



*mother and baby care*

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## Fertility Treatments: What You Need to Know

**When Meg and Jonathan Smith were having trouble conceiving their second child, the their family doctor referred them to a fertility specialist. Several months and several rounds of treatment later, the couple was finally able to conceive, and returned home from the hospital with their new bundles of joy. Bundles of joy: As in triplets.**

“We were told the odds of having triplets were really small, but I guess we beat them,” Meg says with a smile. “We never thought we’d have four children, but now that we do we couldn’t imagine life without them.”

According to the American Society of Reproductive Medicine (ASRM), nearly 10 percent of all couples of reproductive age have issues conceiving after a full year of unprotected sex. Before you consider seeking the help of a specialist for yourself, here are some basic facts of fertility treatments to “know before you go.”

### Treatment Types

“A lot of couples think in vitro fertilization is the only option, but it’s often not necessary,” notes Dr. Jennifer Mersereau of the UNC Reproductive Endocrinology & Infertility Program at Rex.

Unfortunately, North Carolina isn’t one of the 14 states which legally require insurers to offer coverage for infertility treatments, so the physicians at Rex take great care in finding the best solution to fit a patient’s specific needs. “We go to great lengths to find the specific cause of infertility for each couple, and then tailor our treatment plan accordingly,” says Dr. Mersereau.

### Fertility Drugs

Fertility drugs are often the first and sometimes only step needed for most couples. “Medications,

such as pills or injections, are great options because they can work when the cause of the infertility is unknown and can be used in conjunction with other treatments,” said Dr. Mersereau.

### Surgery

Minor procedures to correct uterine polyps, ovarian cysts, endometriosis, and other issues are common and mostly done on an outpatient basis. The ADMA notes that 85-90 percent of infertile couples are helped with hormones or minor surgery.

### Artificial Insemination

A concentrated amount of the father’s sperm is placed directly in the uterus at ovulation, dramatically increasing the odds of a pregnancy.

### Assisted Reproductive Technology (ART)

This includes such procedures as in vitro fertilization (IVF), which has an average cost of about \$12,400. During IVF, the egg and sperm of the couple are harvested and combined in a petri dish. Three days later, the most promising embryos are placed directly in the woman’s uterus. Depending on the woman’s age or medical condition, other ART options include finding a suitable egg donor or seeking out a surrogate mother.

### Odds and Success Rates

Though rates of success vary from patient to patient and state to state, UNC’s program has shown an average success rate of just over 38% for women of all age groups, and over 50% for women under 35. As with the Smiths, your odds of multiple births increase with any fertility treatments.

It’s important to know all the facts before taking this important step in starting or continuing a family. For more information, visit [http://www.med.unc.edu/obgyn/services\\_ei.html](http://www.med.unc.edu/obgyn/services_ei.html).

## One Infection Too Many: When to Consider Ear Tubes

**Mary Gagne still remembers her reaction when her doctor recommended that her daughter Lauren get tubes in her ears to relieve recurring ear infections: “I thought it sounded like a painful, terrible thing for my baby to go through. I had visions of large plastic tubes similar to drinking straws coming out of her ears.”**

She found out quickly, of course, that her vision of ear tubes was completely wrong. “When we say ‘tubes,’ people picture all sorts of devices emanating from their children’s ears,” says Dr. Stephen Boyce, of Raleigh ENT Head and Neck Surgery and a Rex Hospital affiliated surgeon. “But what we’re talking about is usually as small as one-fourth the length of a pencil eraser.”

### Why Get Tubes?

Nearly all children have at least one major ear infection between birth and five years. Usually it resolves on its own (viral) or with the aid of antibiotics (bacterial). However, when a child suffers from repeated middle ear infections or constant ear fluid buildup, the otolaryngologist (ear, nose and throat (ENT) surgeon) will usually recommend the insertion of tubes through the eardrum. “Their function is very simple: to relieve pressure buildup and to encourage aeration of the middle ear, which reduces the likelihood of future infections” says Dr. Boyce. If left unattended, these conditions can cause problems with balance, speech development and eventual hearing loss.

### The Surgery

According to the American Academy of Otolaryngology, more than half-a-million ear tube surgeries are performed on children every year, making it the most common procedure done under anesthesia. The average age of the patient is usually one to three



years, but some teens and even adults undergo the procedure as well.

The procedure itself is called a myringotomy, and usually takes about 15 minutes. Under a light general anesthetic, Dr. Boyce, with the aid of a surgical microscope, makes an incision in the patient’s eardrum. Any fluid is suctioned out, and a tube is then inserted, preventing the incision from healing and allowing ventilation to reach the middle ear. Eardrops may be used after placement and for a few days afterwards to discourage infection.

### The Follow-up

Most patients go home within an hour and notice immediate results in terms of better hearing and reduction in pressure. The ENT may recommend earplugs or other devices to keep the ears dry during bathing or other water activities.

Smaller, short-term ear tubes will fall out by themselves after about six months to a year. The slightly larger, long-term ear tubes may come out by themselves, but often will require a simple removal by the ENT when the desired results are achieved. For Mary, the positive results have been twofold: “She hasn’t had a painful ear infection in months, and her father and I are getting more sleep!”

## Weigh to Grow: Your Pregnancy Weight Gain

**How much weight should I gain?** That depends on your pre-pregnancy weight and height. If you were on target for your height, then you should gain between 25 and 35 pounds. If you were underweight, you should gain 28 to 40 pounds. If you were overweight, you should gain 15 to 25 pounds. Of course, if you're having multiples, expect to gain more. Your obstetrician will offer you the best guide as to what weight gain is right for your body.

Even more than how much weight you should gain, it's important to think about what you're eating. "Overall, if there were a single word that could cover the subject of nutrition, I think it would be 'sensible,'" says David Henderson, MD of Atrium OBGYN in Raleigh. "That means eating a varied, balanced diet, high in vegetables and fiber, with a moderate protein intake to ensure adequate fetal growth."

Avoid adding your extra calories in fats and sweets – you should eat those only in very small quantities. Choosing foods with high nutritional content – fruits, vegetables, lean meats, dairy – are always better choices for baby than high calorie junk food. "Diet should be varied, to provide the many trace minerals, essential amino acids, vitamins and energy that help build a healthy baby. I ask them to avoid extremes, and the few items that pregnant women should stay away from, but in general, to also eat enjoyably," advises Henderson.

**When does weight gain happen?** Most women don't gain much weight during their first trimester – generally two to five pounds. In the second and third trimester, weight gain happens more quickly, typically at the rate of a pound a week.

Many women have trouble gaining weight due to nausea and vomiting. As long as you're gaining weight steadily, your obstetrician will likely not be

concerned. If you begin to lose weight, especially in the second or third trimester, he may intervene with medicinal support or supplemental nutrition.

**Gaining weight is depressing. What should I do?** For women who have struggled with their weight in the past, it may be difficult to accept that it's okay to gain weight now. It's a major shift in mindset, and some women find it easier than others. As difficult as it may be, try to keep in mind that your extra weight is a temporary condition. Try to see it as something that you're doing for your unborn child.

**How will I lose the weight afterwards?** You will lose some of the weight immediately after giving birth. Your baby, on average, accounts for 7-8 pounds of your weight gain, and the amniotic fluids, placenta, and other bodily fluids add up to an extra 10 or so pounds. Your uterus and breasts have also gotten bigger, adding up to 5 pounds.

Once your doctor okay's it, returning to an exercise regime will help you lose weight. The Rex Wellness Centers are a great place to resume getting back in to shape. Far from being a mere health club, Rex Wellness Centers also offer comprehensive health education programs, customized personal training, individual nutrition counseling and therapeutic massage. But, there's more. The facilities provide members and guests access to a variety of amenities, specifically designed to make their experience at the facility as rewarding as possible.

If you're nursing, you may find that the last few pounds linger and your appetite is more robust than during pregnancy. That's because nursing women need more calories than pregnant women to produce milk. So, a few stubborn pounds may linger until you finish nursing.

## Stressed Out? Here's How to Relax and Enjoy Your Life Again

**All mothers—new ones especially—go through periods of intense stress, and the effects are far reaching. From adding years to your appearance to causing excess weight-gain, stress is bad for mommy, and in turn for the whole family.**

According to recent studies, excessive stress during pregnancy can affect the unborn baby's brain development, and stressed-out new mommies are more likely to view their children as being more "difficult" than they really are.

But wait, you say: There just aren't enough hours in the day to take care of the kids, the house, the husband and still have enough time for me. While it's true that our lives are more hectic than ever, here are some strategies you can implement to help make every day as stress free as possible:

**1. Give Yourself a Time Out:** When you find yourself losing your temper at a child, a spouse or a situation, take a walk. Whether it's to the next room or outside, remove yourself from the scene and take deep breaths. Try to clear your mind of everything that just happened. Focus on details in a room, like a painting, or the sound of nature outdoors. After a few minutes you can return to the scene with a better perspective.

**2. Eat:** Too often, new moms and moms on the go cram their bodies full of whatever they can eat between feedings or soccer games. Don't. The constant blood sugar level fluctuations associated with improper diet means you're never at an even physical keel, and makes it harder to maintain low stress levels. Keep fruit or ready-peeled vegetables on hand for snacks on the go. Visit a meal assembly kitchen or other prepared food establishment to bring home healthy, easy dinners.



**3. Sleep:** Lack of sleep is a major cause of stress, and stress is a major reason for not getting enough sleep. Sound impossible to fix? It isn't. To get your recommended seven to nine hours of sleep a night, try to develop a relaxing routine before bedtime each night, such as stretching, deep breathing, reading or having dad give you a backrub. New moms, remember the old adage: when baby sleeps, you sleep—without guilt. The laundry will still be there tomorrow.

**4. Exercise:** Countless studies have shown that exercise reduces stress levels in multiple ways. If you don't have time to hit the gym or wellness center, take baby out for a brisk walk in the stroller for at least 30 minutes every day. For those with older kids, chase them around the house or the yard for a bit. You'll get the exercise you need and they'll work off that excess energy.

**5. Make Time for You:** Stop being the martyr and take—no, make—time for yourself each day. Whether it's a long shower, a quick pedicure or a phone call to catch up with a friend, it's important to feel like you still have your own life outside the house and kids.

While we can't guarantee a stress-free life, following these tips (and some of your own) will ensure that you're taking steps toward a happier, healthier you.

## Baby's Finally Sleeping Through the Night, Why Can't You?

**As new parents, we all yearn for those lost nights of uninterrupted sleep. Remember those? Those nights when dreams of that trip to St. Barts weren't interrupted by your screaming newborn, impossibly hungry again after what seems like a full feeding 15 minutes ago?**

The good news is that eventually, those nights do come. Studies show that most babies begin to sleep at least six hours through within the first year and up to 12 hours within the first two years.

The problem that a lot of moms are facing these days is that as soon as the baby begins to sleep more regularly, they no longer can. All that time wishing for long, quiet nights and now that they're here, they find themselves channel surfing and doing laundry. What happened?

### Causes

"All those sleepless nights and naps during the day sometimes reset your natural circadian rhythm (the body's 24-hour internal clock that tells you when to sleep and when to be awake)," says Lisa Johnson RCP RPSGT MPH, Manager of the Rex Sleep Disorders Center.

Also Johnson noted, "new moms are under a lot of stress. Whether it's worrying about missing play dates, coordinating in-law visits, vaccinations, or just worrying in general, increased stress wreaks havoc on your natural ability to wind-down at the end of the day and prepare your body for sleep". Some moms experience leftover pain from a difficult birth and have trouble getting comfortable in bed without the aid of multiple pillows or props.

Recent studies have linked improper sleep with increased risk of cancer, heart disease, obesity, a

weakened immune system and a whole host of other physiological issues that go beyond just feeling drowsy.

### How to Catch Those Much-Needed Zs

For chronic cases of insomnia, it's a good idea to visit a specialist. "When patients come in here, we take the time to get their whole sleep history and decide on a course of action based on that," says Johnson. "When it comes to sleep, no two patients are alike."

For the rest of us who've simply gotten out of the habit of good sleep, Johnson offers these tips to enjoy nights the way they were intended:

- If at all possible, avoid naps during the day. If you must have a nap, limit it to 30 minutes or less.
- Limit caffeine and alcohol intake.
- Don't smoke.
- Check your iron level. Proper iron levels are necessary for proper sleep.
- Keep the bedroom as a place for rest. Do work in the kitchen or office.
- Keep a regular schedule. Try to go to bed and wake up at the same time every day. But if you're feeling tired and it's not yet your bedtime, go to bed anyway.
- From soft music to warm cups of milk, it's important to use bedtime rituals that will let your body know its sleep time.
- If you're a worrier, write your worries down in a notebook you can keep beside your bed. Doing this will help you leave them "on the page," and free your mind for relaxation.

By following these tips, or seeing a specialist when necessary, you'll finally be getting the rest you need – and deserve.

## Dealing with Postpartum Joint Pain

**For most new moms, the pain that accompanies childbirth continues long after the baby is born. From stress-related headaches to aches in and around the pelvic area as well as overall joint pain, new moms have a lot to be on the lookout for.**

### The Cause

When you become pregnant, one of the more interesting things your body does is to release the special hormone called Relaxin, which relaxes ligaments in and around the pelvic bone and throughout the body. Couple that with the physical strain that the birthing process and carrying all that extra weight around for many months puts on your body. It can be more than a little overwhelming.

"Postpartum joint pain is completely normal," says Physical Therapist Jenny Flicker, MS PT from Rex Hospital. "But there's no need to suffer through it if you don't have to."

### The Cure

The best thing you can do to avoid or diminish postpartum pain is to stay strong during pregnancy and follow the exercise recommendations that your physician or therapist gives you.

Depending on the level of pelvic instability, Jenny recommends stretching and strengthening exercises, posture support, and other techniques that emphasize a more ergonomic approach to living in general. "Most women will see results in about six to 12 weeks, with a full recover taking up to two years," notes Jenny.

In the meantime, we have compiled a list of some things to do that will make these symptoms less intrusive.

- When getting into bed, sit on the edge keeping knees close together, and lie down on your side, lifting both legs at the same time. Reverse this to get up.
- Try not to pull yourself up while lying on your back.
- Keep your knees together when rolling over in bed.
- Sleep with a pillow between your legs. Add pillows in other areas for increased support.
- When getting into a car, sit down first, then swing your legs in keeping them together.
- Avoid sofas and chairs that are too low or too soft.
- Try to reduce the stress on the joint in question.
- Avoid any movement with your knees apart.
- Take smaller steps when walking.
- Avoid stairs if at all possible.
- Take breaks – you deserve them!
- Move within the limits of your pain.
- Limit twisting, bending or squatting.

For those who still have pain that doesn't respond to the above techniques or continues for many weeks or months after your pregnancy, Jenny recommends scheduling a consultation with a licensed physical therapist. Your physician may also recommend a postpartum support or brace to help alleviate painful symptoms.

"Sometimes just knowing what you'll be doing to relieve the pain is as important as doing it," says Jenny. "In anticipation of pain relief many patients leave our office feeling much better, even before their first session."

If you have persistent postpartum joint pain that does not go away, contact Rex Outpatient Rehabilitation to make an appointment with a physical therapist who can help you.

## Emergency Room 101: When to Go

**There may be times in our lives when we will have to make the decision of whether or not to take our child to the emergency room versus his regular doctor.**

As a general guideline, The American College of Emergency Physicians (ACEP) recommends the ER for the following symptoms:

- Difficulty in breathing, shortness of breath
- Chest or upper abdominal pain or pressure
- Fainting, sudden dizziness, weakness
- Changes in vision
- Uncontrolled bleeding
- Severe or persistent vomiting or diarrhea
- Coughing or vomiting blood
- Difficulty speaking
- Shortness of breath
- Persistent lower abdominal pain

### Pay Attention

The ACEP does point out, however, that children may display different symptoms than adults, and these symptoms may be more threatening and require immediate care. "It's important for all parents to pay attention to their children's symptoms, especially if they're not old enough to effectively communicate what they're feeling," notes Mary Lynn Smith, R.N., director of the Rex Emergency Department. "Parents should always seek immediate attention if they think there's a potentially life-threatening problem."

### When to Call 911

"If you feel your child's symptoms might become worse en-route to the hospital, don't hesitate to call 911 and have trained Emergency Medical Services (EMS) personnel come to you," says Smith.

EMS professionals will evaluate your child and determine the severity of the injury or symptoms.

Based on the result, they will determine whether to take your child to the closest medical facility with the capability to treat childhood trauma, or to one of your choosing. "Many people are tempted to call their family physician and try to get them to meet them at the hospital," says Smith. "What parents need to keep in mind is that our ER doctors are highly trained in dealing with time-sensitive issues and will make better decisions on what to do under the circumstances."

### When You Get There

*ACEP recommends you:*

- Bring a list of current medications and allergies. It's a good idea to keep a running list of such things for all members of the family, not just children. Knowing this will help the ER physician make more informed decisions on treatment options.
- Know your immunizations. As the list will most likely be long for children, your pediatrician will be happy to provide one for you to have on hand.
- Remain calm. Although it is difficult, it's important to remain calm and focused. Not only does it help ease tension for your children, but it also expedites treatment if you can react calmly.
- Communicate. Answer all questions clearly and concisely.
- Describe the symptoms in detail and don't be annoyed if more than one person asks you the same questions more than once. The more information everyone has, the better the treatment will be.

Surely no one wants to go through the stress of an emergency room visit. But by following the steps above, you're more likely to enjoy a comparatively positive experience.

## Heart Health For Life

**Ask most people what the number one killer of women is in the United State and the odds are they'll say breast cancer. While it is true that nearly 40,000 women per year die from breast cancer, that number pales in comparison to the real number one killer of women: heart disease.**

More than 500,000 women die every year from heart disease – more than ten times the number that die from breast cancer and all other forms of cancer, combined. So why do most people, many of them women, get the question wrong? "Heart disease, unfortunately, is still seen by many as a man's problem," notes Daryl Emery, M.D. a Rex Hospital affiliated cardiologist. "Although more and more women are finding out the facts, many more of them need to know the importance of heart health."

Studies suggest that women's estrogen protects them from the major effects of cardiovascular disease until about age 55, a full ten years later than when men begin to see symptoms. Because they are normally older when stricken, women are nearly twice as likely to die from a heart attack as men.

### Risk Factors

Along with the usual heart disease risk factors such as high cholesterol, smoking, high blood pressure and family history, other risks associated specifically with women include obesity, diabetes, hormonal status, level of physical activity, personality, and stress.

"More than one in five women have some form of heart disease, so it's important to recognize what may be increasing your individual risk," says Dr. Emery. "To get an accurate picture we recommend all women speak with their physicians about getting a complete heart evaluation that includes blood cholesterol levels, blood pressure and family history."

### Heart Attack

Many women don't experience the typical symptoms of a heart attack often present in men such as shortness of breath, chest pain and sweating. They do, however, experience other symptoms such as all-over body pain, nausea, vomiting, fatigue and an overall sense of not feeling well. If you experience any of these classic or atypical symptoms, it's important to seek medical attention immediately.

### Prevention

"There are certain things that all women, regardless of age, can do to help prevent heart disease," says Dr. Emery. These include:

- **Get regular cholesterol screening.** High cholesterol is a leading contributor to heart disease, and you should be familiar with your score.
- **Keep Cholesterol Under Control.** Your doctor can give you options for keeping your overall cholesterol, HDL, LDL, and triglycerides at healthy levels—or getting them there.
- **Maintain Low Blood Pressure.** Normal readings are around 130 over 80 mm Hg or less.
- **Exercise Regularly.** Aim for a minimum of 30 minutes of activity a day, three days a week.
- **Eat a Healthy Diet.** Besides avoiding trans-fats and saturated fats, you should eat a well balanced diet containing fruits, vegetables, grains, fish, nuts, legumes, poultry, lean meat, and low-fat dairy items.
- **Don't Smoke.** Ever.
- **Normal Weight.** Your weight should reflect a healthy BMI (Body Mass Index) of 18.5 to 24.9. A free BMI calculator can be found at <http://www.nhlbisupport.com/bmi/bmicalc.htm>

"There is no one cure for heart disease," says Dr. Emery. "But with proper screening and healthy lifestyle choices, we can help minimize and reduce nearly anyone's risk."