

# EAGeRly Awaiting

Happy Holidays from all the staff at EAGeR!

## A message from Anne

Welcome to the EAGeR study and we hope you all enjoy our first newsletter! As the holidays, I wanted to take the time to wish everyone a very happy and safe holiday season. Over the past several months, the EAGeR study staff has been hard at work preparing to begin active enrollment for the Scranton EAGeR Clinical Site. We are so happy to report that two critical team members have now joined the staff: Cathie McGeehan, MSN, RN, is the Project Coordinator and Betsy Mead, BSN, RN, is a Research Associate with the study. Both have outstanding qualifications and experience and I am so excited that they have come aboard.

As the principal investigator of the Scranton EAGeR Clinical Site, I applaud your willingness to participate in our study. Over time, we hope that the effort you put forth will help women around the world achieve their pregnancy goals. In addition, it has been my privilege to speak with many of you and hear the stories that you have shared with us (thank you for being open and letting us get to know you!). These stories have touched each of us in ways that we cannot even describe. It is our hope that you will learn more about pregnancy and yourself through our study.

All of us understand the difficulty in deciding whether to begin trying to conceive again. For this reason, we are working on partnering with a local agency to provide counseling services to each of our participants – free of charge. We would also like you to know that all of our EAGeR staff is here for you in case you need anything. Please do not hesitate to contact myself or any of our staff with any questions, comments, or concerns that you may have.

Thank you, again, for your participation and Happy 2009! See you again in the near future.

With warmest regards,

Anne M. Sweeney, PhD



**EAGeR**  
The Effects of Aspirin in Gestation & Reproduction



# Meet the EAGeR Study Staff!!!

Anne Sweeney, PhD:

Anne is a Professor of Epidemiology in the Department of Family Medicine and Community Health at The Commonwealth Medical College. Dr. Sweeney holds a PhD in Epidemiology from the University of Pittsburgh Graduate School of Public Health, Pittsburgh, Pennsylvania. She held professorships at Michigan State University, the University of Texas School of Public Health, and Texas A&M University School of Rural Public Health. Her research focuses on the relationship between environmental and lifestyle exposures and reproductive and child health.

Cathie McGeehan, MSN, RN:

A Scranton native, Cathie has been a nurse for more than 30 years. She graduated from the Community Medical Center School of Nursing, received her Bachelor of Science in Nursing from the University of Scranton and a Masters in Nursing Education from Drexel University in Philadelphia. She has a broad range of clinical experience working as a staff nurse in the Pediatric ICU's at the Children's Hospital of Philadelphia and Thomas Jefferson University Hospital Pediatric ICU and in the area of home health at Mercy Home Health and Moses Taylor Home Health Services in the Maternal-Child and Pediatric areas. In addition, she has taught Pediatrics in both the classroom and in the clinical area in local hospitals. She is married to Dr. John F. McGeehan, a local Internal Medicine physician who will teach at TCMC. They have 3 children – Katrina, Tara, and Shane and are expecting their first grandchild in March.

Betsy Mead, RN, BSN:

Betsy received her nursing degree from Community Medical Center School of Nursing and her Bachelor of Science in Nursing from East Stroudsburg University. She has over 13 years experience in clinical trials nursing, including service as the Director of a Clinical Trials Research Unit. Her previous experiences include home health nursing, oncology nursing and operating room. She is the mother of four children and also has four grandchildren. She is an active volunteer with the children's programs in her church.

Jessica Pizano, BS:

Jessica is a recent Temple University graduate with a degree in Biology. She will be leaving in August to begin dental school at the Kornberg School of Dentistry at Temple University. However, in the mean time she is working as a Research Assistant for the EAGeR Study, and Jes was critical in helping to get the study up and running. Thanks, Jes, and congratulations on your acceptance to dental school!

Randy J. Stark, BS:

Randy comes to EAGeR from The University of Scranton, where he recently graduated as a Chemistry-Business major with a Pre-medical concentration. He is now working towards obtaining an MBA through the University of Scranton, as well as working as a Graduate Research Assistant for EAGeR. Randy is responsible for the complex data systems required to collect and process all of the study information and we are really grateful for all his skills and contributions!



Pictured (from left to right):

Anne Sweeney, Jessica Pizano, Betsy Mead,  
Cathie McGeehan, and Randy Stark

# Question Corner:

## What will make my chances of conceiving greatest?

For the greatest chance at conceiving you should be having intercourse at least two or more times during your fertile period. Your fertile period includes the days that the fertility monitor reads high and peak fertility. Although you do have the greatest chance of conceiving during your peak fertility, by engaging in intercourse during your high days in addition to your peak days you are increasing your odds of the egg being fertilized upon ovulation.

## After intercourse how long are the sperm and egg viable to allow me to get pregnant?

Sperm are able to live in the body anywhere from 3 to 5 days. Although this sounds like it will increase your chances of becoming pregnant, once ovulation occurs the egg is only viable for 12 to 24 hours. This gives you a maximum window of only one day for you to become pregnant.

## Will participation in EAGeR substitute for my OB/GYN visits when I become pregnant?

Participation in the **EAGeR** study will **NOT** take the place of regular obstetrical-gynecologic care. You will have your usual care from your personal obstetrician-gynecologist or primary care provider. The **EAGeR** study visits will be *in addition* to your usual care.



## Is it safe for me to continue taking my pre-natal vitamin and the EAGeR supplied folic acid pills?

Yes, it is safe. Different brands of prenatal vitamins vary in their folic acid content, but most nonprescription prenatal vitamins contain between 500-800 micrograms (mcg) of folic acid.

There is no known toxic level for folic acid. The U.S. Centers for Disease Control and Prevention does advise that more than 1,000 micrograms of folic acid per day appears to be of no benefit to most women.

## What are some physical signs that ovulation is occurring or has occurred?

Although many women will only notice one or two of these signs, it may include any of the following:

- Change in cervical fluid
- Change in cervical position and cervical firmness
- Brief twinge of pain or dull ache that is felt on one side of the abdomen
- Light spotting
- Increase in sex drive
- Elevated level of the luteinizing hormone which can be detected on a test
- Body temperature chart that shows a consistent change
- Breast tenderness
- Abdominal bloating
- Heightened sense of vision, smell or taste





## Folic Acid:

A vitamin for all women who could become pregnant

In 1992, the United States Public Health Service recommended that all women capable of becoming pregnant consume 500 micrograms of folic acid daily to prevent neural tube defects (NTDs). NTD's are serious birth defects such as spina bifida that occur in the very early weeks of pregnancy.

Folic acid is a B vitamin that is necessary for the proper cell growth and development of the embryo. Taking daily folic acid as a vitamin supplement one month before conception and through the first 12 weeks of pregnancy has been proven to reduce the risk for a NTD by 50-70%. As approximately half of all pregnancies are unplanned, it is necessary for all women who could become pregnant to take folic acid daily.

The recommendation to take folic acid had been promoted to the public for almost 15 years, however many women still do not get the necessary daily requirement. Women can get their daily requirement of folic acid by taking a multivitamin or eating food that have been enriched with folic acid. Almost all over the counter multivitamins sold in the US have the amount of folic acid women need each day. Women can also choose to take a small pill that contains only folic acid. Food fortified with folic acid includes fortified grain products such as enriched flour, rice, pasta, bread, and cereals. To be sure that it is enriched, check the labels to see. Other folate rich foods include leafy green vegetables, dried beans, legumes, oranges and orange juice.

For more information on folic acid you can contact the Pennsylvania Department of State Health Services or the following website: <http://www.cdc.gov/ncbddd/folicacid/index.htm>

**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

Email:  
[EAGeR@TCMEDC.org](mailto:EAGeR@TCMEDC.org)

Additional information can be found on the study website:

<http://www.EagerTrial.org>



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