{1,2}

“Society frequently tells women that these multi-system symptoms are just stress or normal aging... We reframe them not as relationship failures, but as the direct neurobiological result of dropping estrogen.”

This was a patient navigating a massive neuroendocrine transition without a map. Fluctuating and declining levels of estrogen, progesterone, and testosterone do not just affect reproductive organs.

Receptors for these sex hormones are widely expressed in non-reproductive tissues throughout the brain, gastrointestinal tract, and cardiovascular system.³

When hormone levels fluctuate and decline, the systemic fallout is rarely uniform; it can be gradual, erratic, and highly individualized. Shifting estrogen alters oxytocin pathways, generating a profound sense of irritability and emotional disconnection. Simultaneously, neuroendocrine disruptions alter dopamine pathways, wiping out motivation and focus.⁴

Because no physiological system is untouched by this transition, behavioral health professionals are a critical branch of the multi-disciplinary team. In our therapy group strategy, the first step is psychoeducation. We provide clarity on the neurobiological transition and the constellation of possible symptoms.^{1,5}

For patients whose previously stable mental health conditions suddenly shift, or who find that standard psychiatric medications, such as SSRIs and stimulants, lose their efficacy as ovarian hormones decline, we normalize this impact and encourage them to consult their prescribers.⁴ Cognitive reframing helps patients understand their daily nervous system responses, shifting their internal narrative from personal shame to self-compassion and proactive problem-solving.

Society frequently tells women

1. “The Menopause Guidebook,” The Menopause Society, menopause.org/patient-education/menopause-guidebook.

2. “Menopause: What Your OB-GYN Wants You to Know,” American College of Obstetricians and Gynecologists, acog.org/womens-health/faqs/menopause.

3. “The Roles of Estrogen and Estrogen Receptors in Gastrointestinal Disease,” *Oncology Letters*, spandidos-publications.com/10.3892/ol.2019.10983.

4. “Menopause and Mental Health: A Clinical Review,” *BJPsych Bulletin*, cambridge.org/core/journals/bjpsych-bulletin/article/menopause-and-mental-health-a-clinical-review.

5. “The Hormone Cure: Reclaim Balance, Sleep, Sex Drive, and Vitality Naturally with the Gottfried Protocol,” Scribner, simonandschuster.com/books/The-Hormone-Cure/Sara-Gottfried/9781451666950.

6. “Sex Hormones Affect Neurotransmitters and Shape the Adult Female Brain During Hormonal Transition Periods,” *Frontiers in Neuroscience*, frontiersin.org/articles/10.3389/fnins.2015.00037.

that these multi-system symptoms are just stress or normal aging, leading them to mistrust their own bodies. Our therapy group format utilizes peer validation to fast-track somatic trust, helping women build accurate interoception so they can firmly understand their physical experiences.

We openly address unprompted symptoms like a vanished libido, intimacy pain, and feelings of disconnection, reframing them not as relationship failures, but as the direct neurobiological result of dropping estrogen.⁴ This shift allows women to center their own well-being and take active care of themselves. Armed with a biological blueprint, a patient can transition from feeling like a broken machine to actively collaborating with

her healthcare providers to reclaim her health. Optimizing care for midlife women requires connecting patients to supportive community resources.

Joyful Living Behavioral Health, LCMS's partner for its own members' mental health benefits, offers ongoing ten-week Perimenopause and Menopause Therapy Groups. These groups focus on the neurobiology of hormone shifts, helping women understand how fluctuating hormones impact serotonin, dopamine, cortisol, and oxytocin.^{4,6}

By translating these chemical shifts into practical mental health coping strategies and providing peer support, the group helps women navigate the emotional and cognitive aspects of this transition so they do not have to do it in isolation. ♦



Heather Chavin, MA, is a specialized behavioral health clinician at Joyful Living Behavioral Health in Eugene. She specializes in supporting women navigating the complex neurobiological and mental health transitions of midlife, and is the developer and facilitator of the LCMS-partnered Perimenopause and Menopause Therapy Groups. She practices under the clinical supervision of Naamith Heiblum, PhD.

Help Your Patients Get Ready

CHANGES ARE COMING TO OHP

The federal government is requiring changes to the Oregon Health Plan (OHP) starting in late 2026. Remind your patients to:

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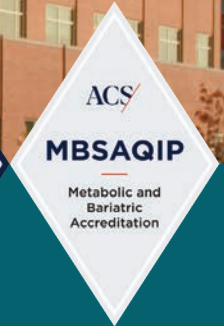


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When he's not delivering babies or caring for patients, Dr. Geoffrey Gill can often be found behind the drum set, performing with his band.

Photos provided by Angel Montes

 Roland



MEMBER PROFILE

Trust Across Generations

Dr. Geoffrey Gill reflects on the compassion and lifelong relationships that shape his approach to patient care.

BY VANESSA SALVIA
FOR LANE COUNTY MEDICAL SOCIETY

Dr. Geoffrey Gill, an obstetrician-gynecologist at Women's Care, has delivered eight babies across one extended Lane County family — three sisters and a sister-in-law, welcoming their babies one after another, each new mother referring to other mothers. Years later, he still runs into them around town. He even has a photo from a Disney movie outing where he found himself surrounded by all three families. Most recently, the sisters showed up to take a picture with him in early July when his band played at the Butte to Butte finish line.

"That long-term relationship, from before they're pregnant, after they're pregnant, and then getting to see their kids grow up, knowing they trust me and they're comfortable, that's a huge compliment," Gill says.

Many of his longtime patients eventually ask if he could see their teenage daughters. As a male OB/GYN, he doesn't take that trust lightly. "When patients are willing to trust you with such personal parts of their lives," he says, "that's a privilege."

More Than Delivering Babies

Gill believes many people underestimate just how broad obstetrics and gynecology really is. “People often think we’re just delivering babies,” he says. “We’re taking care of women through every stage of life — from adolescence to menopause and beyond. We get to know our patients over decades, help them through some of the happiest moments of their lives, and also some of the most difficult.”

Throughout his career, Gill has watched women’s healthcare become increasingly collaborative, with physicians, nurse practitioners, certified nurse-midwives, nurses, and other specialists working together to provide more comprehensive care.

Advances in minimally invasive surgery, prenatal screening, and treatment options have improved outcomes, but Gill believes one thing has remained constant. “Technology is important,” he says, “but what patients remember most is whether they felt heard, respected, and cared for. Building that trust is still the most important part of the job.”

Nebraskan Summer

Obstetrics wasn’t Gill’s original plan. Gill was born in Halifax, Nova Scotia, and grew up in Steamboat Springs, Colorado. Between his first and second years of medical school at Creighton University, he signed up for a state-funded rural medicine rotation in Nebraska, mostly to earn some money over the summer.

Days before he was set to start, the physician who’d agreed to host him passed from a heart attack. Dr. Jimmy Khandalavala stepped in as a replacement. He met the grant’s requirements and was more than willing to help Gill fulfill the program’s obligations.

“He basically treated me like a resident,” Gill recalls. “He let me do a bunch of things that a first-year medical student would not normally get to do.”

At that point, Gill had been leaning

toward orthopedic surgery, but he was drawn to the unique combination of obstetrics, surgery, and outpatient care. He was also inspired by the privilege of caring for families through some of life’s most profound moments, from the joy of welcoming a new baby to the heartbreak of pregnancy loss.

“People remember how you treat them on their worst days even more than they remember the day they have their baby,” he says. “That’s a tremendous responsibility and a real privilege.”

A Job Offer Overnight

Gill met his future wife, Dr. Katie Swank, on the first day of medical school. The two completed their residencies through a couples match at the University of New Mexico.

Once they graduated, they kept running into the problem of finding a job for one of them, but not for the other. Then Swank, who grew up in Eugene, got a cold call. Dr. Hans Notenboom, then board president of Eugene Emergency Physicians, was recruiting ER physicians for the new Riverbend hospital under construction. That same night, Gill went online and found that Oregon Medical Group had just posted an OB/GYN opening. That was in 2007. Gill later transitioned to Women’s Care. “It’s an organization with an incredible team, and I’ve been grateful to continue caring for patients there,” he says.

Learning to Ask for Help

A few years ago, he took part in a year-long Lane County Medical Society-sponsored physician leadership program with monthly sessions on business and people management that also brought physicians from different specialties together. The program culminated in a capstone project of each participant’s choosing.

For Gill, that project became personal. He had grown increasingly interested in physician burnout and

the culture that can discourage doctors from acknowledging when they need support.

He experienced this firsthand during a difficult period marked by the COVID-19 pandemic, the 2020 wildfires, the social unrest following George Floyd’s murder, and a growing distrust of science and medicine. To get through that experience, he turned to LCMS’s Physician Wellness Program (PWP) himself.

Shondra Holliday, who leads the LCMS Foundation, later invited Gill to draw on that experience for his address at the 2026 PWP Fundraiser Gala. Gill describes the 20-minute presentation as one of the most challenging things he has done professionally.

“I did it partly for me, but partly to let people know that it’s okay,” he says. “It’s not that help isn’t there. It’s us permitting ourselves to ask for help.”

Looking back on nearly two decades of practice in Eugene, Gill says the Lane County Medical Society has helped him build relationships with physicians across specialties while also reinforcing that physicians need support, too.

“Medicine can be incredibly rewarding, but it can also be challenging. The medical society has created opportunities for physicians to learn from each other, support one another, and ultimately take better care of our patients. I’m grateful to be part of that community.”

Family, Drums, & Music

Outside the clinic, Gill’s life revolves around his family, including his two children, who swim competitively for Team Eugene Aquatics. His son is now pursuing swimming in college, and at the time of the interview, Gill was just hours from heading to the airport for Western Sectionals in Los Angeles, where he would serve as an official.

At home, he credits his wife’s legendary organizational skills with keeping two medical careers and

two busy kids on track. They also have a hard rule of family dinner together every night. "Growing up, my parents never missed anything that I did," he recalls, "and I didn't realize how important that was at the time."

Gill played guitar for nearly 20 years before discovering a passion for drums. When his son wanted to take up drums, Gill signed up for lessons alongside him. His son eventually quit, but Gill was hooked. He now plays in two bands: Killing Kūdū, a "dad band" covering '80s, '90s, and 2000s hits that recently played the Butte to Butte finish line, and VHS and Chill, an '80s cover act.

Thanks to Gill growing up in a ski town, winters revolve around snow — alpine skiing, cross-country skiing, and snowshoeing. He talks about prioritizing activity the same way he'd prioritize any part of the day: deciding you're going to hit the gym at



One family, eight babies delivered by Dr. Geoffrey Gill. *Photo published with permission.*

lunch, get up early for a workout, or go to the pool, and treating that as just as non-negotiable as anything else on the schedule, so his kids see it as normal.

"I think it's really important to model healthy habits for your kids and make them a normal part of everyday life," he says. "They pick up on far more than we realize."

A Message for Lane County

That same philosophy of showing

up consistently and leading by example is something Gill carries into his work with patients and the broader Lane County medical community. He hopes people remember that preventive care is not something they put off until a problem arises.

"Life gets busy, and it's easy to delay taking care of yourself," he says, "but regular visits allow us to catch problems early, answer questions, and help people stay healthy throughout their lives."◆



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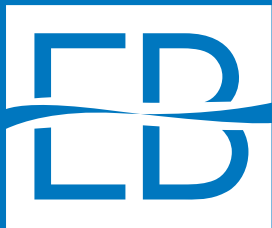


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Menopause Care: The Case for Collaborative, Evidence-Based Care Models

BY RICHARD A. BEYERLEIN, MD, FACOG, MSCP

THE MENOPAUSE CLINIC AT PACIFIC WOMEN'S CENTER LLC

Women today may spend more than one-third of their lives in the postmenopausal years, yet menopause care remains one of the most underserved areas in medicine. More than one million women in the United States enter menopause each year. For many, the menopausal transition is associated with symptoms that significantly affect quality of life, including vasomotor symptoms, sleep disturbances, mood changes, genitourinary syndrome of menopause, sexual health concerns, and cognitive complaints. Menopause also represents a critical opportunity to address long-term health risks related to cardiovascular disease, osteoporosis, metabolic health, and healthy aging.¹

These issues are increasingly relevant in Oregon. Nearly one in five Oregonians is 65 years of age or older, and adults aged 65 years and older account for more than one-fifth of Lane County's population. In addition, tens of thousands of women in Lane County are currently between 45-64 years of age — the life stage during which most women experience the menopausal transition.²

As our population ages and longevity increases, the need for comprehensive menopause services will continue to grow.⁴

Addressing the Menopause Care Gap

Despite the prevalence and impact of menopause, many women struggle

to find clinicians with specialized expertise in evidence-based menopause management.

Historically, menopause education has received limited attention during medical training. Consequently, many clinicians report feeling underprepared to manage the complexities of menopause care, particularly when balancing symptom management with prevention of chronic disease.

Patients frequently seek answers from multiple providers for symptoms that affect numerous organ systems. A woman experiencing sleep disruption, anxiety, dyspareunia, weight changes, and increased cardiovascular risk may interact with her primary care physician, gynecologist, behavioral health provider, cardiologist, and physical therapist — often without coordinated communication among the care team. The result can be fragmented care, inconsistent treatment recommendations, delayed diagnoses, patient frustration, and avoidable healthcare utilization.

Role of Specialized Menopause Clinics

Dedicated menopause clinics can help bridge this gap by serving as referral resources and centers of excellence that complement — not replace — existing primary care and specialty practices. Specialized clinics provide focused expertise in:

- Hormonal and nonhormonal treatment options
- Genitourinary syndrome of menopause
- Sexual health concerns

- Bone health assessment and osteoporosis prevention
- Cardiovascular risk evaluation
- Sleep disturbances
- Mood and cognitive symptoms
- Weight and metabolic health
- Lifestyle interventions that support healthy aging

Menopause-focused visits provide the time necessary for comprehensive evaluation, patient education, and shared decision-making. Importantly, these clinics function most effectively within collaborative networks that maintain close communication with referring clinicians and ensure continuity of care.

Guidelines Support Individualized Care^{3,4}

Contemporary guidance from The Menopause Society and the American College of Obstetricians and Gynecologists (ACOG) emphasizes that menopause management should be individualized, evidence-based, and grounded in shared decision-making.

The Menopause Society's 2022 Hormone Therapy Position Statement reaffirmed that menopausal hormone therapy remains the most effective treatment for vasomotor symptoms and genitourinary syndrome of menopause and can help prevent bone loss and fractures in appropriate candidates.

For healthy, symptomatic women younger than 60 years of age or within ten years of menopause onset, the benefit-risk profile of hormone therapy is generally favorable when no contraindications exist. Both The Menopause Society and

1. "The 2022 Hormone Therapy Position Statement of The Menopause Society," Menopause, [www.menopausejournal.com/article/S1530-891X\(22\)00080-1/fulltext](http://www.menopausejournal.com/article/S1530-891X(22)00080-1/fulltext).

2. "QuickFacts: Oregon; Lane County, Oregon," U.S. Census Bureau, www.census.gov/quickfacts/fact/table/OR,laneoregon/PST045225.

3. "Practice Bulletin No. 141: Management of Menopausal Symptoms," American College of Obstetricians and Gynecologists, www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2014/01/management-of-menopausal-symptoms.

4. "Hormone Therapy for Menopause: Frequently Asked Questions," American College of Obstetricians and Gynecologists, www.acog.org/womens-health/faqs/hormone-therapy-for-menopause.

WOMEN'S HEALTH

ACOG emphasize that treatment decisions should consider each patient's symptoms, medical history, risk factors, preferences, and treatment goals. Therapy should be periodically reevaluated, with attention to dose, route of administration, and duration of use.

These organizations also recognize the important role of evidence-based nonhormonal therapies for women who have contraindications to hormone therapy or who prefer alternative approaches.

Why Collaboration Matters

Menopause is not solely a gynecologic issue; it is a multidimensional health transition requiring expertise from multiple disciplines. An effective menopause care model may include collaboration among:

- Family medicine physicians
- Internal medicine physicians
- Obstetrician-gynecologists

- Endocrinologists
- Behavioral health professionals
- Cardiologists
- Urologists and urogynecologists
- Pelvic floor physical therapists
- Registered dietitians
- Sleep medicine specialists
- Pharmacists

Primary care clinicians remain central to a woman's overall healthcare journey. Menopause specialists can provide consultation and co-management for complex cases while supporting established relationships between patients and their primary care teams.

This coordinated approach improves communication, reduces duplication of services, enhances adherence to treatment plans, and promotes consistent messaging regarding evidence-based care.

Building a Regional Network for Midlife Women's Health

Lane County has a longstanding

tradition of collaborative medical practice. As the needs of our community evolve, there is an opportunity to strengthen local partnerships that support women through the menopausal transition and beyond.

Developing regional referral pathways, expanding clinician education, leveraging telehealth services, and fostering communication among specialties can help ensure that every woman in our community has access to high-quality menopause care.

No single specialty can address all aspects of menopause alone. By working together, clinicians across Lane County can improve symptom management, reduce long-term health risks, promote healthy aging, and empower women to thrive during midlife and beyond.

Menopause is not simply a stage of life to endure — it is a critical opportunity to improve lifelong health. ♦



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Walking as few as 1,000 steps per day can decrease symptoms of depression, with a peak benefit of a 42% decrease for people who take up to 7,500 steps!*

Join Walk It Off with the Y this summer, and pair those increased steps with connection, sunshine and fun weekly themes. Bring the whole family!

*American Medical Association, 2024



• **DATES:** Wednesdays, Jun. 24 to Aug. 19
• **TIME:** 5:30 to 6:30 p.m.
• **WHERE:** Alton Baker Park
• **COST:** Free!



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Strengthening Perinatal Mental Health Through Partnership

BY ERIN JOHNSON
OUTREACH & DEVELOPMENT
MANAGER, WELLMAMA

Pregnancy and the postpartum period are often described as joyful milestones, but for many families, they can also bring unexpected emotional challenges. An estimated 25% of women and birthing people experience a perinatal mental health condition, making these disorders among the most common complications of pregnancy and childbirth.¹ Early identification and timely support can make a profound difference for parents, infants, and communities.

For many years, WellMama and Women's Care have partnered with a shared commitment to supporting the health and well-being of families throughout Lane County. Together, we have worked to ensure that patients experiencing emotional challenges during pregnancy and the postpartum period have access to compassionate, community-based support alongside quality medical care. This year, that partnership reached an exciting new milestone.

Thanks to two grants from the Lane Community Health Council, WellMama has expanded its collaboration with Women's Care by integrating a Peer Support Specialist directly into Women's Care OB/GYN clinics. This innovative model creates a seamless connection between clinical care and community support, helping patients access emotional support when they need it most.

Obstetric providers are often among the first to recognize when a patient may be experiencing anxiety, depression, pregnancy loss, postpartum challenges, or feelings of isolation. With WellMama's Peer Support Specialists now embedded within

the clinic, providers can make an immediate referral while patients are still at their appointment. Instead of leaving with a list of resources to navigate on their own, patients are introduced to a trusted support person who can begin building a relationship right away.

Since launching the program in February, nearly 90 patients have connected with WellMama through Women's Care clinics, and many continue to receive support through WellMama's WarmLine, peer support groups, and wellness workshops.

For Kelsey Lawless, Women's Care's In-Clinic Peer Support Coordinator, one of the most meaningful aspects of the partnership is making mental health support feel like a natural part of reproductive health care.

"We're able to meet patients where they are and begin building a relationship before they leave the clinic," she says. "It's been incredibly rewarding to be part of this first phase of the program, and I'm excited to help it grow as we expand to more Women's Care locations."

This warm handoff helps reduce barriers that often prevent families from seeking support. The transition into parenthood can feel overwhelming, and many individuals may not know where to turn or may hesitate to ask for help. By connecting patients with support during their medical visits, WellMama and Women's Care are making it easier for families to access care before challenges become more severe.

Peer support plays a unique role within the continuum of perinatal mental health care. While it does not replace therapy or medical treatment, it provides something essential: connection. Connecting with someone who understands the emotional realities of pregnancy and early parenthood can

reduce isolation, normalize difficult experiences, and encourage families to seek additional care when needed.

The impact of this collaboration is also clear from a physician's perspective. Dr. Brooke Kyle, OB/GYN at Women's Care and WellMama Board Member, shared how valuable it has been to have WellMama available on-site. "It has been invaluable to be able to connect patients with resources at the same time," she says. She recently cared for patients experiencing pregnancy loss who were able to meet with WellMama during the same visit to discuss emotional recovery and loss resources, as well as a patient experiencing postpartum depression who left with a support plan, community resources, and renewed hope.

The integration of WellMama Peer Support Specialists into Women's Care clinics reflects a broader vision for health care: one where emotional well-being is recognized as an essential part of maternal health. Improving perinatal mental health outcomes requires collaboration across health care systems, nonprofit organizations, and community partners.

This partnership marks an important first step, and WellMama is excited to continue expanding this model to additional Women's Care locations. WellMama is also expanding services for Spanish-speaking families through WellMama en Español, increasing access to culturally responsive support so that language is never a barrier to care.

Every family deserves to feel supported during pregnancy and the transition to parenthood. Through the continued partnership between Women's Care and WellMama, more parents are receiving the care, connection, and community they need to thrive. ♦

1. About maternal mental health," Maternal Mental Health Alliance, maternalmentalhealthalliance.org/about-maternal-mental-health/.

Announcements

LCMS Events

Join LCMS for a family-friendly picnic on Saturday, Aug. 29th from 12–3 PM at Island Park. Bring the whole family for food, fun, and connection as we celebrate our physician community! Enjoy catering by Lani Moku, shaved ice by Pacific Ice Co. and more, with special recognition of Eugene Emergency Physicians. Scan the QR code to register!



You're invited to the Healthcare Sector Partnership: Future of Healthcare Forum on Tuesday, Aug. 4th from 5:30–8 PM. Join fellow healthcare physicians, employers, and community leaders for an important discussion on timely issues including OMA's CareFirst Coalition, Corporate Practice of Medicine regulations, and the anticipated

impact of HR policies on Oregon's healthcare system. This is a great opportunity to connect and help shape a strong, coordinated voice ahead of the 2027 legislative session. Registration is required. Scan the QR code to reserve your spot today!

Community

Join the Healthcare for All Lane County Chapter to advocate for affordable, simplified healthcare for all Oregonians.

Meetings are the first Tuesday of each month at 7 PM at First United Methodist Church, 1376 Olive St., Eugene, OR, and via Zoom.

Lane County Caduceus meets every Wednesday from 7:30–8:30 PM for licensed healthcare professionals seeking peer support during addiction recovery.

NOTES

New LCMS Member Benefit: Need a space for meetings, team sessions, or workshops? Enjoy a 15% discount at The District Coworking! Email us for details.

The Clinical Undergraduate Shadowing Program (CUSP) is seeking physicians to host undergraduate students interested in medicine. Email angel@lcmedsociety.com for more information.



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6-8pm

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WILLAMETTE VALLEY CANCER INSTITUTE**
“ADDING LIFE TO DAYS: UNDERSTANDING PALLIATIVE CARE AND HOSPICE”

**JULIE HUGHES MD,
PEACEHEALTH SACRED HEART PALLIATIVE CARE**
“PEACEHEALTH PALLIATIVE CARE: OFFERINGS AND BENEFITS”

**AUDREY GARRETT MD,
WILLAMETTE VALLEY CANCER INSTITUTE**
“THE PALLIATIVE BENEFIT OF DEATH CAFES AND OTHER PALLIATIVE CARE
GEMS”

**LEO CYTRYNBAUM MD & JEFFREY CANTER, PA-C
FALL CREEK PAIN MANAGEMENT**
“MANAGING CHRONIC PAIN”

AMBER VESTER DO, CASCADE HOSPICE
“TRANSITIONING TO HOSPICE CARE”



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LOCATION

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MEDICAL MATTERS

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