Rashmi Kudesia, MD: Helping women understand reproductive health

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Staff News Writer
The AMA “Members Move Medicine” series profiles a wide variety of doctors, offering a glimpse into the passions of women and men navigating new courses in American medicine.

**On the move with:** Rashmi Kudesia, MD, who is a reproductive endocrinologist at CCRM Fertility Houston.

**AMA member since:** 2004.

**What inspired me to pursue a career in medicine:** My father, a cardiologist in Michigan, didn’t actually want me to go into medicine because he knew the career to be a demanding one. But his passion for his work and the joy and sense of accomplishment it brings him, the broad swath of society he got to know intimately as patients and colleagues, his commitment to educating his patients and trainees, the conferences all over the country—all of these observations caught my eye from an early age. Against all advice, I’ve been committed to a career in medicine since elementary school!

**How I move medicine:** As a reproductive endocrinologist, I bear daily witness to how lacking our health infrastructure is in allowing women to fully understand their reproductive health, take appropriate steps to preserve their fertility or pursue infertility treatment, and be as healthy as possible during those processes and pregnancy itself. I am an advocate for #reproductiveempowerment, which is women receiving empathetic, patient-centered health care that gives them the knowledge they need to make informed choices about their bodies. Whether through my clinical practice, social media or health policy advocacy, researching barriers to provision of fertility awareness counseling, or community partnerships to bring this information directly to the women who need it, helping make reproductive health information more readily available is how I move medicine.

**Career highlights:** I am so proud of being part of the American Society for Reproductive Medicine (ASRM) AMA Delegation in June 2017, when we passed new AMA policy designating infertility as a disease. This achievement is critical to destigmatizing infertility and demonstrating to employers and insurers why they should do more to help patients preserve and manage fertility. Though I am early in my career, I am also proud to have been recognized with awards for my clinical care and commitment to the community in each year of my practice since completing my fellowship. I look forward to continuing to serve my specialty through my roles as the ASRM YPS Delegate to the AMA and as the ASRM Women’s Council Chair-Elect.

**Advice I’d give to those interested in pursuing a career in medicine:** I think medicine is presented in highly distorted ways in the media, and I strongly advise those considering a career in medicine to pursue shadowing or mentoring opportunities where they can see some of the realities of being a physician. Though we are fortunate in that there are many ways to practice medicine, the journey through education and training is long and challenging, and it’s important to be informed in

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the decision to undertake this amazing endeavor.

**How I give back to the community:** On social media and through in-person community-based events, I work hard to offer factual insights into reproductive medicine, and particularly to bring such information to minority populations, such as women of color, and lesbian or transgender women. I am also very proud to have partnered with Planned Parenthood of the Gulf Coast to help the providers offer enhanced reproductive endocrinology care to women across the socioeconomic spectrum.

**Aspect of my work that means the most:** Every time I can take stress away from a patient—whether through a thorough explanation of her condition or treatment options, or of course when we get that first glimpse of a fetal heartbeat in a much-desired pregnancy—that deep sigh of relief means the most to me.

**My hope for the future of medicine:** I hope that the future of medicine is a system that focuses on wellness, rather than illness. That society values everyone having access to healthy food, safe spaces for physical activity, and care for both physical and mental health. So many of my patients would like to improve their health prior to pregnancy, but cannot afford to see a nutritionist, join an exclusive gym, or receive counseling regarding stressors in their life. I hope that when we fully consider the epigenetic impact of health during pregnancy, we as a society and profession will re-commit to helping women and families be as healthy as possible as a critical investment in this generation and those to follow.

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