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UNIVERSITY OF MARYLAND CAPITAL REGION HEALTH

COVER STORY:

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AND TINIEST PATIENTS

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The Full Spectrum of Care

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COVER STORY

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Maryland's Health Matters is published by the Communications & Marketing office at University of Maryland Capital Region Health. This publication is not intended to provide professional medical advice. It is to provide general health and wellness information.



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MARYLAND'S
HEALTH MATTERS

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WE WOULD LIKE TO HEAR FROM YOU

Please send us your comments, requests for more information or change of address to Chante.Sedwick@umm.edu; or University of Maryland Capital Region Health, c/o Marketing, 3001 Hospital Drive, Cheverly, MD 20785; or call **301-618-6426**.

CBD OIL:

What You Need to Know

Cannabidiol, or CBD, is popping up everywhere and in everything these days. You can find it online as well as in grocery, drug and big-box stores as topical ointments, capsules, sprays, gummies and other edible products. CBD has been shown to help a wide range of health issues, including:

- Nausea and low appetite
- Anxiety, stress and depression
- Epileptic seizures and muscle spasms
- Chronic pain
- Inflammation
- Arthritis and joint pain
- Sleep disorders and insomnia

WHAT IS CBD?

CBD is derived from the stems and leaves of either industrial hemp or medicinal cannabis plants. When derived from hemp, it has a lower amount of tetrahydrocannabinol (THC) than when derived from cannabis. THC is the compound in marijuana that is considered psychoactive—meaning it is what gets you “high.”

When derived from hemp and with THC concentrations of less than 0.3 percent, CBD is legal at the federal level, in Washington, D.C., and in most states, including Maryland and Virginia. When derived from cannabis, it is still considered

a controlled substance and is illegal at the federal level. In Maryland, cannabis-derived CBD and other medical marijuana products are legal for medicinal purposes when prescribed by a physician.

WHAT TO KNOW BEFORE YOU BUY

The recommended dosage for healthy adults is 3 milligrams per day. At higher dosages, CBD may cause drowsiness, lightheadedness and dry mouth.

Buy only hemp-based CBD products. Ask to see the Certificate of Analysis, which shows the source and levels of CBD and THC.

Whenever possible, buy organic. Nonorganic CBD may contain higher levels of pesticides and toxins thanks to the common practice of planting hemp to clean overplanted, oversprayed soil.

You should pass a drug test if you use CBD, but most law enforcement field testing kits test for the presence of cannabinoids, not THC.

If you travel with a CBD product, keep it in the original packaging and bring the prescription.



Managing Menopause Symptoms



More than 30 million American women are in menopause, and their ranks increase by more than 2 million each year. That’s a lot of women having hot flashes, gaining weight, avoiding sex and experiencing mood swings.

Lifestyle changes, medications and over-the-counter aids can reduce or eliminate menopause symptoms while your body adjusts to its new normal.

Hot Flashes and Night Sweats

Watch what you eat and drink. Spicy food and alcohol have been known to bring on a “personal summer,” so take note of what your triggers are.

Insomnia

Meditation, self-hypnosis and acupuncture have been shown to help relieve stress and facilitate a good night’s sleep.

Mood Swings and Mental Fog

Exercise and meditation have been shown to ease stress and improve mental clarity. A low-dose antidepressant can make it easier to manage the mental and emotional whiplash caused by changing hormone levels.

Painful Sex

Declining estrogen levels result in thinner vaginal skin, which can make sex unpleasant at best, painful at worst. Over-the-counter lubricants can help soothe irritated skin, or talk to your

The Kids Are Back in School, but Their Bodies Still Think It's Summer!

The summer was fun, at least for your kids. No alarm clock. Late bedtimes. No homework. Sports camp was the closest thing they had to a schedule. What a life!

Now it's back to the reality of school. Early mornings, rushing to catch the bus, after-school sports, homework, dinner, chores and then in bed early to do it all again. The transition can be hard and can play havoc with your child's sleep schedule and mood. Here are tips to recapture your back-to-school normal.

■ **Set the same time to do homework, eat dinner and go to bed every night.** Children (and adults!) need a routine to get their bodies out of summer mode.

■ **Get ready the night before.** Lay out clothes, put homework in the backpack, take a bath, make lunch. Anything that will make getting up and out the door easier on everyone.

■ **Ask about the next day when they walk in the door.** Tests, parent-teacher conferences, special projects that

are due, required after-school activities. This helps limit surprises, like the cookies you are supposed to bring to the bake sale that you didn't know about.

■ **Find something for your child to do after school when you're not home to supervise them.** Day care, sports, debate class, chess club. Bored kids will find something to do, and it may not be an activity you approve of.

■ **Schedule some downtime for your child.** We're all too busy these days, and too much structured time can add stress that your child isn't ready to manage. Even a half-hour in the evening with nothing to do is enough to let your child's brain relax.



doctor about prescription progesterone cream to restore vaginal elasticity.

Weight Gain

The dreaded meno-pot results when declining estrogen levels change where you store fat—usually the belly, hips and thighs. Adding weight-bearing exercise to your cardio routine helps increase muscle mass and keeps fat stores where they belong.

Bone Density

As estrogen declines, so does your bone density, which can lead to osteoporosis. Avoid bone breaks as you age by eating

calcium-rich foods and leafy green vegetables and adding weight-bearing exercise daily. Ask your doctor for a bone density scan and then decide if medication can help minimize bone loss.

Heart Health

Your risk of heart attack and stroke increases as levels of estrogen drop. You can counter it by eating a healthy diet, exercising regularly, drinking alcohol in moderation if at all and quitting smoking.

Hormone replacement therapy got a bad rap when a large research study

showed that high doses of replacement hormones given for many years caused increases in heart disease and cancer. New research has determined that, when given in small doses for shorter periods, hormone therapy can help manage the more extreme symptoms of menopause without affecting heart and cancer risks.



FOR MORE INFORMATION

Our team of women's health specialists provides a full range of services including menopausal and postmenopausal care. Learn more at umcapitalregion.org.



New mom Melissa Varela Velasquez spends some quiet time with her baby boy in the NICU at UM Prince George's Hospital Center.

CARING FOR THE NEWEST AND TINIEST MEMBERS OF THE COMMUNITY

UM CAPITAL REGION HEALTH'S HIGH-RISK PREGNANCY SERVICES AND NEONATAL INTENSIVE CARE UNIT HELP BABIES THRIVE

Cherylnel Edwards of Temple Hills knew she needed high-level pregnancy care. Her first two pregnancies ended in miscarriage, and with the second, at 16 weeks, she was diagnosed with an incompetent cervix. Diabetes, hypertension and her age—she was 36—added to her risk.

When she became pregnant in 2016, she turned to Kerry M. Lewis, MD, for care. Dr. Lewis is an adjunct associate

professor of obstetrics, gynecology and reproductive sciences at the University of Maryland School of Medicine (UM SOM) and medical director of the obstetrics and gynecology, maternal-fetal medicine and women's health specialty programs at University of Maryland Capital Region Health.

"Dr. Lewis went through my medical history and previous pregnancies, and from that moment I just knew I was in

good care. He was warm, welcoming and understanding. He listened and didn't make me feel like just another patient," Edwards says.

Dr. Lewis and his team monitored Edwards closely throughout her pregnancy. At 16 weeks, they performed a procedure to support her cervix, and a few weeks later they reinforced it and recommended strict bed rest. A dietitian watched her glucose levels and helped her control her diabetes, and her blood pressure was monitored closely, with medication adjustments as needed. Regular stress tests monitored the baby's movement and heart rate.

Edwards' daughter, Brielle, was born March 8, 2017, at 6 pounds, 12 ounces. "She was full term and a typical newborn—she didn't need any special care," Edwards says.

Soon after Brielle was born, Edwards was surprised to find she was pregnant again. With the same attentive care, this time she could avoid bed rest. Her son, Derick, was born Jan. 10, 2018, full term, weighing 7 pounds, 3 ounces.

"The treatment, care and attention I received with Derick was identical to the treatment I received during my pregnancy with Brielle. They make you feel like family," Edwards says.

HIGH-LEVEL CARE CLOSE TO HOME

Jocelyn Leung, MD, assistant professor of pediatrics at the UM SOM and medical director of the Neonatal Intensive Care Unit, points out that UM Capital Region Health provides the only level 3 NICU in Prince George's County. It can care for all but the highest-need babies, including premies born at just 23 weeks' gestation.

"We want to be the place where parents can come and have their baby in the community and not have to travel outside the county for care for their babies," Dr. Leung says.

The NICU team includes neonatologists, neonatal nurse practitioners, pharmacists, dietitians, social workers, occupational therapists and nurses. The neonatologists are all board-certified or board-eligible and are on call 24/7. "All of our neonatologists are trained at a level 4 center," Dr. Leung says. And some work at both the level 4 NICU at the University of Maryland Medical Center in Baltimore and at UM Capital Region Health.

Together, the team visits each patient every day. "We talk about what happened in the past 24 hours and what needs to be changed or modified," says NICU nurse manager Barbara Buckley. The NICU team can care for babies who need help breathing, maintaining body

temperature, eating, fighting infections or jaundice, or coping with other conditions. Babies born at under 32 weeks' gestation at other hospitals are often transferred to UM Capital Region Health.

The NICU also offers lactation assistance. "Education is important, because a lot of moms want to breastfeed, but when babies are born prematurely their suck isn't very strong and they aren't coordinated," says Jill Smitley, director of Women and Infant Services.

There's also a postpartum support group for mothers. And the team helps parents connect with community resources and early intervention for babies who need ongoing support.

While NICUs are known for treating babies born prematurely, that's not all they do. "Full-term babies can have something unexpected happen, such as respiratory issues," Dr. Leung says.



Barbara Buckley, NICU nurse manager; Jill Smitley, director of Women and Infant Services; and Dr. Jocelyn Leung, NICU medical director.

Some babies need treatment as a result of drug use by their mothers. And occasionally, a baby who goes home may have trouble eating or maintaining body temperature and may be admitted to the NICU for care.

Having a NICU close to home is helpful for families. Premature babies often need care until close to their due dates, which could be three or four months from their birthdates. A convenient location makes it easier for parents to work or care for other children while still spending time with their babies in the hospital.

When a baby is ready to go home, the mom and baby can spend a night together at the hospital first, before discharge. “Moms can be anxious, especially if the baby goes home on monitors,” Smitley says. “It provides a little bit of comfort to know the nurse is two steps away if you need her.”

WHEN A PREGNANCY IS HIGH-RISK

Care for these tiny babies often starts before they are born, with maternal-fetal medicine and women’s health.



“We want to be the place where parents can come and have their baby in the community and not have to travel outside the county for care for their babies.”

— Jocelyn Leung, MD



That’s where women can turn to get the care they need for themselves and their babies. “As maternal-fetal medical specialists, our ultimate goal is to use evidence-based medicine and our clinical expertise to safely evaluate and manage high-risk pregnancies in order

to delay delivery as long as safely possible,” Dr. Lewis says.

Maternal-fetal medicine doctors care for women with conditions such as advanced age, hypertension, heart disease, preeclampsia and HIV infection, and for fetuses with abnormalities. Their team works closely with the NICU team.

“Our high-risk testing unit is on the same floor, across the hall,” Smitley says. “When moms deliver, we can walk over to see them and their baby. People really like that.”

CARE FOR ALL AGES

Family medicine doctors can care for women before they give birth and during delivery, and they can continue caring for them and their babies afterward. “From the time a woman conceives, we can provide prenatal care and deliver the baby, and then after delivery, we can care for both mother

TOP-NOTCH CARE FOR BABY OLIVER

Melissa Caivano of Camp Springs has cerebral palsy and uses a wheelchair. She was born prematurely herself, and she’s only 4 feet, 9 inches tall. Her doctors recommended that she and her husband adopt or use a surrogate, but Caivano wanted to experience pregnancy.

“I got pregnant, and everything checked out fine,” she says. But during her pregnancy, her blood pressure shot up. She was admitted to the hospital, where contractions started. The contractions stopped, and

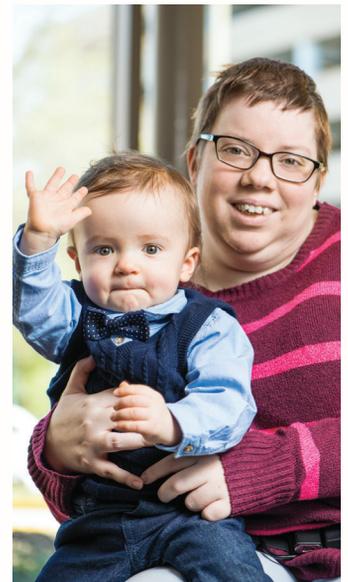
Caivano went home, but they started up again.

Back at the hospital, doctors found she was 10 centimeters dilated. Her son, Oliver, was born Jan. 31, 2018, at 28 weeks, 5 days’ gestational age, weighing 2 pounds, 3.4 ounces. Oliver needed oxygen and a blood transfusion to treat anemia, but his biggest problem was learning how to eat.

He spent 69 days in the Neonatal Intensive Care Unit and came home April 10, 2018, close to his due date, weighing

6 pounds, 10 ounces. He’s now thriving—he weighs 23 pounds and is starting to walk and talk. He likes balls, cars and chasing the family’s dog.

Caivano raves about the care she and her family received while Oliver was in the NICU. “Our primary nurse, Deborah Wilkes, went above and beyond not just taking care of him but taking care of my husband and I as well. She would tell us to go out to dinner or to have days out. She’d say, ‘I got him. I’ll take care of him,’” Caivano says.





▲ Seated, left to right: Barbara Lee, social worker/case manager, and Margaret Wiltrott, RN. Standing, left to right: Agnes Ihediohamma, RN; Twyla Dockery Cathion, MSN, nurse practitioner; Joanne Pearson, unit coordinator; Tiffany Lewis, RN; Irma Grijalva, PCT; Colleen Neidig, RN, nurse manager; Erica Anderson, Ross University medical student; and Dr. Lorene Hawkins.

and baby, so both can receive care from the same provider,” says Stacy Ross, MD, medical director of family medicine.

Some of these babies are born without problems, while others might need care in the NICU. “We can follow the newborns once they are discharged from the NICU, and then continue to provide care for the rest of their lives into adulthood,” Dr. Ross says.

STEP-DOWN CARE BEFORE BABIES GO HOME

Most of the time, babies can go home when they leave the NICU. But if they need a bit more care, they can transfer to Mt. Washington Pediatric Hospital, a step-down inpatient unit on the sixth floor of UM Prince George’s Hospital Center.

“We provide transitional care for babies who are not quite ready to go home, and more training for families,” nurse manager Colleen Neidig says.

Mt. Washington Pediatric Hospital takes care of babies weaning from oxygen and medication, completing IV therapy, struggling with reflux or dealing with chronic congenital malformations. “We also help families get comfortable with tube feeding, orthotics or different protocols,” Neidig says. The team provides education to parents before babies are discharged, covering feeding, bathing, diapering, basic CPR training and safe sleep practices.

The team at Mt. Washington includes oral motor, speech, physical and occupational therapists and child life specialists who work on growth and developmental milestones.

“We are proud to serve Prince George’s County and the surrounding communities with the highest level of commitment, professionalism, clinical knowledge and the highest quality in patient care,” Dr. Lewis says. “We want the residents of this community

Smiling Harper

When Delores Hernandez of District Heights had an ultrasound at 16 weeks’ gestation, her obstetrician thought her cervix looked short and prescribed progesterone. At 22 weeks, Hernandez didn’t feel right and went to the hospital. There, Kerry M. Lewis, MD, recommended a cervical cerclage—a procedure that involves stitching the cervix closed. Without it, she risked losing the baby.

A couple of weeks later, Hernandez felt contractions and saw some bleeding. She went back to the hospital, where doctors tried unsuccessfully to stop the contractions. Harper Grace was born Oct. 20, 2017, at 24 weeks, 5 days’ gestation, weighing 1½ pounds.

The NICU team worked together to make sure Harper had the care she needed to survive and thrive. A breathing tube helped her breathe that first night, special lights helped fight jaundice and the incubator managed her body temperature.

On Jan. 2, 2018, Harper went home. “She’s walking now, eating and saying some words. She’s super happy and always smiling,” says Hernandez, who was so grateful for Dr. Lewis’ care that she asked him to be Harper’s godfather. “Dr. Lewis is the reason she’s here,” she says.



to be confident that they will receive exceptional perinatal care both for low-risk and high-risk pregnancies and to have the same experience as Ms. Edwards ... to feel like family.” ♦

THE FULL SPECTRUM OF CARE

UMMC'S IBD PROGRAM FIGHTS COMPLEX DIGESTIVE DISEASES WITH A HOLISTIC APPROACH

After giving birth to her first child, Paige Marcus was looking forward to bonding with her newborn son. Instead, she was consumed by debilitating symptoms of ulcerative colitis—a type of inflammatory bowel disease (IBD) caused by ulcers in the colon and rectum.

She identified a shift in her health during her third trimester, and it only got worse after her baby was born. “I was losing weight, having major stomach pain and bleeding, and was going to the bathroom 12 to 15 times a day,” she says.

Prednisone, a steroid used to calm inflammation, kept the disease in check in the past. But then the medication no longer controlled her symptoms.

Paige lost all of her baby weight and more mere weeks after giving birth. She had trouble producing breast milk and switched to formula. “You could physically see that I was withering away,” she says.

Eventually, her IBD was so intense she had trouble caring for her baby.

“My mother and my husband tag-teamed feeding the baby in the middle of the night because I didn’t have the strength to get up,” she says. “I’d be feeding him, then have to pass him off and run to the bathroom.”

For six weeks, Paige could barely leave the house. Despite her condition, her local physician insisted she “stay the course” and continue on prednisone.

Paige and her family weren’t satisfied with this answer. “One night, I heard

my mom crying to my husband that something needed to be done. I wasn’t getting better,” she says.

That’s when her husband made an appointment at the Digestive Health Center at University of Maryland Medical Center (UMMC).

TIMELY INTERVENTION

Paige met with Raymond Cross, MD, professor of medicine at the University of Maryland School of Medicine (UM SOM), director of the Inflammatory Bowel Disease Program and co-director



Paige Marcus

of UMMC’s Digestive Health Center. Dr. Cross recognized Paige’s critical condition and admitted her to the hospital, where she stayed for a week.

She began taking Remicade, a biologic drug administered intravenously. The drug eased her symptoms, but it took six months to fully recover.

Today, she receives Remicade infusions every eight weeks. “I haven’t had any symptoms since that flare. I’m in total remission. I feel like I owe Dr. Cross my life,” she says.

CARE IN ONE LOCATION

Many IBD patients experience debilitating symptoms. However, the disease’s profile is shockingly diverse.

“IBD has many variables: what kind of patient and the part of the body it affects, what problems it causes, how the patient responds to medications, what side effects people have. No two people are the same,” says Andrea Bafford, MD,



“Patients have access to gastroenterologists, colorectal surgeons, specialized nurses, a dietitian, a pharmacist and a social worker all in one setting.” — Raymond Cross, MD

assistant professor at UM SOM and chief of colorectal surgery at UMMC.

To address this, the IBD Program offers services across the full spectrum of care—all in one location. “Patients have access to gastroenterologists, colorectal surgeons, specialized nurses, a dietitian, a pharmacist and a social worker all in one setting,” Dr. Cross says.

This holistic, all-in-one approach is unique among IBD programs. It’s not only convenient, but it has also been shown to improve patient outcomes.

The team meets weekly to discuss people with complex cases. This is especially important for patients considering surgery. “There’s a surgeon and an IBD gastroenterologist having office hours at the same time most days. This facilitates joint appointments and discussing complex cases. It keeps everyone on the same page,” Dr. Bafford says.

FRIENDLY FACES

The disease may be individual, but Paige’s hardship isn’t unique. Many

IBD patients find it difficult to participate in daily activities while having a flare.

“IBD is unsettling. These symptoms can affect their ability to go to school, work and have families. It affects them psychosocially,” Dr. Cross says.

Keeping this in mind, the team works together on-site to create a convenient and friendly atmosphere for patients. Being located in a single place allows the team to create a comprehensive treatment plan that’s difficult to achieve when working with IBD specialists in different locations.

“We not only find the right therapy for each patient, but also provide them the support they need to get through the process,” Dr. Cross says.

The social worker collaborates with patients to solve problems they might have accessing or paying for care. They also connect patients with a therapist if needed. “This aspect of IBD care is essential, because a patient’s mental health is just as important as their

physical health,” says Uni Wong, MD, an assistant professor at UM SOM and a gastroenterologist.

Additionally, the nursing team coordinates care between visits, aiding the transition from the hospital to outpatient care and more.

Each team member, from the secretaries to the surgeons, works together to provide the most comprehensive care possible for patients.

PREGNANCY PARTNERS

Reproductive care for IBD patients is another unique service the program offers.

“We educate patients on which medications are contraindicated in pregnancy and how to keep the disease under control during pregnancy,” Dr. Wong says.

“Some non-GI providers perceive the immunosuppressant and biologic medications we use as contraindicated in pregnancy, even when that isn’t the case,” Dr. Wong says.

COMBATING “THE SILENT KILLER”

Randy Beardsley is a living example of how much IBD can vary from person to person.

He was diagnosed with Crohn’s disease after a routine colonoscopy discovered a fistula, an opening in the intestine that creates leakage. Crohn’s is a type of IBD that can cause inflammation anywhere in the digestive tract and usually results in symptoms such as abdominal pain, diarrhea and fatigue.

However, Randy has been largely asymptomatic throughout his life. “If it wasn’t for the colonoscopy, I never would have known I had Crohn’s,” he says.

After his diagnosis, he read about IBD voraciously. His reading taught him that even if he wasn’t having debilitating symptoms, he still



Uni Wong, MD

needed to be proactive and combat the disease. “Crohn’s can be a silent killer,” says Uni Wong, MD. “Asymptomatic patients might end up in the emergency room with a bowel perforation because an ulcer eroded through the bowel.”

With this knowledge in hand, he was recommended to the IBD Program to get the disease under control.

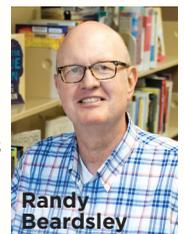
Randy now takes Humira weekly to ease inflammation. He has the medication delivered to his home and self-injects, easily incorporating treatment into his daily life.

He also altered his diet to keep inflammation down, following recommendations from his reading and the IBD Program’s on-site

dietitian. “The hardest thing was switching to black coffee,” he says.

Seven years later, he still works with Dr. Raymond Cross to monitor the disease and change the course of treatment as needed.

“We’ve been able to manage the disease pretty effectively. Overall, it’s been a positive experience,” Randy says.



Randy Beardsley



When Paige and her husband decided to have a second child, she partnered with the IBD Program team to determine the best approach for keeping her disease in remission before pregnancy.

“Dr. Cross said it’s better for the baby to have the disease controlled than to risk going off Remicade,” she says. “I stayed on the medication and got monthly ultrasounds to ensure the baby was growing appropriately.”

The team worked with Paige’s OB-GYN to schedule her cesarean section around Remicade infusions, so her symptoms would remain controlled during the first weeks of caring for her newborn.

The result? She had her second child without a flare. “I had no issues at all. It was a huge relief,” she says.

NEW HORIZONS

The IBD Program’s connection to UM SOM allows them to offer research opportunities and innovations for IBD patients who don’t respond to conventional treatments. “We see any type of research that’s going to improve our patients’ lives as critically important, so we participate in many studies and clinical trials,” Dr. Cross says.

The team has recruited

more than a quarter of the patients currently participating in SPARC IBD. This nationwide, long-term study follows IBD patients to identify predictors of severe disease and response to treatment.

The team also explores medical technologies like telemedicine. “We led the largest U.S. trial studying remote monitoring in IBD patients and found that it was associated with decreased hospitalization rates,” Dr. Cross says.

With the telemedicine program, patients can access staff remotely for appointments. This allows the team to provide expertise to people outside state lines.

SUPPORT WHEN YOU NEED IT

The team works together to provide the holistic support that many patients need in one location, setting them apart from other IBD treatment programs.

“We align ourselves to make the patient experience as positive as it can be,” says Dr. Cross.

This holistic approach has produced exceptional results for many patients, including Paige: “I’ve had a 180-degree turnaround, going from the lowest of lows to the highest of highs. I’m so happy.” ♦



DIAGNOSING GI DISEASE JUST GOT EASIER

With the introduction of our new endoscopic ultrasound (EUS), UM Capital Region Health now has the latest technology available to diagnose gastrointestinal and lung disease. EUS is a minimally invasive procedure that takes very clear, detailed images of the inside of your digestive tract and nearby organs.

As the name implies, EUS is an endoscope—a thin, flexible tube that is inserted down a patient’s throat, with a tiny ultrasound transducer on the tip. The transducer bounces sound waves off the lining and walls of the digestive tract to capture detailed images of the stomach and surrounding organs. It is used to diagnose diseases of the esophagus, liver, pancreas, upper intestine and even the lungs.

A trained gastroenterologist can use EUS to perform a fine-needle aspiration to biopsy masses in the digestive tract without having to perform surgery on a patient. EUS can also be used to stage cancer of affected organs and is currently the preferred method for staging pancreatic cancers. It has its greatest impact on the management of esophageal, non-small cell lung, pancreatic, gastric and rectal cancers because it can help precisely direct the placement of chemotherapy and radiation therapies.



LEARN MORE

For more information about UMMC’s IBD Program, please visit umm.edu/IBD or call 410-706-3387.



FOR MORE INFORMATION

Learn more about gastroenterology services or find a provider at umcapitalregion.org.

5 Ways to Improve Gut Health

A HEALTHY BALANCE AND DIVERSITY OF BACTERIA IN THE LOWER GASTROINTESTINAL TRACT (THE GUT) IS A KEY PART OF GOOD HEALTH, RESEARCHERS ARE FINDING. GOOD BACTERIA IN THE GUT HELP DIGEST AND ABSORB NUTRIENTS FROM FOOD AND BOOST THE IMMUNE SYSTEM.

1 Sleep Better

A growing body of research shows that getting **seven to eight hours of sleep** each night is key to maintaining a healthy gut. In turn, studies find that poor gut health may negatively affect sleep.



2 Consider Probiotics

Probiotic supplements may help **bolster the number of beneficial bacteria** in the gut, aiding digestion and improving immunity. These supplements are live bacteria, so be sure to speak with your health care provider before taking one.



3 Manage Stress

Stress can wreak havoc on gut health through the gut-brain connection. Meditation, yoga, tai chi, breathing exercises and **spending time in nature** are all good ways to reduce stress.



4 Eat More Fiber

Recent research shows healthy gut bacteria feed on fiber from our diet. Adding more **fruits, vegetables, beans, nuts, seeds and whole grains** to your meals provides a healthy mix of fibers and nutrients.



5 Exercise

Numerous studies have found links between regular exercise and improved gut health. Aim for the recommended minimums of 150 minutes of **moderate-intensity aerobic exercise** or 75 minutes of **vigorous activity** per week.



Did You Know?

- 70 to 90 percent of cells in the human body are bacterial
- Many researchers consider the gut microbiome a separate human “organ” inside the body
- Microorganisms account for 1 to 3 percent of the body’s mass

SOURCES: AMERICAN MUSEUM OF NATURAL HISTORY; NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES; NATIONAL INSTITUTES OF HEALTH

New Era in Women's Health Care Philanthropy

THE WOMEN'S GIVING CIRCLE AIMS TO HELP IMPROVE HEALTH OUTCOMES FOR WOMEN IN PRINCE GEORGE'S COUNTY

Women's health has grown in significance now that we recognize that women have many of the same diseases as men, but that their symptoms and treatments may not always be similar. Now more than ever, it's critical to cultivate philanthropic support by women, for women, in Prince George's County.

March marked the launch of the Women's Giving Circle, a fundraising initiative of the UM Capital Region Health Foundation. This philanthropic collective draws together dynamic and accomplished women with a shared passion for improving health outcomes for women in Prince George's County. The Women's Giving Circle's guiding mission is to build a thriving community of philanthropists and to create a permanent legacy to address the health care needs of women in Prince George's County and the surrounding areas.

A consistent indication of the care offered to patients is that the Women's Health and Specialty Services program continues to receive national recognition for quality and care. The program received the Healthgrades 2018 Excellence Award for Labor and Delivery and the Healthgrades 2018 Excellence Award for Obstetrics and Gynecology, and it is one of only two area hospitals recognized. Women's Health and Specialty Services at UM Capital Region Health provides quality



care to women in adolescence, through their reproductive years and during the postmenopausal stage. Our medical team has expertise in:

- Prenatal care
- Nurse midwifery
- High-risk pregnancies
- Intrauterine intravascular fetal transfusion
- Labor and delivery
- High-risk deliveries
- Water births
- Breastfeeding support
- Minimally invasive gynecologic procedures

For its charter campaign, the Women's Giving Circle has introduced *1000 for \$1000*, which aims to raise \$1 million for Women's Health and Specialty Services in the new UM Capital Region Medical Center. Donations to this campaign ensure that clinical resources and community health programs will be available to

impact the health outcomes of women in this region. The *1000 for \$1000* campaign will serve as a stimulus to help us:

- Attract and sustain physicians, nurses and staff who are experts in high-risk or complicated pregnancies, including treating women with preexisting conditions.
- Provide prenatal consultation and pediatric care planning for pregnant women whose babies have been identified with a genetic, congenital heart or other fetal concern.
- Offer reproductive endocrinology and infertility services at our newest location in The Medical Pavilion at National Harbor, Maryland, to meet the needs of women in Prince George's County and surrounding areas.
- Develop a Center of Excellence in the diagnosis, management and treatment of uterine fibroids, which affect up to 80 percent of African American women by age 50.
- Address the unique health needs of postmenopausal and senior women in collaboration with other service providers within UM Capital Region Health. ♦



JOIN US

Support programs for Women's Health Services by attending the Sail Away Soiree on Nov. 9. Learn more and register at umcapitalregionfoundation.org.

SENIOR DINE AND LEARN

Bimonthly lectures designed to help adults ages 55 and older learn proactive measures to maintain optimal health. Topics include diabetes, heart disease and sleep apnea. Expert advice is presented by UM Capital Region Health's board-certified physicians and other allied health professionals.

■ **Wednesday, Nov. 13**

Dinner: 3 to 4 p.m.

Lecture: 4 to 5 p.m.

UM Laurel Regional Medical Center, 7300 Van Dusen Road, Laurel. For more information and to register, call **301-497-7914**.



BREASTFEEDING CLASS

Join us for our monthly breastfeeding class to learn more about breastfeeding and how it can help you and your baby. In these free informational sessions, we will discuss:

- The mechanics of breastfeeding
- How to know if you're doing it correctly
- How to know if your baby is getting enough milk
- How breastfeeding improves your baby's health
- How breastfeeding helps you return to pre-pregnancy weight
- Tips and tools for breastfeeding after you return to work

■ **Second Thursday of every month, 6 to 7 p.m.**

Gladys Spellman Building 2900 Mercy Lane Cheverly, MD 20785w For more information, contact International Board Certified Lactation Consultant Jennifer Doyle at **301-618-MILK (6455)** or jennifer.doyle@umm.edu.



NOT ALL WOUNDS ARE VISIBLE: A COMMUNITY CONVERSATION

**Adverse Childhood Experiences (ACEs)
Plus: Knowing What Works**

■ **Wednesday, Nov. 13, 9 a.m. to 2 p.m.**
UMB Campus Center
621 W. Lombard St., Baltimore

Join the University of Maryland Medical System and the University of Maryland, Baltimore for a FREE community conversation about adverse childhood experiences (ACEs). ACEs are stressful or traumatic events that strongly affect health outcomes throughout a person's life. Join us as we continue an important discussion about this critical public health issue. This event is open to the public and provides an opportunity to gain valuable insight, tools and resources for inspiring resilience and supporting anyone managing stressful or traumatic events. You will not want to miss this chance to ask questions and learn how to get help for yourself, family and friends in your community. Registration is strongly encouraged at umms.org/community/conversations.

POSTPARTUM SUPPORT GROUP

This monthly gathering offers new mothers the opportunity to discuss their feelings, experiences and concerns in a safe, supportive and judgment-free environment. You are not alone. This free monthly meeting will help you:

- Understand what postpartum conditions are and what resources are available to help you deal with them

- Share your experiences with other women who truly understand what you are going through
- Learn ways to manage new baby and mom stress
- Recognize the difference between normal stress and postpartum depression
- **Second Tuesday of every month, 1 to 2:30 p.m.**
Gladys Spellman Building 2900 Mercy Lane Cheverly, MD 20785

For more information, contact Stacey Little at **301-618-6302** or stacey.little@umm.edu.

DINE, LEARN & MOVE

Get active, spend time with others and learn simple everyday tips for making healthy meal choices. These workshops are free and are presented in partnership with the Prince George's County Health Department and UM Capital Region Health. No registration is required, and all ages are welcome. Children younger than 13 must be accompanied by a parent or guardian. For questions, call **301-446-6800**; TTY **301-699-2544**; or email wellness@pgparks.com.

FOODIE FITNESS

■ **Wednesday, Sept. 18, 6 to 8 p.m.**

To celebrate National Fruits and Veggies Month, you'll be introduced to a wide variety of healthy fruits and vegetables that are packed with essential nutrients your body needs. They are also delicious and available in your local international market.

BUDGET FOR HEALTH

■ **Wednesday, Oct. 16, 6 to 8 p.m.**

Living well doesn't have to cost a lot. Learn the secrets of smart shopping for food and fitness equipment that won't break the bank.

HOLIDAY RECIPE MAKEOVER

■ **Wednesday, Nov. 6, 6 to 8 p.m.**

To ward off the holiday weight this year, let's put a healthy spin on some classic holiday recipes and learn simple exercises to keep us moving throughout this holiday season.

Kentland Community Center 2413 Pinebrook Ave. Landover, MD 20785

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