

EAGeRly Awaiting

Welcome Our First EAGeR Baby!
A New Addition to the Maskal Family...



Ryan Michael was born on September 16, 2009 at Moses Taylor Family Birthing Suites. He weighed 7 pounds, 13 ounces and is 20 inches long. Both mom and baby are doing well at home! Since this is a double-blind randomized study by design, we do not know if she was taking the low dose aspirin or placebo.



Spring 2009



Fall 2009

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Message from Cathie

Happy autumn to everyone!

As the seasons are changing, there have been some changes at EAGeR as well over the past few months. We have been busy and have a lot of news for you.

We are happy to tell you that Jes Pizano our graduate research assistant began dental school at Temple. We miss her! Our other graduate research assistant Randy Stark has been made the Department Manager for the Department of Family and Community Health upon completing his MBA. He continues to be a valuable asset for the study. Megan Yetter joins the team as the newest graduate research assistant and is featured in this newsletter.

Anne Sweeney PhD, our PI has returned to Texas to be closer to her family, especially Hunter her new grandson. She has taken a position at Texas A&M University Health Science Center School of Rural Public Health. We wish her the best!

We are very pleased to have Janet Townsend MD joining the study to lead the team as the principal investigator. Janet is featured in this newsletter. We are very happy to have her aboard. In addition, Mark White MD MPH has joined the team as a Co-investigator. We will feature Mark in the next issue of EAGeRly Awaiting.

We are excited to have Enrique Schisterman, PhD from the National Institute of Health in Bethesda Maryland visiting the EAGeR Study site in late October. He is the principal investigator of the EAGeR Study.

In other news at EAGeR, we currently have 30 women enrolled in the study. Of these, 17 are pregnant. Sadly, we also have to share the fact that one woman in our study has had a miscarriage. We are very pleased to have a high rate of retention. This simply means that most of our participants stay with the study. Thanks! You make us look good.

We are thrilled to announce the birth of the first EAGeR baby on September 16, 2009. A Boy! He weighed 7 pounds 13 ounces and was 20 inches long. Mom and baby are doing well at home. Since this is a double-blind study, we do not know if she was taking the low dose aspirin or the placebo. So happy for them!

As I mentioned in our last newsletter, I have been working on a proposal to offer free and fun wellness programs for study participants. I am pleased to announce that a Collaborative Grant from the University of Scranton and Marywood University will provide for these programs for women in the local area who have had a pregnancy loss. These programs will be free, voluntary and will focus on wellness topics for women who are contemplating pregnancy or are already pregnant. The first program will be held on October 22, 2009 from 6 PM to 8 PM at Tobin Hall. An invitation is enclosed in the newsletter. Please share with your friends.

We continue to seek volunteers for our study. We have been using various methods to make women aware of the study. We are still looking to have 288 volunteers from the Scranton EAGeR site. You continue to be our best ambassadors.

The EAGeR Study is closing in on our first year anniversary at the Scranton site. The year has been, challenging, rewarding and productive. Together we made history! We have established the first clinical trial at the new Commonwealth Medical College. We could not have done this without you, our volunteers. Thank you from the entire team - past and present!

Have a great autumn!

Cathie



EAGeR Spotlight

Meet Two New Members of the EAGeR Team



The New EAGeR Team



Janet M. Townsend, MD

Dr. Janet Townsend is the Chair of Family Medicine and Community Health and the Principal Investigator of the EAGeR Study. She oversees the clinical department's education, research, clinical care and service programs. Additionally she serves as a member of TCMC's senior administrative team and participates in the establishment of the clinical department including the regional campus, faculty recruitment and program/curriculum development. She comes to TCMC from the Montefiore Medical Center and the Albert Einstein College of Medicine in Bronx, NY. During her over 25 years of service there she held numerous positions including Residency Program Director, Family Medicine Inpatient Services Director, Vice-Chair for Education and Development and Co-Director, Division of Education.

Pictured Above (Front Row, L to R): Megan Yetter, Graduate Research Assistant; Betsy Mead, RN, BSN, Clinical Research Associate; Cathie McGeehan, MSN, RN, Project Coordinator

(Back Row, L to R): Randy Stark, Department Manager DFMCH/Project Coordinator; Janet Townsend, MD, Principal Investigator; Mark White, MD, MPH, Co-Investigator

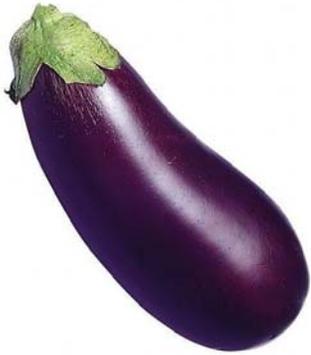


Megan Yetter, BS

Megan Yetter recently graduated in May from Misericordia University in Dallas, PA receiving a bachelor's degree in Biology, while obtaining a minor in both chemistry and English. She resides in Stroudsburg, PA and is extremely excited to be a part of the EAGeR team as the Graduate Research Assistant.

How Big is Baby?

The Third Trimester



Weeks 25-28 (Month 6): Eggplant – Average Size: 13.6 - 14.8in, 1.5 - 2.2lbs

Let your spouse put an ear to your belly -- he might be able to pick up baby's heartbeat (no stethoscope required). Inside the womb, the formation of tiny capillaries is giving baby a healthy pink glow. Baby's also soaking up your antibodies, getting the immune system ready for life outside the womb. Eyes are forming, and baby will soon perfect the blink -- perfect for batting those freshly grown lashes.

Weeks 29-32 (Month 7): Squash – Average Size: 15.2 – 16.7in, 2.5 – 3.8lbs

Baby's energy is surging, thanks to the formation of white fat deposits beneath the skin. (Have those kicks and jabs to the ribs tipped you off yet?) Baby is also settling into sleep and waking cycles, though -- as you've also probably noticed -- they don't necessarily coincide with your own. Also this month, all five senses are finally functional, and the brain and nervous system are going through major developments.



Weeks 33-36 (Month 8): Honeydew – Average Size: 17.2 – 18.7in, 4.2 - 5.8lbs

Baby's senses are continuing to improve -- when light peeks in through your (extremely) stretched belly, those tiny eyelids and irises blink and dilate. And, baby can now recognize and react to simple songs... time to start practicing your lullabies! Growth (at least *inside* your womb) is starting to slow, and you may notice baby descend into your pelvis at the end of this month.

Weeks 37 – Delivery (Month 9): Watermelon – Average Size: 18.9 – 20.9in, 6.2 – 9.2lbs

At week 37, your pregnancy is considered full term, meaning baby is likely to thrive after birth. Baby spends these last weeks in preparation for the outside world... meaning careful refinement of the blink, suck, inhale and exhale. Meconium, which you'll probably find in the first diaper, is accumulating in the intestines. If (okay, as) you worry about giving birth, consider what it's like for the little one. During the journey out of your womb, baby will produce more stress hormones than any other time in life.



Then you welcome a beautiful baby girl or boy into your lives. Congratulations!

Gearing Up for a Baby...

* Creating the Perfect Nursery *

Many parents find that a cute nursery, although it's a great start, just isn't enough. The more functional the baby's room, the better off you'll both be. A changing table stocked with diapers and wipes, a crib you can easily operate with one hand, plenty of storage, and a night-light that'll save your toes during midnight feedings are a must.

Bedding dictates the theme you will carry throughout your nursery. Depending upon your particular taste and preference, you'll find that a wide variety of themes, colors and patterns are available. Bedding is made of cotton or a cotton /polyester blend so it's comfortable next to baby's skin, durable and easy to wash and dry.



Window Valances are the most popular window treatments chosen for use in nurseries. These are shirred curtains designed to cover the top portion of your window. Use them to complement your color scheme and let the natural light shine through.

Rugs help buffer sounds from the floor below or create a separation between "sleeping" and "changing" areas.



Wall Borders come mostly in 15- or 30-foot rolls and coordinate with many crib bedding sets. Choose from pre-pasted (which has to be moistened) or self-sticking (when backing is removed).

Blankets are available in a variety of styles, colors and fabrics, and most are machine-washable.



Lamps are not only pretty, they're useful... especially during midnight feedings. All lamps are UL-listed and many are available with fabric shades that match baby's bedding set.

Mobiles entertain baby while in the crib and encourage baby's visual development. Most styles are wind-up, although battery operated and remote control styles are also available. Infants respond best to bright colors and stark contrasts, so mobiles in bright, contrasting colors are often popular choices. As soon as your child can sit up or roll over by himself in the crib, mobiles should be removed. Some mobiles can be wall-mounted so that they can continue to be enjoyed safely out of baby's reach.



Wall Hangings serve not only to accessorize your nursery, but also to visually stimulate baby! Most bedding sets offer coordinating wall hangings. Keep potentially hazardous accents like ribbons or other dangling objects from hanging within baby's reach.

Pillows are a pretty part of any bedding set and are a nice accessory to add to a rocker or shelf... however, pillows can pose a suffocation risk and should be used strictly for show and not in the crib.



Diaper Stackers neatly hold diapers and hang in the changing area, usually on a door knob. Using one means diapers are conveniently within reach whenever they are needed... and you'll find that will be often! For safety reasons, never hang a diaper stacker from the crib or any area within baby's reach.

Night-Lights are as important as a lamp in your nursery. Although it will not illuminate the entire room, it will shed enough light to allow you to see your way safely. Night-lights are also important in developing a sense of comfort and security as your child grows. They are available in specific themes as well as solid colors that will complement your decor.

Gearing Up for a Baby...

* Home Safety Checklist *

General precautions for the entire house:

- Use safety locks on all windows.
- Use outlet plugs or covers for all unused sockets.
- Install smoke detectors in all sleeping areas.
- Install a carbon monoxide detector.
- Exercise extreme caution when using space heaters. Always keep baby at a safe distance.
- Keep batteries, ashtrays, and purses out of reach of children.
- Use corner protectors and edge cushions to protect your child from sharp corners.
- Use cord shorteners to avoid exposure to window cords and wires in the house.



For the kitchen:

- Never leave baby alone in the kitchen.
- Do not let baby play on the floor by the stove while you are cooking.
- Turn pot handles toward the back of the stove top so that your toddler cannot grab them.
- Keep all dishwashing liquids and cleaning agents locked up.
- Secure all appliances (ovens, trash compactors, dishwashers, refrigerators) with a safety lock or latch.
- Keep sharp and potentially dangerous objects out of reach.
- Install cabinet and drawer latches/locks. Even harmless items like toothpicks and bottle covers present choking and other hazards for your little one.
- Do not seat your baby on a counter where she can reach sharp objects or hot items.
- Use stove and burner guards, so that your curious toddler cannot reach or touch the stove burners.
- Keep a list of important emergency numbers handy.



For the Bathroom:

- Keep toilet lid down and secure it with a latch.
- Place soft or inflatable covers over tub faucets to prevent bumps and bruises.
- Use non-skid mats in the tub to prevent slipping.
- Do not leave water in a tub when it is not in use.
- Keep all medications in childproof containers.



Question Corner



Who will be recommended to receive the 2009 H1N1 vaccine?

CDC's Advisory Committee on Immunization Practices (ACIP) has recommended that certain groups of the population receive the 2009 H1N1 vaccine when it first becomes available. These target groups include pregnant women, people who live with or care for children younger than 6 months of age, healthcare and emergency medical services personnel, persons between the ages of 6 months and 24 years old, and people ages of 25 through 64 years of age who are at higher risk for 2009 H1N1 because of chronic health disorders or compromised immune systems.

We do not expect that there will be a shortage of 2009 H1N1 vaccine, but availability and demand can be unpredictable. There is some possibility that initially the vaccine will be available in limited quantities. In this setting, the committee recommended that the following groups receive the vaccine before others: pregnant women, people who live with or care for children younger than 6 months of age, health care and emergency medical services personnel with direct patient contact, children 6 months through 4 years of age, and children 5 through 18 years of age who have chronic medical conditions.

I'm thinking about becoming pregnant so when should I begin to change my diet?

As soon as you can, begin to eat healthier through a well balanced diet. In preparation for pregnancy, four months before conception is a good time to start to eat healthier. Begin weaning your body off of caffeine products like coffee, chocolate and soda. Try to eliminate smoking (including second hand) and alcohol from your life, even artificial sweeteners. If your doctor suggests taking a vitamin supplement - don't wait - take them, but in ADDITION to eating a healthy, well-balanced diet.

Foods low in fat, high in fiber should be on the top of your list when eating healthy. Folic acid is also important, and your body should be taking in no less than 400 mcg per day. Good sources of folic acid or vitamin B are your prenatal vitamins, dark leafy veggies, fruits such as oranges, grapefruits and other citrus, nuts, beans, wheat breads and cereals like cheerios.



How long does it really take for a woman's body to return to its pre-pregnancy condition?

The first six weeks are a time of healing, re-balancing and recovery. It takes the genital organs from six weeks to two months to return to their original size and function. The pregnancy hormone relaxin, which increases the size and elasticity of connective tissues (ligaments, muscles), will remain in a new mother's body for up to five months. This is why a new mother's joints are so fragile (50 percent of them experience back pain) and why any high impact activity puts tremendous stress on the pelvic floor and the abdominal organs. Prolactin, the hormone which produces milk in breastfeeding mothers, has a similar effect. In 66 percent of women, the vertical abdominal muscles have separated and take at least six weeks to heal. For these reasons, it is important to limit exercise to the gentle pelvic floor and abdominal exercises. Eight weeks after childbirth, you can begin toning in 15 minute sessions, building up by five minutes a week. You can start tennis, biking and low impact aerobics again at 4-5 months after childbirth.

Regarding weight, again much depends on your size before you became pregnant. About one third of new mothers, who were "skinny" before pregnancy and gained only 25-30 pounds, will be back to their normal weight about three months after childbirth. Older moms, 3rd or 4th time mothers, or borderline overweight women will lose most of their excess weight between the 3rd and 6th months after childbirth. Overweight women (10-15 percent of the population) will lose most of their excess weight six to nine months after childbirth. They also benefit the most from breastfeeding for a long time (more than five months).

Some women find that nagging minor health problems such as hemorrhoids, varicose veins bleeding gums and skin pigmentation last for months - medical advice is important in these cases because usually something can be done. Sex may be uncomfortable for quite some time, especially if you have had many stitches (check with your health practitioner to make sure that you don't have an undissolved stitch). Finally, some women find that aspects of their body change permanently after childbirth - the way fat is redistributed, their foot size, their breast size or their hair quality.

Exercise and Safely Conceiving Advice

Regular exercise, including even jogging and impact aerobics will not lower your chances of getting pregnant, nor will it increase your risks for miscarriage. If you've been following a regular plan for at least six months prior to conception then you're okay!

The benefits of regular exercise before, during and after conception are many and include:

- Smoother pregnancies.
- Faster and easier labors with less need for induction.
- Returning to normal body weight much sooner.
- Reduced weight gain during the pregnancy
- Improved mood and sleeping patterns
- Less discomforts during pregnancy such as backaches and swelling

Here's Some Advice:

- If you haven't exercised in awhile, start slowly and work your way up. You can begin with as little as five minutes a day and gradually build up to 30 minutes.
- Try and keep a light to moderate schedule. A good time frame would be about 30 minutes three times a week.
- Make sure you allow yourself a good warming up and stretching before your routine and a cooling down afterwards. When you become pregnant, this is critical, as you are more prone to injuries.
- Make sure your body is getting proper liquids before, during and especially afterwards.
- Pay attention to your bodies signs. If at any point you feel cramping, see bleeding, feel faint or dizzy, stop all activity.

This website was developed to provide evidence-based information on breastfeeding, sleep and parenting.

<http://www.kellymom.com/>



TCMC

THE COMMONWEALTH
MEDICAL COLLEGE

If you know someone who has also had a miscarriage and would like to be a part of the study...

Phone: 570-207-1058

EAGeR@TCMEDC.org

Additional information can be found on the study website:

www.eagertrial.org




EAGeR
The Effects of Aspirin in Gestation & Reproduction