Dear Friends,

In this issue of Wellness Matters, we focus on women’s health. Often the caregivers of the family, many women find themselves coordinating the health care needs for their family and then themselves. HCGH provides women with health care support through every stage of life.

I invite you to read about unique treatments for common gynecological conditions and how you can prepare to start your family, as well as the services we offer to care for you every step of the way in your journey toward motherhood.

Women can also benefit from the Johns Hopkins Women’s Mood Disorders Center at Howard County now open in Columbia. There are many educational video opportunities included in this issue in which our experts share their knowledge and advice with you.

If you are looking to attend a comprehensive seminar on women’s health, the annual Johns Hopkins Medicine “A Woman’s Journey” conference offers a wonderful opportunity to hear from Johns Hopkins specialists on a variety of topics. Registration information is on the back cover.

Here’s to your good health!

Sincerely,

Steve Snelgrove
President

Please direct comments regarding Wellness Matters to 410-740-7810.
Hospital Information: 410-740-7890
**1. Select an OB/GYN:** In addition to finding a physician you can trust and feel comfortable talking to about your care, consider these factors:

- **Insurance:** Ensure you understand your insurance coverage and ask prospective physician practices if they accept your plan.
- **Size and Scope:** How large is the practice, and what services do they offer? Some OB/GYNs provide routine gynecological care and annual exams but do not deliver babies. If you are considering getting pregnant, make sure the services offered align with your current and future needs.
- **Affiliated Hospital:** Check that the physician has privileges at the hospital you would like to use. Ask what level of care the hospital’s nursery offers to ensure it is equipped for preterm birth and/or complications should they arise. For a list of OB/GYNs who deliver at HCGH, visit hcgh.org/OBGYN.

**2. Schedule Your Annual Exam**

Young women should have their first gynecologist appointment between the ages of 13 and 15 to establish a relationship with a gynecologist. The menstrual cycle, birth control and the importance of the HPV vaccine should be discussed. Pap smears and pelvic exams aren’t routinely started until age 21.

Once a young woman begins her period or becomes sexually active, she should visit her GYN once a year. After age 21, annual exams include:

- **Breast exams** to screen for breast cancer
- **STD and HIV screening** if sexually active
- **Pelvic exams** to screen for endometrial, uterine, ovarian and cervical cancers
- **Family planning and sexual health counseling**

You should visit your GYN outside of your annual checkup if you experience abnormal vaginal discharge or significant irregularities in your menstrual cycle, miss a period or if you want to change your birth control method.

**3. Planning for Pregnancy?**

Jean Hundley, M.D., an OB/GYN on staff at HCGH, recommends, “At least three months before trying to conceive, schedule a preconception appointment with your OB/GYN. This will allow your physician to assess your medical history, determine if you have any medical conditions that need to be addressed prior to pregnancy such as diabetes or hypertension, and review medications and supplements that can affect pregnancy.”

“In addition, you should adopt healthy habits:

- **Healthy Lifestyle:** Exercise regularly and maintain a healthy diet and weight.
- **Maintain Routine Care:** Ensure all routine appointments and vaccines are up to date, and all tests are normal before pregnancy.
- **Folic Acid:** All women of childbearing age should take .4 milligrams of folic acid or a multivitamin containing that dose daily or at least begin to do so three months prior to conception.”

Jean Hundley, M.D., is a board-certified OB/GYN with Capital Women’s Care Howard County in Fulton.

**Appointments:** 410-531-7557

**Pap Smear Guidelines**

Pap smears are routinely done every three years unless results are abnormal. Women over 21 should have pap smears regardless of sexual activity to effectively screen for cervical cancer. “While we may not be able to prevent cancer, with regular screening we can often catch cancer early and treat it,” says Jaime Chabuz, CNM, a nurse midwife on staff at HCGH.

Women who have no history of abnormal pap smears can stop annual exams at age 65. After ceasing annual GYN appointments, modified pelvic exams may be incorporated into physical exams to screen for various types of cancer. Women often continue seeing their GYN through menopause for support with sexual health and lifestyle changes.

Jaime Chabuz, CNM, is a certified nurse midwife with Signature OB/GYN in Columbia.

**Appointments:** 410-884-8000

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**WHAT IS A MIDWIFE?**

While many women choose to have an OB/GYN oversee their well-woman care or pregnancy, others select a midwife. The Certified Nurse Midwives who are on staff at HCGH have advanced education, certification and are licensed to manage comprehensive women’s health care in a variety of settings, focusing particularly on pregnancy, childbirth, the postpartum period, infant care and the family planning and gynecological needs of women throughout their life cycle.
Back to Basics: Nutrition and Exercise During Pregnancy

How much should you eat when pregnant? Is exercise really ok? According to Natalia Colón Guzmán, M.D., an obstetrician on staff at HCGH, maintaining healthy habits during pregnancy is important for you and your baby.

Weight Gain

The ideal amount of weight gain during pregnancy varies from 25 pounds if you are of average weight to no more than 15 pounds if you are overweight and up to 40 pounds if you are underweight. Despite this, Dr. Colón Guzmán notes, “Sometimes women don’t gain weight or tend to lose some weight. Unless mom loses 10-15 pounds, I don’t get alarmed.”

On the other hand, a large weight gain can cause pregnancy complications and may be difficult to reverse after your baby is born. Dr. Colón Guzmán warns, “Gaining too much weight can result in elevated blood pressure and may make you more prone to gestational diabetes as well as having a larger baby which, in turn, increases the risk for C-section.” A C-section can put you at risk for infection and other complications and should be prevented if possible.

A Healthy Meal Plan

You should not diet or give up treats, but you should be aware of your food choices, think about overall nutrition and watch your calories. “Contrary to popular belief,” says Dr. Colón Guzmán, “you’re not eating for two. You’re only eating an extra 300 calories a day, or 10 percent more than usual. That’s the equivalent of a cup of milk.

“You should also be careful where you eat, make sure food is cooked properly and fully wash fruits and veggies even if the packaging says they are prewashed. You should avoid lunch meats and any raw or undercooked meat, such as sushi or steak. Most kinds of cooked fish, however, are a healthy alternative. Salmon, for instance, is really good for you, and fish oils can help your baby’s brain development.”

Exercise and Self Care

Exercise during pregnancy helps keep weight gain on track, improves mental health and more. “If you already have a routine, keep doing it. You should try to stay active six days a week for 30 minutes a day,” says Dr. Colón Guzmán. “What you don’t want to do is start a new intense routine. If you’re not a runner, don’t start when you’re pregnant. Also, be sure to stay hydrated and drink eight to 12 glasses of water a day. Most important, listen to your body. If you feel like you cannot withstand the activity—stop.” Activities to avoid include contact sports and anything that could cause a fall, such as biking or horseback riding.

Other ways you can take care of yourself include sleeping well and relaxing. “I always tell my patients to find time to rest and pamper themselves.”

Self-care makes you feel better while pregnant, and that is important.”

– Natalia Colón Guzmán, M.D.
Fertility begins to decrease for most women as they reach their mid-30s, with the most dramatic shift happening after age 40. “The definition of advanced maternal age is 35 and older,” says Christina Chandler, M.D., an OB/GYN on staff at HCGH. “Many women are taken aback when tests show their fertility is declining. We encourage all women of childbearing age, whether they want a child in nine months or five years, to discuss their plans with their doctor.”

Risks with Age
After age 35, the risk increases for miscarriage, chromosomal abnormalities and preterm birth, as does the risk of gestational diabetes and hypertensive disorders such as preeclampsia. “Women over 40 with preexisting medical conditions need to be especially careful during pregnancy, because they are at the greatest risk of preterm delivery, pregnancy complications and maternal mortality,” says Dr. Chandler.

Healthy Mom, Healthy Baby
To ensure women over 35 are healthy for pregnancy, a preconception visit should be considered to confirm women are up to date on immunizations and at optimal general health. Testing can be done to assess fertility, and screen for diabetes and thyroid disease. They also can undergo carrier genetic testing prior to achieving a pregnancy. If fertility is discovered to be lower, a referral to an infertility specialist can save time for a couple trying to conceive.

When pregnant, women over 35 are offered the cell-free DNA test/non-invasive perinatal test (NIPT) to screen for chromosomal abnormalities. “Because it is only predictive, for most women this test is the starting point,” says Dr. Chandler. “Some women will go straight to more pointed tests, which can tell us definitively if a baby has a chromosomal abnormality.”

Pregnant women over the age of 35 can expect regular check-ups and more frequent ultrasounds throughout their pregnancy to monitor their baby’s growth. During the last month of pregnancy, fetal monitoring will also ensure the placenta is functioning well. Unless the pregnancy becomes high risk or complications develop, women can stay with their OB/GYN and continue normal activity. For women with a high-risk pregnancy, specialists at the Johns Hopkins Center for Maternal and Fetal Medicine in Columbia can consult, and provide testing and comprehensive care that addresses the needs of mom and baby.

Planning for Pregnancy
More women are choosing to have children later in life. Being aware of the progressive decline in fertility and making important decisions sooner rather than later is key to having a healthy pregnancy. “If a woman knows she wants children but isn’t ready yet, we can discuss a referral to an infertility specialist to freeze her eggs as a way to preserve the eggs for use later in life,” says Dr. Chandler. “Schedule an appointment with your OB/GYN if you are considering pregnancy after age 35 to discuss your fertility, risk factors that may be able to be modified before you are pregnant and your plans for starting a family.”

Christina Chandler, M.D., is a board-certified OB/GYN with Signature OB/GYN in Columbia. Appointments: 410-884-8000

Why is the NICU Important?
Care Unit (NICU) has evolved into a centerpiece program that is one of the reasons women choose HCGH for their obstetric care. Karen Maggio, R.N., HCGH NICU nurse manager, shares important information about neonatal care.

Not just for “preemie” babies:
We care for all babies, from premature to full term, who are experiencing any complication. Babies could be critically ill or need some extra support.

Not every hospital has a NICU:
If the hospital where you deliver doesn’t have a NICU and a problem arises, your baby will have to be transported to a hospital that can care for them. This means mom and baby will be separated until mom can be transferred or discharged. For this reason, it’s important to choose a hospital that can handle an unexpected situation or emergency.

Being a member of Johns Hopkins is crucial:
Staffed by Johns Hopkins neonatologists, the HCGH NICU is a level three facility, meaning the unit can care for babies with critical illnesses of all gestational ages. Should your child have complex congenital issues or require surgical care, your baby can stay in our system and receive care at The Johns Hopkins Hospital’s level four NICU. When your baby is well enough to be treated at HCGH, they can be transferred back so they are closer to home. In addition, there are times that a Johns Hopkins specialist will care for the baby here, so the baby doesn’t have to be moved.
Cesarean Section:
Managing the Risks and Improving Recovery

Cesarean sections, or “C-sections,” are often indicated if labor is prolonged, there is fetal distress or if the baby is presenting abnormally or breech (feet-first).

Although C-sections have become commonplace and can be performed safely, they can lead to an increased risk of infection, blood transfusion, maternal mortality, complications with future surgeries and injuries to the mother’s intestines and bladder. Additionally, notes Dana Baras, M.D., an OB/GYN on staff at HCGH, “While the average recovery time for vaginal birth is about four weeks, recovering from a C-section can take eight weeks or more.”

Because of the risks associated with the procedure, C-sections are only performed when medically necessary and, if possible, should be avoided. One of the best ways to avoid having a C-section is properly managing weight gain and lowering the risks associated with diabetes. “Women who are diabetic have a higher risk of C-section,” says Dr. Baras, “so maintaining a healthy body weight and improving diet and exercise to prevent gestational diabetes will assist in a healthy delivery.”

If you have had a C-section with a prior pregnancy, it does not mean you will need it with future pregnancies. Talk to your doctor about the possibility of trial of labor to have a vaginal birth after cesarean (VBAC).

Gestational Diabetes

Gestational diabetes is a type of diabetes marked by its diagnosis during pregnancy and resolution soon after birth. Complications for the mother can include an increased risk of C-section and preeclampsia, while the baby can develop jaundice, have a high birthweight, low blood sugar or difficulty breathing after birth. The risk of stillbirth increases as well. “Mothers with gestational diabetes should be alert to any decrease in fetal movement, which can be a sign of fetal distress,” warns Dr. Baras.

To manage the condition, women are advised to exercise daily and adopt a healthy, diabetic diet. An expecting mother may be prescribed insulin to manage her blood sugar, allowing some of the risks to be reduced.

Improved Recovery from Surgery at HCGH

HCGH is seeking to help improve surgical recovery time with new protocols aimed at avoiding prolonged fasting periods, premedicating for pain and nausea, reducing the use of narcotics during and after surgery and using a variety of methods to control pain.

According to Dr. Baras, “The implementation of this new protocol is a wonderful benefit for new moms who require a C-section. If they want to start breastfeeding, they will feel better while bonding with their baby after birth.”

To hear more from Dr. Baras: bit.ly/HCGH_GestationalDiabetes and bit.ly/HCGH_CSection

Dana Baras, M.D., is a board-certified OB/GYN with Signature OB/GYN in Columbia.
Appointments: 410-884-8000
Identifying and Recovering from Postpartum Depression

About 80% of new mothers will feel overwhelming mood swings, brought on by drastic hormonal changes and sleep deprivation. These feelings usually prove to be temporary, occurring typically within the first two weeks postpartum. However, one in seven women experience a more severe change in mood that requires treatment.

Ashley Bone, M.D., is a board-certified psychiatrist practicing at the Johns Hopkins Women’s Mood Disorders Center at Howard County.

Appointments: 410-720-8530

It’s common for new mothers to experience “baby blues.”

“With postpartum blues, some moms will finally get a good night’s sleep and then they’re fine,” says Ashley Bone, M.D., a Johns Hopkins psychiatrist on staff at HCGH. “Getting a good night’s sleep is not going to relieve postpartum depression.” Postpartum depression is a more severe condition that can last six months to a year after delivery.

Recognize the Signs

“It is very important for new mothers and their families to understand the warning signs,” warns Dr. Bone. “Moms with postpartum depression often have no energy, have a hard time getting out of bed and functioning, may not eat much and don’t take care of themselves. Often, it is their family members who are getting them help.”

New mothers and families should be on the lookout for depression lasting more than two weeks, as well as drastic weight loss. If a new mother is having suicidal thoughts, she should immediately go to the emergency room.

Understanding the Difference

Postpartum depression is distinguished by severe sadness, feelings of guilt, worthlessness, thoughts of suicide and impacts functioning. These women can also have intrusive thoughts that can manifest in the form of extreme anxiety that can mimic Obsessive Compulsive Disorder (OCD). According to Dr. Bone, “These new mothers worry that something bad is going to happen to their child and it is going to be their fault. They’re checking things repeatedly and may lose significant weight because they are so anxious, they can’t keep food down.”

Getting Help

Postpartum depression is highly treatable. Newly diagnosed mothers are often prescribed antidepressant medications. Because women are vulnerable for at least a year after delivery, treatment will often continue throughout that time to allow for mood stability to be established.

If you or your family believe you are experiencing postpartum depression, speak to your OB/GYN. “Women who are suffering may think that they shouldn’t take medication because it won’t help, or it will interfere with breastfeeding. Others think their symptoms mean they are already failing and are never going to be a good mom,” says Dr. Bone. “But none of those things are true and there is help.”

Are You at Risk?

Although an exact cause has not been identified, women with a previous mood disorder diagnosis or postpartum depression following a prior pregnancy, as well as those who are sensitive to hormonal changes, are at a higher risk. Women who are more irritable and/or depressed around their menstrual cycle should watch for symptoms after giving birth.

Ashley Bone, M.D., is a board-certified psychiatrist practicing at the Johns Hopkins Women’s Mood Disorders Center at Howard County.

Appointments: 410-720-8530
Choosing the Right Birth Control For You

Selecting a birth control method can feel overwhelming, but an open and honest conversation with your OB/GYN about your health conditions, your relationship status and your plans for a family will help you identify the best method. Tamara Means, M.D., an OB/GYN on staff at HCGH, shares the pros and cons of some popular birth control options.

Birth control pills are daily hormonal oral contraceptives and have the added benefit of regulating the menstrual cycle as well as decreasing bleeding, pain and cramps with periods — some pills eliminate periods completely. “You also have the convenience of starting and stopping as needed,” says Dr. Means. “If you have a negative side effect, like headaches, you can stop taking the medication and the side effect stops with it.”

Other hormonal options include:

• The patch (replaced weekly)
• Vaginal ring (replaced monthly)
• Depo-Provera® shot (administered every three months)
• Nexplanon® implant (replaced every three years)

Hormonal forms of birth control, especially the patch and the ring, may put the user at a slight risk for high blood pressure, blood clots and/or stroke. “When you take a birth control pill, there’s a spike in hormones but as your body processes them, they will normalize,” says Dr. Means. “With the patch and the ring, the dose of hormones is lower but constant making the overall exposure greater. That said, it is still within acceptable levels.”

While less effective than other forms, especially if not used correctly, barrier contraception such as a condom, does not contain hormones and is the only type of birth control that also protects against sexually transmitted infections (STI) like gonorrhea, chlamydia, hepatitis or HIV. “For that reason, I encourage almost all our young patients and people who aren’t sure of their partner’s STI status and/or aren’t in long-term, committed relationships to use barrier contraception,” says Dr. Means.

The IUD is a good choice for women seeking a highly effective, error-proof, long-term birth control method that is both barrier and hormonal. It can last for over five years, and hormonal options can help ease heavy periods. “I wish people were not so afraid of IUDs,” says Dr. Means. “The concern that it will move or otherwise cause harm isn’t substantial. Best of all, you don’t have to worry about whether you forgot it. It goes everywhere with you.”

All the above methods are reversible and do not affect fertility. Women who are not interested in having any or more children may consider permanent tubal ligation. Done laparoscopically, the procedure involves the removal of a portion or the entire fallopian tubes. “It’s about 100% effective when you remove the entire tube, however reversal rates are not high, so if you’re not completely sure you do not want any more children, you should choose a different method,” says Dr. Means.

Tamara Means, M.D., is a board-certified OB/GYN with Signature OB/GYN in Columbia. Appointments: 410-884-8000

To hear more about birth control options from Dr. Means: bit.ly/HCGH_BirthControlTemporary and bit.ly/BirthControlLongTerm
Perimenopause and Your Mental Health

As the body’s production of estrogen and progesterone decreases leading up to menopause, the changing hormone levels can cause mood swings and emotional instability. “It is very common for women to experience irritability, changes in eating and sleep problems during this time,” says Jennifer Payne, M.D., a Johns Hopkins psychiatrist on staff at HCGH and director of the Women’s Mood Disorders Center at Howard County. “Some of those symptoms are considered normal, but if those feelings are caused by major depression, they can take on a life of their own and result in severe mood swings, intense reactions and dramatic changes in feelings.”

Women are most vulnerable to developing depression during times of hormonal change, such as after childbirth or in the years leading up to menopause, called perimenopause. Once a woman enters menopause, however, her hormonal fluctuations decrease, and her risk goes down. Despite this, depression during this time is not caused by hormones. “So many people who have mood symptoms want their hormones tested,” says Dr. Payne. “During perimenopause, it’s not that something is wrong with your hormones. It’s that your brain is sensitive to hormone changes.”

The Cycle of Life: ENTERING MENOPAUSE

The average woman will have a monthly period for almost 40 years, with menopause marking the end of fertility. According to Amanda Tellawi, M.D., an OB/GYN on staff at HCGH, “Many women experience changes a few years prior to menopause during perimenopause. In this phase, ovulation becomes irregular and hormones take longer to peak, extending the menstrual cycle until egg production ceases, putting the body into menopause.” A woman is considered to be in menopause after 12 months without a period. The average age for menopause is 51.

Rise and Flash of Symptoms

Perimenopause symptoms can be experienced years before entering menopause and may include:

- Irregular and/or heavy periods
- Hot flashes
- Night sweats
- Mood irritability
- Heat intolerance

When entering menopause, Dr. Payne suggests managing irritable moods through self-care techniques like yoga and other exercises, sleep, meditation and therapy. When a low mood and other symptoms of depression last two weeks or longer, or if you are experiencing suicidal thoughts, talk to your doctor.

The Women’s Mood Disorders Center at Howard County offers evaluations for women suffering from mood disorders with an emphasis on treating hormonally triggered mood disorders, including premenstrual, postpartum and perimenopausal mood disorders.

Making the Transition

“Menopause often comes with a lowered sex drive and slower metabolism which can result in weight gain and difficulty in losing weight. It is important to understand that this is normal,” says Dr. Tellawi. “Be sure to continue to maintain your overall health through diet and exercise. Medications and strategies are available to help women make the transition into menopause, but should always be discussed with your OB/GYN before use. Many herbs and supplements that are sold over the counter can come with their own set of risks. Even hormone replacement therapies, that can bring relief for some women, can be dangerous for others depending on their medical history.”

“Menopause does not happen overnight. You are going through a huge life transition. Expect changes and your GYN can help you work through them.” – Amanda Tellawi, M.D.
How is a hysterectomy performed?

A hysterectomy is preferably done laparoscopically or vaginally, which allows for smaller incisions, much less pain, faster recovery and fewer complications. According to Dr. Watson, “At HCGH, we are well above the national average in performing minimally invasive hysterectomies vs. open surgery.”

If your hysterectomy can be done laparoscopically, you may spend one night in the hospital. Recovery restrictions include: no driving for two weeks, no heavy lifting for four weeks, and no intercourse for six weeks. Many patients can return to work in two weeks, if they have a desk job.

Dr. Watson says, “Patients should know that a hysterectomy does not cause bladder or vaginal prolapse. Additionally, it does not affect orgasms or sex drive. It is a significant operation, but the risk of a serious surgical complication is small. Most importantly, your quality of life is vastly improved.”

Conservative Treatment Options

“To treat a woman’s bleeding or pain symptoms, we recommend conservative therapy first, whenever possible,” notes Dr. Watson. “Birth control pills or a hormonal IUD can often lessen excessive bleeding or pain. Endometrial ablation, a procedure to remove a thin layer of uterine tissue, is also an option if your uterus is small and normal. Another procedure to treat fibroids is uterine artery embolization done by an interventional radiologist who injects silicone particles to block blood flow to the fibroids. However, when done in younger patients, it often doesn’t last until menopause.

“When conservative options for treating heavy bleeding do not provide relief, if you are highly anemic, or if the bleeding is interfering with your daily activities, a hysterectomy is recommended. You will never bleed again.”

Understanding Hysterectomy

A hysterectomy is the surgical removal of the uterus and cervix (and preferably the fallopian tubes) and does not include removal of the ovaries, unless there is an indication they are abnormal. If the ovaries must be removed before you reach menopause, the loss of hormones will cause you to immediately enter menopause.

According to Margot Watson, M.D., a gynecologist on staff at HCGH, a hysterectomy can treat a range of conditions including fibroids, endometriosis, pelvic organ prolapse, abnormal vaginal bleeding, chronic pelvic pain and gynecologic cancer. In addition, a hysterectomy can be performed as a gender-affirming surgery for transgender men.

For women who are experiencing excessive bleeding or pelvic pain, the most common cause is fibroids, which are tumors of the uterus and are almost always benign. (Read more about fibroids on page 12.)

Margot Watson, M.D., is a board-certified gynecologist with Signature OB/GYN in Columbia.

Appointments: 410-884-8000

Hear more from Dr. Watson: bit.ly/watson-gyn

“For women who are suffering, a hysterectomy is a life-changing procedure.”

– Margot Watson, M.D.
A Word About Mammograms

“Screening mammogram programs started in the 1980s and have shown a 40% reduction in breast cancer deaths in women who get annual mammograms,” says Sarah Zeb, M.D., director of Breast Imaging at Johns Hopkins Medical Imaging in Columbia.

Screening Mammograms:

- should be performed every year in average-risk women without symptoms beginning at age 40 or earlier for women who are at high risk.
- detect cancers when they are at their smallest before they can be felt. If cancer is found at an early stage, it results in better outcomes.

Diagnostic Mammograms:

- should be performed in patients with symptoms such as a lump or nipple discharge.
- are also performed in patients who are called back after a screening exam to further evaluate a finding.
- are for patients who have a history of treated breast cancer. We follow them with a diagnostic evaluation for three years and then they can return to receiving an annual screening mammogram.

Traditional 2D Mammograms:

- have a disadvantage as the tissues overlap on the images. It could be that a small cancer is not seen because it is hiding behind other tissue and it cannot be separated from other tissues. In a 2D mammogram there may be normal overlapping tissue which makes it looks like there is a cancer when there is not, however, the patient has to be called back for a diagnostic mammogram to confirm that it is just normal tissue.

3D Mammograms:

- take images in one-millimeter sections, providing the radiologist with a clearer view of breast tissue.
- are not just beneficial for women with dense breast tissue. They help detect findings for women of all breast density.
- benefits include an approximate 40% reduction in recall rate from a screening exam, as well as approximately a 40% increase in small invasive cancer detection.
- are three to four seconds longer, during which the X-ray tube is moving across the breast in an arc to obtain the 3D set.
- are covered by most insurances, however, coverage varies by state, and each patient should check with their insurance carrier.

The Breast Center at HCGH

Breast imaging and mammograms are designed to find abnormalities — when the results of your mammogram need further investigation, Howard County General Hospital’s Breast Center offers comprehensive breast services that include diagnostics, biopsies and a full range of treatment options for breast cancer, provided by Johns Hopkins and HCGH specialists. HCGH’s Breast Center is the only hospital-based program for breast cancer treatment in Howard County, allowing our patients to receive expert care close to home.

The Breast Center at HCGH offers comprehensive care for women with breast cancer and other breast health issues, including those who have:

- discovered a breast lump and need diagnostic imaging or biopsy.
- an abnormal mammogram requiring a biopsy.
- recently been diagnosed with breast cancer and would like to consult about treatment options.
- had a recurrence of breast cancer.

To learn more about the Breast Center: bit.ly/HCGH-BreastCenter
The Facts About Fibroids: Your Health and Fertility

Fibroids are benign tumors located within the uterus made of smooth muscle cells. This common condition can be found in up to 30% of reproductive-age women not in menopause, 70% of white women and more than 80% of black women over the age of 50. Despite their frequency, their exact cause remains unknown. Karen Wang, M.D., a Johns Hopkins minimally invasive gynecologic surgeon on staff at HCGH, shares the facts about fibroids.

Q: What are the symptoms of fibroids?
Some women do not experience any symptoms and fibroids are found incidentally during imaging for something unrelated. Other women may experience painful periods or pain in their lower back. Pressure symptoms impacting the bladder and/or intestines are also common and can cause urinary frequency or constipation. Fibroids can sometimes cause abnormal bleeding, which happens more than once a month and lasts longer than 10 days, or extreme heavy bleeding. This can result in anemia and the need for a blood transfusion in some cases.

Q: How are fibroids diagnosed?
Fibroids are typically diagnosed on imaging that is ordered during the workup of symptoms such as pelvic pain, pressure, abnormal bleeding, infertility or subfertility or when an enlarged uterus is found during your annual examination. Your provider may order additional tests—blood count, thyroid, endometrial biopsy or MRI—depending on your symptoms.

Q: Are fibroids a sign of cancer or pre-cancer?
Fibroids are typically benign, especially in younger women. The risk for women in their mid-to-late 40s is higher, so we are more cautious in those cases and will use imaging or biopsy to thoroughly check for abnormalities.

Q: What impact do fibroids have on fertility?
Fibroids can affect fertility depending on their location and size. They can impact the implantation of an embryo, increase the risk of miscarriage or complicate a pregnancy (pain, preterm labor, preterm delivery, restricted growth).

Q: What are the treatment options?
Treatment depends on a variety of factors including your symptoms, age and preferences. There are medicines to help control the symptom of bleeding. But, if the fibroids are large and cause pressure-related symptoms, there are several procedures offered. The treatment we select largely depends on whether you are still interested in having children. If you are not, the most definitive way to treat and eliminate fibroids is through the removal of the uterus and fibroids during a hysterectomy. Alternatively, uterine artery embolization can make the uterus smaller and reduce symptoms.

If you still want to be able to have children or prefer to preserve the uterus, we often recommend a surgery to remove the fibroids called a myomectomy. The surgery can be done laparoscopically which is a minimally invasive option that boasts a faster recovery time and less overall pain. Patients go home the same day of the surgery and recovery is typically between 2-4 weeks.

Karen Wang, M.D., is an OB/GYN specializing in minimally invasive gynecologic surgery with Johns Hopkins in Columbia.

Appointments:
443-997-0400

To learn more about fibroids from Dr. Wang: bit.ly/karen-wang
New Vice President of Nursing Joins HCGH

Welcome to Jennifer C. Baldwin, MPA, RN, the hospital’s new vice president of nursing and chief nursing officer. She is responsible for inpatient nursing units as well as Emergency Services, Women’s and Children’s Service, Clinical Education, Patient Care Staffing and Operations.

Hospital CMO Named to Becker’s Hospital Review List

Shafeeq Ahmed, M.D., HCGH vice president of Medical Affairs, has been named one of 2019’s “100 hospital and health system chief medical officers to know” by Becker’s Hospital Review.

New Board of Trustees Chair and Professional Staff President Named

HCGH is pleased to announce that Elizabeth Rendón-Sherman, CEO/CFO at LG-TEK, has been elected chair of the hospital’s board of trustees.

“The hospital is striving to meet the needs of the community by expanding physically with its new addition and bringing increased services to area residents through its Population Health efforts. I am pleased to be a part of that growth,” says Rendón-Sherman.

Jeanette T.M. Nazarian, M.D., has been named president of the HCGH Professional Staff. A member of the HCGH Professional Staff since 2012 and the director of the hospital’s Intensive Care Unit, Dr. Nazarian received her medical degree from the University of Maryland School of Medicine and completed her residency and a fellowship in pulmonary and critical care medicine at the University of Maryland Medical Center.

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New HCGH.org Now Mobile Friendly

The HCGH website has a new look! Our new mobile-friendly design allows users to better view and interact with our site from their mobile devices. If you are looking for a physician, use the online directory for the most current information. You can also find a complete listing of hospital services and programs.

HCGH Population Health Department Receives Award

The HCGH Population Health Department received a 2019 Health Care Hero Award in the Community Outreach/Education Hero category from The Daily Record. The award honors individuals and organizations that have helped the community they serve by providing support and education.

Through programs such as the Community Care Team and Journey to Better Health, HCGH partners with county residents to address barriers to either returning to a healthy state or maintaining a healthy lifestyle.

First DAISY Award for Extraordinary Nurses Given to Piya Hegland

HCGH Labor and Delivery nurse Piya Hegland was the recipient of the first DAISY award. The award, which will be presented quarterly, honors extraordinary nurses. Piya was commended for her excellent clinical skills and empathy, as well as care and compassion for her patients’ families. To learn more about the DAISY awards, visit hcg.h.org/DAISY.
Howard County resident Patti Caplan was at home in River Hill with her husband Roger when she noticed tightness in her chest. Then she began sweating. A metallic taste filled her mouth, and the pain began to radiate into her back. She was having a heart attack.

She shared her captivating story of survival with more than 350 guests at our annual Heroes in Health Care event at the Johns Hopkins University Applied Physics Laboratory’s Kossiakoff Center on Saturday, June 8. Chaired by Zack Shariff and Louann Magi-Shariff, the event featured dinner, dancing to live music, superhero-themed caricatures and recognition of more than 30 HCGH caregivers who were part of Patti’s care team.

This year’s record-setting event raised more than $200,000 to benefit HCGH. To hear Patti’s story, visit: hcgh.org/heroes.
Thousands of NICU Babies to Benefit from Cutting-Edge Technology Donated by Local Family

When HCGH Chief of Neonatology Tuvia Blechman, M.D., learned about a new, advanced technology that would allow Lundy Family Neonatal Intensive Care Unit (NICU) staff to test breast milk and ensure it contains the exact nutrients to help preterm babies thrive, he knew the important role this breast milk analyzer could play in the care of his tiniest patients. Dr. Blechman has followed the development of this device, and once it received FDA approval, he worked with the Howard Hospital Foundation and longtime donor, the Lundy Family Foundation, to bring this equipment to the level III+ NICU at HCGH.

Breast milk regularly changes in nutritional composition. When given to NICU preterm babies, breast milk is fortified to meet their need for macronutrients like carbohydrates, protein and fat. Adding the correct amount of fortification is critical. The breast milk analyzer measures macronutrient composition and generates the exact fortification formula for each baby.

“It used to be a challenge to provide the correct amount of fortification to optimize growth without knowing the exact content of the mother’s milk,” says Dr. Blechman. “With the breast milk analyzer, we no longer face that challenge.”

“A Valentine’s (birth)Day Gift to the NICU

Christine Gemi clearly remembers the year Valentine’s Day took on a whole new meaning for her and her husband. It was February 14, 2014, and after weeks of bedrest for Christine, at 31 weeks pregnant, she gave birth to their son. For nearly seven weeks, he remained in the HCGH NICU.

“We all had our ups and downs,” recalls Christine. “The NICU nurses did everything to put our minds at ease, keep us comfortable and help us understand what was happening every step of the way.

“For our son’s first birthday, we decided to donate to the NICU every year in honor of him. For his first birthday, we collected nearly 100 preemie outfits in lieu of gifts for the NICU.” With a list of needs from the NICU, the Gemis have continued that tradition for the years that followed.

Christine gets support from a network of nearly 4,000 families through a Howard County playgroup she founded on Facebook. A frequent topic of discussion among group members is the NICU and how grateful parents are for the care they received.

“This year, for my son’s fifth birthday, we held a Valentine’s Day dance for the Facebook playgroup to benefit the NICU,” says Christine. “Nearly 100 people attended, including many NICU grads and families, and raised more than $1,000.”

Christine contacted the NICU to ask how the monies raised from the dance and their annual egg hunt could best benefit the NICU and was told of the need for positioning aids for premature babies.

According to Megan Katauskas, R.N., HCGH NICU clinical coordinator, “Premature babies experience significant environmental changes when transitioning from life in the mother’s uterus to life after birth. The positioning aid supports the baby in a natural fetal position — simulating the in-utero sensation of having boundaries — and promotes proper development. The aid also eases the baby’s stress and creates a comforting environment.”

“We’re bringing the community together to show how incredibly appreciative we are for the support we received during such a difficult time,” says Christine. “I am glad our efforts are making a difference.”
Donations Fund Campus

Excitement is growing at HCGH as construction on the new building reaches 75% completion. While progress is striking, our community’s continued support is needed as we reach the final stages of construction. The $45 million campus construction project includes a two-story addition with a new emergency room entrance, inpatient psychiatry unit and patient observation unit as well as renovations to existing space. Construction began in 2017 and is expected to be completed at the end of this year.

A heartfelt thanks is extended to all of our donors. Recently the foundation was the recipient of two particularly meaningful gifts. The Kahlert Foundation made a $1 million donation that followed a gift of $250,000 in 2017, and Cyndi and Ron Gula contributed $500,000 to the project.

“We wholeheartedly support the campaign and the forthcoming improvements at the hospital and encourage others to do the same. Supporting the hospital expansion is the best possible way to maximize the health and well-being of people served in the community.”

— Greg Kahlert, president of The Kahlert Foundation

“A total of $9.2 million of the $15 million goal has been raised, and while we’re thankful for the progress made over the past two years, we remain focused on reaching our goal,” said Jennifer Smith, vice president of development for Howard Hospital Foundation.

“Now more than ever, we need the support from our community to make our vision a reality.”

TO LEARN MORE AND SUPPORT Building Today for a Healthier Tomorrow, visit hcghoftomorrow.org.

Ellicott City Family Donates $500,000 to Support Construction Campaign

HCGH recently received a $500,000 donation from Ellicott City residents Cyndi and Ron Gula to support the hospital’s campus construction project.

“Our children were born at Howard County General Hospital, so we always had a connection,” said Cyndi Gula, “but it wasn’t until we learned about the hospital’s critical need for philanthropy that we considered the impact our support would have on health and wellness in Howard County. After meeting with HCGH President Steve Snelgrove, the decision to make a gift to the hospital was easy. It’s important to us to invest in the community where we work and live, so it was a natural fit to support the hospital.”
Construction

GOAL of $15 million

TOTAL $9.2 million RAISED TO DATE

WELCOME New Vice President of Development for Howard Hospital Foundation

Jennifer Smith brings more than 25 years of development experience, including cultivation, solicitation and stewardship of major gifts, capital campaign strategy, annual appeal programs and event planning.

She joined the foundation last year as director of major gifts. In her position, Jennifer strengthened the foundation’s major gift and planned giving program by establishing a campaign plan, managing the major gift and planned giving committee and cultivating donor relationships.

NEW Chair of Foundation Board of Trustees

The Howard Hospital Foundation board welcomes Pamela Wagoner as chair. Pamela, who is president of Upstream Insights, LLC, has served on the foundation’s board since 2013. Her membership on committees has been instrumental in the foundation’s success.

“It is my honor to serve as chair,” says Pamela. “I believe that our community deserves world-class health care. As a resident, it is my duty and privilege to provide philanthropic support to the hospital so that our community has access to the highest quality of care and services. I believe in HCGH and its ability to help make Howard County a better place.”

117 GIFTS RECEIVED TO DATE

FROM 104 DONORS

$1,923,516 RAISED IN FY19 FROM 36 DONORS

HIGHLIGHTS OF NEW SPACE:
- Emergency Department entrance and waiting area
- Inpatient Psychiatric Unit
- Observation Unit
- Pediatric Behavioral Health
- Expanded Adult Behavioral Health Unit
- New Medical-surgical Unit

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SPECIAL EVENTS

Wellness Screening for Your Health
Screening includes risk assessment for prediabetes and stroke; blood pressure and BMI measurement; and healthy lifestyle information and education. Walk-ins welcome. Held at St. James UMC, 12470 Old Frederick Road, Marriottsville. 9/8, 11 a.m.–1:30 p.m. Free.

Advanced Care Planning
Our staff will help you think through your care wishes, complete an advance directive and electronically store your documents for providers to access. An advance directive assigns a health care agent who will speak for you should you be unable to communicate. It can also include a living will, a document that communicates your health care wishes. Already have an advance directive? Having your advance directive on file at the hospital allows providers to follow your wishes if you are ever at the hospital and unable to communicate. Walk-in, first-come, first-serve. Registration not required. Held at Trellis Center, 10760 Hickory Ridge Road, Columbia on the third Thursday of each month. 3–6 p.m. For more information, contact 443-518-6684 or kshelto7@jhmi.edu. Free.

Youth Mental Health First Aid
This program is designed to teach parents, teachers, school staff, neighbors, health and human services workers and other caring citizens how to help an adolescent (age 12–18) who is experiencing a mental health or addictions challenge or is in crisis. For adults who live or work in Howard County. Held at HCGH 1C Conference Room. 10/18, 8:30 a.m.–5 p.m. Free.

Mental Health First Aid
This nationally recognized course will familiarize you with the signs, symptoms and frequency of mental illness. Learn how you can provide effective and appropriate assistance, which can save lives, promote recovery and reduce stigma. For adults who live or work in Howard County. Held at HCGH 1C Conference Room. 9/27 or 11/15, 8:30 a.m.–5 p.m. Free.

HEALTHY FAMILIES

New Moms Support Group
Open to first-time mothers who delivered at HCGH and their babies, up to 5 months old. Share experiences with other new moms. Includes support, referrals, guest speakers and discussion of parenting topics. Held at Slayton House, 10400 Cross Fox Lane, Columbia. Thursdays, 10/17-12/12, 11:30 a.m.–1 p.m. Free.

Choose Your Pediatrician and Promote Your Newborn’s Health
Learn factors to consider and questions to ask when choosing your pediatrician and ways you can promote your newborn’s health. Presented by pediatrician Edissa Padder, M.D. Held at the HCGH 1C Conference Room. 9/12, 7–8:30 p.m. Free.

Financial Issues for Prospective, Expectant and New Parents
A Certified Financial Planner™ will discuss financial issues involved in starting a family. Leave with a plan to help you feel confident about your finances. Held at the HCGH 1C Conference Room. 10/24, 7–9 p.m. Free.

NEW! Understanding Birth: An Online Class
This online course allows you and your partner to learn about childbirth preparation at your own pace in your home and does not include classroom instruction. This e-course includes information about pregnancy, labor/childbirth, comfort techniques, C-section, medical procedures, newborns and postpartum care. Learn from videos, interactive exercises, activities, helpful tools, checklists, resources, trackers and quizzes. For more information, visit hcgh.org/classes. $35 for nine-month access.

HCGH offers classes to prepare parents for a successful birth and newborn experience. For information and to register for Childbirth Preparation, Breastfeeding and Infant Care classes, as well as a tour of the birthing center, visit hcgh.org. Grandparents and caregivers are invited to register for Infant Care and Family & Friends CPR classes.
IMPRESSING YOUR HEALTH

Living Well
This six-week workshop is for those living with or at risk for a chronic condition such as heart disease, diabetes, cancer, depression, arthritis, lung disease and other long-lasting health concerns. Learn techniques to cope with feelings of frustration, fatigue, pain and isolation. Develop skills to communicate more effectively about your health. Learn exercises and healthy eating habits to maintain and improve well-being. Caregivers are welcome to register. Held at St. James UMC, 12470 Old Frederick Road, Marriottsville. Sundays, 9/22-10/27, 11 a.m.–1:30 p.m. Held at Atholton Seventh Day Adventist, 6520 Martin Road, Columbia. Mondays, 9/30-11/4, 5:30–8 p.m. Held at East Columbia Library, 6600 Cradlerock Way, Columbia. Wednesdays, 10/9-11-13, 6–8:30 p.m. Free.

Cancer Self-Management
This six-week workshop provides information and practical tools to help individuals self-manage symptoms, challenges and day-to-day tasks in a small, supportive group setting. This workshop is appropriate for those living with cancer as well as those who have been affected by cancer and their caregivers. Held at Little Patuxent Specialty Care Center, 2nd Floor, 11065 Little Patuxent Parkway, Columbia. Thursdays, 10/10-11/14, 10 a.m.–12:30 p.m. Free.

Prediabetes
Our certified diabetes educator/registered dietitian will teach you how to make changes to prevent or delay an actual diabetes diagnosis. Held at HCGH 1C Conference Room. 9/24, 7–9 p.m. $15.

HEALTHY HEART & LUNGS

Family & Friends CPR
Learn the lifesaving skills of adult hands-only CPR; child CPR with breaths; adult and child AED use; infant CPR; and relief of choking in an adult, child or infant. This course provides students with the most hands-on CPR practice time possible and is appropriate for anyone interested in learning the skills to save a life. This course is not for health care providers or anyone needing a professional certification or completion card. Held at the HCGH 1C Conference Room. 9/11, 10/14 or 11/19, 6-9 p.m. $45.

GET HEALTHY WITH DIET & EXERCISE

The Mall Milers
Walk-for-health program at The Mall in Columbia. Blood pressure screenings on the second Tuesday of the month. Free.

Dietary Counseling
Discuss your dietary concerns and goals with a registered dietitian. $40 for a half-hour appointment. Insurance is not accepted. Held at HCGH Medical Library. 9/12, 10/17, 11/14 or 12/5, 6-8 p.m.

HCGH doctors serving you

These HCGH physicians have recently relocated or established new offices in Howard County.

CARDIOLOGY
Mansoor Ahmad, M.D.
Charu Gandotra, M.D.
Padder Health Services
8850 Columbia 100 Parkway, #301
Columbia, MD 21045
301-560-4747

GASTROENTEROLOGY
Eduardo Castillo del Castillo, M.D.
Gastro Center of Maryland
7120 Minstrel Way, #100
Columbia, MD 21045
410-774-6819

INTERNAL MEDICINE
Samuel Nokuri, M.D.
Premier Health Express
9710 Patuxent Woods Drive, #200
Columbia, MD 21046
443-899-9525

OB/GYN
Veronika Levin, M.D.
Johns Hopkins Community Physicians
6350 Stevens Forest Road, #107
Columbia, MD 21046
443-367-4700

ORAL AND MAXIOFACIAL SURGERY
Jean-Luc G Niel, D.M.D
Howard County Oral Surgery Associates
5140 Dorsey Hall Drive
Ellicott City, MD 21042
410-997-5826

ORTHOPAEDIC SURGERY
Sang Hun Lee, M.D.
Julius Kunle Oni, M.D.
The Johns Hopkins Musculoskeletal Center
10710 Charter Drive, #205
Columbia, MD 21044
443-997-6754

PEDIATRICS
Theresa Elaine Bourne, M.D.
Klebanow & Associates
8821 Columbia 100 Parkway
Columbia, MD 21045
410-997-1700

PEDIATRIC SURGERY
Clint Cappiello, M.D.
Johns Hopkins Community Physicians
11085 Little Patuxent Parkway, #103
Columbia, MD 21044
443-997-5437

PULMONOLOGY/SLEEP MEDICINE
Elliott Nicholas Exar, M.D.
Johns Hopkins Center for Sleep
11085 Little Patuxent Parkway, #210
Columbia, MD 21044
800-937-5337

CLASS LOCATIONS HAVE CHANGED
Please see class description for location.

REGISTRATION
hcgh.org/events – online registration
410-740-7601 – information
410-740-7750 – physician referral
410-740-7990 – TDD
Advance registration is advised for all programs unless noted. Payment due at registration. A $25 cancellation fee will be applied to cancellations made less than one week before class. For Childbirth Classes, there is an additional $35 online service fee. Refunds will not be given less than 24 hours before class starts. For cancellations due to low enrollment, a full refund will be issued.

INSURANCE

Some insurance plans cover or reimburse for the cost of certain wellness and prevention classes. Be sure to check with your health care plan for more information.
**Calendar 2019 of Events:**

**We Walk for Wellness**  
**Saturdays, April 6 – October 26 / 9–10 a.m.**  
North Laurel Community Center parking lot  
New registrations: 8:45 a.m. Program: 9 a.m. Free.  
Commit to increase your physical activity. Join our guided walking/exercise group led by a personal trainer. Discover the personal benefits of regular exercise. For more information, call **410-740-7601**.

**Medicare 101**  
**September 9 / 7–8:30 p.m. Free.** Administrative Offices of Department of Community Resources and Services, Columbia  
This conference-style event includes seminars, exhibitors, and entertainment for the 50+ community. Replaces the 50+ Expo. HCGH staff will provide Advance Care Planning information. For more information, contact **410-313-6410** or **aging@howardcountymd.gov**.

**Quit Tobacco**  
**Wednesdays, October 9 / 10:30 a.m.-noon, October 16, 23, 30 / 10:30–11:30 a.m. Free.** Howard County Health Department, Columbia  
Includes support, education, interactive classes and assistive medication, if needed.

**Living Well with Hypertension**  
**October 22 / 4–6:30 p.m. $5.** 9830 Patuxent Woods Drive, Columbia  
Learn to manage high blood pressure to reduce your risks and improve your health. Registration required: **410-313-3506**.

**Surviving Survivorship: Living with Cancer**  
**October 26 / Noon – 4 p.m. $5.** BWI Airport Marriott Hotel  
The Johns Hopkins Sidney Kimmel Comprehensive Cancer Center  
Includes seated lunch, speaker and workshops for patients and their caregivers. To register: **bit.ly/SurvivorshipConference2019** or call: **410-955-8934**.

**Johns Hopkins Medicine’s A Woman’s Journey Conference**  
**November 23 / 8:15 a.m. – 3 p.m.** Baltimore Hilton Hotel  
Learn about advances in women’s health from Johns Hopkins physicians. Keynote speakers, your choice of three out of 24 seminars and Ask the Experts session with Johns Hopkins Medicine physicians and faculty. Tickets $145. For information and to register: **hopkinsmedicine.org/awomansjourney/Baltimore** or call **410-955-8660**.

**Using Medicare’s Plan Finder**  
**September 24 / 7–8:30 p.m. Free.** Administrative Offices of Department of Community Resources and Services, Columbia  
Learn how to use the Plan Finder tool on medicare.gov to compare and review the Medicare prescription drug plans. Presented by SHIP, Howard County Office on Aging and Independence. Registration required: **410-313-7389**.

**Quit Tobacco**  
**October 19 / 10 a.m.–3 p.m. $1.** Howard Community College  
This conference-style event includes seminars, exhibitors, and entertainment for the 50+ community. Replaces the 50+ Expo. HCGH staff will provide Advance Care Planning information. For more information, contact **410-313-6410** or **aging@howardcountymd.gov**.

**To learn more about high-risk pregnancies from perinatologists Abimbola Aina-Mumuney, M.D., and Donna Neale, M.D., director of the Johns Hopkins Center for Maternal and Fetal Medicine in Columbia, visit hcgh.org/mfm**  
**Appointments: 410-740-7903**