

EAGeRly Awaiting

Sylvia Szerszen joined the EAGeR team as an Intern this past January. After graduating this May from the University of Scranton with a B.S. in Biology and a minor in Biochemistry, Sylvia will continue towards a Masters degree in Health Administration. She is very passionate about Public Health and hopes to continue working with and advocating for community health issues.

Meet Sylvia:
Our EAGeR
Intern



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Message from Cathie

*"The world's favorite season is the spring. All things seem possible in May."
~ Edwin Way Teale*

A warm spring welcome to all from the EAGeR Team! I am happy to share with you that we now have a total of 14 EAGeR babies born at the Scranton site so far. All moms and babies are doing well. We welcome them to our EAGeR family. CONGRATULATIONS!

Our recruiting efforts continued with the EAGeR Team spending a day at Wayne Memorial Hospital with Donna Decker, RN Manager of Community Health, John Romano, Lab Manager, and Patricia Bohs, RN, BSN, IBCLC, Healthy Beginnings Plus Care Coordinator, Women's Health Division WMCHC to discuss future collaborations and recruitment efforts. Janet Townsend and Cathie McGeehan were interviewed by Donna Decker for her radio program on Bold Gold Media.

EAGeR hosted the fourth in a series of Free Wellness Programs for area women who have experienced pregnancy loss. These programs are sponsored through a Collaborative Grant from the University of Scranton and Marywood University. The speaker was Beth L.G. Sirota, MA/ATR-BC, Adjunct Professor at the University of Scranton and has Private Practice in Scranton. She addressed, "Living Life Creatively Through Art Work." We all had a good time putting our creative powers to work.

You may have seen our poster displays at one of the local hospitals. We are doing our best to inform people about the study. We are still looking for volunteers!

April is considered national volunteer recognition month by many people. It is a perfect opportunity to thank you, our study volunteers, once again, for your participation in the study. You are HEROES!

A special thank you to the new moms, who agreed to be interviewed over the last few months for feature news articles in local newspapers. As we said before, you are our best recruiters!

The EAGeR Team would like to recognize Sylvia Szerszen, our student intern, who joined us this semester as a volunteer with EAGeR. I am sure you already saw our feature on Sylvia in this newsletter. She has spent many hours assisting us in countless ways. Thank you Sylvia for all you do!

Danny Favaloro, our department intern also deserves some recognition for pitching in to help us with mailings and other big projects.

As you can see, much goes on behind the scene at EAGeR. THANK YOU! We could not do this without each and every one of YOU.

The team is busily preparing for a visit in May from our Principal Investigator, Enrique F. Schisterman, Ph.D. from the National Institutes of Health in Bethesda, MD. We are very excited to have him visit our site. He will be meeting with the team and with several local OB/GYN physicians.

Enjoy this time of renewal and rejuvenation!

Cathie

EAGeR Spotlight



Dr. Lynne M. Coslett-Charlton is the Physician Director of the Partnership OB/GYN Associates. She joins EAGeR as a Research Collaborator. Her undergraduate career was spent at Villanova University, where she graduated with a B.S. in Chemistry and Russian Language Minor. She then attended Jefferson Medical College of Thomas Jefferson University. Dr. Coslett-Charlton completed her residency and internship at Pennsylvania Hospital of the University of Pennsylvania in the Department of Obstetrics and Gynecology. During her residency she had a chance to practice international medicine at Queen Charlotte and Chelsea Hospital in London, England working primarily in the Department of Fetal Care. Dr. Coslett-Charlton serves on multiple committees including the Pennsylvania Medical Society House of Delegates Obstetrics and Gynecology. Dr. Lynne's expertise in Obstetrics and Gynecology is an asset to the EAGeR Study and we thank her for her knowledge as well as insight.



Karen M. Murphy RN, PhD is the President and CEO of Moses Taylor Hospital located in Scranton, Pa and one of EAGeR's Co-investigators. She began her career 32 years earlier as a registered nurse at Moses Taylor Hospital. Dr. Murphy has served in several roles during her tenure with Moses Taylor, including as Vice President of Planning and Managed Care, and Founder and Chief Executive of the Health Care System's Physicians Health Alliance medical group. After graduating from Scranton State Hospital School of Nursing, Dr. Murphy attended The University of Scranton to study Business and Health Administration. She continued her education at Marywood University earning a Master's degree, then graduating from Temple University earning her doctoral degree in Business Administration with a concentration in risk, insurance, and healthcare management. Dr. Murphy is a great role model and inspiration to the local Scranton area exemplifying the value of hard work and perseverance. The EAGeR Study is very much appreciative of all her support.

An insider look: C-Sections

It is important to discuss with your OB/GYN whether it would be more beneficial and safer for you and your baby, to deliver vaginally or via C-section. A C-section is a relatively safe procedure. The rate of serious complications is extremely low. After you give birth to your beautiful baby via a C-section, it's important to understand the recovery process.

What's recovery like during the first few days?

You might experience feelings of grogginess or nausea post surgery. Sometimes, nausea can last up to 48 hours, but your caregiver can give you medication to minimize your discomfort. Some women experience an itchy feeling all over their body, particularly those who received narcotics in their epidural or spinal but just like with nausea, medication can be given to relieve that itchy feeling. Breastfeeding can be challenging in the days after a c-section. It is important to ask your nurse to show you how to nurse in the side-lying position or using the football hold, so there won't be pressure on your incision.

Anything that puts pressure on the abdominal area will probably be painful at first, but you'll feel a bit better day-by-day. There's a possibility that you may feel numbness and soreness at the incision site, and the scar will be slightly raised, puffy, and darker than your natural skin tone.

What's recovery like once I leave the hospital?

Expect to need help – and lots of it – once you get home. If nobody offers, ask for support from your partner, parents, in-laws, and friends. If you're worried that you may not have enough support, hire paid help if you can afford it.

You'll likely be given a prescription for more painkillers and a stool softener before you leave the hospital. You may need prescription painkillers for up to a week after surgery, gradually transitioning to over-the-counter pain relievers. (If you're breastfeeding, don't take aspirin or drugs containing acetylsalicylic acid.)



C-Sections Continued...

Drink plenty of fluids to help you avoid constipation. Your incision will likely feel better day-by-day, quite noticeably so after several days, though it may continue to be tender for several weeks.

Call your caregiver if you have signs of an infection, including:

- **warmth, redness, or swelling at the incision site**
- **oozing from the incision site; worsening or sudden onset of pain**
- **any fever (even if your incision looks fine)**

How active should I expect to be?

While it's essential to get plenty of rest once you're home, you also need to get up and walk around regularly. Walking promotes healing and helps prevent complications such as blood clots. But don't overdo it.

Start slowly and increase your activity gradually. Since you're recovering from major abdominal surgery, your belly will feel sore for some time. Take it easy and avoid heavy household work or lifting anything heavier than your baby for eight weeks.

In six to eight weeks, you'll be able to start exercising moderately – but wait until your caregiver gives you the go-ahead. It may be several months before you're back to your former fit self. You'll be able to resume sexual intercourse in about six weeks if you're feeling comfortable enough, with your caregiver's okay.



Information taken from: http://www.babycenter.com/0_recovering-from-a-cesarean-delivery_221.bc?page=2 and <http://www.nlm.nih.gov/medlineplus/ency/article/002911.htm>



Spring is in the Air

It is that time of year again when flowers are blooming, the sun shines into the later part of the day and children's laughter while playing outside is heard in the distance. S-P-R-I-N-G is here! And for many, there is potential baby-talk lingering around every corner. It is important to note that stress and chances of conceiving do not go hand in hand. In fact, the key is to be stress free in order to have the best chances of conceiving. Why is that you may ask?

Well, stress causes the hormone "cortisol" to increase. When our cortisol levels are high, it hinders the reproductive hormones. In fact when we have high levels of cortisol, we have weaker immune systems and tend to become ill easier. In order to keep the cortisol levels at a normal balance, we must do what we can to eliminate stress in our lives. That includes the stress of trying to conceive.



Want to take upon a new hobby that can relive stress? **Gardening** is a great stress reliever because after your hard work planting, you can relax and bask in the beauty you helped create.

Here is a step to step guide to becoming an expert gardener:

1. **Get an idea.** Is it going to be a vegetable garden? An herb garden? A flower garden? If you choose to grow flowers, do you want annuals, which you must replace each year, but which give color most of the summer? Or do you prefer perennials, which have a shorter bloom time but come back year after year? You can mix any of the above—after all, it's your garden. One bit of advice, remember to start small.
2. **Pick a place.** Almost all vegetables and most flowers need about six hours of full sun each day. Spend a day in your chosen spot and watch how the sun moves across the space. Check plant tags or ask the staff at your local garden center to find out how much sun each type of plant you like requires.
3. **Clear the ground.** Get rid of the sod covering the area you plan to plant. If you want quick results, you can dig it out, but it's easier to smother it with newspaper. A layer of five sheets is usually thick enough; double that if your lawn is Bermuda grass or St. Augustine grass. Spread a 3-inch layer of compost on the newspaper and wait. It'll take about four months for the compost and paper to decompose. If you don't want to wait or if the area is covered with weeds such as creeping Charlie, you're better off digging the sod out.
4. **Improve the soil.** The solution is simple: organic matter. Add a 2- to 3-inch layer of compost, decayed leaves, dry grass clippings, or old manure. If you dig soil, till the organic matter into the soil. If you decide not to dig or are working with an established bed you can't dig, leave the organic matter on the surface and it will work its way into the soil in a few months.
5. **Dig or don't.** Digging loosens the soil so roots can penetrate more easily. But digging when the soil is too wet or too dry can ruin its structure. Dig only when the soil is moist enough to form a loose ball in your fist, but dry enough to fall apart when you drop it. Use a spade or spading fork to gently turn the top 8 to 12 inches of soil, mixing in the organic matter from step 4. In a vegetable gardens and beds of annual flowers, turn the soil only once a year in the spring before you plant.

The Steps Continue...

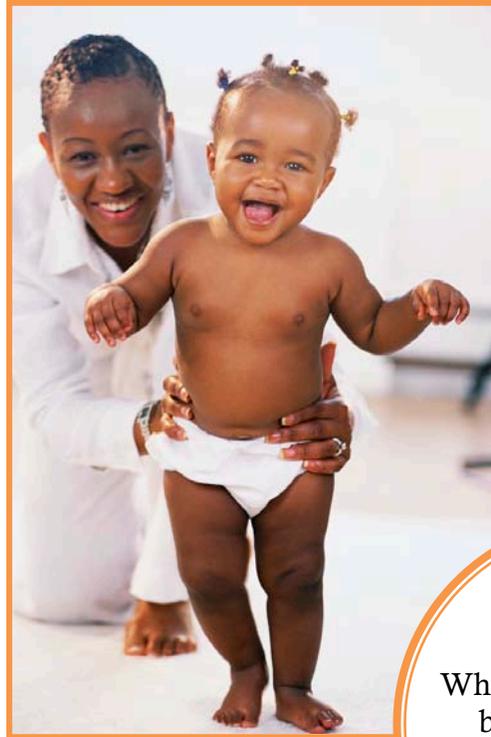
6. **Pick your plants.** Some people pore over catalogs for months; some people head to the garden center and buy what wows them. Either method works if you choose plants adapted to your climate, your soil, and the amount of sunlight in your garden. You can even surf the Internet for plants to purchase. Here are a few easy-to-grow plants for beginners. Annuals: Cosmos, Marigolds, Impatiens, Geraniums, Calendula, Sunflowers, and Zinnias. Perennials: Russian sage, Lamb's-ears, Black-eyed Susans, Purple Coneflowers, Phlox, Pansies, and Daylilies.
7. **Put them in the ground.** Some plants, such as Pansies and Kale, tolerate cold, so you can plant them in autumn or late winter. Tomatoes and most annual flowers, on the other hand, are touchy about cold, so don't plant them until the danger of frost has passed in your area. Midspring and midautumn are good times to plant perennial flowers. Check the County Cooperative Extension Office or local garden center for a list of recommended planting dates. If you're an adventurous beginner, you can get a head start on the growing season by sowing seeds indoors before the last frost date.
8. **Water.** Seedlings should never dry out, so water daily while they are small. Taper off as the plants get larger. New transplants also need frequent watering—every other day or so—until their roots become established. After that, how often you need to water depends on your soil, how humid your climate is, and how often it rains. Plants are begging for water when they wilt slightly in the heat of the day. Water slowly and deeply, so the water soaks in instead of running off. To minimize evaporation, water sometime in the early morning.
9. **Mulch.** To help keep weeds out and water in, cover the soil with a couple of inches of mulch. All sorts of mulch are available, from pine needles to cocoa hulls to bark chips. For a vegetable garden or beds of annuals, choose mulch that decomposes in a few months. For perennials, use longer-lasting mulch, such as bark chips.
10. **Keep it up.** Your garden is on its way. Keep watering when needed, and pull weeds before they get big. Fertilize with a dry fertilizer about halfway through the season. If you use a liquid fertilizer, fertilize every month or so.

April showers bring May flowers. Relieve your stress by focusing on your newly blossoming garden!



How to Take Care of Diaper Rashes

Parents often incorrectly feel that diaper rash is a visual representation of poor caretaking skills. This common kind of skin irritation is still under active debate in the field of dermatology and neglectful parenting is not among the possible factors. In the United States, diaper dermatitis represents about 10%-20% of all skin disorders managed by a general pediatrician. While the rash may develop as early as the first week of life, the most frequent time period is between 9 and 12 months of age. Studies have indicated that, at any point in time, between 7%-35% of children in this age range are experiencing such a skin rash.



While there are a several broad categories of causes of diaper rash, contact irritation is the most common culprit.

The best treatments for diaper rash are:

- Avoidance of the precipitating agents which led to the contact irritation and to regions becoming secondarily infected by skin bacteria or yeast
- Frequent diaper changes limit stool and urine exposure to the area. **Changing the diaper remains to be the foundation for prevention and management of diaper dermatitis.**
- Cleansing with water and soft cloths tends to be less irritating to the injured skin than disposable wipes. Frequent application of one of the many diaper-area ointments containing either petroleum jelly (Vaseline) or zinc oxide (Desitin) provides an effective barrier against skin irritants and lessen friction to irritated skin.
- Weather and/or carpet permitting, open-air exposure of the irritated skin is also extremely effective in helping clear up diaper rash.
- Many children have a therapeutic response to merely sitting in a warm-water bath twice daily for 15-20 minutes per session. The value of additional agents (including baking soda) is debatable.

Question Corner



What do dreams during your pregnancy mean?

Dreams are like funhouse mirrors that reflect your emotional state. Since pregnancy can feel like an emotional roller coaster, don't be surprised if your dreams become more vivid and crazier than usual. Dreams also become more vivid during pregnancy because of increased progesterone and increased awakenings from dream-filled REM (rapid eye movement) sleep.

Some experts think pregnancy dreams — which can be about everything from tadpoles and fishes to talking animals and towering skyscrapers — symbolize your excitement, fear, and apprehension about the physical and emotional changes happening to you. They believe that certain themes are common to each stage of pregnancy.

http://www.babycenter.com/0_whats-in-a-dream-during-pregnancy-a-lot_7569.bc



What can I do to prepare my older child for a new baby?

- ~ Before the baby is born, it can help to talk with your older child about what newborns are like - what they look like, that they mainly nurse, sleep, cry, and how they need to be held much of the time.
- ~ Tell stories about what your older child was like as a newborn and how you took care of him.
- ~ Discuss things that your older child can do to help with the baby: talk and sing, get diapers and wipes, and get mom her water bottle.
- ~ Make opportunities for your children to see young babies and nursing babies (a La Leche League meeting can be a great place for this, especially if you don't know any nursing moms), and read books that show newborns and nursing babies.
- ~ If your child has weaned or was never breastfed: Explain that mom makes milk for the baby, that nursing is how babies eat, and that nursing also helps the baby feel better when it's sad, scared, or feeling bad.

<http://www.kellymom.com/babyconcerns/newborn-toddler.html>

How do I prepare my pet to my baby's arrival?

An infant brings many changes to a household, and it's best for your pet if you can make many of these changes during your pregnancy. Cats and dogs are sensitive to routines, and by making changes now, you minimize the chances of your pet resenting the baby when arriving.

- ~ Assume you will have less time for your pet after the baby's born, so decrease the number of hours you spend with your dog or cat in the weeks before you're due.
- ~ Evaluate your dog's obedience training. If it doesn't respond to commands such as "Sit," "Stay," "Heel," and "No," can't walk obediently on a leash, has a jumping problem, or exhibits any aggressive behavior, seek professional help.
- ~ If you have a cat, make sure her claws are trimmed regularly.
- ~ If your pet has had little or no contact with children, let him meet other kids such as nieces and nephews. Children can seem very strange creatures to animals. They are loud and fast, erratic and unpredictable -- characteristics that can startle or frighten a cat or dog.
- ~ As you prepare your home for your newborn -- setting up the crib and stocking up on baby powder, lotion, and diapers -- allow your pet to see and smell these so it will get used to their presence.
- ~ Don't allow your pet to climb onto the baby's furniture or blankets. Cats, especially, like curling up in the crib or bassinet. If your cat does this, remove it and keep the door to the nursery closed from now on.
- ~ Get a sealed container for soiled diapers. Cats and dogs are very attracted to odors. They just love dirty diapers and will drag them around the house.
- ~ Create a place for the pet that will be off-limits to the baby as well. Pets, too, will have times when they just need to get away from baby or the crying.

<http://www.parents.com/parenting/pets/babies/preparing-pet-for-baby-arrival/>

Thank You KidDilly!



Megan Yetter, Graduate Research Assistant, and Betsy Mead, RN, BSN, represented EAGeR at KidDilly's Birthday Party Expo. We were able to meet a lot of great people and spread the word about EAGeR. We appreciate and thank KidDilly for allowing us to participate in their event. It was a fun afternoon!

*When great moms gather,
great things happen!*

KidDilly

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found on the study website:

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The Effects of Aspirin in Gestation & Reproduction