



Dr. Bridget Asbury Joins TWC
Fourth physician expands medical practice

Tifton Woman's Center welcomes its newest OB/GYN, Dr. Bridget Asbury, to their medical practice. Dr. Asbury joins a team of specialists in the obstetric and gynecology fields. Her areas of expertise are in advanced pelvic surgery, hormone replacement therapy and female urinary incontinence.

"I'm so happy to be joining the team of specialists at Tifton Woman's Center and look forward to serving the patients in the Tiftarea," said Dr. Asbury.

Dr. Asbury received a degree in medicine from East Tennessee State University, Quillen College of Medicine after earning a bachelor's degree in Biochemistry from the University of Tennessee. She served her internship in family medicine at the University of Tennessee Medical Center at Knoxville. Her residency was also completed at the University of Tennessee Medical Center at Knoxville in the areas of obstetrics and gynecology. In July of 2000 she began a fellowship in pelvic surgery at the Emory University School of Medicine in Atlanta, Georgia and has just recently finished and is ready to be a member of the physicians' staff at Tifton Woman's Center.

"Drs. Mordel and Brickman join me in welcoming Dr. Asbury and look forward to working with her at Tifton Woman's Center. Her knowledge in the obstetric and gynecology fields will be a great addition to our practice," said Dr. John H. Dorminy.

Dr. Asbury will begin work at Tifton Woman's Center August 6th. Appointments with Dr. Asbury or any other TWC physician may be scheduled by calling 386-1528.

Immunizations



Women in their reproductive years should have immunizations as a routine part of preventive care:

- Tetanus - diphtheria booster (every 10 years)
- Measles, mumps, rubella (once if not immune)
- Hepatitis B vaccine*
- Influenza vaccine*
- Pneumococcal vaccine*

*These immunizations are given as needed based on risk factors - check with your health care provider.

Okay. You made your preconceptual visit to the doctor, got yourself in good shape, and now you're pregnant. What's next?

One of the questions most frequently asked by future mothers concerns weight gain, according to Dr. Sandra Brickman of Tifton Woman's Center. Some women are concerned about gaining too much weight. Others have been told they're eating for two and think they can eat constantly.

Since a pregnant woman's diet is the main source of energy for her baby, an expectant mother does need to eat more - but not that much more. When you are pregnant, you need about 300 more calories a day than you usually eat.

How much weight you gain during pregnancy depends on what you weighed before you became pregnant (see box). A healthy gain for

most women is between 25 and 35 pounds. If you are overweight, you should gain less, but some weight gain is normal. If you are underweight, you need to gain more. Your doctor can advise you on the right amount of weight gain for you.

You are likely to gain between three and five pounds in the first three months and then another one to two pounds per week for the rest of the pregnancy. Your weight gain is not all fat; it's mostly from retaining water in your body and from the weight of the growing baby.

What to eat

The first step toward healthy eating is to look at the foods in your daily diet, Dr. Brickman says. "People just need to eat healthy," said Brickman. "You can look at the food pyramid and find the number of servings you should have every day from each food group."

Early in pregnancy, some women find that their appetites come and go. This is normal, but you should still try to eat a variety of foods each day. Try to plan your meals. Planning meals in advance can help ensure that you and your family eat a balanced diet. Look at the labels on packaged foods to see which ones are good sources of the proteins, carbohydrates, vitamins, fats and minerals you need.

Your doctor will probably also prescribe prenatal vitamins to supply extra nutrients - iron, vitamins B6 and B12 and calcium. Check with the doctor before taking any vitamins or herbs.

Brickman stresses the importance of folic acid, a key vitamin in the your baby's development. A lack of folic acid increases the risk of neural tube birth defects, which affect the spine and skull. Every pregnant woman should have 0.4 milligrams of folic acid daily. Folic acid is found in leafy green vegetables, dark yellow fruits and vegetables, liver, legumes and nuts. But it's hard to get enough folic acid through your diet alone and you will probably need to take supplements.

Special concerns

Brickman said women who are on a completely vegetarian diet may need to take supplements, but they can probably continue with their usual diets. Those with lactose intolerance may need calcium supplements if they can't get enough calcium into their diets by eating other foods that contain calcium.

During pregnancy, some women feel strong urges to eat nonfood items such as clay, ice or laundry and corn starch. This is called pica and can be a symptom of anemia. "This can be quite harmful," Brickman said. "You should not do it when you're on a healthy diet." Talk to your doctor. He or she may be able to recommend other things you can do when you feel the urge to eat nonfood items.

Exercise

Regular exercise builds bones and muscles, gives you energy and keeps you healthy. It's always important, whether you are pregnant or not. But don't start an ambitious workout program for the first time after you are already pregnant. "If you were already doing something before, it's probably safe to continue," says Brickman. "But remember that your balance is not going to be as good near the end of pregnancy and you'll be more likely to fall.

"The first 24 weeks, you can do just about anything you did before. But after that, exercises that seemed easy before don't seem so easy any more. And if you lie flat on your back to exercise, that's not safe beyond 20 weeks." Remember, too, that the hormones produced during pregnancy cause the ligaments that support your joints to become relaxed. This makes the joints more mobile and more at risk of injury. Avoid jerky, bouncy or high-impact motions. There are also risks from becoming overheated during pregnancy. If you are unable to talk normally while exercising, your activity is too strenuous.

After the baby is born

It will take a while to regain your strength after the strain of pregnancy and childbirth. Walking is a good way to get back into exercising and has the added advantage of getting both you and the baby out of the house for exercise and fresh air. You will want to choose an exercise program that meets your own needs. Your doctor can help, and there are also special postpartum exercise classes that you can join.



How much weight can you expect to gain in pregnancy?

Weight Status	Weight Gain
Underweight	28-40 pounds
Normal weight	25-35 pounds
Overweight	15-25 pounds
Carrying twins	35-45 pounds



You and your partner are in good health, financially stable and ready to have a baby. But time goes on and nature doesn't take its course. How long should you wait before consulting your doctor?

Your age can make a significant difference, according to Dr. Nathan Mordel of Tifton Woman's Center. "In general, I'd say six months to a year," said Mordel. "If you're in your 30s, I wouldn't wait more than six months; and in 40s, not more than three months."



Infertility isn't an uncommon problem, with about 6.1 million women in the United States experiencing difficulty in conceiving and about 2.1 million married couples that are infertile. Some of the most common causes of infertility include low sperm count in the male and blocked fallopian tubes or abnormal ovulation in women. But infertility treatment isn't just something done in larger cities. Many of the first steps toward resolving infertility can be done right here in Tifton.

Mordel said TWC would begin by assessing the regularity of a woman's periods, checking for background disease and doing a basic pelvic exam. If no problems are found, the next step would be evaluation of the hormonal panel, thyroid and pituitary function in the prospective mother and then studies of her ovulation and the father's semen.

"Then, if all that's normal, the next thing we would do is advance to some basic ovulation induction with fertility drugs such as Clomid," said Mordel. "We would do a postcoital test for additional data about ovulation. "Then there's the mechanical factor. We might check the fallopian tubes with a hysterosalpingogram and/or laparoscopy. All of this can be done locally."

If all of this still doesn't produce results, local patients may be referred to one of several assisted reproduction technique centers in Atlanta. Mordel said TWC works closely with any of the centers, including one at Emory University. In vitro fertilization, in which a couple's eggs and sperm are mixed in a laboratory to trigger fertilization outside the human body, may be an option. In IVF, the woman is given hormone treatments to stimulate production of multiple eggs.

The eggs are then removed in an outpatient procedure and taken to the laboratory, where they are mixed with specially treated semen in a petri dish and incubated for several days. If fertilization occurs, the eggs are reintroduced into the woman's uterus. Mordel said IVF is expensive, running between \$10,000 and \$15,000 per attempt, but has about a 50 percent success rate per cycle.

The majority of barren couples can achieve conception if they go all the way through the process. TWC is prepared to walk through the process with patients and their families. Today there are many options available. For more information on fertility, please call 386-1528.



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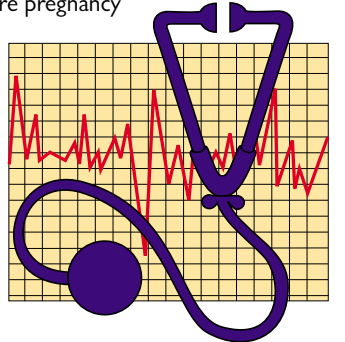
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Preparing for pregnancy

You might think nothing could be simpler than becoming pregnant and having a baby. After all, people do it every day. But pregnancy is a major event in a woman's life. The same person who spends six months planning her wedding or training for athletic competition may not stop to think about the benefits of planning ahead where pregnancy is concerned. However, a little planning now can save a lot of trouble later.

Good health before pregnancy can help you cope with the stress that comes along with being pregnant and going through labor and delivery. It lowers risks to both mother and baby. And since most women don't know they are pregnant until several weeks after conception, previously established good habits can protect the child from harm from cigarettes, drugs or alcohol during the critical period when his or her organs are being formed.

"You need to be healthy before you get pregnant. That's the main thing," said Dr. Sandra Brickman of Tifton Woman's Center. "There are various medical conditions that can be successfully controlled before pregnancy, but it's always a good idea to get a preconceptual consultation."



Preconceptual doctor's visit If you are planning to become pregnant, consider making a special visit to your doctor. The doctor will try to identify potential hazards, asking about your medical history, use of birth control methods, past pregnancies, diet, lifestyle and family health history.

Medical conditions Medical problems such as diabetes, high blood pressure or cardiovascular conditions increase the risks to mother and child during pregnancy. For example, women with diabetes are two to three times more likely to have babies born with major birth defects. But diabetic women can increase their chances of having a healthy baby by eating right, exercising and maintaining normal blood sugar levels. You should get any health problem as much under control as possible before becoming pregnant.

You should also inform your doctor at the preconceptual visit of any drugs you are taking, whether prescribed or purchased over the counter. Some drugs can affect fetal development.

Several infections that can be potentially harmful to a fetus can be easily avoided through immunizations (see box on inside page). And you may want to ask about testing for sexually transmitted diseases, including AIDS.

If you have had a previous pregnancy that ended in miscarriage or have a child with a birth defect, the doctor may suggest studies to find the cause. A check into family health history will reveal whether there are any hereditary disorders requiring genetic counseling.

Lifestyle Diet and nutrition play a major role in healthy pregnancy. Your doctor will review your diet and suggest changes that may help you and your baby. He or she may suggest changes for problem areas such as:

- Your weight
- Your use of vitamins and other food supplements
- Your eating habits, such as following a vegetarian diet or fasting
- Any eating disorders you may have.
- Your fitness level.
- Domestic violence: If you are being abused, tell your doctor. Physical abuse during pregnancy not only harms the woman, it can cause miscarriage, low birth weight or direct injury to the fetus from blows.
- Alcohol, tobacco and illegal drugs: All of these substances can harm both you and your fetus. Because you may be pregnant before you know it, the best way to avoid related risk is to stop using alcohol, tobacco or other drugs now.
- Environment: If you could be exposed to a harmful substance such as lead, mercury or high levels of radiation at work, take steps to avoid it.

