

Today, I saved a life!



No, I'm not a doctor or a nurse, I'm a mom. But today I helped a patient to recover in ICU and a child to be treated in the Emergency Department. My husband and I support our community hospital through the Henry Medical Center Foundation. Our money goes toward medical equipment, training and even nurse scholarships. Every day our contributions make a difference... and sometimes even help save lives.

—Carroll Hodges

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# Health for Life

A PUBLICATION OF HENRY MEDICAL CENTER  
January/February 2008  
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## Amazing Stories

Superbabies and Supermoms  
Overcome Challenges



# Amazing Stories

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## Health for Life

**On the cover:**  
Jax Allin

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### Henry Medical Center

- Charles Scott      President and C.E.O.
- Donna M. Braddy      Director of Marketing,  
Public Relations and Community Education
- Michelle Nunnally      Public Relations Specialist
- Jeff Cooper      Vice President of Operations

### Published by do! design

- Doug Oakes      Leigh DeLozier  
President, Editor      Associate Editor, Writer
- Millisa Jackson      Michie Turpin  
Graphic Designer      Photographer

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Jax Allin, McDonough

# AMAZING STORIES

A few months ago, we solicited entries of babies born at Henry Medical Center to be included in the Marcia G. Taylor Women's Center Baby Calendar. As part of this, we asked parents to share their birth experience stories. The response was overwhelming as parents shared stories of the precious moments of child birth and the lifelong challenges of child rearing. This led to the idea that others would enjoy and benefit from these family memories. Therefore, we dedicate this issue of Health for Life to Kelley, Madison, MaKenzie, Heather, Winn, Kim, Karleigh, Christi, Aralyn, Amanda, Jax, Ty, Perry, Perris, Shay and Zeb, as well as all of the other superbabies and supermoms who are shining examples of perseverance, commitment, hope and love.

# Kelley, Madison and MaKenzie Hoffman

Madison Hoffman was born with a rare genetic condition called ectodermal dysplasia – a condition that can include a wide range of birth defects, skin problems and other issues. And although many children with the extent of Madison's problems are unable to live outside the womb for more than a few days, Madison is beating the odds.



Dr. Cheryl Cockrell

Dr. Cheryl Cockrell realized that Kelley Hoffman's baby wasn't growing very well about 10 weeks from delivery.

"Kelley's amniotic fluid was low, but that's a fairly common situation with a small baby," Dr. Cockrell says. "It's a concern for us, but not necessarily a specific red flag of other problems associated with it."

Follow-up tests revealed an oomphalocele (a herniation in the umbilical region) that would require surgery immediately after her birth. "We thought she would have surgery right after birth and be okay," Hoffman says. "But things were more serious than that."

Madison was born at Henry Medical Center in January 2004 while a team of medical specialists stood by, ready to whisk her away to a pediatric hospital. "The neonatologist told me the baby had significant physical deformities," Dr. Cockrell says. "I was shocked – I didn't know what to tell Kelley."

"We order ultrasounds during pregnancy in hopes of finding out if the baby has any issues, but they're not 100 percent accurate," Dr. Cockrell adds. "Many things don't show up, and what you see depends on the baby's position and who's doing the screening. Unfortunately, it's not failproof."

"Madison had a cleft lip and palate and was missing fingers," Hoffman says. "She only had one hand, but I got to hold it. She clutched my finger before they took her away."

More concerns surfaced during the next 12 hours. A rash covered Madison's body, then turned to open lesions that bled profusely. Her tiny eyes were underdeveloped and she had hearing problems. As physicians treated Madison and searched for a diagnosis, Hoffman remained at Henry Medical Center recovering from her cesarean section.

"It was horrible," the McDonough mother says. "I only wanted to be with my baby, but had to get better before I could leave the hospital. I can't imagine what it was like for the nurses to care for a mom who felt like I did. They were all wonderful to me."

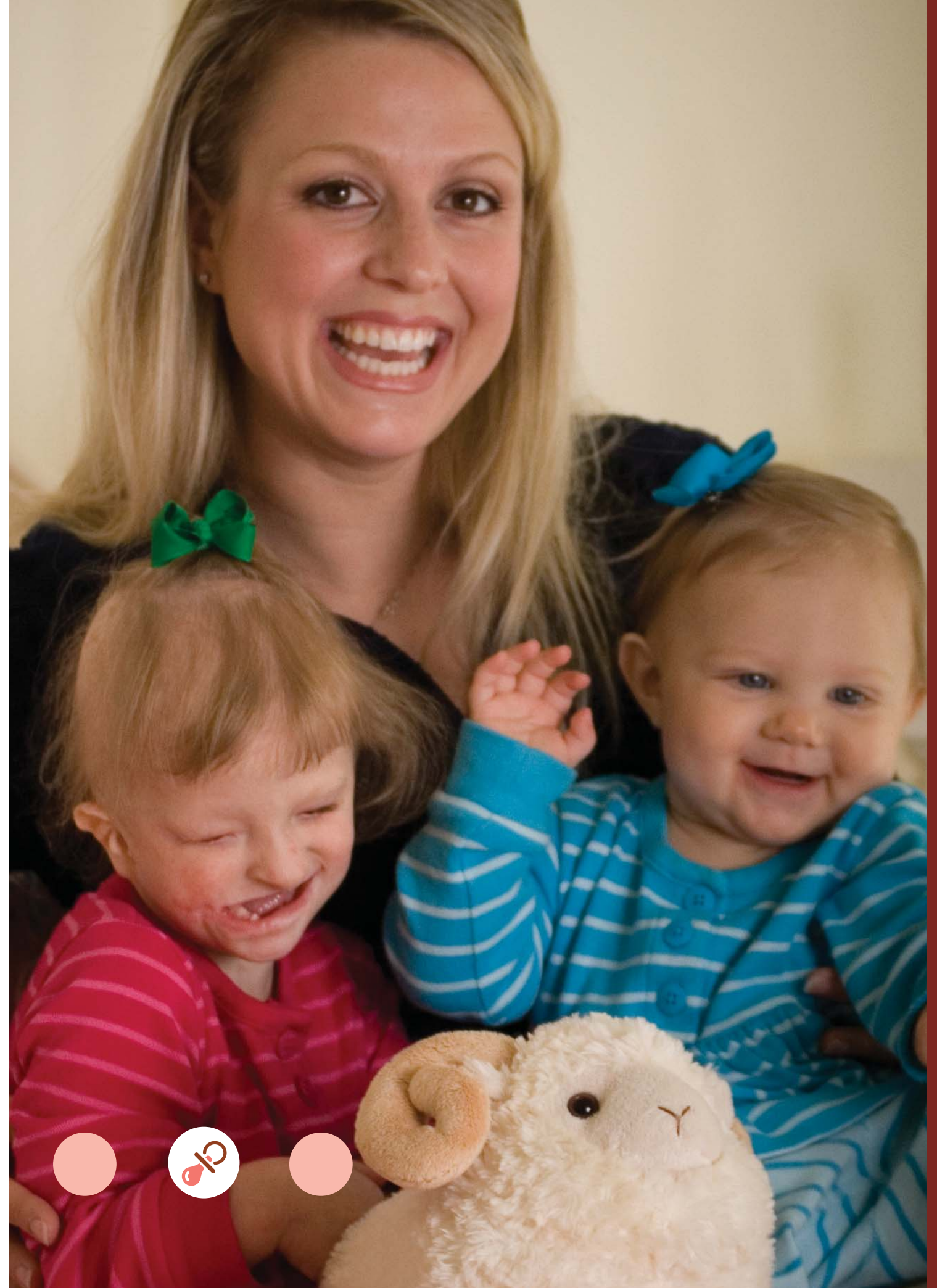
Since then, Madison has undergone 25 surgeries to correct or improve problems. She uses a feeding tube and her speech is severely delayed, but Hoffman says her spirits are usually high and her cognitive/learning abilities are on par with her age group.

"Madison is one of only 35 children in the country to ever have this condition," Hoffman says. "You wonder if you want to play the odds game again, but we just really knew we wanted another baby."

"I've been very impressed with how Kelley has handled everything," Dr. Cockrell says. "She's very knowledgeable about Madison's condition and does whatever she can to help Madison have a better chance at a normal life. It takes a special person to have the courage to have another child."

**In March 2007, Madison became big sister to MaKenzie. When Hoffman arrived at HMC for her scheduled c-section with MaKenzie, she was thrilled with her care and the new Marcia G. Taylor Women's Center. "I was so excited to be here. I told the nurses that I really needed to see this baby and get a good look at her, and they understood that."**

"You always dream of having a healthy child and a perfect birth experience," Hoffman continues. "I didn't have that with Madison, and had to mourn losing that dream. You can never prepare yourself for that. But the dream came true with MaKenzie—it felt like the final part of my healing process."





# Shay and Zeb Runion

Every baby is special, but the circumstances surrounding some births are more treasured than others. That's the case with Zeb Runion, whose parents Shay and Jess dealt with repeated heartache in the two years before his birth.

"When we got married, we knew we wanted to start a family soon," she says. "We started thinking about it when we'd only been married about a year."

Runion soon became pregnant, but their joy was short-lived: she began having problems and suffered a miscarriage at 10 weeks. "It was hard," she says. "I had only

seen Dr. John Schilling a couple of times at that point, but he was wonderful to us. He helped us a lot."

About four months later, Runion was pregnant again and returned to Dr. Schilling. Once again, she began having problems near the end of her first trimester. Then the problems stopped, so they thought things were okay.

Everything changed when Runion had the standard bloodwork and tests 15 weeks into her pregnancy. "Dr. Schilling called us at home with the results," she says. "It was a Wednesday night, so I was at church. My

husband was at home when Dr. Schilling called, so he came to church for me. They took me to our pastor's office to tell me that something was wrong and I needed to call Dr. Schilling."

The Runions learned that the test results were very abnormal. "He said the baby could have spina bifida or some type of neural tube defect. He didn't know at that point, but said there were definitely some issues," she says.

Two days later, the McDonough couple visited a specialist to learn more and to possibly determine if they were dealing with a genetic problem. They were told that the baby had encephalopathy, a neural tube defect and multiple birth defects. He would not survive outside the womb.

"We were scared and were in complete shock," Runion remembers. "The doctor recommended an abortion, but that wasn't an option for us. If God wanted to do a miracle, we wanted to give him the chance."

Dr. Schilling supported their desire to continue the pregnancy. "From a medical standpoint, there was no danger to Shay in carrying the baby," he says. "They knew the baby might die, but at least they knew the baby would have life as long as possible."

From that point forward, Runion visited Dr. Schilling once a week for an ultrasound. They agreed to continue the visits as long as the baby had a heartbeat. Ten weeks later—in December 2005—Runion went into labor.

"The nurses that day were absolutely wonderful," she says. "Everybody knew our situation and was as compassionate and caring as they could be. We had an unbelievable experience."

The baby's heartbeat stopped a few minutes before he was born. Although Runion never saw or held her baby, some of the hospital staff made a memory box for her. "They wrote notes to us and included some special things," she says. "I haven't opened the envelope with photos yet, but someday I will."

When one of his patients suffers a loss, Dr. Schilling leaves the door open for communication. "I offer counseling, and

sometimes patients go to counseling elsewhere. They know they can call me anytime something is bothering them or if they just need to talk. I try to help take away that guilt factor and reassure them that they didn't do anything to contribute to the baby's birth defect."

The Runions went through genetic counseling and testing, but never discovered any problems that led to her pregnancy complications. About a year later, she visited Dr. Schilling's office again.

"I knew that they would come back someday," Dr. Schilling says, "but it was a big deal. It meant they had accepted their loss and moved on. It was a big step for Shay because she knew how hard it would be to wait until they learned if this baby was normal."

"He was thrilled that I was pregnant again. He saw me a lot more often and did ultrasounds all along because he considered me high-risk. I was sick as a dog, but had no other problems!"

Baby Zeb was born at Henry Medical Center on July 9, 2007, perfectly healthy. "Everything was wonderful," Runion says. "We couldn't have asked for anything more."

"We prayed during all my pregnancies that our child would impact others," she adds. "Our second baby helped us share our testimony, and we know Zeb will have a special purpose, too. He's our little miracle."



Dr. John Schilling



## Treating Women Well

Beautiful ... comfortable ... welcoming.

Those are the words patients and their families use to describe the Marcia G. Taylor Women's Center, but physicians also sing the Center's praises.

"Everything about the Women's Center is state-of-the-art," says Kimberly McIntosh, MD, of Women's Health Specialists in Stockbridge. "Henry Medical Center doesn't have a small labor and delivery department anymore. Physicians have electronic communication access to patients' lab work results, fetal monitoring strips and more — anywhere you have Internet access. All the equipment you need is right there in the LDR (labor, delivery and recovery). It has everything for a standard-of-care facility."

With 12 labor and delivery rooms, 18 mother/baby care rooms, a 16-bed Neonatal Intensive Care Unit, its own patient education room and more, the Women's Center offers whatever patients need for their care.

"The rooms are a lot bigger," Dr. McIntosh adds. "The hospital is making it more of a family experience, so it's much more pleasant and comfortable for Dad. Our patients look forward to going there."



Dr. Kimberly McIntosh

The Women's Center includes two surgical rooms that physicians use for cesarean deliveries, but also has a third operating room for hysterectomies or other major gynecological procedures.

With an average of 200 births per month, staff in the Women's Center definitely keeps busy.

"Our patients love the new unit and the specialized attention," says Dr. McIntosh. "The thought of a 'community hospital' sometimes has a negative connotation. But in reality, Henry Medical Center is not the average community hospital. The Women's Center is as good as any other hospital's."



# Ty, Perry and Perris Smith

With an infant and two preschoolers at home, Stockbridge resident Ty Smith is used to being busy. Jumping in and handling things is so second nature for Smith that she didn't think twice about driving herself to the hospital when daughter Perris was born in June 2007.

Ty's husband Perry had left early that morning to take his car to an Atlanta dealership. When Smith's labor started soon afterward, she asked a neighbor to keep the older children, called her husband and was on her way.

"I grabbed my laptop and suitcase and drove myself to Henry Medical," she says with a laugh. "I parked and walked to the entrance, then got a wheelchair and wheeled myself in. My husband got there about 40 minutes later."

Every mom-to-be who enters the Marcia G. Taylor Women's Center is impressed by the soothing colors, family-focused amenities and dedicated staff. Smith was even more impressed than others because her son Perry was born at Henry Medical in May 2006, just a few months before the Women's Center opened.

"The old rooms were fine, but now it really feels like you're in a hotel—it feels almost like home," Smith says. "The nurses were loving and caring both times; it's almost like having your mom looking after you."

Smith appreciated that level of concern with both deliveries. Perry had trouble breathing when he was first born but, "the team came in quickly and took care of him.

It was a long three minutes before I heard him cry," she says. "The nurses and my doctor were very comforting while I waited."

One of Smith's best memories of Perris' birth is getting extra help from a nurse. "I know they have to come in and check your vitals, but it can be very irritating. Once when the nurse came in, I asked if she could wait because I'd finally gotten Perris to sleep. She said that she had to do it, but that she would get Perris back to sleep. It took her two hours, but she stayed in my room until Perris was sleeping again!"



## Weighing the C-section Factor

“Medicine has changed a lot,” says Sheryl Simpson-Jones, MD, of Women’s Health Specialists in Stockbridge. “In the old days, people thought ‘once a c-section, always a c-section.’ Then the pendulum swung toward promoting vaginal births after cesareans (VBAC). Now physicians just do cesareans when they need to be done.”

How does a mom-to-be know she might be a candidate for a cesarean section? It all depends on what’s best for the mom and baby, according to Dr. Simpson-Jones. Circumstances that can lead to planned c-sections include having a baby in breech position, having a baby who seems too large for the mother’s pelvic structure or having a mom with high-risk factors such as cardiac problems or a previous pelvic fracture.

Fetal distress, prolonged labor that doesn’t progress and other unforeseen circumstances might contribute to an emergency c-section. “We don’t go into it lightly,” Dr. Simpson-Jones says, “but sometimes a c-section is the best option.”

A cesarean section is major surgery, with risks such as infection, blood loss and injury to surrounding organs. But the benefits – including preserving pelvic muscles and helping ensure both patients’ health – often outweigh the risks.



Dr. Sheryl Simpson-Jones

Most patients who have c-sections stay in the hospital for two or three days. They should be more cautious about their recovery and follow their physician’s directions regarding driving or resuming other activities. “You need to be careful, but are able to do a lot more than patients sometimes think,” Dr. Simpson-Jones says. “Your stitches won’t pop if you walk up the stairs. You should be back to normal activities in four to six weeks.”

Whether planned or emergency, Dr. Simpson-Jones assures her patients that there’s nothing “wrong” with delivering by c-section.

“The safety of the baby and mom come first,” she says. “Women need to realize that delivering by c-section is not some sort of defeat. We really want whatever is best for everyone.”

# Heather and Winn Anglyn

“I really had a pretty boring pregnancy,” admits Heather Anglyn. “All the test results were fine and I passed with flying colors.”

Then things changed two weeks before the McDonough resident’s due date. “Winn had been breech, so my doctor wanted

to do an ultrasound to check his position. He was very breech and wasn’t budging.”

Anglyn was scheduled for a cesarean section on October 16. For someone whose previous visits to hospitals only included visiting other people, the prospect was “a little nerve wracking,” Anglyn says.

She spent those two weeks reading up on cesarean sections and talking with friends about the procedure. “Two of my friends had emergency c-sections,” she says. “I was lucky to have them to talk with about what to expect and how things would be.”

Delivery day arrived, and Winn was born with no complications. Anglyn and her husband Dee can’t say enough good things

about their experience and the staff. “Suddenly needing the c-section was overwhelming, but at least I knew about it ahead of time so I could prepare,” she says. “The nurses were great. I was a new mom with no clue, and they helped me so much.”

If Winn ever has a baby brother or sister, Anglyn says returning to Henry Medical Center will be a given. “I never even contemplated going anywhere else. Why would I, with Henry just 15 minutes from my home?”



# Christi and Aaralyn Pierce

Christi and Michael Pierce spent more than two years dealing with stress no would-be parents want to face: two ectopic pregnancies and two miscarriages between January 2003 and June 2005.

"I had no issues getting pregnant," Pierce says. "I just couldn't maintain it. I thought I had no chance of having a baby."

After her second miscarriage, Pierce's physician ordered tests to be sure her fallopian tubes weren't blocked. The tubes

were fine, but other tests showed that Pierce's body didn't produce enough of the hormone progesterone to support a pregnancy. Her physician recommended that Pierce track her ovulation cycle and take a progesterone supplement.

"Every month I had to assume I was pregnant and take the progesterone until I would've been 13 weeks pregnant," Pierce says. "It made me so tired, but it was worth it in the end."

On Christmas Eve 2005, the McDonough couple received the news they'd hoped for: she was pregnant. She continued taking progesterone and had an ultrasound in January to rule out another ectopic pregnancy. Things looked fine, so Pierce hoped she might finally be able to carry a baby to term.

"My husband was always reassuring," she says. "He said from the very beginning that he knew everything was fine."

Pierce didn't conquer her own worries quite so easily. "I had a lot of pain throughout the pregnancy, which terrified me. I was exposed to carbon monoxide poisoning at 25 weeks and was in a car accident at 36 weeks."

Pierce's pregnancy progressed normally, despite the obstacles and fears. Baby Aaralyn was born on September 1, 2006, just a few days before her mom's due date. Physicians also discovered the cause of her ongoing pain: a kidney stone. "I kept thinking something was wrong with the baby," she says. "But it was a kidney stone!"

Today, Pierce is grateful that her physician worked with her to discover the root of her problem. "If it's something you want, do what you need to do," she advises. "We wouldn't have Aaralyn otherwise."

## Ectopic Pregnancy

Once a woman learns she's pregnant, she wants to believe that everything will proceed normally and that she'll deliver a happy, healthy baby. But 1 to 2 percent of women learn that they have an ectopic pregnancy—one in which the fertilized egg attaches itself in a place other than inside the uterus (usually the fallopian tubes, which is why they're sometimes called tubal pregnancies).

Early signs of an ectopic pregnancy can include pelvic or abdominal pain, abnormal vaginal bleeding, cramping on one side of the pelvis, and dizziness or faintness. Severe, stabbing pain can occur if the fallopian tube ruptures. Doctors diagnose ectopic pregnancy by completing a physical exam to locate pain, tenderness or a mass in the abdomen, according to the American Pregnancy Association. He can also use an ultrasound to determine where the fetus is, and will conduct blood tests to check the levels of certain hormones.

One test measures the level of progesterone in the blood. Although progesterone levels vary predictably throughout a woman's menstrual cycle, the level should steadily increase during pregnancy. The increased progesterone helps protect the baby during its growth and development: it maintains the uterine lining and prevents it from shedding prematurely, then later produces the placenta. Having sufficient levels of progesterone are crucial for conception and pregnancy.

The fetus' location and size help determine the best treatment for an ectopic pregnancy. Medication might allow the body to naturally absorb the pregnancy tissue, but many women need surgery. Afterwards, the physician will continue to check progesterone levels until he is certain the ectopic pregnancy has been resolved.

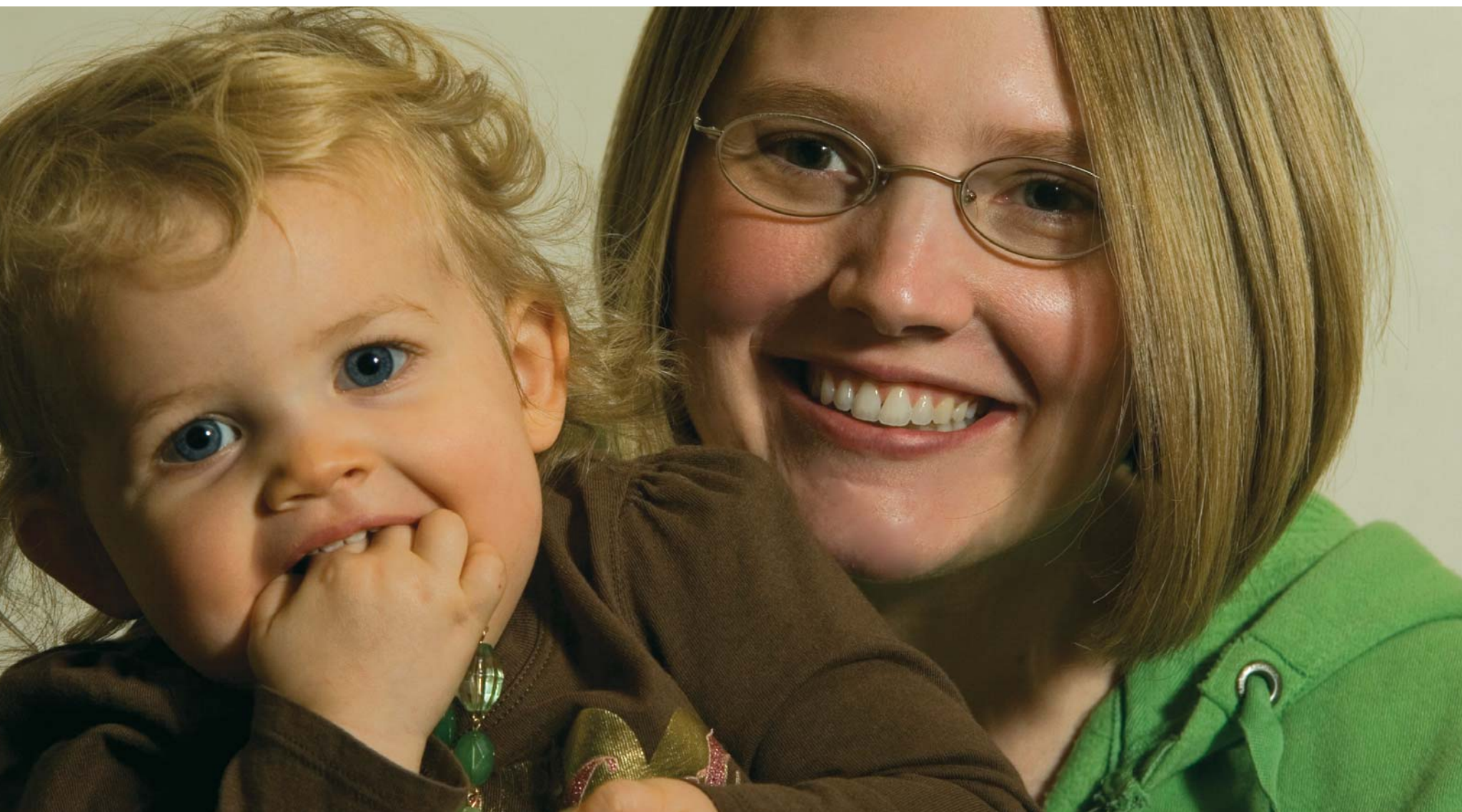
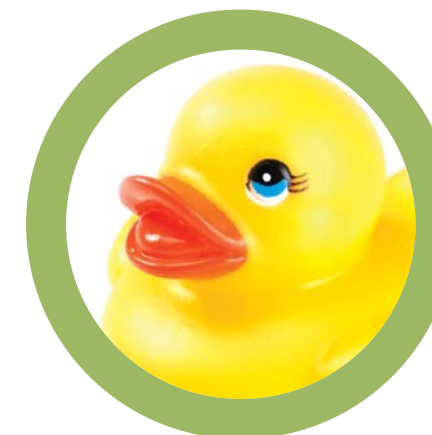
"Once an ectopic pregnancy is clinically obvious, it can be difficult to treat," says Laxman Ramani, MD, of Eagle's Landing OB/GYN Associates in Stockbridge. "Early pregnancy care can help us make a diagnosis sooner and hopefully be able to treat the patient more conservatively."



Dr. Laxman Ramani

The chances of having a successful pregnancy after an ectopic pregnancy are reduced, but not impossible. "A pregnancy loss does not necessarily mean a woman cannot have other children," Dr. Ramani says. "Many women can generally have a normal, healthy pregnancy later."

Women who have pelvic surgery, infections or inflammation that might block the fallopian tube or an abnormally shaped tube are at higher risk of ectopic pregnancy. By working with their doctor to prepare for conception and pregnancy, even these women can share the dream of a healthy pregnancy.



## Physicians in Your Area

### Eagle's Landing OB/GYN

770-474-1919  
350 Country Club Drive, Suite D, Stockbridge

Alberto Delgado, MD  
Deborah E. Haynes, MD  
Steven M. Lopatine, MD  
Jeffery D. Lovinger, MD  
Amanda C. Phillips, MD  
Laxman Ramani, MD  
Shobha C. Rao, MD

### FemCare OB/GYN Specialists, PC

678-961-2273  
225 Country Club Drive, #110, Stockbridge

Kirstie D. Cunningham, MD

### Just for Women

770-994-8827  
823 Highway 138 SW, Riverdale

Marion A. Reynolds, MD

### OB/GYN Inc.

770-507-4842  
1018 Hospital Drive, Stockbridge

Patrick I. Ojukwu, MD

### Schilling Women's Center

770-474-7151  
290 Country Club Drive, Stockbridge

John P. Schilling, MD

### Sonia Suddala, MD & Associates, PC

770-389-8950  
135 Eagle's Walk, #200, Stockbridge

Sonia Suddala, MD  
Monowar Mullick, MD

### Women's Health Specialists at Eagle's Landing

770-474-0064  
1050 Eagle's Landing Parkway, #302, Stockbridge

Cheryl Cockrell, MD  
Kimberly J. McIntosh, MD  
Temitope K. Olubuyide, MD  
Sheryl M. Simpson-Jones, MD



## Amanda and Jax Allin

McDonough mom Amanda Allin knows that even the best pregnancy can lead to an anxious aftermath. That was the case when her son Jax was born in April 2007.

Although Jax was three weeks early, he weighed in at a healthy 7 pounds and 5 ounces. "But he wasn't breathing quite right and they were concerned about a soft spot on the back of his skull," Allin says. "They took him to NICU right after he was born."

Having a baby in NICU is stressful for any parent, but Allin says the staff made it more tolerable. "I had heard people say if your baby was in NICU the nurses took over and wouldn't let you do anything," Allin says. "But our nurses were amazing. I went down every three hours to feed and change him. They made sure I knew my baby and let me be part of everything."

"I'm actually happy he went to the NICU," she adds. "I know they did everything possible for him there."

By the end of 48 hours, Jax had recovered and was ready to go home. Then Allin's blood pressure rose too high, which meant the doctors wanted her to rest more. It proved a hard order to follow, especially when her physician prescribed a week of bed rest when Allin went home.

"I knew I shouldn't be up too much, but I had to see my baby and take care of him," she says. "I felt good and didn't know my blood pressure was still high."

Allin learned the truth at her follow-up visit the next week – her blood pressure was so high that she was immediately readmitted to the hospital. "I was there for two days, and the nurses were great," she says. "They brought in a bassinet so Jax could stay in the room with me. Somebody was with us the whole time to help take care of him since I couldn't."

"You expect a picture-perfect story, especially with your first baby," Allin continues. "It was a trying time, but the nurses and doctors helped make it an amazing experience. We couldn't have asked for more."

# Kim and Karleigh Stewart

Three months into her pregnancy, McDonough resident Kim Stewart feared she was having a miscarriage. She went to the Emergency Room at Henry Medical Center and was relieved to learn that her baby was fine. But the ultrasound showing baby Karleigh's fluttering heart also showed the cause of Stewart's problem: uterine fibroids.

"The fibroids were causing the cramping," Stewart says. "It was so relieving to see that Karleigh was fine, but the doctors couldn't do anything about the fibroids since I was pregnant."

Karleigh continued to grow and thrive, but the fibroids also grew, and Stewart had more problems. Stewart is a hairdresser, and had to quit work around her five-month mark because she couldn't stay on her feet all day. She began having contractions during her sixth month and was admitted to Henry Medical Center's brand new Marcia G. Taylor Women's Center.

"They were able to stop the labor, but I was so scared," she says. "Three of the fibroids were the size of apples by that point. My doctor put me on bed rest for two weeks."

Stewart was back in the hospital with more contractions barely a month later. "I just stayed overnight, but the staff made me feel so much better. They were phenomenal."

Going home meant more bed rest, and Stewart still had about six weeks until Karleigh's due date. At her visit in early January, Stewart had dilated to 2 centimeters and was continuing to have contractions. Her physician, Dr. Kimberly McIntosh, said she would induce labor if Karleigh wasn't born by the end of the month.

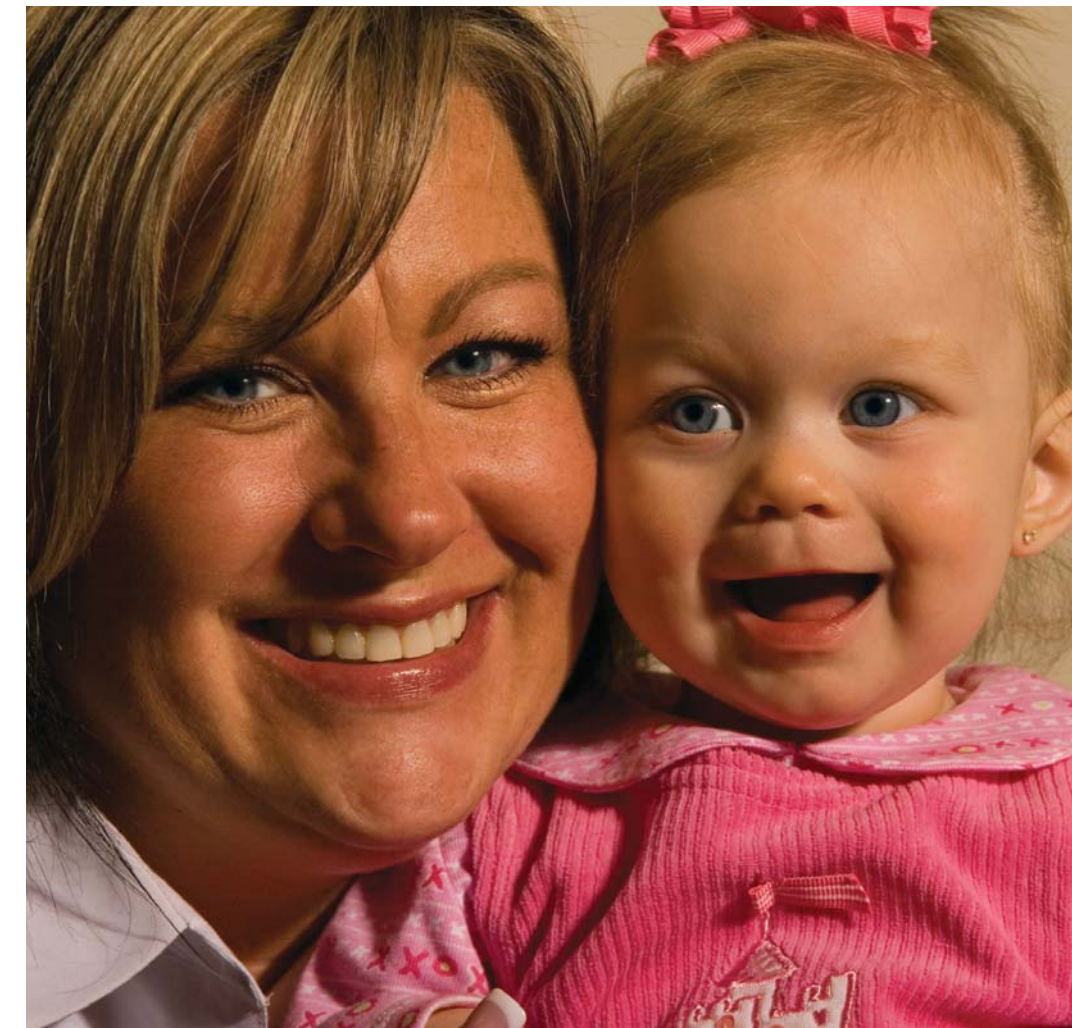
Dr. McIntosh induced labor on January 31, but Stewart had a difficult delivery. "The pitocin slowed Karleigh's heart rate so

much that the nurses had to manually push her to be sure she was still okay," Stewart says. Twelve hours after coming to the hospital, Karleigh was born by emergency cesarean section.

"The three biggest fibroids were the size of grapefruits by the end of my pregnancy," Stewart adds. "They found hundreds of little fibroids behind the big ones, but couldn't do anything about them at that point because it was too dangerous. They were afraid I would lose too much blood after the c-section."

After Stewart healed from her cesarean section, she returned to Henry Medical Center for a hysterectomy. "I'm only 32 years old, but it was the only way to take care of the fibroids. The whole team at the hospital was so sweet. They made me feel like I was the only patient at the hospital."

Today, mom and Karleigh are both doing fine and are enjoying life together. "I'm just grateful that things were okay and I'm thankful for Karleigh. She's the light of my life."





Dr. Cheryl Cockrell



## Make Way for Baby

A mom's best prenatal care begins before pregnancy, say physicians such as Cheryl Cockrell, MD, with Women's Health Specialists in Stockbridge, "You want to be close to your ideal body weight, want to get regular exercise and want to eat healthy," she says. "If you have medical problems that you're aware of, work with your doctor to get them under control and learn how being pregnant might affect them."

Dr. Cockrell recommends that women begin taking prenatal vitamins approximately two months before trying to conceive. Research shows that increased levels of folic acid—such as found in prenatal vitamins—lowers a baby's risk of having brain or spinal cord related birth defects, such as spina bifida.

"Once you stop using birth control, assume you're pregnant until you learn otherwise," Dr. Cockrell advises. That usually means eating well, getting adequate rest and exercise and avoiding alcohol or other substances that could harm the baby.

### The First Visit

Many women are so excited to see a positive home pregnancy test result that they want to schedule their first doctor's appointment right away. Physicians usually ask patients to wait until six to eight weeks after their last menstrual cycle before visiting the office.

"We'll do a vaginal ultrasound at her first visit to confirm the pregnancy and check that things appear normal," Dr. Cockrell says. "By that point we can see the fetus and can see the heartbeat. We don't get as much information if the mom comes for her first visit earlier than that."

The physician will also complete routine bloodwork during the first visit and will talk with the patient about what to expect. It's time for the mom-to-be and her physician to become a team as they work together toward a healthy pregnancy and delivery.

### Moving Right Along

As the pregnancy progresses, Mom must keep focused on what's best for herself and her baby. She'll have other ultrasounds to check the baby's development and will have tests for gestational diabetes or other complications. Physicians who specialize in treating high-risk patients might be consulted for special situations.

Exercising is one of the best ways a mom-to-be can help herself and the baby. "Getting some type of routine exercise such as walking, swimming or low-impact aerobics can really make a difference," Dr. Cockrell says.

When exercising, Dr. Cockrell recommends that moms keep their heart rates below 140 beats per minute and that they stop after 20 to 30 minutes. "You want to get moving, but want to still be conversational. This is not the time to start any kind of heavy exercise program, especially if you weren't doing it before becoming pregnant."

### Building Your Family

Once delivery day arrives, Henry Medical Center has the ideal location for every new family: the Marcia G. Taylor Women's Center, which opened in November 2006.

"The hospital really went the extra mile to make things nicer," Dr. Cockrell says. "The atmosphere in the Women's Center is so much more comfortable and is more patient (and doctor) friendly. Henry has always been a great hospital, but our patients are much happier going there now."