

EAGeRly Awaiting

A message from Anne

Happy Spring Everyone!!! I hope that this new spring season brings many new adventures for you. Here at the EAGeR Study we have embarked on two new adventures. The first is that we just recently began recruiting women from Luzerne county by placing brochures and putting up flyers in the area hospitals and maternity service building. Our second adventure that the team is hard at work on beginning recruitment in Wayne county. We are very excited about these expansions and hope that we will be able to find many more women who are interested in being an EAGeR participant.

In other news at the EAGeR study we now have 15 women enrolled in the study and are actively recruiting more every week. Of these participants, eight women have become pregnant, with our first EAGeR baby due on September 18, 2009. We are very excited and can't wait! Also recently, the EAGeR team has had two members become first-time grandmothers: Cathie McGeehan became a grandma on February 28th to a boy named Jacob and Anne Sweeney became a grandma on April 2nd to a boy named Hunter.

As a part of the study, inevitably we will have women experience miscarriages and unfortunately of the women who have become pregnant two have experienced a loss. We understand how difficult a loss can be physically and emotionally on both a mother and father so we have included in this issue an article that was published in Conceive Magazine that discusses why miscarriages occur and ways that may be helpful in coping with your loss.

Once again we'd all like to thank you for your participation in the EAGeR Study and hope that soon we will be seeing warmer weather and sunny skies.

With Warmest Regards,

Anne M. Sweeney, PhD

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EAGeR Spotlight

The EAGeR Study Meet and Greet



The EAGeR study held a *Meet & Greet* session on Thursday, February 12th, 2009 for obstetricians, gynecologists, pediatricians, nurse practitioners, nurse managers, and any other interested health professionals that would have liked to know more about the EAGeR study and what we are trying to achieve. See Article Below For More Coverage On The Event.

Clinical trial is first for Commonwealth Medical College

By: David Singleton of the Scranton Times

The evidence is tantalizing but scant: Low-dose aspirin may be beneficial in helping women become pregnant and maintain that pregnancy to birth.

In its first clinical research study, the new medical school is collaborating with Physicians Health Alliance at Moses Taylor Hospital to evaluate the effects of the use of low-dose aspirin versus a placebo in women who have had a miscarriage in the past.

The medical college is partnering with four other schools across the U.S. in the \$12 million study — known as Effects of Aspirin in Gestation and Reproduction, or EAGeR. In all, 1,600 women will take part.

“If it works, it’s a wonderful treatment,” principal investigator Enrique Schisterman, Ph.D., of the National Institutes of Health, said of the aspirin regimen.

Dr. Schisterman joined Anne Sweeney, Ph.D., a medical college faculty member and the principal investigator in Scranton, in rolling out the study [...] during a presentation [...] at Lackawanna College.

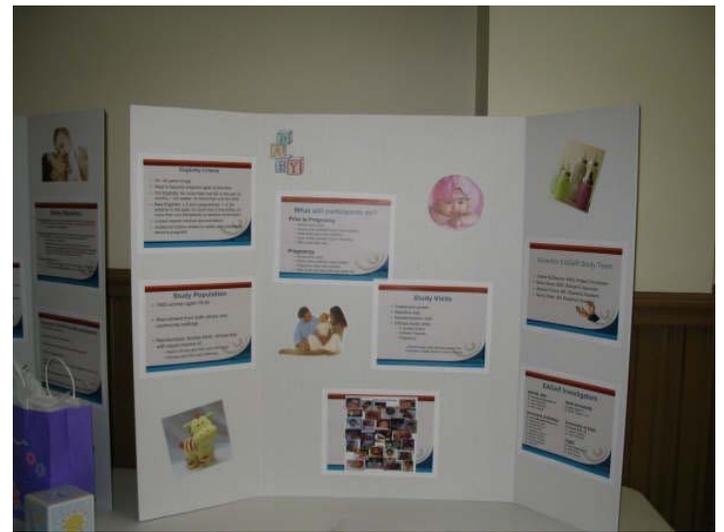
Dr. Sweeney said researchers hope to enroll 300 women from Northeast Pennsylvania over the next three years. Not every woman is eligible; candidates must be between 18 and 40, must want to become pregnant and must have experienced one or two pregnancy losses in the past. Each participant will be in the study for six months or, if she conceives, through the end of her pregnancy.

Brian Wilcox, M.D., who is part of Physicians Health Alliance, said limited recruitment through his office has placed nine area women in the study since October. Six of them are now pregnant.

“Our goal is to help as many patients as possible achieve pregnancy, and then we are measuring various outcomes — conception rates, miscarriage rates, pre-term births, pretty much every pregnancy outcome you can imagine,” Dr. Wilcox said.

Dr. Sweeney said every participant will be given a highly sensitive fertility monitor to help determine the best time to conceive, along with free folic acid supplements. If they become pregnant, they will receive an additional early ultrasound.

Who is eligible? Women who want to become pregnant and are between 18 and 40 are eligible to join. The woman must have had one or two miscarriages or pregnancy losses at some point in the past.



Please visit the following links
for articles on the Meet and
Greet:

NEPA Business Journal

http://www.npbj.com/site/index.cfm?newsid=20272572&BRD=2231&PAG=461&dept_id=449419&rft=8

How Big is Baby?????

The First Trimester



Weeks 3 & 4 : Poppyseed

In week 3, sperm meets egg, and voila: conception! Your little zygote sets off on a six-day trek through your fallopian tubes, dividing and redividing into identical cells as it travels to your uterus.

In week 4, now safe in your womb, the ball of cells (blastocyst) splits in tow, becoming the embryo and the placenta. The amniotic sac and fluid are forming around baby, and will act as a cushion for the next eight months.

Week 5: Appleseed – Average Size: .13 in.

Your embryo (looking kind of like a tadpole) is starting to form major organs (heart, kidney, liver) and systems (nervous, circulatory). Baby's presence in your uterus triggers production of hCG (the hormone detected by pregnancy tests)... which triggers production of other hormones like estrogen and progesterone... which trigger all those great symptoms you notice (morning sickness).



Week 6: Sweet Pea – Average Size: .25 in.

Growing like crazy, baby is starting to sprout eyes, ears, nose, cheeks, and chin. Those little hands and feet – still webbed like paddles – might wiggle by week's end, the heart is beating (almost twice as fast as yours!), and blood is starting to circulate.



Week 7: Blueberry – Average Size: .51 in.

Baby's brain – both hemispheres! – is growing fast, generating about 100 new cells every minute. Arms and legs are emerging as joints start to form, and a permanent set of kidneys is now in place.





Week 8: Raspberry – Average Size: .63 in., .04 oz.

Your baby is growing like mad, putting on about a millimeter everyday and continuing to straighten out in the trunk. Through you can't feel it yet, baby is moving those little arms, legs and (now only slightly) webbed fingers and toes like crazy.

Week 9: Green Olive – Average Size: .9 in., .07 oz.

Your little embryo has no officially graduated to fetus-hood. With basic physical structures in place and increasingly distinct facial features, baby is kind of starting to look like ... well ... a baby!



Week 10: Prune – Average Size: 1.2 in., .14 oz.

With bones and cartilage starting to form and vital organs beginning to function, baby is making major progress. Body length will almost double in the next three weeks, and arm joints are now working. (Soon, legs will too)

Week 11: Lime – Average Size: 1.6 in., .25oz.

Your fetus currently enjoys a 1:1 ration between body and head, and has skin so transparent that blood vessels show right through. But, fingers and toes are no longer webbed, and hair follicles, tooth buds and nail beds are forming – setting up a significantly more attractive future.



Week 12: Plum – Average Size: 2.1 in., .25 oz.

As you move into the second trimester, baby shifts into the growth and maturation stage. After weeks in the critical development stage, almost all of the baby's systems are fully formed.

The Hardest Loss

by Alice Lesch Kelly of Conceive Magazine

Almost no one sees a miscarriage coming. And for couples who've struggled to become parents, losing their baby-to-be may be even harder to bear, bringing with it questions, fear, and heartbreak.

Miscarriage was the last thing on the mind of Suzanne, a Boston executive, when she got pregnant for the second time three years ago. Her first pregnancy had gone smoothly, she had no trouble conceiving, and she felt great. When she was 10 weeks pregnant, Suzanne had her first prenatal appointment. She looked forward to hearing the thrilling *whoosh-whoosh-whoosh* of her baby's heart.

But when the nurse practitioner listened, she heard nothing. "At that point there should have been a strong heartbeat," says Suzanne. "When I looked at her face, I knew." An ultrasound confirmed it: Suzanne had experienced a miscarriage.

Suzanne, now 35, was shocked – she thought miscarriage was something that happened to other people. "I had given very little thought to the possibility of something going wrong. It really pulled the rug out from under me."

Like many women, Suzanne had no idea how common miscarriages are. In the United States, 15 percent to 25 percent of recognized pregnancies – more than a million a year – end in miscarriage. "It's an astoundingly large number – one that most women do not learn until they are sitting in a paper gown in their obstetrician's office, hearing the heartbreaking news about their pregnancy loss for the first time," says Bruce K. Young, M.D., professor of ob/gyn at New York University Langone Medical Center and author of the book, *Miscarriage & Miracles: Everything You Need to Know About Miscarriage* (Dell, 2008).

The number of miscarriages is even higher if you take into account the "unrecognized" pregnancies that occur when a fertilized egg fails to implant in the uterus. These pregnancies are considered unrecognized because they usually happen before a woman realizes she's pregnant and result in bleeding around the time of her next period. According to the March of Dimes, adding in these early losses pushes the miscarriage rate to 50 percent of pregnancies.

The good news is that although first miscarriages are common, second, third, and fourth miscarriages are not. "The likelihood of having two successive miscarriages is less than 5 percent, and the majority of women who have had a miscarriage go on to have health pregnancies," says Christine C. Skiadas, M.D., a clinical fellow in reproductive endocrinology and infertility at Brigham and Woman's Hospital in Boston.

Among those couples who do have repeated miscarriages, medical treatment can often correct the physiological or genetic problems that stand in the way of a successful pregnancy. "Even after three miscarriages, there is still a 72 percent likelihood of a term pregnancy and a healthy baby the next time you try," Dr. Young says.

why does it happen?

One of the first questions couples ask themselves after a miscarriage is "why?" Usually, the answer is "genetics." Up to 70 percent of miscarriages are caused by genetic error in the fetus. These abnormalities occur when the sperm or egg is defective, when cells don't divide normally, or when a gene contains the wrong number of chromosomes. Genetic defects occur more often in aging sperm and eggs, which is why the risk of miscarriage increases with age. After age 50, more than one-third of recognized pregnancies end in miscarriage, according to the American Society for Reproductive Medicine. Some other, less common causes of miscarriage include bacteria (listeria or brucella) or viruses (chicken pox, rubella, parvovirus B19). For example, one study found that bacterial vaginosis, a common vaginal infection, makes a woman nine times more likely to miscarry. A woman may also have a hormone imbalance, such as too little progesterone or thyroid hormone, or an immune system disorder, such as antibodies that cause blood clots in the placenta. Anatomical abnormalities in the uterus, fallopian tubes, or cervix can also put a pregnancy at risk, as can dangerous lifestyle factors, including cigarette smoking, heavy alcohol use, illegal

drug use, and exposure to toxic chemicals such as industrial solvents. Major trauma from a serious car accident, physical abuse or a fall can lead to miscarriage and prenatal tests such as amniocentesis and chorionic villus sampling (CVS) raise miscarriage risk slightly, to 1 in 370 procedures for amnio and 1 in 360 CVS.

When it comes to caffeine, experts debate its risks. Some studies have shown a connection; others have not. However, a carefully designed study of over a thousand women published in January in the *American Journal of Obstetrics and Gynecology* found that women who consumed two or more cups of regular coffee (or five 12-ounce cans of caffeinated soda) had twice the miscarriage risk of women who consumed no caffeine.

Despite what you may hear from your mother-in-law or read online, miscarriage in health women is not caused by exercise, having sex, climbing ladders, flying on airplanes, seeing something frightening, lifting heavy objects, being in a bad mood, or working. Researchers are studying whether there is a connection between stress and miscarriage but most doctors see no link. “The reality is, during World War II, when people were being starved and brutalized, they still had babies,” Dr. Young says. “Women in prisons get pregnant and have babies. And after 9/11, studies showed no increase in miscarriages.”

After the second trimester begins, miscarriage risk drops sharply – 95 percent of miscarriages occur during the first 13 weeks of pregnancy.

anatomy of a miscarriage

Vaginal bleeding is the most common miscarriage symptom, although many women also experience menstrual-like pain, cramping in the abdomen, or low backache. Some, women, like Suzanne, have no bleeding. “I didn’t know you could have a miscarriage without bleeding,” Suzanne says. Likewise, some women who have light spotting do not miscarry – but any vaginal bleeding merits a call to your healthcare provider.

After a miscarriage, the placenta and fetal tissue must come out of your body. “You can let nature take its course and let it pass on its own, but some women can’t emotionally deal with that,” says Barbara O’Brien, M.D., a maternal-fetal medicine specialist and director of perinatal genetics at Women and Infants Hospital of Rhode Island in Providence. If the woman doesn’t want to wait for it to pass, if it’s been more than a week, or if there is heavy bleeding or signs of infection, she must have a D&C (dilation and curettage).

A D&C is a surgical procedure that takes place in a doctor’s office, health clinic, or hospital. A woman receives anesthesia (general, epidural, or IV, depending on the situation), and then her doctor opens the cervix and removes the fetal and placental tissue from the lining of the uterus.

If it’s your first miscarriage, your doctor may not have the tissue analyzed – the assumption is that it’s a genetic fluke that has a very low likelihood of occurring again. If it happens a second time, however, testing makes sense. “Many doctors would evaluate someone after having two miscarriages to determine the cause,” though the definition of recurrent pregnancy loss is technically three miscarriages, Dr. Skiadas says. “The goal is to identify if there are factors that, if treated, will decrease her miscarriage rate for future pregnancies.”

Some of the tests done after multiple miscarriages include blood work, analysis of fetal chromosomes, ultrasound, hysteroscopy (a test in which a scope is inserted through the cervix to examine the uterus), and biopsy of the uterine lining.

There are several other conditions that, while not technically considered miscarriages, also bring about the end of a pregnancy: *Blighted ovum* is a condition in which the gestational sac grows, but the fetus doesn’t. An *ectopic pregnancy* occurs when a fertilized egg becomes lodged in a place other than the uterus, usually the fallopian tubes. A *molar pregnancy* is a condition in which an abnormal mass forms in the uterus instead of a baby. And a *stillbirth* is a pregnancy that ends after the 20th week. All of these are far less common than miscarriage.

coping with your loss

Miscarriage can trigger powerful emotions. It's normal to feel grief, anger, self-blame, depression, and shame. "Women tend to blame themselves, even through nothing they did caused the miscarriage," Dr. O'Brien says.

Many women keep their miscarriage secret, but Dr. Young says opening up can be cathartic. "Like all things that are associated with a feeling of grief, it is better to talk about it. Once you do, you may find that it's as if you're a member of a secret club – you'll find that there are lots of women who have had the same experience, but they never told you about it."

If friends and family can't offer you the support you need, consider seeing a therapist or attending a support group meeting. "People may tell you that you should just get over it, it's just a miscarriage," Dr. O'Brien says. "But those kinds of comments belittle it and are very unhelpful. It's a normal response to grieve." Suzanne found comfort in writing a letter to her lost baby. "I attached the positive pregnancy test stick to it and saved it," she says. "It was a way for me to mourn."

Although they may not show it, fathers also may feel grief after a miscarriage. "We tend to ignore the man, and I think that's unfair," Dr. O'Brien says. "He's feeling it, too."

starting over

Medically, it's okay for most women to start trying to conceive again one or two months after a miscarriage – doctors suggest waiting until after you've had one normal menstrual cycle – but for others, that's too soon. "You really should wait until you're emotionally ready," Dr. O'Brien says. "That could be right away, or it could be a year."

Suzanne and her husband decided to try to conceive again as soon as possible. Shortly after, she became pregnant – but this time, she and her husband kept the pregnancy a secret until they heard the heartbeat. "When we heard a heartbeat at seven weeks it was a blessing," she recalls. "But even five months into the pregnancy, I was still getting high anxiety." Suzanne's doctor referred her to a psychologist who helped her use mind/body techniques to feel less anxious. Several months later, Suzanne gave birth to a healthy son.

Taking steps to prevent miscarriage

Most miscarriages occur because of factors that are out of a woman's control. However, there are some steps you can take that can help lower your risk.

be healthy during pregnancy

Avoid foods such as raw meat and luncheon meats that could be contaminated with harmful bacteria; wash your hands regularly; limit caffeine consumption to 1 cup of coffee a day; wear your seatbelt across your hips rather than your abdomen; and seek help if you are experiencing physical abuse.

get a good start

Eat well, exercise, be at a healthy weight, and begin taking prenatal vitamins several months before conception. If you take any medications (over-the-counter or prescription) or have health conditions such as diabetes or lupus, schedule a pre-conception appointment with your healthcare provider to discuss medication and how best to get your condition under control before and during pregnancy.

break bad habits

The best time to give up cigarettes, alcohol, and any illegal drugs is before you're pregnant. If you're having trouble quitting, ask your doctor for a referral to a cessation program, many of which are reimbursed by insurance.

Question Corner



Can too much caffeine make it harder to conceive?

There has not been any concrete evidence supporting either good or bad effects of caffeine during conception or pregnancy. What many people don't realize is that caffeine is a drug. Just as you'd stop or cut back on medications when you're trying to conceive, you should consider doing the same with caffeine, especially since it turns up in tea, cola, chocolate, and many energy drinks.

Too much caffeine can cause side effects like stomach upset, rapid heartbeat, anxiety, irritability, and difficulty sleeping.

There have been 3 studies recently that have followed a total of 5,000 women who consumed more than 300 milligrams of caffeine a day (this is about 3 cups of coffee a day). For all of these women it took slightly longer for them to conceive. However, another study of 2,800 women who drank about 2 cups of coffee a day showed no difference in conception times. Ladies, the jury is still out for any definite answer to the amount of caffeine if any is not harmful to your chances of conceiving or to your little bundle of joy.

What causes vaginal infections and how can I prevent them?

Nearly 75% of all adult women have had at least one genital yeast infection in their lifetime. Yeast infections are caused by an overgrowth of normally growing fungi in the vagina that creates unpleasant symptoms. The yeast are kept under control by normally growing bacteria in the body. If the natural balance of microorganisms is disrupted, the yeast grow out of control. It is not clear how fungal infections originate, but they are not thought to be sexually transmitted.

Your own natural bacteria cause this type of infection when an imbalance occurs, possibly caused by antibiotics, diabetes, birth control pills, hormonal changes, steroid use, wearing underwear that is tight or non-cotton, weakened immune system, scratches in the vagina, or use of douches or perfumed feminine hygiene sprays.

Vaginal yeast infections can be easily prevented in most cases. To do this, keep your vaginal area dry, especially after a shower, wipe from front to rear after using the toilet, switch to looser-fitting cotton underwear, change wet bathing suits after a swim, avoid tight-fitting jeans or pantyhose, pregnant women should see their doctor immediately if they are experiencing symptoms, avoid chemical irritants in deodorized tampons, do not use douches or feminine hygiene products, and regular bathing is usually adequate to cleanse the vagina.



Does having sex everyday improve our chances of getting pregnant?

This is one of those situations where it IS possible to have too much of a good thing. Not only can a daily regime of baby-making sex quickly begin to feel like another task on your to-do-list, it's biological overkill.

"If your partner has a normal sperm count, having sex every other day is plenty," confirms Margaret Lighthart, M.D., an associate clinical professor of obstetrics and gynecology at McMaster University, in Hamilton, Ontario, Canada. "If you have sex more often than that, you actually start depleting the numbers of sperm."

Since sperm can survive for up to five days in a woman's reproductive tract, having sex every other day during your fertile period – which starts at about day 9 or 10, for a 28-day cycle, until ovulation occurs around day 13 to 15 – is more than enough. It also means you don't need to stress about the exact timing of ovulation

This is not to say that you can't have sex every day, if you're so inspired. The fertility police won't show up to ticket you, and you're unlikely to actually hurt your chances of conceiving if you do the deed daily, since a healthy man has millions of sperm each time he ejaculates. Just be sure to balance maximizing fertility doc if he says daily sex might impair your chances because your partner has less sperm than normal. In other words, let equal parts common sense and passion be your guide.

Written by Ann Douglass (Conceive Magazine)

Do you have a question about conceiving, pregnancy, miscarriage???

If you do please e-mail your questions to eagertrial@tmedc.org. We'll be happy to answer any question!!!

Healthy Habits: Eating a Proper Diet

Everyone knows that eating a healthy, nutritious diet while pregnant is the best way to make sure your baby is receiving all the necessary vitamins and minerals needed for growth and development. However, beginning to eat healthier shouldn't begin when you find out that you are pregnant, you should start when you decide to start trying.

The reason to begin eating healthier before the pregnancy test reads positive is that you will become pregnant before you are aware of the pregnancy. Pregnancy tests do allow you to find out if you are pregnant sooner, however because these tests don't allow you to know as soon as you do conceive, your baby has already been growing for one month before you may change your diet.

Every diet should include proteins, carbohydrates, fats, vitamins, and minerals. To be sure that your diet provides you with the right amount of nutrients, you should know which foods are good sources of each. The recommended daily allowance (RDA) on food labels shows the levels of nutrients you need every day. During pregnancy, the RDAs are higher for most nutrients.

The key nutrients that you and your baby will need throughout pregnancy are:

Calcium – 1,000 milligrams (mg) – helps build strong bones and teeth. Calcium is found in milk, cheese, yogurt, and sardines.

Iron – 27 mg – helps create the red blood cells that deliver oxygen to your baby and prevents fatigue. Iron is found in lean red meat, dried beans and peas, iron-fortified cereal, and prune juice.

Vitamin A – 770 micrograms (µg) – forms health skin and helps eyesight and helps with bone growth. This vitamin is found in carrots, dark, leafy greens, and sweet potatoes.

Vitamin C – 85 mg – promotes healthy gums, teeth, and bones and helps your body to absorb iron. This vitamin is found in citrus fruit, broccoli, tomatoes, and strawberries,

Vitamin B6 – helps form red blood cells and helps the body use protein, fat and carbohydrates. This vitamin is found in beef, liver, pork, ham, whole-grain cereals, and bananas.

Vitamin B12 – 2.6 µg – maintains the nervous system and is needed to form red blood cells. This vitamin is found in liver, meat, fish, poultry and milk.

Folate – 600 µg - needed to produce blood and protein and helps some enzymes function. It is found in green, leafy vegetables, liver, orange juice, legumes, and nuts.

There are a few concerns when it comes to vegetarian diets. If you are a vegetarian, you can continue your diet during your pregnancy. However, you will need to plan your meals with care to ensure you get the nutrients you and your baby need. Be sure you are getting enough protein and that it is the correct type. You will probably need to take supplements especially iron, vitamin B12, and vitamin D.

By preparing your body pre-pregnancy, you will be helping you and your baby start out with the nutrients that you both need to help your pregnancy sustain.

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If you know someone
who has also had a
miscarriage and
would like to be a
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Additional information can be
found on the study website:

www.eagertrial.org




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