thrive

SPRING 2017

COMPASSIONATE CARE FOR CRITICAL CONDITIONS

A RECLAIMED RHYTHM

PRENATAL SCREENING

KNOWLEDGE IS POWER

THE INFORMATION YOU NEED.
THE CARE WE PROVIDE.
THE COMMUNITY WE SHARE.

NewYork-Presbyterian
Brooklyn Methodist Hospital

NewYork-Presbyterian

Brooklyn Methodist Hospital

THE HOSPITAL YOU'VE ALWAYS TRUSTED HAS A NEW AND TRUSTED NAME

Welcome to NewYork-Presbyterian Brooklyn Methodist Hospital.

ON FEBRUARY 23, 2017, the ribbon on NewYork-Presbyterian Brooklyn Methodist Hospital was officially cut, with NewYork-Presbyterian and NYP Brooklyn Methodist leadership, local officials and members of the community in attendance. In addition to the ceremonial ribbon cutting, the event featured a brief program of speeches.

"This Hospital has been a true leader for the entire borough," said **Laura Forese, M.D.**, chief operating officer of NewYork-Presbyterian. "For NewYork-Presbyterian to partner with this Hospital is a dream, and a dream comes true when people have vision and care about what they are doing."

Richard Liebowitz, M.D., president of NewYork-Presbyterian Brooklyn Methodist, expressed optimism about his new role and the future of the Hospital. "With the support of NYP, and the staff of this Hospital, we cannot help but succeed in fulfilling our mission."

James W. Perkins, chairman of the Community Board of Trustees, and **Michael G. Stewart, M.D., M.P.H.**, vice dean, professor and chairman of the Department of Otolaryngology-Head and Neck Surgery at Weill Cornell Medical College and otolaryngologist-in-chief at NewYork-Presbyterian Weill Cornell Medical Center, also delivered speeches at the event. Local elected officials in attendance included Assistant Speaker of the State Assembly **Felix W. Ortiz**, Assembly Member **Robert Carroll** and Assembly Member **Jo Anne Simon**.

BACK ROW: *Robert H. Rodgers, Jr., NYP Brooklyn Methodist community board trustee; State Assembly Member Joanne Simon; Lawrence McGaughey, Esq., community board trustee; Karen Westervelt, senior vice president of the NYP Regional Hospital Network; Assistant Speaker of the State Assembly Felix Ortiz.*

FRONT ROW: *James W. Perkins, Esq., NYP Brooklyn Methodist community board chair; Rev. John E. Carrington, D. Min., NYP Brooklyn Methodist community board trustee; Richard Liebowitz, M.D., president of NewYork-Presbyterian Brooklyn Methodist Hospital; Laura Forese, M.D., executive vice president of NewYork-Presbyterian; Sharon Greenberger, NYP Brooklyn Methodist community board trustee; Fred J. Hugue, NYP Brooklyn Methodist community board trustee; Judge J. Kevin McKay, NYP Brooklyn Methodist community board trustee; State Assembly Member Robert Carroll and Micahelo G. Stewart, M.D., vice dean, professor and chairman of the Department of Otolaryngology-Head and Neck Surgery at Weill Cornell Medicine.*

We Want to Hear from You

Do you want to comment on an article you've read in *Thrive*? See page 31 for our "Community Forum" section, where we feature letters from readers and tell you how to share your opinions with us.

NewYork-Presbyterian
Brooklyn Methodist Hospital

NewYork-Presbyterian
Brooklyn Methodist Hospital
506 Sixth Street, Brooklyn, NY 11215
718.780.3000

Thrive is published by NewYork-Presbyterian Brooklyn Methodist Hospital. The material in *Thrive* should not be considered specific medical advice, as each individual circumstance is different. Consult your physician before undertaking any form of medical treatment or adopting any exercise program or dietary guidelines.

NewYork-Presbyterian Brooklyn Methodist Hospital complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. For more information, see link on our home page at www.nyp.org/brooklyn.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 718.780.3375 8am - 5pm or 718.780.3556 5pm - 8am (TTY: 718.780.3375 8am - 5pm or 718.780.3556 5pm - 8am).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 718.780.3375 8am - 5pm or 718.780.3556 5pm - 8am (TTY: 718.780.3375 8am - 5pm or 718.780.3556 5pm - 8am).

THRIVE SPRING 2017

RICHARD S. LIEBOWITZ, M.D. PRESIDENT

LYN HILL VICE PRESIDENT FOR COMMUNICATION AND EXTERNAL AFFAIRS

MEGAN SCHADE DIRECTOR OF PUBLICATIONS, DEPARTMENT OF PUBLIC AFFAIRS

TRUE NORTH CUSTOM PRODUCER

LISA PRICE SR. MANAGING EDITOR

SANDEE CURRY CONTENT DIRECTOR

JENN TAYLOR ACCOUNT MANAGER

STEPHANIE BATES WHEELER SR. DESIGNER

This is a recyclable product.

AGING GRACEFULLY
COMPASSIONATE CARE FOR CRITICAL CONDITIONS
24

KID ZONE
THE MOVE TO A BIG-KID BED
16

CONSUMPTION JUNCTION
PRODUCE STORAGE RULES TO LIVE BY
22

PHOTO CREDIT: DAVID GROSSMAN

TOUCHING BASE
A RECLAIMED RHYTHM
13

ALSO IN THIS ISSUE

+ Message from the CEO/Viewpoint 4
+ By the Numbers 5
+ Insights 6
+ Do's & Don'ts/Kicking Kidney Stones 7
+ The Right Choices/Getting Personal with the Pancreas 8
+ Women's Health/Moms and Babies on the Move 10
+ Anatomy Insider/Medication Safety 12
+ Special Report/Prenatal Screening: Knowledge Is Power 18
+ Men's Wellness/Risky Business? 26
+ Relax, Refresh, Refocus/A Healthy Day at the Spa 27
+ Q&A/Learning from Babies 28
+ Health Quiz/Enhancing an Early Start to Life 29
+ Take Five/Your Health Cheat Sheet 30
+ Reader Letters/Community Forum 31
+ Engage with NYPBMH/Support Groups & Events at NYPBMH 32

Viewpoint

"SINCE COMING TO BROOKLYN, I'VE BEEN TREMENDOUSLY EXCITED ABOUT THE SOPHISTICATED AND COMPLEX MEDICAL ENVIRONMENT I'VE FOUND AT THIS HOSPITAL. BUT I'VE BEEN EQUALLY IMPRESSED WITH THE PALPABLE PASSION AND DEDICATION OUR EMPLOYEES AND MEDICAL STAFF HAVE FOR THEIR PATIENTS."

The last few months have been very exciting ones, both for NewYork-Presbyterian Brooklyn Methodist Hospital and for me, personally.

As many of you are aware, we became part of the NewYork-Presbyterian Regional Hospital Network at the end of 2016. NewYork-Presbyterian Brooklyn Methodist has a wonderful history—so much has been accomplished here. In the coming years, the Hospital is expected to play a major role in the NewYork-Presbyterian Enterprise. Our new, closer relationship with our longtime partner will position our Hospital for continued success, even as we move into an uncertain healthcare environment. More important, it will assure our patients of continued and enhanced access to the finest medical care available—right here in Brooklyn.

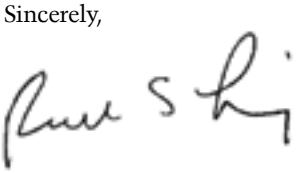
On a personal level, I am thrilled to have been chosen as the ninth president of this wonderful institution. Having been born and grown up in Brooklyn, I feel as though I've come home at a very special time in the life of the Hospital and the borough.

I joined NewYork-Presbyterian in 2006 and served, most recently, as chief medical officer of NewYork-Presbyterian Hospital. Since coming to Brooklyn, I've been tremendously excited about the sophisticated and complex medical environment I've found at this Hospital. But I've been equally impressed with the palpable passion and dedication our employees and medical staff have for their patients.

I'm looking forward to working with the medical staff as they form a closer relationship between this Hospital and our academic partners at Weill Cornell Medicine. This is a priority for me because it will enable us to offer new and advanced services not currently available in Brooklyn.

And, of course, I'm especially looking forward to getting to know the greater Hospital community. That's important to me because I believe that the Hospital exists to serve the community and the people of the community are critical to the Hospital's success. I know that this is a great Hospital, and I'm confident that, in collaboration with NewYork-Presbyterian and Weill Cornell Medicine, it will continue to be the best hospital in Brooklyn and part of the best system in the country.

Sincerely,



Richard S. Liebowitz, M.D.
President

www.nyp.org/brooklyn
www.facebook.com/NYPBrooklyn

YOUR HEALTH IN A HEARTBEAT

IT'S NOT EASY TO STAY CURRENT WITH HEALTH NEWS AND INFORMATION. HERE'S A QUICK RUNDOWN OF DEVELOPMENTS TO KEEP YOU IN THE KNOW.

HEALTH **NUTS**

Nuts are more than a simple snack. Many varieties are a source of unsaturated fat—the kind of fat that helps keep cholesterol levels in check—and nuts are also an excellent source of protein and other nutrients.

Some experts recommend consuming no more than a one-ounce daily serving, which equates to roughly 24 almonds, 18 cashews, 15 pecan halves, 14 walnut halves or eight Brazil nuts. A recent study found that eating about half that amount daily can help people lower their risk of dying from chronic diseases like respiratory illnesses, neurodegenerative disease, diabetes, cancer and heart disease.

"Moderation is essential because nuts are calorically dense as well as nutritionally dense," says **Alfred Ba Tun Leong, M.D.**, director of medical weight management at NewYork-Presbyterian Brooklyn Methodist Hospital. "But it's clear that the benefits of eating just a handful of nuts daily are great."

EASY AS **A1C**

More than 12 percent of people who live in New York City have diabetes, which means they are at a greater risk for heart disease, stroke and other health complications.

Approximately one in three American adults has prediabetes—elevated blood glucose levels that indicate a strong likelihood of developing type 2 diabetes—but about half of these people are unaware of their condition. A simple fasting glucose test, which tests the blood glucose level at the time blood is drawn, may not always reveal a prediabetic condition where one exists, but another laboratory blood test known as an A1C provides an expanded view of glucose levels.

"The A1C uses a single blood draw to estimate glucose level averages over the preceding three-month period," says **Yuwei Gu, M.D.**, endocrinologist at NYPBMH. "Where a blood glucose test provides a snapshot of glycemic control at the moment, A1C levels represent the larger picture by looking at levels of glucose binding to hemoglobin over a longer period of time, making it an excellent tool for prediabetes screening."

TENNIS **TALK**

Tennis is good exercise—a 150-pound person can burn more than 400 calories per hour playing the game; however, it is also a sport often linked to injuries.

One reason is that players neglect to stretch and warm their muscles before playing. Cold muscles are more prone to strains and lateral epicondylitis—also known as tennis elbow—a painful overuse injury that is caused by inflammation of the forearm muscles and tendons. Such injuries may be prevented through a pre-match warm-up followed by five or more minutes of slow, deliberate stretching before play.

Players can warm up their legs, knees and ankles by walking and then jogging, but when it comes to the upper extremities, they may need to be more creative.

"Try warming the hands, wrists and arms by squeezing a stress ball just before playing," says **Matthew Wert, M.D.**, director of sports medicine and an orthopedic surgeon at NYPBMH. "For injury prevention conditioning off the court, strengthen the forearm through resistance training with stretchy bands, push-ups and weight lifting."

BY THE NUMBERS

180

AVERAGE NUMBER OF **CALORIES** IN A SERVING OF NUTS

5.7–6.4%

RANGE OF **A1C LEVELS INDICATING PREDIABETES**

17.9 million

NUMBER **OF AMERICANS** WHO PLAY TENNIS **RECREATIONALLY**

[5]

DO YOU NEED MORE THAN A MAMMOGRAM?

Women in New York State are notified if their screening mammogram reveals that they have dense breast tissue—a designation that indicates they have less fatty tissue and more glandular and/or supportive breast tissue. Breast density can only be determined through an imaging test.

"Having dense breast tissue increases the risk for breast cancer and can make it more challenging for radiologists to identify cancer through traditional film mammography," says **Steven Garner, M.D.,** chair of radiology at NewYork-Presbyterian Brooklyn Methodist Hospital. "Women with dense breast tissue should talk with their doctors about whether imaging tests like digital mammography, ultrasound or a magnetic resonance imaging [MRI] scan are appropriate for them."

Braces: NOT JUST FOR **PRETEENS**

Orthodontic devices like braces or retainers can be used to realign teeth or correct the bite of both children and adults, but the process takes longer in adults.

"Adults have denser bone tissue than adolescents," says **James Sconzo, D.M.D.**, chief of dental medicine at NYPBMH. "This may mean that adults have to wear orthodontic devices for longer periods of time than children to achieve the desired results, but the mechanics and tools are the same."

Dr. Sconzo notes that adults who want a straighter smile or who have challenges with food becoming stuck between crowded teeth may find contemporary orthodontic devices more appealing than traditional metal braces. Today's options include clear plastic braces and custom-made aligners—progressive trays that slip over the teeth to gradually move them.

HEALTHY *in the City*

A recent study found that residents of New York City live in an active environment that promotes better well-being.

The walkability of the city and access to bike paths, parks and public transit leads to lower average rates of obesity, high blood pressure, high cholesterol, smoking and depression. New York City ranked as one of the top five active living communities in the country in the report generated by the study.

"Walking around and taking in the sights and sounds of Brooklyn is a great way to get the recommended 150 minutes of moderate-intensity exercise each week," says **Thomas Russi, M.D.,** attending physician in pulmonary and critical care medicine at NYPBMH. "Enjoying the city's walking paths and parks with a dog is a great way to spend time with your pet and get exercise, as well."

Kicking KIDNEY STONES

Kidney stones account for more than half a million emergency room visits annually, but some cases are preventable.

KIDNEY STONES, or renal calculi, are crystal-like structures that develop in the kidneys due to high levels of minerals or compounds in the urine. People with kidney stones typically report severe pain in the abdomen, groin, and/or lower sides and back as chief symptoms, but other signs can include bloody or painful urination, discolored or foul-smelling urine, and nausea and vomiting.

Doctors typically detect the presence of kidney stones through diagnostic tests like blood or urine tests, x-rays and computed tomography (CT) scans.

"We often use CT scans to locate the stone and determine the size," says **Lawrence Stam, M.D.**, associate chief of nephrology at NewYork-Presbyterian Brooklyn Methodist Hospital. "Based on this information, we can determine whether the stone is likely to pass on its own—which most do—or whether the patient may need medication to relax ureter muscles to help the stone pass, shockwave treatment (lithotripsy) to pulverize the stone, or placement of a stent—a small tube that opens up the ureter. Surgery is very rarely required, but when it is, it's to remove extremely large stones or to remove stones that can't pass due to a blockage."

DO's and DON'Ts

Try these strategies to help prevent kidney stones from forming:

DO ask a doctor if avoiding certain foods might reduce your risk for developing kidney stones.

DON'T mistake calcium as an enemy. Some people think eating too much calcium can contribute to stones, but the opposite is true. Eating calcium can help prevent them.

DO drink a minimum of three liters of water daily, which equals roughly ten ten-ounce glasses. Water can dilute some kidney stone compounds.

DON'T overdo it with salt. Salt can increase calcium in the urine, which may lead to kidney stones. Keep your sodium intake below 2,300 milligrams daily, which is equivalent to about one teaspoon of salt. Remember that food prepared in restaurants and processed foods typically contain much higher sodium levels than a similar dish you might prepare at home from fresh ingredients.

DO go to the doctor as soon as possible if you are experiencing symptoms of a urinary tract infection, which can include lower abdomen or groin pain, painful or bloody urination, or an urge to urinate without being able to do so.

DON'T flush away passed kidney stones. If possible, retrieve the stone, store it in a sealable plastic bag and take it to a doctor for a diagnosis.

TYPE MATTERS

"Once the stone is removed from the patient, it's important to determine what caused it to help prevent future stones," says Dr. Stam. "To accomplish this, we send stones for lab testing to establish their type."

Four **primary types** of kidney stones account for the majority of cases. **Calcium kidney stones,** which form when the kidneys do not flush excess calcium, are the most common. People susceptible to this type of kidney stone may avoid them by reducing salt, meat and eggs in their diets, and although it may sound counterintuitive, by eating a calcium-rich diet. Eating foods rich in calcium helps stone-forming compounds like oxalate leave the body.

Rapidly forming **struvite kidney stones** can develop after a urinary tract infection and are made up of magnesium, phosphate and ammonium. To minimize the risk for this type of kidney stone, avoid urinary tract infections by drinking fluids, urinating without delay when the need arises, and keeping the urethra free from bacteria by wiping front to back when using the restroom.

Uric acid kidney stones form when the body cannot process the amount of uric acid it produces from digesting foods that contain purine—some of the most commonly eaten foods containing purine include red meat, shellfish and organ meats like liver. The risk may be reduced by limiting the amount of meat consumed to fewer than six ounces per day. Drinking alcohol and eating processed sugar can also increase the risk for uric acid kidney stones and should be avoided by people who have a history of this type of stone.

More rarely, **cystine kidney stones** are diagnosed. These develop due to cystinuria, an inherited condition that causes an amino acid called cystine to leak into the urinary system. Drinking more water and eating more fruits and vegetables may help prevent this type of kidney stone.

GETTING PERSO WITH THE PANC

The pancreas is essential for survival, but most people are unaware of the role it plays.

ASK TEN PEOPLE what the pancreas does and you will probably hear ten different responses. This long, flat organ, located deep inside the abdomen between the stomach and spine, serves two critical purposes: it regulates blood sugar and helps with digestion.

Regulating blood sugar—The pancreas has clusters of cells that make the hormones insulin and glucagon and funnel them directly into the bloodstream. These two hormones raise and lower blood sugar so that the body's blood sugar level remains in a zone that allows the brain, liver, kidneys and other vital organs to function properly.

Aiding in digestion—The pancreas also produces very specific digestive enzymes that are crucial for food digestion. When food enters the duodenum—the first section of the small intestine—the enzymes are released to help digest fats, carbohydrates and proteins. In addition, the pancreas secretes bicarbonate, which is a base that can help neutralize the potentially damaging gastric acid that funnels into the small intestine from the stomach.

"While the pancreas may not receive the same attention as other vital organs like the heart or liver, there's no denying that the jobs that it does are just as important when it comes to the well-being of the individual," says **Irwin M. Grosman, M.D.**, associate chief of gastroenterology at NewYork-Presbyterian Brooklyn Methodist Hospital. "It's for this reason that people should not only be aware of the pancreas itself, but the problems associated with it."

Two of the most common problems associated with the pancreas are pancreatitis and pancreatic cancer.

PANCREATITIS

Pancreatitis is a condition in which the pancreas becomes inflamed. This change can force the digestive enzymes released by the organ to become active before they leave the pancreas—causing damage to the very tissue that produces it.

The severity and duration of this damage depends on which of the three categories pancreatitis falls under:

+ **Acute pancreatitis**—Often caused by gallstones or long-term, excessive alcohol use, acute pancreatitis is a sudden attack that leads to inflammation of the pancreas and pain in the upper abdomen. Typically, this type of pancreatitis lasts for a matter of days, and a majority of patients experience a full recovery with little or no medical intervention. Severe cases can be life threatening, and in those cases, patients are typically treated in a hospital intensive care unit where they are often given intravenous (IV) fluids, antibiotics and/or pain medication. Depending on the cause of the inflammation, the surgical removal of gallstones or permanently damaged pancreatic tissue may be required.
+ **Chronic pancreatitis**—While its symptoms may be similar to those seen with acute pancreatitis, chronic pancreatitis is an inflammation of the pancreas that does not heal or improve over time. As the disease worsens, patients may experience permanent damage to the pancreas that can cause pain, weight loss through malnutrition or diabetes. While there is no cure for chronic pancreatitis, doctors can prescribe digestive enzyme supplements, vitamin supplements, oral pain relievers and surgical procedures to help manage the condition.
+ **Hereditary pancreatitis**—Pancreatitis can also be caused by inherited defects of the pancreas or intestines. Hereditary pancreatitis is similar to chronic pancreatitis in that it typically results in the slow decline of the organ. Cystic fibrosis is the most common inherited disorder that can lead to this decline. As is the case with chronic pancreatitis, there is no cure for this genetic disease. Rather, treatment focuses on reducing pain and providing optimal nutrition for patients.

Identifying whether or not you have one of these forms of pancreatitis may not be easy. Pancreatitis shares many of its symptoms with other illnesses. For example, symptoms may include pain in the upper abdomen, diarrhea, loss of appetite and unexplained weight loss.

While any one of these symptoms could be a sign of something else, frequently experiencing a few of them in conjunction with one another may be an indication that your pancreas is not well and you should consult with a doctor.

PANCREATIC CANCER

Pancreatic cancer impacts over 53,000 Americans each year with nearly 42,000 deaths.

As with most cancers, the key to improving survival is finding the cancer early. However, there is no screening for early detection of pancreatic cancer, which means that the cancer is not typically discovered until later stages, so the survival rate is low. An early diagnosis may be possible if a patient is alert to the symptoms, which include all of those that indicate pancreatitis, with the addition of jaundice—yellowing of the skin and eyes—and dark urine.

ONAL CREAS

Due to the lethal nature of pancreatic cancer, doctors may utilize multiple techniques and strategies to treat the disease. Surgery, chemotherapy, radiation therapy, chemoradiation therapy and targeted therapy are five of the primary treatments used by doctors, depending on the stage of the cancer and the patient's age and prognosis.

The path to saving more lives of future pancreatic cancer patients may rely more heavily on early detection, which currently is a challenge due in part to the location of the pancreas and the absence of symptoms during early stages of the disease. Researchers are working to develop an early screening blood test that could identify pancreatic cancer biomarkers in the blood.

KEEPING YOUR PANCREAS PRODUCTIVE

There are preventive actions you can take to help protect your pancreas from pancreatitis and pancreatic cancer.

- **Avoid alcohol**—"Excessive consumption of alcohol is one of the most common, and modifiable, risk factors," says Dr. Grosman. "While it's not clear why too much alcohol harms the pancreas, there is a definite connection between alcohol consumption and pancreatic health."
- **Stop smoking**—Smoking has a negative impact on many parts of the body, and the pancreas is one of them. Research demonstrates that smokers have twice the risk of developing pancreatic cancer than nonsmokers.
- **Maintain a healthy weight**—People who are overweight are more likely to develop gallstones, which have been known to cause acute pancreatitis by becoming stuck in the bile duct leading from the pancreas to the intestines. At the same time, avoid going on any crash diets, as rapid weight loss can also lead to a greater risk of forming gallstones. Balancing a healthy diet with plenty of exercise is the best way to keep your weight down.

Since her daughter's arrival five months ago, Emily has looked forward to introducing the baby to out-of-state family members. Now, the airline tickets are in hand and the rental car is reserved.

Moms and Babies ON THE MOVE

EMILY WAS INITIALLY worried that her daughter might be too young to fly. While some airlines restrict travel for newborns less than one week old, most babies can fly without age-related limitations. In fact, traveling by plane or car may actually be easier before children start walking, according to **Steven Gelman, M.D.**, pediatrician and outpatient clinic director at NewYork-Presbyterian Brooklyn Methodist Hospital.

Emily was also concerned about encountering germs while traveling with her baby. Her child's pediatrician suggested that she wipe down surfaces with antibacterial wipes in public areas that she or the baby would touch and bring the baby in as scheduled for her four-month immunizations before the trip to help protect the child from diseases like rotavirus, diphtheria, tetanus and polio.

THE PARENTS' PACKING CHECKLIST

Parents can set the stage for successful travel and prepare for the unexpected by keeping these items handy on the plane or in the car:

- Manual breast pump
- Infant-safe pain reliever, such as acetaminophen
- Warm blanket
- Extra bottles
- Extra diapers and diaper cream
- Hand sanitizer—3.4-ounce or smaller bottles meet regulations for air travel
- Pacifiers
- Several changes of clothes for baby and mom
- Toys or a stuffed animal

FEEDING FRENZY

However, Emily's primary concern was how to continue breastfeeding while traveling. For new, breastfeeding moms like Emily, the idea of traveling with a young baby can induce anxiety. With a little preparation, however, moms can gain the confidence that they need to enjoy the ride.

"Traveling with baby is actually easier for breastfeeding moms than it is for non-breastfeeding moms because breast milk is readily available," says **Sandra McDevitt, R.N.**, lactation consultant at NYPBMH. "Breast milk is already at the right temperature, and it provides everything the baby needs. For example, even if you're going on a beach holiday in a warm climate, there's enough water content in breast milk that babies aren't usually at risk for dehydration."

Babies digest breast milk more easily than formula, so breastfed babies may feed more frequently than formula-fed babies. Breastfed infants typically eat every few hours. As babies—and their stomach's capacity to hold milk—grow, the time between feedings can slowly extend.

"Parents may need to plan their travel around feeding times," Dr. Gelman says. "Car or plane rides under two hours are ideal. If the ride is longer, parents need to be willing to feed in transit. Breastfeeding moms shouldn't feed while a car is moving, so feeding requires safely pulling over. In that sense, plane travel is easier because moms can breastfeed while the plane is moving."

Since babies need to be fed whenever they are hungry and hunger is not always predictable, some mothers find it helpful to pump breast milk and give bottles while traveling.

If women decide to travel with breast milk, it is a good idea to freeze the milk and transport it in a secure bag or cooler surrounded by ice packs. U.S. Transportation Security Administration (TSA) regulations that apply to gels and other liquids do not apply to formula or breast milk. An unlimited

amount of breast milk, as well as the ice packs required to keep the milk cool, are allowed on airplanes. When boarding with breast milk, families should alert TSA agents that they are transporting it. Agents will probably x-ray the bottles or test the milk, but as along as the agents are wearing clean gloves, neither process should affect the milk's safety or quality.

Even if families pack bottled breast milk, mothers should still feel comfortable breastfeeding on the plane, which can be a source of comfort for babies. While the Federal Aviation Administration recommends that babies stay in their car seats during the flight, many airlines allow parents to hold a child during flights, so parents should ask about safety regulations before boarding.

"Depending on the safety regulations for takeoff and landing, women may be able to breastfeed during those times," Ms. McDevitt says. "If mothers can breastfeed, the sucking and swallowing motions help prevent ear discomfort if the baby's ears pop due to altitude changes."

To make in-air feedings easier, moms may choose to wear nursing bras and comfortable V-neck T-shirts, jackets that zip up the front, or button-down blouses. Covering up with a jacket or blanket during feeding can help women who wish to maintain privacy in tight quarters.

If babies are required to stay in their car seats throughout takeoff and landing, a pacifier may help with ear discomfort. Parents can also try distracting the baby with a favorite toy or story. These distractions also work well during long car rides.

"Holding a stuffed animal and playing with a small collection of toys can help soothe fussy babies and keep them busy," Dr. Gelman says. "It is wise to avoid peak travel times when possible, especially if flying. Above all, be prepared to practice a lot of patience."

PUMPING AND STORING BREAST MILK

If you're a breastfeeding mom, you know it's not always possible to travel with your baby. A breast pump can help you collect milk for storage and prevent the need for supplementing with formula during your time away.

Once a day for two to three weeks before the trip, feed the baby from one breast and pump the other breast, preserving the milk by freezing it. If the baby skips a feeding or feeds for a shorter amount of time than normal, collect the excess milk for storage. Breast milk can typically be stored in the refrigerator for four to seven days or stored in a freezer for three to six months.

While building a breast milk surplus, use the breast pump every three hours, and drink plenty of fluids between pumping. When traveling without the baby, pump breast milk as often as your baby would usually breastfeed to maintain a milk supply.

Medication Safety: MIND YOUR FOOD AND BEVERAGES

Certain foods and beverages do not mix well with common medications. Do you know which combinations to avoid?

THERE ARE SOME medications that you should take with food, while others may work best on an empty stomach. Similarly, if you choose to drink certain beverages before, during or after ingesting certain medicines, some side effects may result.

"Food may cause your medication to work faster or slower than intended, or some foods may increase particular mineral levels in your body, causing real harm when mixed with specific medication," says **Fabienne L. Vastey, Pharm.D., BCPS**, director of pharmacy operations at NewYork-Presbyterian Brooklyn Methodist Hospital. "Similarly, alcohol, caffeinated beverages or grapefruit juice consumed while taking certain medicines can cause negative reactions."

Dr. Vastey recommends that you always ask your doctor or pharmacist about the potential for food or drug interactions with your prescribed medications and that you read the labels provided with them.

UNHEALTHY COMBINATIONS

Avoid these four common food-and-medication pairings to protect your health and help the drugs work effectively.

Grapefruit and statins or thyroid medications. Grapefruit juice may inhibit an enzyme in your intestines called CYP3A from maintaining proper absorption levels. When this occurs, it increases the concentration of statins in your blood, intensifying possible side effects like muscle spasms and leg weakness. If you drink grapefruit juice with thyroid medication, you may absorb less of the drug into your bloodstream.

"If you feel that you must have grapefruit juice, ask your pharmacist how long you should wait after taking your medication before consuming your morning glass of juice," Dr. Vastey says.

Alcohol and antihistamines or narcotics. Antihistamines alone can make you feel drowsy, but taking them with alcohol may increase feelings of sedation. If you drink alcohol while taking pain medication, your brain and respiratory system will both work at a slower pace, which has the potential to induce a coma.

Caffeine and bronchodilators. Bronchodilators, typically prescribed for people with asthma or COPD (chronic obstructive pulmonary disorder), work by relaxing your muscles to allow you to pull more oxygen into your lungs. If you use a bronchodilator, you should avoid eating or drinking anything that excites your muscles like caffeinated foods or beverages. Drinking or eating caffeine-containing substances while taking bronchodilators may make you may feel nervous or on edge.

High-potassium foods and ACE inhibitors and diuretics. ACE inhibitors and most diuretics already contain potassium, so if you are prescribed these medications, consume reduced amounts of potassium. Excess levels of potassium may affect your heart rate. Many foods, including avocado, spinach, banana, apricots and yogurt, contain high concentrations of potassium.

"There is quite a bit of literature detailing medication interactions, so after speaking with your doctor and pharmacist, you may want to check additional sources online to further your knowledge about medication best practices," says Dr. Vastey.

A RECLAIMED RHYTHM

Alton Kinsey thought work stress and too much caffeine were responsible for the symptoms she began experiencing in 2015. It was actually her heart trying to get her attention.

> "I do two hours of cardio when I hit the gym just because I can. I couldn't do that before. Dr. Reddy gave me my life back."
>
> **—ALTON KINSEY**

CREATIVITY COMES NATURALLY to Alton. The 45-year-old Prospect Heights resident sews, knits, refurbishes old furniture and paints in the style of Picasso. Fifteen years ago, she resigned from her job as a high school art teacher and moved to New York City to be surrounded by other artists and appreciate the art of others.

Working as a freelance visual merchandiser, Alton has created storefront window displays for some of New York City's most prominent department stores. The work—designing scenes that highlight merchandise and catch shoppers' eyes—is enjoyable, but it can be draining. The 2015 holiday season, in particular, took a toll on Alton.

"I started feeling burned out," she says. "I was living on coffee and couldn't quit smoking. Sometimes, my heart felt like it was jumping out of my chest, and I would feel dizzy and short of breath. I took time off from my job. It was unexpected—I've always been relatively healthy."

A SEARCH FOR ANSWERS

By the spring of 2016, Alton's symptoms were still present. It had been two years since her last checkup—too long, she decided. She made an appointment with **Mariyum Shakir, M.D.,** an internist at NewYork-Presbyterian Brooklyn Methodist Hospital.

"Alton was having frequent heart palpitations, so I ordered an electrocardiogram as part of her workup," Dr. Shakir says. "The results came back abnormal. Her other symptoms suggested anxiety, but I thought an underlying condition might be at work. I referred Alton to a cardiologist."

A few days later, Alton saw **Igor Mamkin, M.D.,** a cardiologist at NYPBMH. He diagnosed her with bigeminy, a condition in which every other heartbeat is affected by a type of arrhythmia called premature ventricular contraction (PVC). These irregular electrical impulses occur in the ventricles, the heart's lower chambers, and create the sensation that the heart is skipping a beat, but it is actually producing an extra beat. Alton was surprised by the news.

"I was born with a heart murmur but grew out of it," she says. "My heart rhythm was normal when I had a physical exam in 2014."

DIGGING DEEPER

Once Dr. Mamkin knew that Alton was having PVCs, he needed additional information about them and the structure of her heart. He ordered a Holter monitor test, which required Alton to wear a cell phone-size device that continuously recorded her heart rhythm for two days.

"The Holter monitor allowed us to see how frequently Alton was having PVCs," Dr. Mamkin says. "As it turns out, PVCs constituted about 20 percent of her heartbeats, which is quite a significant amount. This was extremely important because patients with such a high number of PVCs frequently go on to develop cardiomyopathy or heart failure."

Dr. Mamkin ordered a second test called a transthoracic echocardiogram to look for anatomic abnormalities that might have put Alton at risk for PVCs. The test showed that her heart was structurally sound—the problem was what to do about the roughly 25,000 PVCs she was experiencing each day.

Dr. Mamkin recommended that Alton eliminate all stimulants from her life—including coffee and cigarettes. He also prescribed a beta blocker, but it made Alton feel dizzy, light-headed and tired. A second prescription produced similar results.

"I took the medications throughout the spring and summer of 2016," Alton says. "The drugs helped the arrhythmia, but I couldn't tolerate the side effects. Even with treatment, the arrhythmia was taking over my life."

Dr. Mamkin referred Alton to a cardiac electrophysiologist—a doctor who treats conditions of the heart's electrical system—to see if she might be a candidate for a different kind of treatment.

PLANNING A WAY FORWARD

When Alton saw **Bharath Reddy, M.D.,** a cardiac electrophysiologist at NYPBMH, he talked with her about two different courses of treatment: continued medication or a procedure called catheter ablation, which destroys the heart tissue where the abnormal electrical signals are being generated.

"Alton was young, had a lot of symptoms and had experienced unsettling side effects with two different beta blockers," Dr. Reddy says. "We often recommend ablation as a first-line treatment to younger patients, typically those under 55, because we find it to be more effective, and it frees the patient from the potential of long-term medication side effects."

When patients have PVCs, the abnormal rhythm can be idiopathic, meaning that the cause cannot be determined, but it is generally due to scarring in the heart muscle from genetic conditions, viruses or heart attacks.

"Scarring in the heart can interfere with the effectiveness of cardiac ablation," Dr. Reddy says. "I ordered an MRI [magnetic resonance imaging] test to check for scarring on Alton's heart so we could know if we were facing that possibility." The test showed that Alton had no scarring, and she chose to move forward with the procedure.

TAMING THE HEART

On the day of her procedure, Alton was nervous—until she met Dr. Reddy's team in the electrophysiology laboratory at NYPBMH. One nurse in particular, **Cecilia Cordero, C.C.R.N.**, made a lasting impression on Alton.

"Cecilia was incredibly calming," Alton says. "She asked what I like to do and how I felt. I could tell that she cared."

"My job is to communicate with patients during the procedure and give them emotional support," says Ms. Cordero. "I let them know what's happening, reassure them that things are going well and tell them when the procedure is almost over."

During the procedure, Alton was in a state of conscious sedation—she was awake but could not feel anything. Conscious sedation is used with catheter ablation because PVCs are more likely to occur when the patient is awake. Active PVCs help the doctor locate the source of the abnormal heart rhythm. Ms. Cordero oversaw Alton's sedation as Dr. Reddy passed catheters through the femoral vein in her leg to her heart.

Once the catheters were in the heart, Dr. Reddy used a sophisticated electroanatomic mapping system to pinpoint the exact location of the irregular heartbeats.

"When we found the source, I applied small amounts of radiofrequency energy to rid Alton's heart of the tissue that was generating the PVCs," Dr. Reddy says. "Sometimes, we have to stimulate the patient's heart to produce PVCs. In cases where patients' PVCs are frequent, they occur often enough that no stimulation is required. That was mostly the case with Alton, but we did have to stimulate her heart a bit."

Within a minute after the procedure, Alton's heart produced only a couple of abnormal beats. After a few hours of recovery, she left the hospital feeling renewed in mind and body.

"I had a mental clarity that I hadn't known in months," Alton says. "I couldn't remember the last time I'd felt that good. I didn't have the flip-flop heartbeat anymore. I left with immense gratitude for such a skilled doctor and his amazing team."

Her heart took a few weeks to settle into a regular, normal rhythm, but once it did, Alton did not look back. She no longer requires medication, her work schedule is ramping up, and she has left behind the sedentary lifestyle she had fallen into.

"I do two hours of cardio when I hit the gym just because I can," Alton says. "I couldn't do that before. Dr. Reddy gave me my life back."

> "We often recommend ablation as a first-line treatment to younger patients, typically those under 55, because we find it to be more effective, and it frees the patient from the potential of long-term medication side effects."
>
> **—BHARATH REDDY, M.D.**

The Move to a BIG-KID BED

Transitioning your toddler from a crib to a bed takes patience, resolve and willingness to sacrifice a little of your own sleep.

THE SHIFT FROM crib to bed does not come with a one-size-fits-all template. No two children are ready for it at the same time or handle it the same way. Circling a date for the transition on your calendar based solely on your child's age is a mistake. Instead, take your cue from your little one.

"Even though some experts suggest 18 months of age and a height of three feet as a guideline for when to switch to a bed, the timeline may vary from child to child," says **Ilya Bialik, M.D.**, chief of pediatrics at NewYork-Presbyterian Brooklyn Methodist Hospital. "Parents should look for signs that their child is saying, 'Get me out of this crib!' Most children will start climbing out on a daily basis. Others may say that they want a bed."

"Rattling the crib side rails is also a strong signal for change," says **Mark Lew, M.D.**, pediatrician at NYPBMH. "Other circumstances, such as the anticipated arrival of a new sibling, may affect transition timing. I strongly suggest parents lower the crib to minimize the fall distance for 'successful' escape attempts."

BABY STEPS

If your toddler seems ready to leave the crib behind, the next step is finding a suitable bed. If you can convert your crib into a toddler bed, you are ahead of the game—for now. While convenient in the short term, a toddler bed will probably not work for your child for long, as most have a weight limit of 50 pounds. For a longer-term solution, shop for a low-profile twin bed with a railing and no areas where little hands and feet can get stuck. While the search for a bed is underway, follow these tips to lay the groundwork for the big switch.

+ **Get your child's input.** Let your child help pick out the bed and sheets. Allowing him to feel a sense of ownership in the process may make the adjustment easier. Beds with decorative-themed frames, such as race cars, superheroes, princess carriages, or even stickers and decals, can make the process more fun and individualized.
+ **Take a toddler's-eye view of your little one's room.** "Once they start sleeping in a bed, toddlers can leave their sleep space freely, which means parents should be sure the room is fully childproofed," says Dr. Lew. "Parents need to look around at toddler level and ensure that their child can't pull anything off of the dresser or pull the drawers out and climb on them. Safety plugs for outlets are also essential. Families who live on more than one level need to put safety gates at the stairs."
+ **Create hype.** Talking about the impending change to a new bed—how much fun it will be and how proud you are of your child—will build excitement. Reinforce all stages of this adventure.

THE ROAD TO SWEET DREAMS

Even a toddler who initially seemed happy about the transition may get out of the new bed repeatedly. This behavior can be frustrating, but it is normal.

"The freedom to get out of bed on their own can transform some children from good sleepers into restless ones," Dr. Lew says. "They may be unable to fall asleep as easily as they used to, or they may wander during the night or wake up too early. Toddlers are used to boundaries like a crib. Suddenly having the freedom to move from room to room without asking can be exciting for them."

To discourage after-hours exploration and foster more restful nights, keep everything else as consistent as possible.

"Place the new bed exactly where the child's crib was," says Dr. Bialik. "Keep the same nightly routine—bathing, bedtime stories, tucking in. Be prepared for toddlers to want to explore the new setup. They will, most likely, get out of bed a few times, despite your best efforts."

When that happens, experts recommend returning your child to his or her room swiftly and without fanfare to avoid encouraging a repeat of the behavior for attention. You may have to do this a few times. Set ground rules, like "no getting out of bed except to go to the bathroom." Praise your child when he or she sleeps through the night.

"It may be necessary to stay in the room for a while until the toddler falls asleep," Dr. Lew says. "Reassurance and consistency will prevail, so be patient." In a few days or weeks, once the child has adjusted to the new bed, you should both be getting a good night's sleep.

NAVIGATING NIGHT TERRORS

For some children, falling asleep in a new bed is not easy. When their entry into dreamland is delayed, they are more likely to experience a type of sleep disorder called night terrors.

Most common in young children, night terrors are interruptions in sleep that occur during the first few hours of slumber. Their cause is unclear, but they may be related to a developing central nervous system. Stress and lack of sleep, among other factors, may be triggers. "There is some evidence that blood sugar levels may play a role in sleep terrors," says Dr. Lew. "Drinking a rich smoothie or milkshake before bed helps many toddlers."

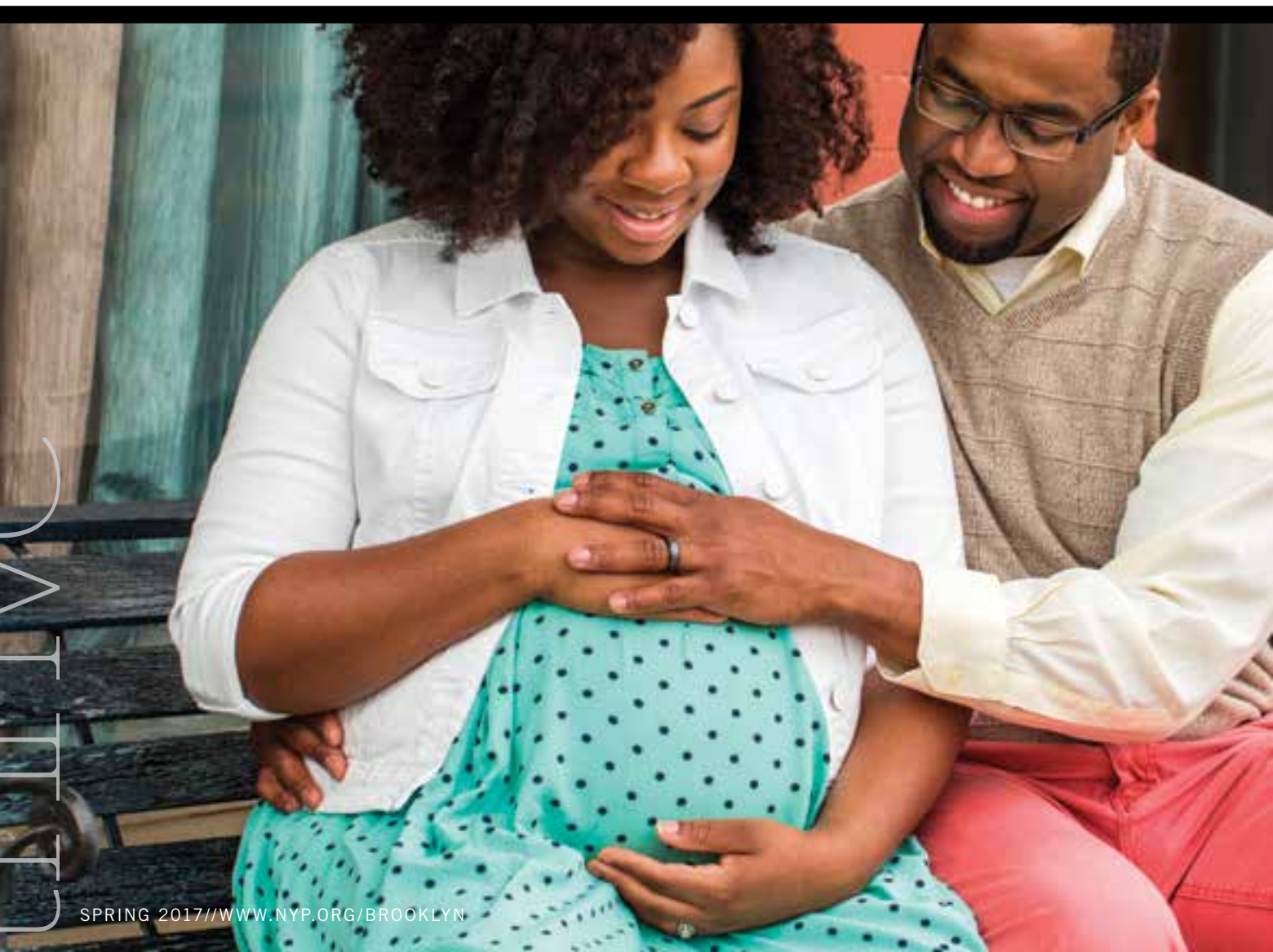
When night terrors occur, children may yell, flail, sweat and breathe quickly. Many remain asleep throughout the episode, but others wake suddenly in a disoriented state. Night terrors usually last for a few minutes. Most children fall asleep again afterward, and they have no memory of what happened by the next morning. Night terrors are more common in families with a history of sleepwalkers.

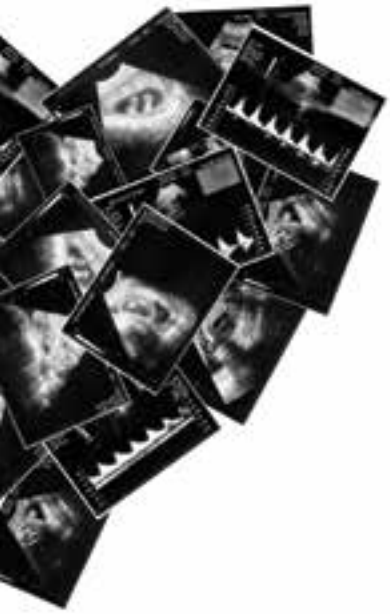
If a night terror episode occurs, the best thing that parents can do for children is to be a comforting presence. Rather than trying to wake their children, parents should sit or stand quietly by the bed, gently prevent them from getting up if they try to sleepwalk, ensure that they cannot hurt themselves by thrashing, and reassure them if they do wake up. Frequent or severe night terrors are a reason to consult a pediatrician.

Parents can help keep their children's sleep peaceful by ensuring that they get enough of it. Patience and persistence often pay off: Night terrors usually decrease or disappear as children age.

Prenatal Screening: KNOWLEDGE IS POWER

Laney and her husband were finally expecting and were excited about seeing their baby's routine ultrasound. Then an abnormal heartbeat was detected, and a fetal electrocardiogram was needed to test for a congenital heart defect.





ONLY A VERY SMALL percentage of babies are born with a birth defect (about four percent annually in New York State). And many defects, such as cleft palates and club feet, are treatable. Prenatal testing for birth defects can provide assurance to parents and, in the unlikely event that defects are found, the early diagnosis may provide them with more options and the ability to make informed healthcare decisions.

All birth defects fall into one of two main categories—**structural** and **functional**.

Structural birth defects occur when any part of the body either fails to develop or develops incorrectly. Congenital cardiac defects, like the one suspected to be causing Laney's baby's abnormal heartbeat, are the most common structural birth defects. Other structural birth defects include clubfoot, cleft lip and palate, dislocated hip, and neural tube defects—which affect the brain, spine or spinal cord (nerve tissue inside the spine).

Functional birth defects affect the way in which a system in the body works. These may include problems with the nervous system, sensory problems, metabolic disorders and degenerative disorders. Functional birth defects include Down syndrome, muscular dystrophy and congenital deafness.

WHAT CAUSES BIRTH DEFECTS?

About 60 percent of birth defects have no known cause, but there are environmental and genetic risk factors. Before becoming pregnant, women should talk with their doctors about the factors that may put them or their children at an increased risk, including:

+ **Infections.** Rubella, chickenpox, Zika virus and toxoplasmosis are infections that can cause a congenital malformation syndrome if the mother is infected while pregnant.
+ **Parental factors.** Mothers age 35 and older and fathers age 40 and older are at an increased risk of having children with birth defects. Moms who are obese or have gestational diabetes or high blood pressure may also have an increased risk for neural tube birth defects.
+ **Medications and alcohol.** Drinking alcohol during pregnancy can cause developmental disabilities and birth defects, including bone, heart and kidney problems. Although some medicines are safe to take during pregnancy, others (like antiseizure medications) are linked to fetal developmental problems. That is why it is important to tell all the medical providers you see during the pregnancy that you are pregnant.
+ **Inherited conditions.** One or both parents may carry genes that lead to a birth defect. Some conditions, like cystic fibrosis, occur only when both parents carry an altered gene. Others like achondroplasia (a type of dwarfism) need only one parent to have the gene for the child to be affected.

Before conceiving, a conversation with a doctor about potential risk factors can determine whether a carrier test, which is a simple blood test that checks for the genes of certain disorders, is needed. Carrier tests are typically provided to people who have a genetic disorder, have a child with a genetic disorder, have a family history of a genetic disorder or belong to certain ethnic groups, but anyone can choose to have the testing done. All couples considering conceiving should be offered carrier testing for common inherited conditions that can be found in all populations.

THE AGE OF INFORMATION

"There is no reason in this day and age for the majority of fetal abnormalities not to be discovered prenatally," says **Natan Haratz, M.D.,** obstetrician and gynecologist and director of advanced women's imaging at NewYork-Presbyterian Brooklyn Methodist Hospital. "Most severe abnormalities that affect the baby's health can be detected through ultrasound and blood tests."

Standard prenatal care includes screenings for common problems, which is one of the reasons that prenatal care is so important. The first trimester ultrasound is one of the first opportunities for a doctor to detect a birth defect.

"It's a common misconception that the ultrasound is just a photography session or is only to learn the gender," Dr. Haratz says. "The ultrasound is a medical imaging procedure used to learn a lot about the baby."

The ultrasound generates a picture called a sonogram.

"On the sonogram, we get an inkling of what to expect when the baby is born," says **Madhu Gudavalli, M.D.,** chief of neonatology at NYPBMH. "We can see structural birth defects, such as hernias, heart defects and other congenital malformations—like extra toes or fingers or a cleft lip—that may be present in the baby."

Early intervention is important for improving the outcomes of children with birth defects. Doctors, genetic counselors, developmental pediatricians, and physical and occupational therapists are all resources for parents. Depending on the type of birth defect, treatments may begin immediately after birth or even in utero (before birth).

In addition to carrier tests and ultrasounds, in-utero screenings are available to determine whether a fetus has a risk for common birth defects. A positive screening test does not mean that the child will have a birth defect—it simply means that he or she may be at risk. Further testing is needed to confirm a diagnosis. One of the most accurate noninvasive methods is first trimester screening. Offered to women between the 11th and 13th weeks of pregnancy, this optional screening

STEPS TO PREVENT BIRTH DEFECTS

The causes of birth defects are often not fully understood, so a child can be born with a birth defect despite parents taking every possible precaution.

However, there are steps all expecting mothers can take to reduce their child's risk for birth defects:

- **Take folic acid.** All women who are of reproductive age should take 400 micrograms of folic acid every day, whether or not they are planning to become pregnant. Folic acid reduces the risk of birth defects in the brain and spine. These birth defects develop in the earliest weeks of the pregnancy, often before a woman knows she is pregnant, which is why every woman of reproductive age should take folic acid.
- **Get vaccinated.** Most vaccines are completely safe for pregnant women. The flu vaccine and the combined tetanus, diphtheria and pertussis vaccine are specifically recommended for pregnant women. Some vaccines protect unborn babies against birth defects that can develop due to an infection.
- **Avoid alcohol, drugs and cigarettes.** There is no safe amount of alcohol to consume while pregnant, and every type of alcohol is potentially dangerous for a developing fetus. Cigarette smoking increases the risk of cleft palate and lip. Illegal drugs can also increase the risk of birth defects. Some medications, like certain antiseizure medicines, should not be taken during pregnancy.
- **Consult your doctor about travel plans.** Women who are pregnant or trying to conceive should avoid traveling to certain areas where the Zika virus is spreading.
- **Think infection prevention.** Toxoplasmosis is an infection that can harm a developing baby. To reduce the risk of toxoplasmosis, ensure that all meats are thoroughly cooked. Cat feces and cat litter can also carry toxoplasmosis, so avoid litter box chores while pregnant.

uses an ultrasound, a maternal blood test and patient history to check for several common abnormalities, including Down syndrome (trisomy 21), Edwards syndrome (trisomy 18) and cardiac disorders. The ultrasound for the first trimester screening observes and measures different parts of the fetus than a standard first trimester ultrasound, according to Dr. Haratz.

Approximately 85 percent of babies affected by these conditions will be identified during this screening. About five percent of mothers will have a false positive—the test will indicate a potential problem, but the child will be born healthy. If there is an abnormal first trimester screening, further testing may be considered. Although the first trimester screening poses no risk to the fetus, not every parent may want one—some families want to wait until the birth of the child to know about any non-life-threatening functional birth defects. Women should talk with their doctor about whether or not this screening is right for them.

Another early, noninvasive birth defect test is the quad screen test. This is a maternal blood test given between the 16th and 18th weeks of pregnancy that indicates the presence of four substances:

+ **Alpha-fetoprotein (AFP),** a protein produced by the fetus
+ **Human chorionic gonadotropin (hCG),** a hormone produced in the placenta
+ **Estriol,** a hormone created by both the fetus and the placenta
+ **Inhibin-A,** a protein created by the placenta and the ovaries

The quad screen uses the levels of these proteins and hormones, along with patient history, to determine the probability of genetic disorders. High levels of AFP may indicate a neural tube defect or another potentially serious developmental problem. High levels of hCG and inhibin-A and low levels of AFP and estriol may indicate Down syndrome or Edwards syndrome.

All pregnant women are offered the quad screening test, but it is especially recommended for women who are at a higher risk for birth defects. This includes women age 35 and older, those with a family history of birth defects, women who use illegal drugs or unsafe medications during pregnancy, women with diabetes who use insulin, and those who have an infection or have been exposed to radiation.

FURTHER TESTING

If a noninvasive screening test indicates a potential problem, parents have the option of pursuing further testing to confirm a diagnosis of a birth defect. Two of the most frequently administered invasive tests are chorionic villus sampling (CVS) and amniocentesis.

CVS either uses a catheter to collect cells from the placenta or an ultrasound-guided needle through the abdomen to collect a tissue sample. Amniocentesis uses ultrasound to guide a needle that removes fluid from the amniotic sac. In both tests, these cells are analyzed for potential problems. CVS can detect chromosomal abnormalities and genetic disorders (such as cystic fibrosis). Amniocentesis can also detect these disorders, as well as neural tube problems. The biggest risk posed by both of these tests is miscarriage, but it is rare, occurring in only one in every 400 amniocentesis procedures and one in every 100 CVS procedures.

> "With every pregnancy, there is a small risk of a problem with the baby. The medical and educational field have the ability to correct some birth defects, mitigate the effects of others and prepare parents to care for a child with birth defects—and research is ongoing."
>
> **—KAREN DAVID, M.D., CHIEF OF THE DIVISION OF GENETICS IN THE DEPARTMENT OF MEDICINE AT NYPBMH**

For functional birth defects such as Down syndrome, diagnosis before birth can be a powerful opportunity to seek social support (including connecting with other parents of children with Down syndrome). Prenatal diagnosis also allows parents to pursue interventions that can be performed prior to birth, such as fetal surgery for some neural tube defects.

Some parents may wish to wait until the birth of their child to have a birth defect diagnosed due to the risks associated with invasive testing. The doctor can explain the risks and benefits of further testing and help families decide which option is best for them.

A relatively new test, cell-free fetal DNA screening, uses a blood sample to check fetal DNA in the mother's plasma. The test can detect chromosomal abnormalities, such as an extra pair of chromosome 21 genes associated with Down syndrome. This noninvasive test should be combined with conventional screening methods for most women. An abnormal screening should be confirmed through further testing, such as amniocentesis.

AFTER DETECTION

The prospect of having a child with a birth defect can be overwhelming. However, the medical team can provide emotional and practical support.

"I tell my patients to take the process one day at a time and try not to worry unnecessarily," says **Karen David, M.D.,** chief of the division of genetics in the department of medicine at NYPBMH. "With every pregnancy, there is a small risk of a problem with the baby. The medical and educational fields have the ability to correct some birth defects, mitigate the effects of others and prepare parents to care for a child with birth defects—and research is ongoing."

If a serious birth defect is diagnosed prenatally or at birth, the obstetrician will partner with other specialists to help ensure that the child is properly cared for. Most heart defects can be mitigated or even corrected through surgery, medications or a pacemaker. In severe cases of spina bifida, the baby undergoes surgery within 48 hours of birth (or possibly in utero). Parents are then taught how to exercise the baby's legs and feet to prepare him for walking with leg braces and crutches, if necessary.

In Laney's case, a pediatric cardiologist was able to determine that her child would need an interventional procedure to treat her heart condition. After Laney gave birth, the baby's doctor performed a procedure through a catheter to repair the child's heart, leaving no scar or further problems from the birth defect.

Produce Storage
RULES TO LIVE BY

You may be tempted to store all foods in the refrigerator to prevent spoilage, but some fruits and vegetables are better kept at room temperature until cut, cooked or consumed.

FOLLOW THESE GUIDELINES to keep fruits and vegetables fresh and more nutritious longer.

RULE 1: Store potatoes and onions away from light in a well-ventilated pantry or cupboard.

Additional tip: To reduce the tears that sometimes accompany chopping onions, cool them in the refrigerator for 30 minutes before cutting.

RULE 2: Isolate fruits and vegetables that produce a considerable amount of ethylene gas—an odorless, harmless, naturally occurring hydrocarbon gas emitted during ripening. Significant ethylene producers, typically soft-skin fruits like apples, pears, tomatoes, avocados and nectarines, may cause other produce sensitive to this gas to soften or change in texture more quickly. Produce susceptible to ethylene includes leafy greens, squash and citrus fruits.

Additional tip: "If you want a banana to ripen more quickly, place it in a paper bag with an apple or ripe avocado and close the bag," says **Steven Rich, R.D.**, nutrition information systems coordinator at NewYork-Presbyterian Brooklyn Methodist Hospital. "The ethylene gas contained within the bag will enhance the ripening process of the banana. This would work for any fruit ripened by ethylene gas."

RULE 3: Store unripe tomatoes on the counter. Tomatoes may turn mealy and become less appetizing if stored in the refrigerator.

Additional tip: If tomatoes are already ripe to perfection, stop the ripening process without affecting the texture too much by refrigerating them for a few days.

RULE 4: If bananas are green, separate them and wrap the top of each stem with plastic wrap, then store them on the counter. This helps control ethylene gas emission.

Additional tip: Ripe bananas can be kept in the refrigerator for a few days. The skin will turn brown, but refrigeration stops the ripening process in spite of the dark appearance of the peel.

RULE 5: "When selecting stone fruits like cherries and plums, pick ones slightly firm to the touch, then store them at room temperature but away from sunlight until they soften," says **Sean Whalen**, executive chef at NYPBMH.

Additional tip: If stone fruits are ripe, store them in the refrigerator to stop the ripening process, or consider freezing or canning them.

RULE 6:

Citrus fruits like oranges, tangerines, lemons and limes are generally picked when ripe. If consuming these within a week, leave them on the counter for optimum flavor.

Additional tip: Refrigerate these fruits if you do not use them within about a week. Refrigeration can extend their shelf life.

RULE 7:

Berries should ideally be eaten soon after purchase, as they are usually ripe when delivered to store shelves. Keep them in the refrigerator, but do not rinse berries until just prior to eating them as excess moisture causes these fruits to mold. Ripe berries can also be frozen in airtight containers.

Additional tip: To have access to ready-to-eat, clean berries and discourage mold growth, dunk fresh berries in a mixture of one part vinegar to three parts water, rinse thoroughly with clear, cold water, dry in a salad spinner lined with paper towels, then refrigerate in the original container lined with dry paper towels. Avoid placing berries in the crisper drawer of the refrigerator. The air in the crisper has higher humidity and doesn't circulate as much as in the rest of the fridge.

RULE 8:

Don't wash lettuce before storing it in the refrigerator. Too much moisture can cause this produce to spoil quickly.

Additional tip: For salad aficionados who must have access to clean, fresh lettuce at all times, try washing lettuce, drying it using a salad spinner, then wrapping the leaves in paper towels before storing them in a container in the fridge.

RULE 9:

Ripen green avocadoes by placing them in a brown paper bag on the counter for a few days.

Additional tip: Once ripe, avocadoes can be stored in the refrigerator to prolong their shelf life.

VEGETABLE RATATOUILLE

Make use of fresh produce to create this nutrient-packed dish.

Ingredients

- 3 tablespoons olive oil
- 1 onion, diced
- 2 garlic cloves, minced
- 1 eggplant, cut into 1/2-inch pieces (about 3 cups)
- 1 small zucchini, scrubbed, quartered lengthwise, and cut into thin slices
- 1 red bell pepper, chopped
- 3 large ripe tomatoes, diced
- ¼ teaspoon dried oregano
- ¼ teaspoon dried thyme
- ½ teaspoon salt
- ½ teaspoon ground black pepper
- ½ cup shredded fresh basil leaves
- 1 tablespoon balsamic vinegar

Directions

1. Preheat oven to 400 degrees F. Lightly oil a large roasting pan with 2 tablespoons olive oil. Place chopped vegetables in the roasting pan.
2. Season vegetables with oregano, thyme, salt and pepper, and then bake for 45 minutes, stirring occasionally.
3. Toss vegetables with remaining tablespoon of olive oil and balsamic vinegar and fresh basil leaves and serve.

Nutrition Information (per serving)

Servings: 6
Calories: 116
Total fat: 7.5g
Saturated fat: 1g
Cholesterol: 0mg
Sodium: 203mg
Potassium: 521mg
Total carbohydrates: 12.5g
Dietary fiber: 4.8g
Sugars: 6.8g
Protein: 2.3g

This recipe has been approved by the Department of Food and Nutrition Services at NewYork-Presbyterian Brooklyn Methodist Hospital.

Compassionate Care *for Critical Conditions*

When patients and their families are faced with a life-changing or terminal illness or injury, palliative care and hospice care can provide needed support during a time when uncertainty abounds.

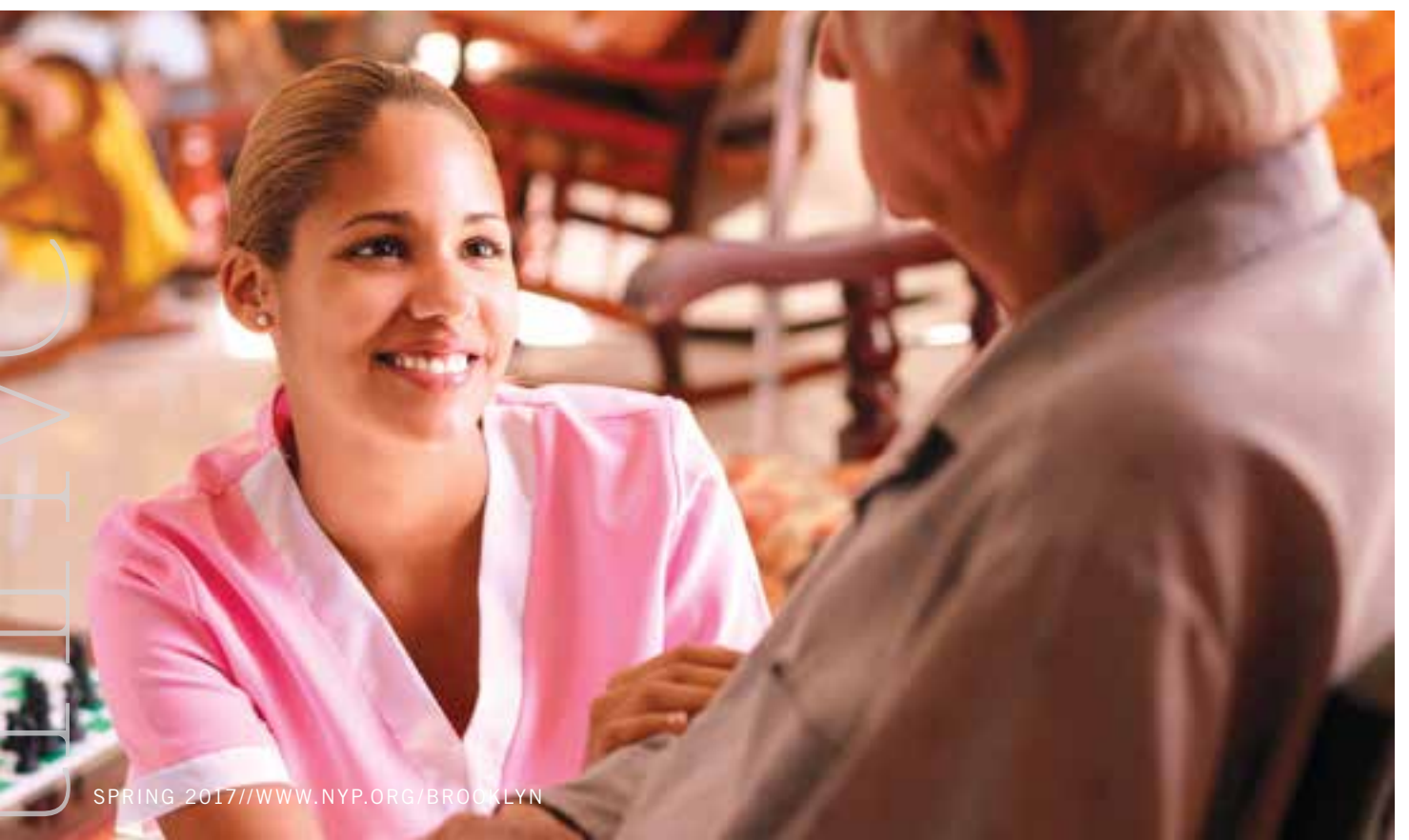
> "While our focus is on patients, one of the goals of hospice and palliative care is to offer support to patients' families, including them throughout the entire process ... We want to let them know that they are not alone during this critical time of life."
>
> **—JOANNE RUSSO-LAGNESE, R.N., DIRECTOR OF PATIENT CARE TRANSITION AT NYP BROOKLYN METHODIST**

CHRONIC MEDICAL CONDITIONS like cancer and congestive heart failure are often unpredictable, even when closely managed, and may leave patients and their families with a sense of isolation and fear. Palliative care—which can begin at diagnosis and continue throughout the patient's life—and hospice care—for patients with a life expectancy of six months or less—can help patients and their families.

UNDERSTANDING PALLIATIVE CARE

"The function of palliative care is to make patients comfortable and to focus on the symptoms of the advanced illness that the patient has," says **Martin A. Grossman, M.D.**, palliative care doctor and hospice medical director for inpatient hospice at NewYork-Presbyterian Brooklyn Methodist Hospital. "The overwhelming focus of palliative care as a specialty is to reduce all types of pain, whether medical, psychological, spiritual or financial."

Palliative care can help patients and families cope with the pain and stress associated with managing a serious disease or injury. Palliative care plans for adults and children often include medication management, nutritional guidance, and psychosocial and spiritual support to improve quality of life and reduce illness-related anxiety.



"There is a common misconception that palliative care is only associated with end-of-life," says **Joanne Russo-Lagnese, R.N.**, director of patient care transition at NYPBMH. "But this option is intended to help anyone managing a debilitating condition and may be provided along with life-prolonging care."

To ensure that each individual is receiving care designed for his or her unique situation, doctors, nurses and nurse practitioners may collaborate with chaplains, social workers and other specialists, including physical therapists and psychiatrists, to establish goal-of-care plans.

"Palliative care exists to heal and restore quality of life," Ms. Russo-Lagnese says. "That is why listening to each patient, understanding who he or she was before the illness or injury occurred and engaging with the patient's care plan moving forward are so important."

THE ROLE OF HOSPICE CARE

When facing a terminal illness with a six-month-or-less prognosis, patients and their families may be referred to hospice care.

"People are often so afraid that they don't avail themselves of this program," says Dr. Grossman. "But hospice is the best option for those who need it, improving quality of life and maybe even helping them live longer."

Hospice care can be provided in the hospital, a skilled nursing facility, an assisted living facility, a dedicated hospice facility or, most commonly, in the patient's home. Hospice focuses on enhancing the patient's quality of life when quantity of life is limited. While receiving hospice care, a patient, in conjunction with his or her medical provider may be asked to stop taking certain regular medications, since maximizing the patient's quality of life is the goal. Hospice providers will focus more on providing the patient with medication and services intended to make the patient feel as comfortable as possible. While in hospice care, medical, nursing, social work and pastoral professionals will collaborate and identify all the sources of patient and/or the family's suffering in efforts to reduce the turmoil that often accompanies the dying process. The spectrum of services for the patient and the family includes on-call care, respite support for caregivers and bereavement support for surviving family members.

"While our focus is on patients, one of the goals of hospice and palliative care is to offer support to patients' families, including them throughout the entire process," Ms. Russo-Lagnese says. "The hospice program here continues to provide bereavement support to families after their loved one passes. We want to let them know that they are not alone during this critical time of life."

"When suddenly faced with a condition that cannot be cured, many patients and families feel lost spiritually," says **Chaplain Peter Poulos**, director of pastoral care and certified supervisor in clinical pastoral education with NYPBMH. "No matter what their religious background—and even if patients have no affiliation or interest in any faith tradition, pastoral support serves to help them process what is happening by giving them space to talk about their fears, their faith, and if they want, their lives before and after becoming ill."

NYPBMH chaplains represent a variety of religious traditions and offer support to families of any faith or belief. They can also provide a direct connection to spiritual leaders if (and only if) requested to do so.

"Our chaplains work to help people stay in touch with the traditions that are part of their identity," Chaplain Poulos says. "There is health in that type of fullness and harmony between the mind, body and spirit. "

Patients receiving hospice and palliative care sometimes do improve physically. If that occurs, patients and families always have the option to move back from palliative care to a more therapeutic approach. No one is permanently bound by the decision to receive hospice or palliative care.

"If a person is suffering and then participates in a program that enhances comfort, the individual's will to live may improve," Dr. Grossman says. "That shift in mindset may change the trajectory of the patient's course of care. If he or she lives longer than that six-month period, the patient may still receive hospice care if the doctor confirms the need for it to continue."

> "People are often so afraid that they don't avail themselves of this program. But hospice is the best option for those who need it, improving quality of life and maybe even helping them live longer."
>
> **—MARTIN A. GROSSMAN, M.D., PALLIATIVE CARE PHYSICIAN AND HOSPICE MEDICAL DIRECTOR AT NYP BROOKLYN METHODIST**

THE IMPORTANCE OF ADVANCE DIRECTIVES

"Completing advance directives before they're needed allows families to make important decisions about care," says Ms. Russo-Lagnese. "The goal is to identify solutions that honor each individual's personal wishes, preferably having these conversations prior to hospitalization."

Advance directives provide direction for medical care if or when the patient is unable to speak for himself. A patient may complete one or all of the advance directive documents listed below.

- **Healthcare proxy**—This form names a healthcare agent—a person the patient trusts to make healthcare decisions if he is unable to do so.
- **Living will**—This advance directive includes written instructions regarding medical treatment preferences if the patient becomes unable to express consent.
- **Medical orders for life-sustaining treatment**—This physician order form documents a patient's preferences about using life-sustaining measures, such as antibiotics, artificial hydration, and nutrition and cardiopulmonary resuscitation.

RISKY BUSINESS?

Each year, about 2.2 million people are diagnosed with traumatic brain injuries (TBIs) in emergency rooms. Across all age groups, the majority of these people are men.

MOST HEAD INJURIES result in nothing more than a headache and a lump. But on occasion, a head injury results in a TBI. Why do more of these occur in men?

"Men are more often involved in contact sports like rugby or football, and are more likely to get into motor vehicle accidents," says **Lawrence A. Melniker, M.D.**, vice chair for quality management in the Emergency Department at NewYork-Presbyterian Brooklyn Methodist Hospital. "Recent published evidence shows a much higher incidence of TBI in men, largely for these reasons."

Alcohol abuse is another reason for TBI, as it increases the chances of risk-taking behavior—something men are more likely to engage in.

Depending on what parts of the brain are affected by a TBI, behavioral changes can result.

"I find myself giving advice to people who have already had a TBI, and warning them that because of that, they're at greater risk for a future TBI," says **Albert Ortega, Ph.D.**, neuropsychologist at NYPBMH. "After a TBI, people may become more impulsive, which means you have a greater chance for another TBI caused by risk-taking behavior."

A LONG-TERM LOOK

Perhaps one of the most disturbing factors about a TBI is the way in which it changes the person over time, sometimes permanently. These changes can be either cognitive or behavioral.

"Your memory, attention span and other faculties that help you process the world become compromised," says Dr. Ortega. "Behavioral changes, on the other hand, could lead to you becoming inert—having no motivation to do anything—getting angry more easily and even becoming physically aggressive."

In cases when a TBI is not severe, while many of these changes may occur, they generally get better over the first year, especially with time and intervention. However, some TBI patients never go back 100 percent to their previous personality, which is why prevention is key.

"The brain is very unforgiving," Dr. Melniker says. "Preventing brain injury means a better quality of life, so it's important to take precautions."

AN OUNCE OF PREVENTION

Dr. Ortega stresses the importance of not driving after you've been drinking, always wearing seatbelts in a car, and wearing a helmet when riding motorcycles and bicycles.

Prevention is particularly important in older individuals, Dr. Melniker notes. As people age, the brain pulls away from the inside of the cranium. Since that makes the brain more susceptible to striking inside the skull, it means that a TBI can occur without any kind of direct impact to the head.

A Healthy Day AT THE SPA

For many, there's no better way to unwind after a long week than with a salon or spa visit, but these regular trips may pose a threat to good health.

SALONS AND SPAS have made headlines in recent years—and not for good reasons. Media stories feature people who have contracted skin infections from popular services like manicures and pedicures, leaving some to question whether going to a salon or spa is safe.

UNDERSTANDING THE RISK

"Skin infections following salon treatments are rare, but they can occur," says **Hiram Cortes, M.D.**, infectious disease specialist at NewYork-Presbyterian Brooklyn Methodist Hospital. "If a salon doesn't properly clean its equipment, for example, fungus and bacteria can spread from person to person."

One of the highest risks of infection comes from nail fungus, which can be transmitted during a manicure or pedicure, according to Dr. Cortes. Head lice and bacterial infections—even antibiotic-resistant staph infections—may also be transmitted through unclean salon tools. Adults who have diseases that compromise the immune system, like diabetes, should be especially cautious because they have a much higher risk of skin infections, including staph infections.

In addition to the risk of infection, harsh chemicals and salon treatments can take a toll on skin and nail health. For example, women who frequently wear acrylic nails may be at higher risk for nail fungus and thin, brittle nails.

A SAFER VISIT AHEAD

It may seem like avoiding the salon or spa is the best solution, but knowing what to look for when choosing a reputable salon can offer a measure of protection.

"If salon employees seem unusually rushed or if they neglect to wash their hands or sterilize brushes, nail clippers and other instruments in between customers, look for another salon," says **David Frankel, M.D.**, dermatologist at NYPBMH. "When visiting a salon for the first time, look for a state license on display in the facility. If there isn't one, leave and find a properly licensed salon."

Finally, there are certain things people can do prior to their visit. For example, you shouldn't shave your legs within 24 hours of a pedicure or have a manicure or pedicure if you have open cuts or scratches on your hands, feet or legs. Following a treatment, salon customers—especially those with diabetes—should watch for signs of infection, which can include redness or soreness near a nail.

"The signs of bacterial infection are noticeable within one to two days," Dr. Cortes says. "People who frequent salons and spas should inspect their skin, and if they notice anything out of the ordinary, call their doctor right away."

> "Skin infections following salon treatments are rare, but they can occur. If a salon doesn't properly clean its equipment, for example, fungus and bacteria can spread from person to person."
>
> **—HIRAM CORTES, M.D., INFECTIOUS DISEASE SPECIALIST AT NYPBMH**

Q&A

Learning from Babies

MADHU GUDAVALLI, M.D.

MADHU GUDAVALLI, M.D., CHIEF OF NEONATOLOGY AT NEWYORK-PRESBYTERIAN BROOKLYN METHODIST HOSPITAL, CONTINUES A FAMILY TRADITION OF PRACTICING THE ART OF MEDICINE.

Q *What motivated you to become a doctor?*

A My father was a very well-respected doctor, and my mother always hoped that one of her three daughters would follow in his footsteps. I really admired what my father did, and I had the necessary credentials to get into medical school. I never regretted my decision.

Q *Why did neonatology appeal to you?*

A I did an internship that included obstetrics and gynecology, pediatrics, and surgery. Initially, I was interested in becoming a surgeon. But after completing my pediatrics rotation at Bellevue Hospital, I changed my mind and became a pediatrician and neonatologist. The specialty clicked with my talents and interests.

Q *What area of neonatology appeals to you the most?*

A The babies I see are often premature and so small. Sometimes, they are born only 24 weeks into the pregnancy and may weigh as little as a pound and a half. With excellent care week after week, the babies make steady progress and will be able to breathe, feed and survive on their own. Seeing that is very rewarding.

Q *What is the most fulfilling aspect of working at NYPBMH?*

A When I started working at the Hospital 26 years ago, it had an eight-bed intensive care unit for babies. Today, we have a 24-bed unit, staffed with an excellent team of six neonatologists, nurse practitioners, trained neonatal nurses, physician assistants, respiratory therapists, pharmacists and a full complement of support staff.

Q *What do you enjoy most about Brooklyn?*

A I love the diversity and the character of this community. I lived in Brooklyn twice in the 44 years since I moved to the United States. I love the way Brooklyn has transformed itself over the years. It is now one of the most sought-after areas in the city.

Q *What do you enjoy when you're not working?*

A My husband and I like to play golf together. We enjoy cruising around the world, cooking and entertaining. We enjoy being outdoors.

Q *What is one thing that you would change about yourself?*

A I would be a little more disciplined about my diet and exercise. I aim to be in better shape, but sometimes I give in to temptation too easily.

Q *What is one thing that you would not change about yourself?*

A My commitment to my patients and the passion that I have for my work. Every baby teaches me something. I am always learning.

Gain Dr. Gudavalli's insight about premature babies on page 29.

Enhancing an Early Start in Life

MADHU GUDAVALLI, M.D., CHIEF OF NEONATOLOGY AT NEWYORK-PRESBYTERIAN BROOKLYN METHODIST HOSPITAL, MANAGES HIGH-RISK SITUATIONS THAT ARE RELATED TO PREMATURE BIRTH. TEST YOUR KNOWLEDGE ABOUT SOME OF THE CONDITIONS SHE ENCOUNTERS.

1

A premature baby, or "preemie," refers to a baby born before which gestational age?

a. 30 weeks
b. 37 weeks
c. 42 weeks
d. 40 weeks

Answer: a. Any infant born before 37 weeks into a pregnancy is considered a preemie.

2

Which of the following statements may be accurate about the development of preemies?

a. Preemies may be behind on the growth chart for the rest of their lives.
b. Parents may not notice any developmental delays if their baby is born six weeks early.
c. Babies born early may be a little behind schedule with developmental milestones, but most preemies meet these milestones by the age of two.
d. All of the above

Answer: d. As with any child, babies born early are not exactly like one another. In general, babies born at least 32 weeks into the pregnancy have a higher chance of catching up with babies who are born full term (37 to 40 weeks gestation). But some babies may experience long-term health challenges. "Some babies born before 26 weeks may always be on the petite side," says Dr. Gudavalli.

3

Which health conditions may impact premature babies?

a. Apnea, which is a pause during breathing that may last for 20 seconds or longer
b. Jaundice, characterized by a yellowing of the eyes and skin, indicating that the liver is not functioning properly
c. Infections like pneumonia and meningitis, which may indicate a weakened immune system
d. All of the above

Answer: d. Preemies may experience one or all of these conditions as their systems mature. During the first weeks, months and years of life, it is critical that these babies receive the nutrition and medical care that is needed to help them stay as healthy as possible.

4

Fact or fiction: Women should never receive steroids during pregnancy, especially if the baby is expected to be born early.

Answer: Fiction. Prenatal steroid treatment given to the mom-to-be can accelerate the development of the baby's lungs and help improve the baby's chance of survival. These steroids may be offered between 23 and 34 weeks of pregnancy.

5

True or false: Humidity needs to be controlled after a baby leaves the womb.

Answer: True. "Because premature babies' skin is so fragile, we nurse them in an incubator with humidity control that mimics the moisture of the womb," Dr. Gudavalli says. "It is important to maintain a neutral thermal environment so that the baby is not expending extra calories to maintain his or her temperature."

ON THE GO WITH LITTLE TIME TO SPARE? TAKE FIVE MINUTES TO ABSORB THESE FIVE DIGEST VERSIONS OF *thrive's* FEATURED ARTICLES FROM THIS ISSUE.

PANCREATIC MATTERS

The pancreas is a vital organ that plays two chief roles: managing blood sugar levels and aiding the digestive process.

Two of the most common pancreatic conditions are pancreatitis, in which the pancreas is inflamed, and pancreatic cancer.

There are currently no screening tools available for the early detection of pancreatic cancer, causing the majority of cases to be diagnosed in the later stages. Researchers are currently working on developing an early screening blood test.

There are lifestyle changes that can help protect your pancreas. Maintaining a healthy weight, avoiding excessive alcohol consumption and quitting smoking are among them.

Turn to page 8 to learn more.

HEALING A HEART

When Alton Kinsey began experiencing disturbing symptoms, she thought stress and too much caffeine were to blame. Her symptoms persisted, so she scheduled a checkup.

Alton's doctor identified a problem with her heart and referred her to a cardiologist, who diagnosed her with bigeminy, a condition in which every other heartbeat is affected by a type of arrhythmia. When medication didn't give Alton the relief she sought, a cardiac electrophysiology team at NewYork-Presbyterian Brooklyn Methodist Hospital performed an ablation procedure that stabilized her heartbeat and let her leave the Hospital feeling like she had her life back.

Read more of Alton's story on page 13.

TODDLER TRANSITIONS

Moving a toddler from a crib to a big-kid bed requires time and patience.

The right time to make such a change will vary for each child. Signs that a toddler is ready to transition include climbing out of the crib on a regular basis or expressing a desire for a bed.

When a toddler is ready, it can help to include him in the bedding selection process. Take steps to childproof his room and get him excited about this new chapter.

Consistency is key to making the transition. Placing the new bed where the former crib was and keeping the same bedtime and nightly routine can help make the change smooth.

Learn more helpful tips on page 16.

BIRTH DEFECTS

Birth defects in newborns affect about four percent of infants annually in New York State. Birth defects are either structural, meaning a part of the body did not develop properly, or functional, meaning a body system's function is impaired.

Prenatal screenings can help detect birth defects early to improve outcomes and allow treatment to begin as soon as possible.

The causes of the majority of birth defects are unknown; however, infections, health issues, and drug and alcohol use during pregnancy, as well as inherited conditions, can cause birth defects.

Women can help prevent birth defects by taking folic acid and leading a healthy lifestyle.

Get the full story on birth defects beginning on page 18.

PALLIATIVE AND HOSPICE CARE

Palliative care helps patients cope with the physical, emotional and spiritual pain associated with managing a debilitating disease or injury. Palliative care can benefit patients with acute or chronic conditions, no matter what their prognosis is.

Hospice care provides care and comfort to terminally ill patients with life expectancies of six months or less. The program also extends support to patients' families, both during the patient's life and afterwards.

The goal of both programs is to improve the quality of life for patients and families. Advance directives may also help. Through advance directives, patients can express care preferences and facilitate less stressful healthcare decision-making in advance of facing a serious illness.

Read more on page 24.

COMMUNITY FORUM

Do you have a comment about an article you read in *thrive*? We welcome your feedback! Email AskThrive@nym.org and let us know if we can print your name and submission.

DAD DOWN IN THE DUMPS?

THE ARTICLE ON PAGE 26 IN THE LATEST ISSUE OF *THRIVE* ["PROUD PAPA SYNDROME"] WAS INTERESTING. I HAD NO IDEA THAT BEING A FATHER COULD BE GOOD FOR YOUR HEALTH. LEARNING THIS WAS ESPECIALLY SURPRISING, AS MY HUSBAND HAS NOT SEEMED HIMSELF SINCE THE BIRTH OF OUR CHILD. HE ISN'T INTERESTED IN ANYTHING LATELY AND SEEMS TO BE IN A BAD MOOD ALL THE TIME. HE HAS TAKEN MEDICATION FOR ANXIETY IN THE PAST, BUT THIS SEEMS DIFFERENT. CAN MEN GET POSTPARTUM DEPRESSION?

CHELSEA F.

Thanks for writing, Chelsea. Yes, men can get postpartum depression (PPD), also known as paternal postnatal depression. The statistics vary on how often it occurs, but as many as 25 percent of dads can have some symptoms of depression in the months following the birth of a child. Low mood, irritability and feelings of helplessness are common. Male PPD is often associated with anxiety disorder and obsessive-compulsive disorder.

If you suspect your husband is dealing with PPD, encourage him to see a doctor. Medication is an option, and support groups or one-on-one therapy may also be helpful. Left untreated, PPD can affect the bond between parent and child, as well as a child's development.

—Paul Carroll, Ph.D.,
Psychologist at NewYork-Presbyterian Brooklyn Methodist Hospital

CREATING HEALTHY HABITS

I REALLY LIKED YOUR ARTICLE ABOUT PICKY EATERS ["FENDING OFF FOOD FIGHTS," PAGE 16, FALL 2016 ISSUE]. AS A CHILD, I FREQUENTLY FOUGHT WITH MY PARENTS ABOUT MY FOOD PREFERENCES, AND MEALTIMES WERE OFTEN STRESSFUL. THIS LED TO AN UNHEALTHY RELATIONSHIP WITH FOOD. AS A NEW MOM, I'VE BEEN THINKING A LOT ABOUT HOW TO APPROACH FOOD CHOICES WHEN MY DAUGHTER IS READY FOR SOLID FOODS. YOUR ARTICLE WAS AN EXCELLENT BLUEPRINT AND A GOOD REMINDER TO TALK WITH OUR PEDIATRICIAN ABOUT HOW TO ENSURE THAT MY DAUGHTER HAS A HEALTHY START IN LIFE.

MARGARET M.

STOPPING THE STIGMA

THANK YOU FOR YOUR ARTICLE "POST-STROKE PTSD" IN THE LAST ISSUE OF *THRIVE* [PAGE 8, WINTER 2017]. AS A STROKE SURVIVOR, THE PHYSICAL RECOVERY WAS ONLY ONE PART OF GETTING WELL. FOR MANY MONTHS FOLLOWING MY STROKE, I STRUGGLED WITH INSOMNIA, FLASHBACKS AND ANXIETY. I DIDN'T EVEN REALIZE THAT I HAD POST-TRAUMATIC STRESS DISORDER UNTIL MY DOCTOR MENTIONED IT IN RELATION TO MY SYMPTOMS. I WAS SCARED TO TELL ANYONE, EVEN MY WIFE, THAT I HAD PTSD. IT FELT LIKE I WAS COMPLAINING ABOUT SOMETHING THAT DIDN'T SEEM ALL THAT BAD. HOWEVER, MY LIFE HAS DRASTICALLY IMPROVED SINCE JOINING A SUPPORT GROUP FOR STROKE SURVIVORS. THANK YOU AGAIN FOR EDUCATING THE COMMUNITY ABOUT THIS ISSUE.

DAN S.

PHYSICIAN REFERRAL//718.499.CARE

NewYork-Presbyterian Brooklyn Methodist Hospital

Community Engagement

April, May, June, July, August 2017

SUPPORT GROUPS ON THE NYPBMH CAMPUS

Alzheimer's Disease Wellness Support Group*

For patients with cognitive deficits/memory loss and their caregivers.
April 25, May 31, June 29, July 25, 12:30 p.m.–2:30 p.m.
Wesley House Room 6A, 501 Sixth Street
To register (required), call 718.246.8590.

Alzheimer's Disease Care 4 Caretakers*

For caretakers of patients experiencing cognitive deficits/memory loss.
Mon., May 8, June 19, July 10, 5 p.m.–7 p.m.
Wesley House Room 6A, 501 Sixth Street
To register (required), call 718.246.8590.

Sponsored by the The Carolyne E. Czap and Eugene A. Czap Alzheimer's Program

Bereavement Support Group

For those who have lost an adult loved one during the past year.
Tues., 6:15 p.m.–7:30 p.m.
8 sessions beginning April 25
For more information, location and to preregister (required), call 718.780.3396.

Brain Aneurysm Support Group

For individuals and their family members who want to gain awareness about brain aneurysms
Sat., June 3, 9 a.m.–11 a.m.
Carrington Pavilion, Executive Dining Room, 506 Sixth Street
For additional information, call 718.246.8610.

Breastfeeding Support Group

For mothers and their babies from birth to three months old.
Every Tuesday, 2:30 p.m.–3:30 p.m.
Wesley House Room 3K-C, 501 Sixth Street
Walk-ins welcome. No appointment necessary.
For more information, call 718.780.5078.

Caregivers Support Group

For family members and friends caring for an older adult.
Wed., April 12, May 10, June 14, 3 p.m.–5 p.m.
Wesley House Room 6A/6B, 501 Sixth Street
To register, call 718.596.8789.

Diabetes Support Group

For people with diabetes and prediabetes.
Meets the last Thursday of every month, 5 p.m.–6 p.m.
Buckley Pavilion Room 820, 506 Sixth Street
For additional information and to register, call 718.246.8603.

Look Good … Feel Better®

For women with cancer who want to feel beautiful inside and out.
Thurs., May 18, July 20
2 p.m.–4 p.m.
Wesley House Room 6A, 501 Sixth Street
To register (required), call 718.780.3593.

Parkinson's Disease Support Group

For those with Parkinson's disease.
Wed., May 17, June 21, July 19, 2 p.m.–3:30 p.m.
For location and to register (required), call 646.704.1792.

Parkinson's Disease Caregivers Support Group

For people caring for loved ones with Parkinson's disease.
For times, dates, location and to register (required), call 646.704.1792.

Parkinson's Disease Wellness and Exercise Classes

Dance: Meets twice monthly on Thursdays
Yoga: Meets twice monthly on Fridays
2 p.m.–3 p.m.
Wesley House Room 6B, 501 Sixth Street
For dates and to register (required), call 646.704.1792.

Pulmonary Hypertension Support Group

For individuals with pulmonary hypertension.
Mon., May 1, July 10, 5 p.m.–7 p.m.
Wesley House Room 7A, 501 Sixth Street
To register (required), call 718.780.5614.

Stroke Support Group

Share your experience, meet other survivors and hear from different stroke specialists at NYP Brooklyn Methodist Hospital.
Wed., April 12, May 10, June 14, July 12, 2 p.m.–3 p.m.
Buckley Pavilion Room 820, 506 Sixth Street
For more information, call 718.780.3777.

Surgical Weight Reduction Seminar/ Support Group

A surgeon will lead this group. Open to pre- and post-operative patients.
Thurs., April 27, May 25, June 22, July 27, 6 p.m.–7:30 p.m.
Carrington Pavilion, Executive Dining Room, 506 Sixth Street
For more information, call 718.780.3288.

Please call the Department of Public Affairs at 718.780.5367 for updates to this calendar.

SEVENTH HEAVEN STREET FAIR

NewYork-Presbyterian Brooklyn Methodist Hospital will offer free blood pressure, dental and podiatry screenings, and doctors and healthcare professionals will be available to answer questions on women's health, chronic disease and many other medical topics. Free health information and prizes will be available.

Sun., June 18, 11 a.m.–5 p.m.
Seventh Avenue between Sixth & Seventh Streets

COMMUNITY EVENTS

Senior Health Seminars

Join the Hospital's doctors as they lecture about health topics that are important to older adults.
Wed., April 19, May 17
2:30 p.m.–3:30 p.m.
Brooklyn College Student Center
East 27th and Campus Road
Call 718.501.6092 to register (required).

Stroke Alert Day

Free blood pressure screenings. Specialists from the Department of Neurosciences will be available to answer questions. Educational materials and prizes will be given away.
Wed., May 24, 11 a.m.–2 p.m.
NYP Brooklyn Methodist Hospital Carrington Atrium Lobby
506 Sixth Street
Call 718.780.5367 for more information.

NewYork-Presbyterian
Brooklyn Methodist Hospital
506 Sixth Street / Brooklyn, NY / 11215-3609

MAILED FROM ZIP CODE 24506
NONPROFIT ORG.
U.S. POSTAGE
PAID
PERMIT NO. 830