

# MONMOUTH

health & life

6 seconds to  
a perfect tan

joyful panes  
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managing mom  
and dad's money

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where to

- find comic-book relief
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## AMONG THE TOP 100

# M

Monmouth Medical Center has been selected for the 2005 Solucient 100 Top Hospitals Performance Improvement Leaders Award. This award program is designed to identify hospital leaders—CEOs, executive teams and boards—who have instilled a true culture of performance improvement across their organization. (See related story, page 34.)

This accolade is a natural progression from the host of health care industry honors bestowed upon Monmouth Medical Center in the last 18 months, including our recognition by Press Ganey as a Distinguished Academic Medical Center among an elite group of the nation's nine leading teaching hospitals. In this arena, Monmouth was honored as Top Performer in patient satisfaction efforts with physicians—an honor we share with only three other hospitals in the country.

Also illustrating this commitment to excellence is Monmouth Medical Center's being named by HealthGrades among the top 5 percent of hospitals in the United States for overall clinical quality performance. In addition, Monmouth received its five-star rating—the highest possible—for the treatment of heart attack and heart failure, stroke, pulmonary and OB services, and total hip replacement.

These important designations are complemented by additional achievements that attest to Monmouth's commitment to excellence, including the medical center's recent designation as a Children's Hospital for Monmouth and Ocean counties.

Monmouth has indeed made great strides in the past few years, and I am so grateful to our board of trustees, medical executive committee and senior management team for the exceptional, dynamic leadership they have provided. I also have to note that the cultivation and maintenance of this true culture of performance excellence would not have been possible without the dedication to excellence that is the hallmark of the Monmouth Medical Center staff; these awards and recognitions are really for each and every hospital associate.

We have an enviable record of superior care and service, and I am excited about our momentum as we move forward.

Sincerely,

FRANK J. VOZOS, M.D., FACS  
Executive Director  
Monmouth Medical Center



## HOMeward TURN

for this businesswoman, tragedy inspired a change of course

The terrible event we know by the simple numbers “9/11” was many things to many people. To businesswoman Karen M. Siciliano it was the occasion for a turnabout that brought her back to her New Jersey roots.

In 18 years on Wall Street, the Monmouth County native had carved out a successful career in mortgage-backed securities, rising to vice president at both J.P. Morgan and Chase Manhattan banks. But behind her financial acumen lay the early influence of a family business: Siciliano Landscaping, which her grandfather had founded 71 years ago to tend the gardens of Rumson estates.

When the terrorist attack began at 8:46 a.m. on that fateful Tuesday, Siciliano was already at her desk in the offices of her firm, GFI Group Inc., at 100 Wall Street.

As she departed, she recalls, “we were close enough to feel the singed papers from the towers raining down on us.” She boarded a ferry bound for New Jersey, and just as it was pulling away from its downtown New York dock, the South Tower crumbled—and the fate of many of her friends in the close-knit world of finance became clear. “Their faces flashed before me when the tower fell,” she says.

A week later she tried to go back to work, but “the sights and sounds were raw. I jumped every time a truck hit a bump and made a noise.” She resigned after one month. It was time for some soul-searching.

“I decided I wanted to redirect the course of my life and pursue something I’d contemplated six months before, when my dad asked me if I would consider running his landscaping company,” she says.

During the winter of 2002 she came up with a business plan for the Red Bank firm. She incorporated,



changed the name to Siciliano Landscape Company LLC and expanded design and installation services for commercial and residential clients.

“Dad’s still the quality-control guy; our clients expect and receive superior service,” she says. In four years, she has tripled the size of the business.

In her off hours, Siciliano, a Long Branch resident, is an avid beachgoer, golfer and boater. And she firmly believes in giving back. She serves on the board of trustees of the Monmouth Medical Center Foundation. She and her company have funded an exam room at the center’s Valerie Fund Children’s Center for Cancer and Blood Disorders and sponsor several fundraising events

each year for breast cancer research and treatment.

Just as Siciliano’s success on Wall Street no doubt owed something to family inspiration, so too do her philanthropic impulses. Her mother died of cancer in 1997, and Siciliano says that if a place like Monmouth’s Jacqueline M. Wilentz Comprehensive Breast Center had existed then, her fate might have been different.

“She was initially misdiagnosed and eventually underwent treatment at Memorial Sloan-Kettering Cancer Center,” she says. “Updated mammography equipment, proficient film reading and chemotherapy close to home would all have benefited my mother.”

Today, at a still-youthful 45, this business dynamo and community leader can hear a truck backfire on either side of the Hudson without flinching. But she doesn’t regret the change she made when a tragedy made her stop and think about her life anew and decide what meant most.

“I’m thrilled to be back home,” she says. M

## CHOOSING AN OB/GYN

Few medical decisions are as vital as a woman's choice of an obstetrician/gynecologist. Whether or not this doctor delivers your child, he or she will provide treatment and counsel in areas of reproductive health where tact counts most.

"It's a very personal choice for a woman," says Robert A. Graebe, M.D., chairman of obstetrics and gynecology at Monmouth Medical Center. "She must ask, 'Who do I have confidence in?' An ob/gyn is more than just a Pap smear, a breast exam and 'I'll see you next year.'"

Some ob/gyns will agree to "get acquainted" visits with prospective patients at no charge, says Dr. Graebe. Others are too busy to offer this amenity but may have a website explaining their practice. Either way, it may take an appointment or two to be sure you've made the choice that's right for you.

Finding candidates is the easy part. Check your insurance plan's roster of doctors (the online list is apt to be more up-to-date than a printed directory) and make sure prospects are accepting new patients, are convenient geographically and have privileges at hospitals you find acceptable. (A facility with a Level III obstetrical service is best, says Dr. Graebe.) Ask your family doctor, call the Saint Barnabas Health Care System at 1-888-SBHS-123 or click on "Find a Physician" at [www.sbhcs.org](http://www.sbhcs.org). Or you can click the "Find an Ob/Gyn" bar at [www.acog.org](http://www.acog.org), the website of the American College of Obstetricians and Gynecologists.

As for gender, experts say the skill and compassion of a doctor of either sex far outweigh a female physician's direct experience with female health issues. But you may be more comfortable with a woman (or a man, for that matter). If so, follow your heart.



to find the doctor who's right  
for you, consider the 3 c's

You'll have many choices either way; one-fourth of ob/gyns and most residents in the specialty are now female.

Dr. Graebe advises choosing a physician who is board-certified or, if new in practice, board-eligible. Your health plan or the doctor's office staff can tell you if an ob/gyn has this credential, as well as where he or she trained and how long ago.

Also, be sure to consider the three "Cs":

- 1. CONTINUITY.** If childbirth lies ahead, weigh how critical it is to you that your baby's prenatal care comes from a doctor you've known as a gynecologist. Assuring such continuity may narrow your choices. Rising insurance rates and unpredictable hours drive some ob/gyns to give up obstetrics at some point to focus on gynecology. It's fair to ask the doctor if he or she anticipates such a change.
- 2. COVERAGE.** If you're expecting, ask about coverage arrangements. You can't be sure which member of a group practice will deliver your baby, and if your doctor is a solo practitioner or a member of a small group, coverage will probably be shared with another practice. That could mean your baby is delivered by a doctor with a different approach—for example, a reluctance to try VBAC (vaginal birth after Cesarean).
- 3. COMPATIBILITY.** At your first appointment, ask open-ended questions to learn about the doctor's personal philosophy, such as "Why did you choose this specialty?" Discuss any religious objections you may have to techniques for preventing or assisting pregnancy, or any strong opinions about hormone therapy, holistic treatments, birth control, natural or home childbirth, VBACs, epidural pain relief, episiotomies, fetal monitoring or circumcision. Your views and your doctor's need not be exactly in sync, but there should be mutual respect and an ability to work together. **M**

# HEALTH **Link**

HEALINGHEARTS

## balloons that save lives

*For many patients, elective angioplasty is the last line of defense against a heart attack*

**H**ealth care interventions don't get much more dramatic than stopping a heart attack, and that's what angioplasty can do. In this procedure, a catheter with an inflatable balloon on its tip is introduced into a blocked coronary artery to restore blood flow. In many cases, as the balloon is inflated, a wire stent locks into position to hold the artery open.

In 2004, Monmouth Medical Center was authorized to offer angioplasty on an emergency basis. The service, which is performed in the cardiac catheterization lab where the hospital has done diagnostic angiograms since 1997, has spared a number of heart-attack patients from traveling more time-consuming miles to another hospital farther away. And the quicker an artery is reopened, the greater the chance of preventing permanent damage to heart muscle. "Time is muscle," says Sharon Holden, administrative director for cardiology, respiratory and renal services.

### Know these heart-attack signs

**If you experience these symptoms and they're not otherwise explained, call 911 right away:**

- chest pain—or a sensation of pressure or squeezing—that lasts more than a few minutes, or goes away and comes back
- shortness of breath
- discomfort in other upper-body areas, including the back, neck, stomach or jaw
- nausea, lightheadedness or a cold sweat

**Remember: Studies show that women are less likely than men to have classic chest pain and more apt to experience other symptoms such as nausea or pain in the jaw or back.**

**Source: American Heart Association**

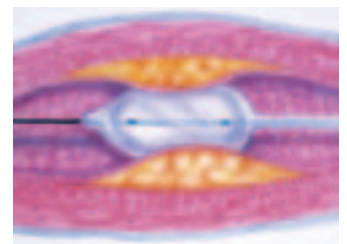


But it's better if angioplasty can prevent a heart attack. This spring, as part of a multistate national trial, Monmouth became one of nine New Jersey hospitals not offering open-heart surgery to provide angioplasty on an elective basis. The trial's purpose: to determine if this procedure produces different outcomes when performed in hospitals without cardiac surgery compared with hospitals with cardiac surgery. A

projected three out of four patients will meet study criteria and be candidates to have their angioplasty done at Monmouth.

"I expect the trial to show that the procedure is equally safe in both kinds of hospitals," says John B. Checton, M.D., Monmouth's chief of cardiology. "It's very safe—and Monmouth's clinicians are qualified and experienced."

"Having elective angioplasty available improves access to care and continuity of care for many patients," adds Holden. Previously, she says, those undergoing diagnostic catheterization at Monmouth had to be sent elsewhere for treatment if a blockage was found. *M*



**An inflatable balloon is used to clear clogged coronary arteries.**



**To find out more about elective angioplasty at Monmouth Medical Center, call the hospital's cardiac catheterization laboratory at 732-923-6875.**

**CONQUERING CANCER**

## advances in treating brain tumors

*Several disciplines join in battling one of  
medicine's most stubborn foes*

Since John Gunther wrote the affecting memoir *Death Be Not Proud* about his teenage son's struggle with a brain tumor, medicine has seen six decades of revolutionary change. But the prognosis for glioblastoma, the common type of brain cancer that took Johnny Gunther's life at 17, although improving, has remained poor.

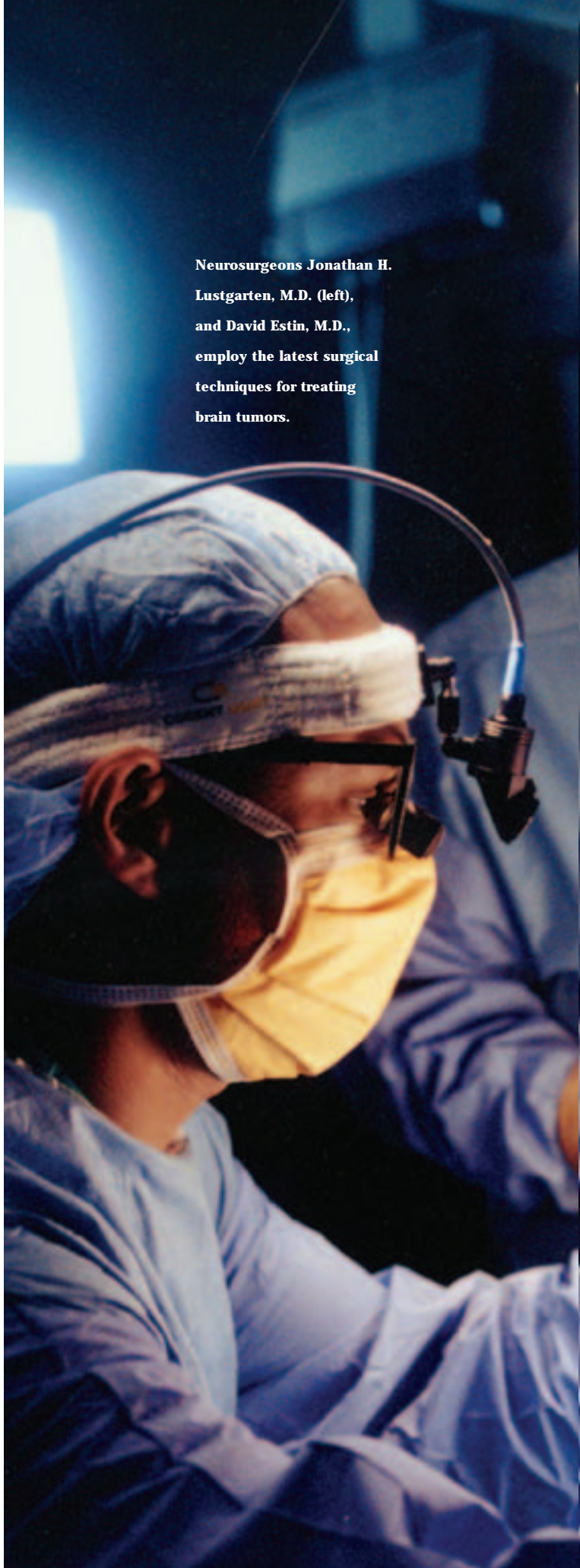
That's one reason for the David S. Zocchi Brain Tumor Center, recently established at Monmouth Medical Center. The only such center in central New Jersey, it brings together neurosurgery, radiation oncology, neuro-oncology, neuropathology, medical oncology and psychiatry to provide the best possible outcomes for patients with brain tumors and other cancers invading the nervous system.

The goal of the Brain Tumor Center is to provide coordinated, comprehensive multispecialty care typical of that seen in top university hospitals—in a community teaching hospital setting. Top specialists trained at leading institutions for brain tumor treatment, such as the Neurological Institute of New York at Columbia University and the Memorial Sloan-Kettering Cancer Center, work together to provide and coordinate care for these often difficult-to-treat tumors. They also convene monthly meetings of a Neuro-oncology Tumor Board to discuss recent cases and devise individualized treatment plans.

### **A TOP-QUALITY TEAM**

The neurosurgery program at Monmouth Medical Center, consisting of director Jonathan H. Lustgarten, M.D., and David Estin, M.D., recently recruited Ty J. Olson, M.D., from Columbia University Medical Center in New York City. Their close and ongoing affiliation with Columbia, where all three neurosurgeons maintain faculty appointments and operating privileges, allows them to remain on the cutting edge of their rapidly advancing field. In the last decade, under Dr. Lustgarten's

Neurosurgeons Jonathan H. Lustgarten, M.D. (left), and David Estin, M.D., employ the latest surgical techniques for treating brain tumors.





leadership, these surgeons have brought numerous innovations to the Monmouth/Ocean county region. Among them: surgery guided by CT (computed tomography) and MRI (magnetic resonance imaging), in which computer manipulation of images permits neurosurgeons to biopsy or remove brain tumor tissue with remarkable precision. These techniques allow for smaller incisions and surgery that is both safer and more effective.

In other cases, specialized endoscopes and cameras have made possible minimally invasive tumor removal. In addition, the stereotactic radiosurgery program, in conjunction with the Department of Radiation Oncology, gives neurosurgeons the option of “incisionless” tumor treatment with highly focused radiation. This technique is very useful for deep tumors that were previously considered inoperable. Finally, the recent addition of brain mapping brings Monmouth Medical Center to the cusp of contemporary neurosurgical interventions.



### Facts about brain tumors

- Each year more than 200,000 people in the U.S. are diagnosed with brain tumors. Of these, some 40,000 are primary brain tumors (those that begin in the brain rather than metastasizing from elsewhere).
- There are more than 120 different types of brain tumors.
- Brain tumors are the second leading cause of cancer death in men ages 20 to 29, and the fifth leading cause of cancer death in women ages 20 to 39.
- Brain tumors don't discriminate by gender, ethnicity or socioeconomic station.
- Brain tumors' cause is unknown.

### SURGERY ON A WAKEFUL BRAIN

“Awake brain mapping,” Dr. Olson explains, “is a technique in which the patient is actually awakened in the operating room while the brain is exposed so that his or her responses can guide the surgeon precisely to remove as much abnormal tissue as possible without harming vital brain functions such as speech. Because nerves that report pain are only present in the scalp and the lining of the brain, it is possible to perform a craniotomy [a surgical opening of the skull] with local anesthesia and minimal patient discomfort.” This mapping procedure is used for “eloquent” areas of the brain, such as the left frontal cortex, which houses language function. “Anatomy gives us a good but relatively general map of where functions are located within the brain,” says Dr. Olson. “Precise locations can vary greatly from person to person. By placing small electrodes directly on the surface of the brain, we can transiently deactivate an area of the brain to determine its role in the patient’s ability to

**Neuro-oncologist Sumul Raval, M.D. (right), evaluates patient Ariel Alcudia of Carteret.**



“speak or read. Awake brain mapping gives us the ability to operate more safely on brain tumors other surgeons may call unresectable.”

## COMPUTER-AIDED PRECISION

It isn't just surgery that requires extremely refined ways to differentiate malignant tissue from vital, healthy brain cells; radiation faces the same challenge. About two weeks after surgery, most patients begin treatments directed by radiation oncologists Mitchell Weiss, M.D., and Sang Sim, M.D..

“We can target brain tumor tissue with pinpoint accuracy,” says Dr. Weiss. “Stereotactic radiosurgery, three-dimensional conformal, and intensity-modulated radiation therapy (IMRT) techniques let us treat tumors even when they're very close to critical structures in the brain.”

IMRT was developed in the '90s, and Monmouth was one of its pioneers in central New Jersey. Its key feature, Dr. Weiss explains, is a process called inverse optimization, which uses a detailed reconstruction of areas in the patient's brain. This enables the physician to maximize the dose of radiation to the tumors while minimizing radiation to critical brain structures.

“It lets us use higher doses with minimal toxicity,” says Dr. Weiss.

## SETTING A NEW STANDARD

The Zocchi Center was established as a comprehensive brain tumor treatment center with the recent arrival of Sumul Raval, M.D., one of only two neuro-oncologists—specialists in the nonsurgical care of brain tumors—in New Jersey. When a patient begins radiation treatment, he or she also typically undergoes chemotherapy. And Dr. Raval is helping to pioneer the use of a new combination of chemotherapy agents that he believes will soon become the worldwide standard of care.

Introduced at a World Federation of Neuro-Oncology conference in Europe last year, the combination isn't yet approved by the Food and

Drug Administration for brain-tumor treatment. It's a pairing of irinotecan, or CPT-11, which is FDA-approved for the treatment of several cancers, with bevacizumab (trade name Avastin), approved for colon cancer. Researchers at Duke University have published the data from their use of these drugs, and Dr. Raval's data are even more encouraging than Duke's.

“I'm very excited about this,” says Dr. Raval. “I have one patient, a Manalapan resident, who was sent to me last August after being told by a leading oncologist that he had two weeks to live. One month after two cycles of chemotherapy, 90 percent of his tumor had been eliminated.” As of early June, nine months after that grim prediction, 95 percent of the tumor was gone and he was working five days a week.

Other centers have been stymied by the expense of these medications. But Dr. Raval says he's spent the equivalent of two full weeks of office time on the phone with insurers, wheedling and demanding coverage for treatment that would normally be rejected as “investigational.” And in several cases he has succeeded. “If you explain to them that this may give a patient a new life, there's a chance,” he says.

Dr. Raval doesn't know how long this chemotherapy regimen can extend life. But given the grim prognosis, that uncertainty itself offers hope. **M**



CAREFORKIDS

## the best place for your child's surgery

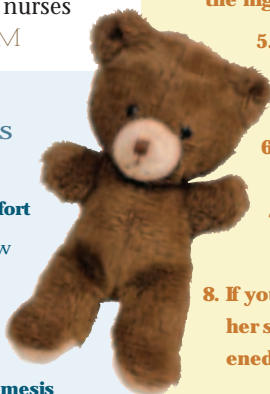
*For peace of mind, choose a fully equipped,  
hospital-based ambulatory surgery center*

When doctors tell you your child needs an operation, it can be scary. But there is reassurance, says Saad A. Saad, M.D., chief of pediatric surgery at the Children's Hospital at Monmouth Medical Center, in knowing you've made the best choices you can for your child—including the surgery site. In Dr. Saad's view, that means passing up today's freestanding ambulatory surgery centers and selecting a fully equipped, hospital-based ambulatory surgery center instead.

"With children the margin of error is very small, and we don't want to take any chance of things going wrong," says Dr. Saad. At Monmouth's Cranmer Ambulatory Surgery Center, he explains, parents, children and surgeons can find comfort in knowing that the Children's Hospital and pediatric intensive care unit are just an elevator ride away if needed, "without the anxiety and emotional trauma of an ambulance transfer." Cranmer is Monmouth County's only fully accredited same-day surgery center with a dedicated team of pediatric anesthesiologists led by a physician fellowship-trained in pediatric anesthesiology—and also the only one with full-time pediatric nurses trained in pediatric advanced life support. M

### What Monmouth offers young surgery patients

- a special tour before the day of the operation
- a dedicated child life specialist to provide comfort
- a preparatory video, Don't Be Scared—My View of Surgery, that explains hospital procedures
- a pediatric waiting room with toys and games
- a tote bag, shaped like a school bus, with a coloring book, crayons, soap, tissues and an emesis basin in case children become ill on the way home
- a choice of flavors of lip balm—to counteract the anesthesia odor—before the anesthesia mask is supplied
- the finest surgical care, with professionals specially trained in pediatrics



### If your youngster needs an operation . . .

1. Visit the facility beforehand so your child will be familiar with the surroundings. (Monmouth Medical Center's Cranmer Ambulatory Surgery Center is located at 300 Second Avenue in Long Branch.)
2. Read children's books about the hospital experience with your son or daughter and discuss what a hospital is like.
3. Explain in advance, in age-appropriate terms, what is going to happen and why it's needed. Be realistic, but not graphic. (If you use the words "put to sleep," make it clear that the phrase has a different meaning than it may have had for a family pet.)
4. Make sure your son or daughter does not eat or drink anything past the presurgery deadline you're given—often it's midnight the night before. (Anesthesia requires an empty stomach.)
5. Plan so that two adults are available for the trip home after surgery: one to drive and the other to attend to the child if necessary.
6. Bring along a favorite toy or stuffed animal. Your child may take it right into Monmouth's operating room.
7. Don't promise food or drink for right after the surgery; your youngster may not be ready for it.
8. If your child is a teenager who's playing it cool, respect his or her sophistication—but be ready for a regression to the frightened child who may lie just beneath the surface.



To find out more about how children are cared for at the Cranmer Ambulatory Surgery Center at Monmouth Medical Center, please call 732-923-7830.

QUALITYWATCH

how a hospital sets itself apart

*Monmouth Medical Center's CEO tells what lies behind his facility's selection for a "Top 100" list*

**M**onmouth Medical Center was recently named by the health care information company Solucient LLC as one of the "Top 100" performance improvement leaders among hospitals in the U.S. The hospitals were measured on nine indices of clinical outcomes, efficiency, financial strength and patient volume. Monmouth Health & Life chose the occasion for a chat with Executive Director Frank J. Vozos, M.D.

**MONMOUTH HEALTH & LIFE:** What does this rating mean to you, and what should it mean to our readers?

**DR. VOZOS:** It's a measure of the rate and consistency of hospital-wide performance improvement. Solucient is one of the premier rating agencies—its study is not one you pay to be included in. Being on this list is a tribute to the staff, physicians and Board of Trustees as well as to management. It means the community is receiving consistently improving health services—better outcomes, more efficient care, greater safety and even lower costs.

**MH&L:** How did Monmouth set itself apart?

**DR. V:** In both clinical and financial areas, we continuously measure our performance and compare it with the top-performing hospitals in the nation, not just to our local competition. We also produce monthly reports on clinical out-



comes, patient satisfaction and other areas. We continue to strive to be a benchmark hospital, the kind others seek to emulate. It is that pursuit of excellence that resulted in our recognition by Solucient.

**MH&L:** Hospitals have taken it on the chin lately in public relations. A recent cover story in *Time* was critical of them, and Maggie Mahar's new book *Money-Driven Medicine* charges that financial pressures push hospitals—even not-for-profit ones—to invest in what will boost revenue more than what will improve care.

**DR. V:** There's no question that every hospital is forced to look at the revenue side very carefully. We must know the financial impact of any projects or services we're involved in. Having said that, though, there are a host of initiatives here that do not make us money, yet are a great service to the community. So we preserve them, and we cover them with other services that make money. I don't want to be a media-basher, but the stories that make the news are often the negative ones. Every hospital has miracles happening every day that don't get reported.

**MH&L:** Community hospitals are known for a caring approach, and teaching hospitals for being on the cutting edge. Can these virtues be combined?

**DR. V:** Yes, and of course Monmouth falls into both categories. There's no question that being a teaching institution raises the bar. It becomes second nature to stay constantly up to date, because you're expected to educate people. Being a teaching hospital also means residents—physicians who've graduated from medical school—are on duty here 24 hours a day, seven days a week. And we have another educational mission: teaching the community to lead a healthier life. **M**



**Executive Director**  
**Frank J. Vozos, M.D.**

## SENIORSAMPLING

Health news to keep the good times going



### Exercise payoff grows with time

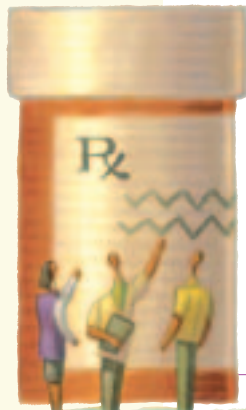
Looking for a motivation to exercise? Try this: Physical activity may pack a bigger therapeutic wallop now than it did when you were younger. That's the implication of a study published recently in the *Journal of the American College of Cardiology*. Logically enough, the research found that "exercise efficiency" declines with age—that is, that older people need more oxygen than young ones to perform the same exercise tasks. But researchers also discovered that a sustained program of regular exercise could close much of that gap. Ninety minutes of exercise three days a week improved exercise efficiency 30 percent among seniors, compared with 2 percent in younger people.

### Be sure you know about side effects

In a recent study of older arthritis patients, one-third had experienced falls, urinary incontinence or loss of cognitive function—all of which can be caused by pain-relief medications—but only 44 percent recalled that their doctors had warned them about these possible side effects.

Says Jessica Israel, M.D., an internist at Monmouth Medical Center and its chief of palliative care and pain management: "It's worth talking with your physician to make sure you're aware of major side effects, and he or she may not always volunteer the information." On the other hand, she adds, some patients give too much study to medications' possible side effects, scouring package inserts and surfing the Internet.

Dr. Israel offers two tips. One is to keep a notebook on your nightstand to jot down symptoms as they occur, so you'll have a record of them. The other: "If you ever leave your doctor's office with three or more changes to your medications—additions or subtractions—ask if you can make these adjustments in a stepwise way so you can tell if each one alters how you feel."



### Save muscle by eating meat

Aging brings the loss of muscle mass, but French researchers in the *Journal of Physiology* say eating meat, soybeans or legumes can help to slow that process.

That's because these protein-rich foods contain an amino acid called leucine, which works to restore the imbalance that develops with age between the body's natural muscle-building and muscle-breakdown processes.



### Don't let the soaps keep you couch-bound

When 289 women in their 70s without dementia were recently polled, those who cited daytime dramas as their favorite TV shows did less well than other women on tests of memory, attention and other cognitive skills. That doesn't prove that soap operas dull the mind, experts explain, but it may reflect a known correlation between an inert lifestyle and a greater likelihood of cognitive decline. So stay active!



FACES OF MEDICINE

## working to ensure healthy births

*Monmouth's maternal-fetal medicine specialists clarify and reduce risks for moms-to-be*

There were a lot of helping hands back in 2004, when Marlboro resident Elizabeth Hayes gave birth to sextuplets at Monmouth Medical Center. But a key role was played by the maternal-fetal medicine specialists of Monmouth Medical Group. This team, led by David M. Wallace, M.D. (left in photo), specializes in managing the most complicated pregnancies. Other members include (from left) William MacMillan, M.D.; David Gonzalez, M.D.; and Nisha Malik, M.D.

"Grateful moms often say, 'The doctor saved my baby!' but we take a less grandiose view," says Dr. Gonzalez. "On a daily basis our job is a technical one."



The doctors treat complications such as preterm labor, premature rupture of membranes and placenta previa—a condition affecting 1 in 200 pregnancies in which the placenta partially covers the cervix, triggering third-trimester bleeding and potentially serious complications for mother and child.

"Happily, with most of the problems we deal with there's usually a good outcome," says Dr. Gonzalez.

The specialists also quantify the risk of Down syndrome and other chromosomal abnormalities. A woman of any age can have a baby

with such an abnormality, but the risk rises as she ages: It is 1 in 200 at age 35 and 1 in 100 by 38. That's why it was once routine for pregnant women ages 35 and older to have amniocentesis. Typically done at 16 to 18 weeks, this test involves the extraction of amniotic fluid from the gestational sac. Cells in the fluid are cultured, and the number of chromosomes in the fetal cells can be determined.

However, amniocentesis carries a 1-in-200 to -300 risk of triggering miscarriage, and some couples don't want to take that chance. That's why the maternal-fetal medicine specialists offer nuchal translucency screening, which has come into wide use only in the last few years. Done between 11 and 14 weeks, it uses ultrasound to measure the thickness of a translucent fold in back of the fetal neck. Combined with a blood test that measures proteins in the mother's blood produced by the fetus and the placenta, it can detect about 92 percent of Down syndrome pregnancies (with a 5 percent screen positive rate), allowing mothers with a negative screen to avoid amniocentesis. **M**

### Experts in high-risk pregnancy

**DAVID M. WALLACE, M.D., 50**

**M.D.:** Hahnemann University, 1980

**Residency in ob/gyn:** Monmouth Medical Center, 1980-1984

**Fellowship in maternal-fetal medicine:**

Pennsylvania Hospital, 1984-1986

**Joined Monmouth Medical Group:** 1986

**(Left in 1998 to become chair of obstetrics and gynecology at Monmouth Medical Center, returned in 2004)**

**WILLIAM MACMILLAN, M.D., 52**

**M.D.:** University of Wisconsin, 1985

**Residency in ob/gyn:** Wisconsin Hospital, 1985-1989

**Fellowship in maternal-fetal medicine:** State University of New York at Stony Brook, 1989-1991

**Joined Monmouth Medical Group:** 2004

**DAVID GONZALEZ, M.D., 43**

**M.D.:** Temple University, 1990

**Residency in ob/gyn (1990-1994) and fellowship in maternal-fetal medicine**

**(1994-1996):** University of Medicine and Dentistry of New Jersey

**Joined Monmouth Medical Group:** 1996

**NISHA MALIK, M.D., 42**

**M.D.:** Medical College of Wisconsin, 1989

**Residency in ob/gyn (1989-1993) and fellowship in maternal-fetal medicine**

**(1993-1995):** University of Medicine and Dentistry of New Jersey

**Joined Monmouth Medical Group:** 1995

# WHAT'S **appening** AT MONMOUTH MEDICAL CENTER

community health education offers a host of programs this season

**CHILDBIRTH PREPARATION/PARENTING**  
Programs are held at Monmouth Medical Center, 300 Second Avenue, Long Branch. To register, please call 732-923-6990.

**One-Day Preparation for Childbirth** August 20, September 17, 9 a.m.–4:30 p.m. \$179/couple (includes breakfast and lunch).

**Two-Day Preparation for Childbirth** (two-session program) September 9 and 16, October 7 and 14, 9 a.m.–1 p.m. \$150/couple (includes continental breakfast).

**Preparation for Childbirth** (five-session program) August 15, 22, 29, September 5 and 12, September 26, October 3, 10, 17 and 24, 7:30–9:30 p.m. \$125/couple.

**Marvelous Multiples** (five-session program) October 4, 11, 18, 25 and November 1, 7–9 p.m. For those expecting twins, triplets or more. \$125/couple.

**Eisenberg Family Center Tours** August 27, September 10, 24, October 8, 1:30 p.m. Free. (No children under 14 years old.)

**Baby Fair** October 19, 7–9 p.m. For parents-to-be and those considering starting a family, featuring Eisenberg Family Center tours, refreshments and free gifts. Free. (No children under 14 years old.)

**Make Room for Baby** August 19, September 16, 10–11 a.m. For siblings ages 3 to 5. \$40/family.

**Becoming a Big Brother/Big Sister** September 30, 10–11:30 a.m. For siblings ages 6 and older. \$40/family.

**Childbirth Update/VBAC** September 6, 7:30–9:30 p.m. Refresher program including information on vaginal birth after Cesarean. \$40/couple.

**Baby Care Basics** (two-session program) August 19 and 26, noon–2 p.m., September 14 and 21, 7:30–9:30 p.m. \$80/couple.

**Breastfeeding Today** September 7, 7–9:30 p.m. \$50/couple.

**Cesarean Birth Education** August 23, October 4, 7:30–9:30 p.m. \$40/couple.

**Grandparents Program** September 11, 7–9 p.m. \$30/person, \$40/couple.

**Parenting Young Children Through S.T.E.P.** (five-session program) October 11, 18, 25, November 1 and 8, 7–9 p.m. Systematic Training for Effective Parenting from infancy to age 6. \$75/person or \$100/couple.

**Understanding Your Baby's Behavior** November 6, 10–11:30 a.m., \$40/couple.

## JUST FOR KIDS

(Also see sibling preparation programs above.)

**Safe Sitter** (one-session program) August 19, September 30, 9 a.m.–4 p.m. For 11- to 13-year-olds on responsible, creative and attentive babysitting. Monmouth Medical Center.

Call 1-888-SBHS-123. \$50/person. (Snack provided; bring bag lunch.)

## GENERAL HEALTH

**Stress-Free Workshop: Natural Energy Boosters** September 12, 7–9 p.m. Monmouth Medical Center. Call 1-888-SBHS-123. **September 20**, Tatum Park, Red Hill Activity Center. Call 732-842-4000, ext. 1. Fee.

**"To Your Health" Showcase** September 13, October 11, 10 a.m.–2 p.m. Monmouth Mall near the Food Court. Routes 35 and 36, Eatontown.

**Blood Pressure Screening** September 13, October 11, 10 a.m.–2 p.m. Monmouth Mall near the Food Court. Routes 35 and 36, Eatontown.

**Stress-Free Workshop: Communication Skills for Stressful Situations** October 4, 7–9 p.m. Tatum Park, Red Hill Activity Center. Call 732-842-4000, ext. 1. **October 10**, Monmouth Medical Center. Call 1-888-SBHS-123. Fee.

**Smoke-Free Clinic** October 16, 23, 30, November 6 and 13, 7–9 p.m. Monmouth Medical Center. Call 1-888-SBHS-123. **October 18, 25, November 1, 8 and 15**, 7–9 p.m. Tatum Park, Red Hill Activity Center. Call 732-842-4000, ext. 1. Fee.

**Annual Chronic Fatigue Syndrome Conference** October 22, noon–5 p.m. Cosponsored by Monmouth Medical Center and the New Jersey Chronic Fatigue Syndrome Association Inc. Sheraton Conference Center. Call 609-219-0662. \$35 in advance; \$45 at door. Lunch included.

**Cholesterol Screening** November 8, 10 a.m.–2 p.m. Monmouth Mall near the Food Court. Routes 35 and 36, Eatontown. \$10/test.

## SENIOR HEALTH

**Lung Cancer 2006: Have We Made Any Progress?** October 4, 1–3 p.m. Presented by Lourens J. Willekes II, M.D., thoracic and general surgery. SCAN.\*

**Blood Pressure Screening** September 11, October 9, 10:30–11:30 a.m. Long Branch Senior Center (ages 60 and older—membership required), 85 Second Avenue.

**Breast Disease: Latest Diagnostic and Treatment Options Available at the Jacqueline M. Wilentz Comprehensive Breast Center** October 18, 1–3 p.m. Presented by Melinda J. Staiger, M.D., radiology. SCAN.\*

**Disaster Preparedness** October 25, 1–3 p.m. Presented by Robert J. Bertollo, associate director, Saint Barnabas Health Care System Center for Health Care Preparedness. SCAN.\*

\*SCAN Learning Center (Senior Citizens Activities Network, for those 50 and older) is located at Monmouth Mall, Eatontown. To register for programs, call 732-542-1326. SCAN membership is not required. M