

THE GOOD LIVING MAGAZINE FROM MONMOUTH MEDICAL CENTER

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WELCOME LETTER

**PROUD TO HELP
PARENTS START
THEIR JOURNEY**

HELPING FAMILIES BRING NEW LIVES INTO THE WORLD IS A truly special part of what we do at Monmouth Medical Center.

For parents, choosing a hospital for the birth of their baby is an important decision. At Monmouth Medical Center, The Eisenberg Family Center is focused on the individual needs of mothers and babies, as well as on the entire family as a whole. Nearly 5,500 babies are born here annually, more than any other regional facility. And while most of these deliveries follow uncomplicated pregnancies, problems can occur in any pregnancy, which is why we are committed to providing one of the safest obstetrical and gynecologic services in the nation.

Monmouth Medical Center has been a Level III High-Risk Maternity Center since the designation was initiated more than 40 years ago, and is one of 15 Regional Perinatal Centers in the state of New Jersey. This year, Monmouth Medical Center's Neonatal Intensive Care Unit (NICU), the first of its kind in New Jersey and among the first six offered at community hospitals nationally, is celebrating its 50th anniversary. In this issue of *Monmouth Health & Life*, you will meet three families who collectively spent more than 40 weeks with us as their fragile newborns grew and thrived in our NICU. For each family, the NICU became their home away from home, and the doctors and nurses they came to know so well became a part of their extended families. I thank them for sharing their stories.

Also in this issue, you will read about our team of dedicated maternal-fetal medicine physicians, who are trained to handle the numerous complications that can arise during pregnancy. These specialists possess the skills and knowledge to handle the most high-risk pregnancies and provide advanced care to protect the health of mother and child.

This issue spotlights just a few of the many reasons why Monmouth Medical Center is the trusted choice among expectant parents throughout the region, and we continue to expand and upgrade our facility to match our commitment to quality care and patient safety. As we look ahead to the celebration of Mother's Day and Father's Day in the coming months, I thank you for choosing us to begin your journey as parents.

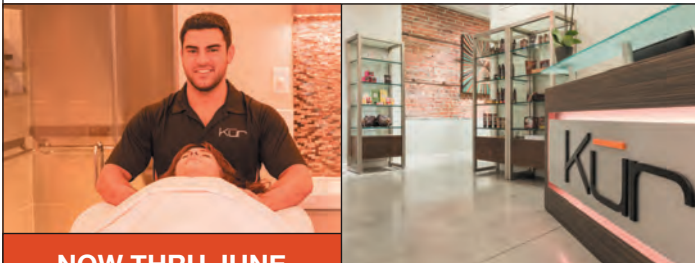
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IN GOOD HEALTH

MEDICINE + TECHNOLOGY + PATIENT CARE AT MONMOUTH MEDICAL CENTER

BIG LITTLE STEPS

AS MONMOUTH MEDICAL CENTER'S NICU CELEBRATES 50 YEARS, THREE FAMILIES REFLECT ON THEIR LIFE-CHANGING JOURNEYS AT THE HOSPITAL.

IN 1968, MONMOUTH MEDICAL CENTER (MMC) became the first hospital in New Jersey and the first community hospital in the country to establish a neonatal intensive care unit (NICU). Today, it boasts the region's largest state-designated, level III NICU with one of the highest survival rates in the country. Staff members include board-certified neonatologists, specially trained nurse practitioners and neonatal nurses, therapists, social workers and a broad-range of subspecialists, including pediatric surgeons and radiologists.

The Hirair and Anna Hovnanian Foundation Regional Newborn Center (RNC) provides specialized care for more than 500 babies annually—even those weighing less than a pound and born at just 23 weeks gestation. But in the RNC, the focus is on parents as well as babies.

"Parents are often here with their babies for extended periods—four to eight weeks or more," says Susan Hudome, M.D., chief of neonatology and medical director of the Hirair and Anna Hovnanian Foundation Regional Newborn Center, "so family comfort is a top priority." It is a priority that is evident in conversations with parents whose babies spent significant time in the NICU. A common reflection for these families is that what was a very difficult time in their lives became a positive experience due to the unit's extraordinary caregivers.



Steve and Jocelyn Passarello with sons Mack and Lucas

JOCELYN AND STEVE PASSARELLO

For Toms River residents Jocelyn and Steve Passarello, MMC's NICU would be their home away from home for 111 days following the birth of their son, Lucas. Born Oct. 5, 2013, at 26 weeks gestation and weighing 2 pounds, 2 ounces, Lucas' care was primarily related to respiratory issues—a common complication in very small babies.

"Lucas' biggest issue was with his airway, and he still has issues with his breathing related to that," says Jocelyn, who notes that he also has something known as soft voice due to scar tissues on his vocal cords. And while he wears glasses to correct farsightedness and currently undergoes occupational and physical therapy to improve his fine motor skills, Lucas today is a typical, intelligent, inquisitive 4-year-old.

"The NICU staff was very attentive to Lucas, and they had our complete trust," Jocelyn says. "We had such a great experience during the 16 weeks we spent at Monmouth. We are involved each year in the Big Steps for Little Feet fund-raising walk (see related item on page 34), and have kept in touch with many of the nurses, some of whom have babysat for Lucas."

Jocelyn, a social worker with a local community YMCA, and her husband, Steve, a retail manager for a Best Buy store in Princeton, are also parents to Mack, 1, who was born full term at 8 pounds, 8 ounces. "After Lucas was born, I learned that I had a uterine septum, which is a congenital defect in the wall of my uterus that didn't allow enough room for him to fully grow, and I had surgery to correct it," she says.



Monmouth Medical Center's team of neonatologists, from left, Meera Kale, M.D., Diane Attardi, M.D., Erin Qualter, M.D., Susan Hudome, M.D., medical director of the NICU; Carlos Alemany, M.D., and Christina Ferrucci-DaSilva, M.D.

CHRISTINA AND JOHN RUSSOTTO

Morganville residents Christina and John Russottos' NICU journey began the same date as the Passarellos', when their twin sons Johnny and Michael were born Oct. 5, 2013, at 25 weeks gestation, weighing 1 pound, 14 ounces, and 1 pound, 12 ounces, respectively. While Christina's pregnancy had progressed normally, she said that on a routine well visit on Oct. 4, her doctor discovered that she was in labor, and she was admitted to MMC, where she underwent an emergency C-section the next day.

While Johnny's stay in the NICU lasted nearly four months, his twin, Michael, was transferred at 2 months to an out-of-state hospital for eye surgery from which he never awoke. In the family's home, framed photos of the tiny preemies adorn the Russottos' family room wall, and Johnny, a tall, smart and active preschooler, proudly points to pictures of his brother. Additionally, Christina, a teacher, and her husband, John Sr., who works in Information Technology, have a 2-year-old daughter, Giovanna, who was born at full term.

"I consider Monmouth Medical Center my home, and the NICU staff to be a part of my family," she says, noting that Johnny underwent care typical of a tiny preemie, primarily oxygen and caffeine treatments for his developing lungs. "We spent 107 days—12 to 14 hours a day—there, and we really saw firsthand that the care is second to none. The care and compassion of the nursing staff is amazing—Johnny's primary care nurse is still involved in our life, and comes to his birthday parties."

Like Jocelyn, Christina is active with the annual Big Steps for Little Feet Walk, and serves on the hospital committee that organizes it each year.



John and Christina Russotto with son Johnny and daughter Giovanna

BERNADETTE AND MICHAEL MONCADA

For Old Bridge residents Bernadette and Michael Moncada, the day their daughter Alexandra was born—last summer on July 31 at 31 weeks gestation weighing 3 pounds, 6 ounces—was the scariest moment of their lives.

"My husband and I did not know what to expect on the journey that was ahead of us," Bernadette says. "The first time we saw our baby girl, was very, very hard—she was so tiny and was attached to different tubes and a breathing support machine, and it broke our hearts to see her that way. But the experience turned out to be amazing, as the NICU doctors and nurses gave us the strength to get through the hard days and see a light at the end of the tunnel."

Like Christina, Bernadette's pregnancy was not considered high risk, and her doctors couldn't tell her why she delivered Alexandra nearly two months early. She recalls how challenging it was to go home without her baby, but said they would visit the NICU every day and read and sing to her.

"The NICU staff was phenomenal, and were able to make such a scary and unknown experience so comforting," she says. "They give so much of themselves each and every day to take excellent care of every baby on the unit; they really go above and beyond to help each family cope with the struggles that can come with having a NICU baby."

Bernadette, a school counselor at Perth Amboy High School, and her husband, Michael, a staff member with the Union County Department of Public Works, recall how the nurses would nurture Alexandra when they couldn't be there.

"They were like our angels watching over her for us," she says. "My husband and I will be forever grateful to them; I believe that our daughter thrived there because of each and every nurse and doctor that took care of her."



Michael and Bernadette Moncada with daughter Alexandra



SEEING THROUGH ANGEL EYES

As Monmouth Medical Center's NICU marks its 50th anniversary in 2018, the Hirair and Anna Hovnanian Foundation Regional Newborn Center has been gifted with the latest interactive technology that allows parents and families to see and interact with their babies in the neonatal intensive care unit via live video streaming and direct, one-way audio.

The innovative Angel Eyes system, funded by a generous donation from the Scire Family Foundation, uses a camera placed at the baby's bedside so that parents and other family members who can't be at the NICU can view the baby 24 hours a day by logging into a secure account from their laptop, tablet or smartphone. This system helps promote bonding between parents and their premature babies, who sometimes have to stay in the hospital for weeks or months.

The far-reaching ability of the system allows for babies to hear the voices of family members worldwide. For the Sheehan family, who welcomed triplet girls on March 25—six weeks early—Angel Eyes gives parents Richelle and Thomas peace of mind at times when they are unable to be by the babies' sides. The system also allows family in New York and Georgia to be a part of the girls' journeys.

"We cannot express how much Angel Eyes means to our family. It allows us to see the triplets, even when we cannot be there," Richelle says. "Being parents of three babies in the NICU is an emotional and physical challenge. The cameras have helped make the experience easier for our entire family."



Union Beach residents Thomas and Richelle Sheehan with Cora, one of their triplet baby girls. Above, Richelle shows how she can watch over her babies from her smartphone via the Angel Eyes system.

SAVE THE DATE

Big Steps for Little Feet Walk



The Hirair and Anna Hovnanian Foundation
Neonatal Intensive Care Unit
At The Unterberg Children's Hospital

Monmouth Medical Center

RWJBarnabas HEALTH

September 16, 2018

When: Sept. 16, 2018. Registration begins at 11 a.m., the walk starts at noon.

Where: Beach Front North, Long Branch

Information: bigstepsforlittlefeet.com

TO LEARN MORE ABOUT THE HIRAIR AND ANNA HOVNANIAN FOUNDATION REGIONAL NEWBORN CENTER, CALL 732.923.7250. TO SHARE YOUR NICU EXPERIENCE, EMAIL MONMOUTH MEDICAL CENTER'S DEPARTMENT OF PUBLIC RELATIONS AND MARKETING AT [KATHY.HORAN@RWJBH.ORG](mailto:kathy.horan@rwjbh.org).

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Monmouth Medical Center's Maternal-Fetal Medicine specialists, who are members of Barnabas Health Medical Group, include, from left: David Gonzalez, M.D.; Nisha Malik, M.D.; Carl A. Nath, M.D.; and David M. Wallace, M.D.

SPECIAL DELIVERY

FOR WOMEN WITH HIGH-RISK PREGNANCIES, MMC'S MATERNAL-FETAL MEDICINE SPECIALISTS DELIVER TOP-NOTCH CARE.

EACH YEAR, MORE WOMEN CHOOSE to deliver their baby at Monmouth Medical Center than any other hospital in Monmouth and Ocean counties. And while most of the nearly 5,500 annual deliveries at Monmouth follow uncomplicated pregnancies, problems can occur in any pregnancy, and the hospital's team of maternal-fetal medicine physicians are trained to handle the numerous complications that can arise during gestation.

The members of the Division of Maternal-Fetal Medicine at Monmouth Medical Center are experts in the treatment of women who anticipate or are experiencing a high-risk pregnancy. High-risk pregnancies can be associated with women having multiple births, those with diabetes, high blood pressure, a history of blood disorders or pre-term labor, as well as other pregnancy complications.

"High-risk pregnancies can be managed with special testing and procedures to promote the health of both the unborn baby and the mother," says David Gonzalez, M.D., chief of maternal-fetal medicine at Monmouth. "Our Maternal-Fetal Medicine team is dedicated to providing expectant mothers and their babies with the most advanced, complete and professional care before

delivery, as well as the sensitivity and caring our patients deserve."

The busy practice draws patients from a four-county area that includes Monmouth, Ocean, Middlesex and Mercer counties. Each week, the physicians handle 250 patient visits at their Long Branch office in addition to 135 each at their Lakewood location and at the Antenatal Testing Center at Monmouth Medical Center.

Care of the very high-risk patient often needs to begin prior to pregnancy and may continue past delivery into the post-partum period. Testing during pregnancy can include everything from advanced diagnostics including ultrasound, amniocentesis and chorionic villus sampling and direct fetal assessment. Also offered is the latest advances in testing, noninvasive prenatal

testing (NIPT), a blood test used to screen for Down syndrome and a few other chromosomal conditions that is performed as early as the 10th week of pregnancy. Counseling and education also form an integral part of the care of the high-risk patient.

Many obstetricians-gynecologists are qualified by training and experience to manage complicated pregnancies. Maternal-Fetal Medicine specialists are obstetricians with advanced training in the subspecialty of caring for high-risk patients and are board-certified in Obstetrics and Gynecology, as well as Maternal-Fetal Medicine.

“We work with the referring obstetricians to optimize the care of the patients by providing consultations, co-management or direct care for complicated patients both before and during pregnancy,” Dr. Gonzalez says.

The most common reason for a patient to be referred to a Maternal-Fetal Medicine specialist is to determine if the fetus appears to be developing normally. Through the use of tools such as ultrasound, amniocentesis, chorionic villus sampling, the maternal-fetal medicine team can help expectant parents know if their baby appears to be healthy.

“Many women have pre-existing medical conditions, such as diabetes, sickle cell, anemia, hypertension or lupus that may worsen because of pregnancy and threaten the health of mother and baby,” Dr. Gonzalez says. “The Maternal-Fetal team evaluates

and treats these women with specialized care, such as fetal echocardiograms, antepartum fetal surveillance, postpartum care and a diabetic program that includes everything from preconceptional counseling to home glucose monitoring.”

Some women develop complications unique to pregnancy, such as preterm labor, premature ruptured membranes, preeclampsia or complications due to multiple pregnancies, and require assistance. Women also are referred to Maternal-Fetal Medicine specialists for evaluation of prior pregnancy losses. Women with multiple first-trimester losses or fetal loss of any kind in the second and third trimester may benefit from a detailed evaluation to help determine the potential cause of these losses. Many losses may be due to a correctable condition that can be treated.

Additionally, Monmouth Medical Center has a state-of-the-art level III neonatal intensive care nursery (see related story, page 30). When problems develop, the physicians work closely with other subspecialists at Monmouth Medical Center, including the neonatologists, the pediatric surgeon and the pediatric cardiologist, to ensure that each baby receives the best care possible. The multidisciplinary team provides families with the most empathetic, knowledgeable and up-to-date care.

Prenatal evaluation services are available at the Maternal-Fetal Medicine team locations on South Bath Avenue in Long Branch

THE ROLE OF GENETIC COUNSELING

As an expectant mother, your physician may refer you to a genetic counselor for a host of reasons including:

- Advanced maternal age (35 or older at due date).
- Following an abnormal serum screen, to evaluate the risk of a chromosome abnormality or spina bifida.
- Family history of a genetic condition or birth defect.
- Exposure to certain forms of medications, infections, radiation or chemical agents.
- Having an ethnic background with an increased risk for a genetically inherited disease, such as cystic fibrosis, Tay-Sachs disease and sickle cell anemia.

and at the Women's and Children's Specialty Center in Lakewood. Each location offers easy access and convenient on-site parking. Additionally, the Antenatal Testing Center at Monmouth Medical Center provides parents-to-be-with similar services within the confines of the hospital.

MEET OUR MATERNAL-FETAL MEDICINE PHYSICIANS

DAVID GONZALEZ, M.D.

Dr. Gonzalez earned his medical degree from Temple University Medical School and completed residency training in Obstetrics and Gynecology, and fellowship training in Maternal Fetal Medicine at UMDNJ. He is board certified in Obstetrics and Gynecology and Maternal Fetal Medicine. Dr. Gonzalez, who has been recognized as one of New Jersey's Top Docs in his specialty in several publications, is the section chief for Maternal-Fetal Medicine at MMC.

CARL A NATH, M.D.

Dr. Nath, who completed his undergraduate degree in Molecular Biology at Princeton University, obtained his medical degree from Mount Sinai School of Medicine. He trained in Obstetrics and Gynecology at St. Luke's Roosevelt Medical Center and completed a fellowship in Maternal-Fetal medicine at UMDNJ. Dr. Nath is board certified in Obstetrics and Gynecology and Maternal-Fetal Medicine and has been published in several peer-reviewed journals.

DAVID M. WALLACE, M.D.

Dr. Wallace received his Bachelor of Science degree in biology from Wilkes College and his medical degree from Hahnemann (now Drexel) University School of Medicine through an accelerated six-year combined program. He completed his residency in Obstetrics and Gynecology at Monmouth Medical Center and fellowship training in Maternal-Fetal Medicine at Pennsylvania Hospital. Dr. Wallace, who is board certified in Obstetrics and Gynecology, served as chairman of MMC's Obstetrics and Gynecology Department from 1993 to 2006 and is past president of the hospital's Medical and Dental Staff.

NISHA MALIK, M.D.

Dr. Malik earned her medical degree from The Medical College of Wisconsin, Milwaukee. She completed her residency in Obstetrics and Gynecology and her fellowship in Maternal-Fetal Medicine at UMDNJ. Board certified in Obstetrics and Gynecology and Maternal-Fetal Medicine, Dr. Malik's research has been published in several peer-reviewed journals.

TO LEARN MORE ABOUT PERINATAL SERVICES, OR FOR A REFERRAL TO A MONMOUTH MEDICAL CENTER MATERNAL-FETAL MEDICINE SPECIALIST, CALL 732.870.3600.

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