From our President and CEO, Dr. Jeff Heck

Did you know that MAHEC makes a significant contribution to women’s health in Western North Carolina? For example:

1. MAHEC Obstetricians deliver more than 2,400 babies per year at Mission Hospital, providing high-quality prenatal care, delivery, and postpartum care for women with simple to the most complex pregnancies.

2. MAHEC also has the only high-risk obstetricians (Maternal Fetal Medicine specialists) in the region and is the referral practice for high-risk pregnancies in the western 18 counties.

3. MAHEC has a comprehensive Osteoporosis Clinic at the Family Health Center staffed by Dr. Lisa Lavalie and clinical pharmacists.

4. MAHEC is the leader in the region in Centering Pregnancy®, a group visit prenatal care model which has been shown to improve pregnancy education and care and reduce preterm birth.

5. MAHEC’s Dr. Dan Frayne in Family Medicine is a national leader in pregnancy education and care and reduce preterm birth.

Finally, we practice what we preach! MAHEC has many women leaders, pregnancy care, we wanted high-risk pregnancies to be an integral part of our services here.”

“Women used to have to travel to Duke, UNC, or Wake Forest if they needed high-risk care, but it became evident pretty quickly that traveling during pregnancy is often difficult,” says Dr. Jennifer Warren, MAHEC MFM specialist and Ob/Gyn residency program director. “If MAHEC was going to provide pregnancy care, we wanted high-risk pregnancies to be an integral part of our services here.”

Providing high-risk care for women across the region is no small job. It can include women with medical problems, such as diabetes, hypertension, thyroid disease, etc.; babies with differences, such as growth, structural, or heart problems; or women with substance use, which has been on the rise. MAHEC remotely looks at all the ultrasounds across the region to provide help with whether the women need referrals or if they’re stable enough to stay with their provider.

Continued on next page...

“MAHEC is working hard with community partners toward improving our community’s health.”

Beth Bays, MD, FACOG
MAHEC Ob/Gyn Division Director

Patient Care Provided at:
MAHEC Dental Health Center and Center for Advanced Training
MAHEC Family Health Center at Biltmore
MAHEC Family Health Center at Cane Creek
MAHEC Family Health Center at Ersk/Canaller
MAHEC Family Health Center at Lake Lure
MAHEC Family Health Center at Newbridge
MAHEC Family Health Center at Swannanoa
MAHEC Ob/Gyn Specialists
Hendersonville Family Health Center
Doverfield Retirement Community
Givens Estates

MAHEC’s mission is to train the next generation of healthcare professionals for Western North Carolina through quality healthcare, innovative education, and best practice models that can be replicated nationally.

We value:
Excellence, Innovation, Compassion, Collaboration.

To remove your name from the mail list or update your address, call 828-771-4403, email debbie.manley@mahec.net, or mail the enclosed envelope with your request.

Jeffrey E. Heck, MD
President and CEO, MAHEC
Professor, UNC Chapel Hill

Women’s Health Services

1. Financial Counselors
2. Nutritionists
3. Pregnancy Care Managers
4. Behavioral Health Specialists
5. Certified Nurse Midwives
6. Pelvic Pain Specialists
7. In-Office Procedures
8. Maternal-Fetal Medicine Specialists
9. Genetic Testing (through Fullerton Genetics)
10. Translators

WIC
Lactation Support
Intimate Partner Violence Screening
Diabetes Care Management
Centering Pregnancy®
Centering Parenting
Vulvar Specialist
Pediatric Adolescent Gynecology Specialist Osteoporosis Clinic Dental Care

Women make the majority of healthcare decisions for the whole family,” says Dr. Beth Bays, Ob/Gyn Division Director. “Just empowering a woman to think about her own health ultimately blossoms out into her family. If she’s compassionate and thoughtful about her own health, then she’s going to be healthier for her family. And when families are healthy, then communities are healthy.”

MAHEC combines experts at every level, community partnerships, and additional services onsite. Barriers that women may face in having their needs met are removed, and a full blanket of services are provided all in one place.

“Most innovative models of healthcare show that patients who receive services all at one time receive more access instead of having to make multiple appointments or go to multiple sites,” says Dr. Bays.

Knowing that women are key to a healthy community, MAHEC wraps around Western North Carolina in a fabric of support. Whether it’s a community partnerships, providing a safety net for our most vulnerable patients, or being a ‘one-stop shop’ for healthcare needs, MAHEC continues to grow and support our community and the women in it in every way we can.

Miracle Babies
A Surprise Pregnancy Became Double the Risk but Double the Joy

This last year has been quite a shock for Bonnie and her husband, Jeremy. In fact, they had several increasingly larger shocks in a row. First, they discovered they were pregnant with their second child. Three weeks later, they learned it would be twins. Fast forward another three weeks and they discover the babies are not just twins, they’re mono-mono (Monoamniotic) twins - the highest risk type of twin pregnancy with a 50-50 chance of live birth for both twins.

“We just had a lot to process because we wanted to get excited about the pregnancy, but there was also a lot of fear,” says Bonnie. “It was a pretty scary situation.”

That situation connected them to MAHEC. With a specialization in Maternal Fetal Medicine (MFM), MAHEC Ob/Gyn Specialists has the only subspecialty board certified doctors who do high-risk care in the WNC region. It was started because of the need for women’s healthcare in the area.

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Women’s Health Services
Finding Encouragement In What Can Feel Like A Futile Struggle

The ‘Women’s Recovery Conference: Keys to Sustaining Recovery’ Continues on at MAHEC

Geri Miller, PhD, LP, LPC, LCAS, recently walked into her office to find a note from a woman who attended her training the previous year. It thanked Geri for the encouragement and connection the woman felt during what had been a horrible time in her life. It was just more proof to Geri of how important the Women’s Recovery Conference (WRC) is to both attendees and presenters.

“It’s about women pulling together, connecting, sharing, and knowing they’re not alone.”

The conference originally began 31 years ago, after the state began hiring coordinators to treat women with addiction rather than prosecuting them. There was a new focus on training people to work with women. Geri says one of the reasons the conference is so important is because it’s one of the most current, quality information presented, but there’s also a dialogue between the trainers and attendees on how best to adapt that information to the rural Appalachian population here.

Although the conference has morphed and been reshaped over the years, the inspiration and commitment to helping women with addiction remains the same. Geri says one of the reasons the conference is so important is because it’s one of the most current, quality information presented, but there’s also a dialogue between the trainers and attendees on how best to adapt that information to the rural Appalachian population here.

“By the time it got home, we can finally be a family of five.”

Project CARA Bridges the Gap Between Medical and Behavioral Health for Pregnant Women With Substance Use

A small corner in the MAHEC OB/Gyn Specialists building can seem like a scene from a movie on Tuesday morning. Project CARA (Care that Advocates Respect/Resilience/Recovery for All) team members huddle together at ‘command central’, waiting to be tagged in and out of patient appointments as needed. This integrated team, consisting of medical providers, nurses, and behavioral and clinical addiction specialists, are ready at a moment’s notice to step in and address the current need of pregnant patients with substance use disorders. While a patient may be at her appointment with Dr. Nathan Mullins, OB/Gyn generalist physician, for an opioid replacement therapy prescription refill, her history of depression emerges. Right then and there, Marie Gannon, a mental health professional, is called in to consult with her.

“I think the biggest part of our team’s success comes from it really being a team effort,” says Melinda Ramage, a family nurse practitioner at MAHEC OB/Gyn Specialists and Project CARA team member. “If we can get them what they need in real time, that’s the best model, and that’s what we’re trying to support.”

With the rise of the opioid epidemic in the region, MAHEC has treated over 200 pregnant women with substance use in 2016. Project CARA bridges the worlds of medical and behavioral health together to provide the best care and support available and remove some of the obstacles the patient would otherwise have to navigate on their own.

“We’re learning that anytime you can look at this chronic relapsing medical condition and put it in a medical model along with behavioral health, we increase access to care and decrease barriers,” says Melinda. “Instead of only going to your OB visit or your behavioral health visit, here you can go to both.”

The original clinic, Mountain Area Perinatal Substance Abuse Program (MAPSAP) began 20 years ago as the first model in the region to bring behavioral health into the obstetrical home. However, it was later moved back out due to changes in behavioral healthcare reform. Now with the opioid epidemic, it has been brought back in and the Project CARA Team is doing everything they can to treat the women and their support groups coming from all 17 counties of WNC. Many patients work multiple jobs, already have children at home, may be driving every morning to the methadone clinic, and could be coming from over an hour away. Add needing support for behavioral health to the list, and it can be difficult for patients to add a separate appointment to their busy schedule. Melinda says the clinic wanted to do more to make sure women received all the help they really needed in a comfortable and welcoming environment.

“I feel like we are in a society where women are often blamed for the ‘choices of failure’ that brought them to this point,” she says. “So often if you just talk to someone and open up that first layer of their shell, you realize it’s never that simple. I think that we, as a clinic, have the understanding that we may never know what’s under the shell, but we have to treat and give women the opportunity and the benefit of a doubt that they deserve some help. They’ll take care of the rest.”
Conquering Fears and Creating Families in Centering Pregnancy™

"Breastfeeding is so hard, but it's just expected to be the norm," says Alexis Wilson, BS, MSN, FNP, Nurse Practitioner in MAHEC OB/Gyn Specialties. "So many times when women are postpartum, they leave the hospital, and all of the sudden they don't have any support. I feel like the biggest thing we have to do for these women is support them." That's exactly what the Breastfeeding Clinic at MAHEC does. Although there are lactation consulting services around, the MAHEC clinic is one of only a handful of specialty clinics in the country that can treat more chronic conditions medically.

Because of the need for medical support in the region, it's also open to outside referrals.

"We built a sisterhood, and they taught us so much stuff that you don't normally get when you go to a regular doctor's appointment," says Promise. "It was a learning experience and a doctor's appointment in one. They just got us more prepared for everything we were going to get into."

It had been a while for Promise since her last child was a baby so she was grateful for not only a recap of anything she may have forgotten about, but also new tips and ideas she could use. Between how to swaddle a newborn, breastfeeding tips, and even parenting advice, Promise and her group left with new information each week. They also learned how to do things entirely on their own, such as taking their own blood pressure and listening to the baby's heartbeat.

"The goal is to empower women and their support people so they feel confident in taking care of themselves both in pregnancy and beyond," says Amanda Murphy, Certified Nurse-Midwife and Centering Pregnancy Director at MAHEC. "This extends to how they feel making decisions for their family even after their time with the group is over."

Promise was quickly able to conquer her fear of the new group, but it was much harder to get past her anxiety about having another cesarean. Since she had both previous children that way, it necessitated having her third the same but. She dreaded the thought of another surgery. The staff set her up for a private appointment with a provider and a lactation consultant at MAHEC, where they discussed what to expect and hear her fears and wants. From there, she was given a list of providers and locations for surgery, room, and they talked with her about how the procedure would work so she could feel comfortable with it all when the day came.

"It was amazing," says Promise. "There was even music playing in the operating room, I was relaxed because I saw that there was so much support."

Promise delivered her baby boy on May 30th. Although she's happy to have another healthy child at home, it wasn't so easy to let go of the new responsibilities. Her jitters with a group model of care rather than just going to regular doctor's appointments can still be felt. "The last day was kind of sad," she says. "I just felt like I was big baby being taken care of something I had been going to my whole life. Everyone was so helpful, sweet, and they are really caring people. They didn't want you to get used to the appointment and leave. They want you to learn, to be able to do things for yourself, and take something from the experience. I miss it! I wish I could just go to group to help educate others!"

"We want them to feel successful as moms. We can work with them to meet their needs and breastfeed in whatever way is most comfortable for them so they have a good bond with their baby and are not struggling all the time," says Dr. Lisa LaVallee, Family Medicine Residency Program Director at MAHEC.

"I'm passionate about keeping women independent and helping them feel empowered," says Dr. Lisa LaVallee, Family Medicine Residency Program Director at MAHEC.

More women get osteoporosis earlier in their lives and the percentage of women is higher than percentage of men with the disease. Dr. LaVallee says that for patients with osteoporosis, there's a 20% increase in mortality after a hip fracture, and 50% will never live independently again. By the time women are in their 80's, it's almost the norm to have it.

"That's why the Osteoporosis Clinic is so important. It's part of the care of aging women, even a referral center for osteoporosis in Asheville. Part of the reason it's so successful are the pharmacist embedded in primary care. Pharmacists review patient medications, answer a series of questions during routine center visits or during their children's wellchild visits.

"The mouth can be seen as a 'gateway' to the rest of the body and an indicator of overall health," says Dr. Lisa LaVallee, Family Medicine Residency Program Director at MAHEC.

Here's why any woman who visits MAHEC OB/Gyn Specialists who does not already have a dentist is referred to the MAHEC dental office, located conveniently across the street.

"Some people are surprised to hear this, but pregnancy is not a reason to put off seeing the dentist!" says Dr. Planer. "Tooth decay and gum disease are caused by bacteria, and this bacteria can travel through a pregnant mother's bloodstream and possibly affect her unborn child. A mother can also pass bacteria from her mouth to her child's mouth. Sharing utensils and kissing are common ways this can happen. Hopefully you can see that a healthy mouth is not only good for mom, but good for her child too!"

"We want to provide our patients with as much independence and quality of life as we can," looking for any high risk or harmful drug interactions. It is good to get patients off any medications they do not need or find ineffective. "Clinical pharmacists are a real asset for us in the care of geriatric patients," says Dr. LaVallee. "There's so much potential harm we can do by giving too much medication. We want to provide our patients with as much independence and quality of life as we can."
Recharge, Refresh, & Restart  
because women can’t run on coffee alone

Wednesday, May 17, 2017  
5:30PM-7:00PM | MAHEC  
121 Hendersonville Rd, Asheville NC

Leave your worries and kids at home, grab a girlfriend,  
and enjoy a free evening of inspiration, self-care, and fun! 
For women only!

Please join us for dinner and guest speakers:  
Re-Energizing Your Life  
Paula Guilfoyle, Founder & President of Claim Leadership

Heart Attack in Women - Signs You Shouldn’t Chalk Up to Stress  
Ronnie Metcalf, EdD, RN, ONC

RSVP: www.mahec.net/Recharge