



Mishpacha **family** FIRST

FALAFEL, ANYONE?

The ultimate
falafel-making guide

REMOVING FUEL FROM THE FIRE

A guide to anger-free
discipline

ALONE SHE SITS

Jerusalem's Old City:
past and present

SNUBBING SISTERS-IN-LAW

Advice Line

My two sisters-in-law
always leave me out of
their plans

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SUPPLEMENT TO MISHPACHA JEWISH FAMILY WEEKLY

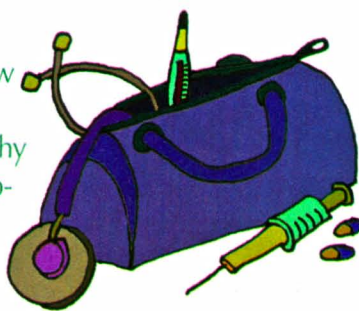
inthenews

We've been hearing for some time that chocolate is an antidote to depression. But now some solid research has been done — and the results are unexpected. Researchers asked more than 900 adults from San Diego, CA, about their chocolate-eating habits, and then used a standard scale to measure the subjects' symptoms of depression. The data — published in the *Archives of Internal Medicine* — found that those who rated highest on the depression scale also consumed more chocolate. In other words, eating more chocolate seems to be linked to being more depressed. But which comes first? Does chocolate make people depressed, or is it more likely that depressed people have a greater craving for chocolate because it improves their moods? More research is needed. In the meantime, I feel a chocolate craving coming on ... does this mean I'm depressed? No — I just love chocolate!

goodnews

Thanks to better screening and treatment, plus a downturn in smoking, the overall cancer death rates for women decreased about 12 percent between 1991 and 2006 with the greatest improvements seen in these four cancers: breast (down 28%), colorectal (down 28%), stomach (down 34%), and cervical (down 31%).

Q I've been married for a few years and just had my second miscarriage. Why does a miscarriage happen? Should I be doing some testing? This is already my second miscarriage in a total of three pregnancies. I've heard that this happens in 1 of 5 pregnancies, but my personal rate of miscarriage seems far higher.



Responding is Kevin Jovanovic, MD, FACOG, AACS, who is an associate professor of OB/GYN at Lenox Hill Hospital. He trained in OB/GYN at Yale University School of Medicine, and Albert Einstein College of Medicine. He is a fellow of the American College of OB/GYN, the College of Surgeons, and the American Academy of Cosmetic Surgery. In his practice on Fifth Avenue in New York, he provides a full array of women's medical and cosmetic services.

A Miscarriage is the most common and most difficult part of my job. It is estimated that 50 percent of pregnancies are miscarried before the patient even knows she is pregnant (around 4 weeks). Up to one-third of all pregnancies are miscarried by 7 weeks. After detecting the heartbeat, the chance of miscarriage drops below 5 percent. Experiencing a miscarriage is painful for the patient, and it's not easy for the physician to explain medically.

Miscarriage is the loss of pregnancy before 20 weeks. There are different terms used for the various types of miscarriage. It is important to determine at what stage the miscarriage has occurred. The majority of miscarriages are due to chromosomal abnormalities that make it impossible for the fetus to develop. Other causes include uterine anomalies, medical conditions (such as diabetes), infections, hormone problems, immune system problems, a maternal age above thirty-five, and previous miscarriage.

Most women are familiar with the symptoms of miscarriage. What they may not realize is that it's essential to see their doctor so that they can be evaluated. He can make sure the pregnancy is progressing, or, if it failed, see if one needs medical or surgical completion. Various complications can result from incomplete passage of tissue, so a visit to the doctor as soon as one has worrying symptoms is important.

The American Society of Reproductive Medicine defines recurrent miscarriage as "two or more failed pregnancies. When the cause is unknown, each pregnancy loss merits careful review to determine whether specific evaluation may be appropriate. After three or more losses, a thorough evaluation is warranted." (Practice committee of ASRM, January 2008)

My personal practice is to evaluate each loss in detail. If a patient has a loss where the heartbeat was seen and fetal growth was simply arrested at 10–14 weeks, I feel that a thorough evaluation is warranted. If the miscarriage is a very early loss (before 6 weeks), then I will reassure my patients that these losses are usually chromosomal and will evaluate more thoroughly after three losses. Every physician's interpretation of the recommendations is slightly different. I feel compassion, understanding, and reassurance are often the best practice.

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