



overview

Women's Health Overview

Taking Action for Healthy Aging

Now that I'm 60, the idea of aging is an exciting next step (yes, exciting). The chance to become the person I have contemplated over my career as a gerontologist is here. For some, considering the future as an older person can be a daunting task, even when senescence (process of declining with age) is closer in proximity than adolescence. Yet, in a culture that has a tough time viewing the beauty of aging, finding the courage to ponder the future is a critical next step to age well.

For those who say, "I would never want to live in a nursing home," "be dependent on my children or..." you get the point, the need to think, plan and act on the aging experience becomes a necessary next step. Visioning about what you will become as you enter the second half of life is filled with a multitude of opportunities. Seizing those opportunities is key.

Several decades ago, my colleagues and I implemented the "future self" exercise for our students. The purpose of the

exercise is to engage adults from college, well into life, to really think about their future as aging adults, a process referred to as anticipatory socialization. We have all engaged in this practice throughout our lives whether we have wondered what it would be like to go to school, marry, have a job, etc. What we haven't always done is think about what we would like to become as we age. The future self is one way to get there.

The exercise is focused on five areas of aging - physical, psychological/spiritual, social, environmental and financial. Each area has its own tasks to consider. Jotting down ideas on a piece of paper or better yet, drawing out our ideas can be helpful.

- **Physical** – am I prepared to age as intended? Am I willing to do things to take care of my health including exercise, diet and sleep? For those not sure where to start with exercise, consider checking out the Engage Wellness program located on the University of Nebraska Medical Center/

see **Aging** pg 4

What is the Five Wishes Document?

COVID-19 has given us all pause about the care we want at end-of-life. Yet only one-third of adults 18 and older have communicated their wishes to others. Thinking about what we want is key as is telling others of our wishes.

Aging with Dignity has produced a document called the Five Wishes.

The document guides us through several important decisions including:

Wish 1 – Who do we want to make decisions for us?

Wish 2 – What sort of treatment do we want to receive?

Wish 3 – What would keep us comfortable at end-of-life?

Wish 4 – How do we want to be treated by others?

Wish 5 – What do we want others to know during our life and after we have died?

This document is recognized in most states and is a great conversation starter.

For more information go to fivewishes.org



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Address all comments to:
Lana Molczyk
Olson Center for Women's Health
University of Nebraska Medical Center
989450 Nebraska Medical Center
Omaha, NE 68198-9450
402.559.6345 | 800.775.2855
ljmolczyk@unmc.edu

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From the chairman

As I was leaving my office recently, a young man approached me and asked whether I was Dr. Smith. I responded yes and he went on to tell me who his parents were; that he was a fourth-year medical student; and that I had delivered him 27 years ago. My initial thought was: "Am I really that old?" Then I immediately thought about what hurt on my body that did not use to, and I answered my own question.

I then recalled a time recently as I was getting out of my chair and I heard very familiar sounds that I associated with my father. Rapidly looking around for his presence, I came to the sudden realization that I had made these sounds. I was again reminded of my chronologic age. Fortunately, the higher centers of my brain began to function and I felt grateful to have chosen a profession that allowed me the privilege of being both involved in the birth of that young man and then seeing him 27 years later entering my same profession. I suddenly felt less old and less sorry for myself.

At this point, it would be fair to ask: what on earth does all of this have to do with a newsletter from the Olson Center for Women's Health? The answer as you will find out is aging. One of our contributors is going to discuss healthy aging. We hope you find this helpful. For those readers who are of the Baby Boomer generation, like me, one thing is clear. We are not going to age quietly and without a fight. I hope this edition helps you age gracefully, with dignity and a sense of gratitude.

Carl V. Smith, MD, FACOG
Chairman
Department of Obstetrics and Gynecology
College of Medicine
University of Nebraska Medical Center



research news

Nebraska Center for Women's Health Research

The Department of Obstetrics and Gynecology is developing the Nebraska Center for Women's Health Research (NCWHR). There is a great need for the center as most clinical and pre-clinical studies tend to focus on men. Women in the U.S. experience a myriad of health disparities compared with men in the U.S. On average, women have higher rates of obesity and more simultaneous chronic conditions than men. Conditions such as Type 2 diabetes, heart disease, Alzheimer's disease, cancer and sport injuries affect women and men differently. Women also experience more pain and greater physical disability. The reproductive lifespan is considerably shorter for women than men, resulting in menopause-related changes in metabolism, bone health, and cardiovascular and neural function.

Furthermore, certain conditions exclusively or disproportionately affect women. The women's placenta is arguably one of the most important

organs in the body. It influences not only the health of a woman and her fetus during pregnancy, but also the lifelong health of both mother and child. Despite its importance, we know little about this critical but temporary organ. An estimated 10% of reproductive-age women experience severe pain from endometriosis. Women also experience pain and infertility as a result of uterine fibroids. Over 60% of women have uterine fibroids by age 50, however, black women tend to experience onset at a younger age, more severe symptoms and higher rates of surgery and hospitalization.

The goal of the NCWHR is to bring together multidisciplinary scientists from across departments, colleges and campuses within the University of Nebraska to facilitate collaborative basic, translational and clinical research relevant to pressing women's health conditions. The NCWHR will provide leadership, education, mentoring and infrastructure necessary that will build upon established

research excellence. Its programs will impact Nebraska and UNMC through early career development and high-impact discoveries affecting women's health. To facilitate this goal the center will provide seed grant opportunities and educational opportunities.

Research and education programs in preconception health care and nutrition are needed to identify risk factors and improve outcomes for mothers and babies, improve transgenerational health of families and reduce the rate of maternal mortality. Other research areas include, but are not limited to, preterm birth, infertility, uterine fibroids, gynecologic cancers, menopause, osteoporosis, environmental insults on fertility and early development, vascular disease, mental health and health disparities.

Contributed by John S. Davis, PhD
UNMC Department of OB-GYN

Nebraska Medicine campus. You can also do a simple google search for online exercise/walking programs (for example, walkathome.com). Either is a way to help our bodies age well. Exercise is key to healthy aging.

- **Psychological/spiritual** – how can I develop a sense of meaning and purpose in my life? Can I challenge my mind that is helpful now and in the future? How can I give back to others? Attending classes at University of Nebraska at Omaha (UNO) through the Passport Program or organizations like the UNO/UNMC Alumni Associations is one way. Online courses through organizations like the Osher Lifelong Learning Institute (OLLI.unl.edu) are another. Metro Community College offers classes at locations such as DO Space along with their other campuses. A place of worship is one place to contact for classes and ways to help others. Another possibility is contacting the office on aging (e.g., ENOA.org) about volunteer opportunities. Regardless, there are programs out there to feed your soul – whether you live in an urban or rural setting, people are waiting to hear from you.
- **Social** – who will be in my life and be a source of shared support over the years? A few years back I asked a group of friends if they would be one of my 31? In asking them to make this commitment I was requesting they take one day out of the month and check in on me in my advanced years. Knowing there is someone who cares can make all the difference. Checking on aging relatives, friends and neighbors is a way to add meaning to life. It also suggests if I don't answer the phone, email, etc. — a wellness check would be a good next step.
- **Environment** – will I remain in my home, or will I consider living elsewhere to support my aging experience? If staying in my home is preferred, can I manage health changes (e.g., necessities such as a bedroom, bathroom and laundry on one level) safely? If you prefer something else, what about taking a tour of independent living communities across the area?

Moving into a community that will support you over the long run can be helpful for the future. Your move should be for the next several years, not just for the next few months.

- **Financial** – this is one area people do consider. Questions such as, will I have enough money to cover my living expenses, pay for care in the home or elsewhere should my health change, etc., are important. Accepting you will live a really long time is essential.

And while not on the list, end-of-life planning is also central to healthy aging (see the section on the Five Wishes for starters). Consider the following questions and your response to each. What would I want to be done or not want to be done if my health should change dramatically? What instructions have I provided for my family, so they know of my wishes? Do I want a funeral? A memorial service? Having honest and open conversations with loved ones can make a difference when the need arises.

Each of the five areas (plus one) can impact the aging experience on a short-term and long-term basis. They also benefit from careful thought and consideration. Aging can be a good experience if we take the time, thought and effort to make it happen. Doing so ensures our last breath will be as important as the first.

Contributed by Julie L. Masters, PhD
Professor and Terry Haney Chair of Gerontology
Department of Gerontology
University of Nebraska at Omaha

New OB-GYN Providers at the Olson Center for Women's Health



Mary Kinyoun, MD

Dr. Mary Kinyoun was born and raised in Omaha, Nebraska. She found her interest for medicine early in life by looking forward to her pediatrician visits as a child, and learning about the different methods her doctor used to evaluate her health. Dr. Kinyoun's interest in science, combined with her passion to help others, guided her toward her decision to go into health care. Dr. Kinyoun completed her undergraduate degree in exercise science and biology at Creighton University, followed by her medical degree at the UNMC. During medical school, she had the opportunity to complete a rotation through the Department of Obstetrics and Gynecology (OB-GYN), which prompted her decision to become an obstetrician/gynecologist. Dr. Kinyoun completed her residency in OB-GYN at the University of Colorado. "This field provides me the ability to help women throughout their lifespan with well woman health care, through the experience of birthing their babies, and even caring for them later in life when specific surgical procedures may be needed." UNMC also affords Dr. Kinyoun the ability to teach the next generation of medical students and residents, which she finds rewarding.

Dr. Melissa Mathes is also an Omaha native. She completed her undergraduate degree at the University of Minnesota in genetics, cell biology and development. She completed her medical degree and her residency in OB-GYN at UNMC. Dr. Mathes has never wanted to be anything but a doctor since she was a young child. As she learned more about the medical field, and was exposed to different specialties during medical school, it became apparent that helping women as an obstetrician/gynecologist would be her ideal. "This specialty allows me to help women from the young age of puberty, continuously through menopause." Dr. Mathes finds the nuances of caring for women dealing with infertility, and later their pregnancies, especially fulfilling.



Melissa Mathes, MD

Newly Renovated Prenatal Diagnosis Center Offers More Availability for Patients

The Olson Center for Women's Health has recently renovated our maternal ultrasound unit, adding a fifth ultrasound room and consolidating staff workrooms to increase efficiency and teamwork. The Prenatal Diagnostic Center, which also performs fetal surveillance testing and first-trimester screening, has been continuously accredited by the American Institute of Ultrasound in Medicine since 1992.

Our team consists of maternal-fetal medicine physicians, ultrasound techs, a medical assistant, a case management nurse and genetics counselors, all of whom provide the highest quality in consultation, diagnosis and monitoring of pregnant moms.



The Importance of Iron in Pregnancy

Pregnancy can be a wonderful time in a woman's life. It is also a time when it is important to make sure you are getting all the important vitamins and minerals you need to keep yourself healthy and to also support your developing baby. One very important mineral is iron. The body uses iron to make hemoglobin, which is a protein in the red blood cells that carries oxygen to tissues. During pregnancy, a woman needs twice the amount of iron that a nonpregnant woman needs. Iron helps red blood cells deliver oxygen to the baby. If there aren't enough iron stores or enough iron consumed during pregnancy, you could develop iron deficiency anemia. Without iron supplementation, iron deficiency anemia occurs in many pregnant women.

Pregnant women are routinely screened for anemia at their first prenatal visit and again between 24 and 28 weeks. For nonpregnant women, the normal range for hemoglobin is 12.0 to 15.5g/dl. During pregnancy women with hemoglobin levels less than 11.0 g/dl in the first and third trimesters, and less than 10.5 g/dl in the second trimester, are considered anemic. (WHO)

Pregnant women need 27 mg of iron per day compared to nonpregnant women who only need 18 mg of iron per day. This amount is found in most prenatal vitamins. Please keep in mind that most gummy vitamins do not contain iron. If taking a gummy prenatal you will also need to take an iron supplement. Placing your prenatal vitamin in a designated place, such as near your toothbrush or setting an alarm on your phone, may help to remind you to take this important supplement every day.

In addition to taking a prenatal vitamin with iron, you should eat a balanced diet that includes iron-rich foods. There are two types of iron in foods: heme and



nonheme. Meat, poultry and fish contain heme iron, which is much more easily absorbed by the body than nonheme. Nonheme iron is found in foods such as dried fruit, vegetables, beans and enriched breads and cereals. Vitamin C can help your body absorb iron. Include a good source of vitamin C with your meal when consuming nonheme or plant sources of iron.

Good sources of vitamin C include most fruits and vegetables. Some of the best sources are oranges, grapefruit, kiwi, broccoli, peppers, strawberries and watermelon. All fruit juices contain vitamin C. When drinking juice, limit it to one 8 ounce glass per day due to the high sugar content.

Some foods decrease the body's absorption of iron. When eating iron-rich foods, avoid eating high-calcium foods at the same time. Calcium is an

important nutrient during pregnancy, but calcium and iron compete in the body for absorption. For best results make sure you consume your high calcium foods at a different time from your high iron foods and prenatal vitamin. Some medications such as antacids and drinking excessive coffee or tea can also reduce the absorption of iron.

Symptoms of anemia include feeling lightheaded or dizzy, weak or tired, trouble concentrating, constant feeling of being cold, shortness of breath, rapid heartbeat, trouble sleeping and headaches.

Risks associated with anemia during pregnancy include risk of premature birth, having a low-birth-weight baby, infection, poor healing, and prenatal and postpartum depression. Maternal anemia can even place the mother at an increased risk of death during and after

childbirth. Severe anemia can lead to circulatory decompensation, increased cardiac output, an increased risk of hemorrhage and decreased ability to tolerate blood loss, leading to circulatory shock and death. (LancetGlob.Health). Infants born of iron-deficient mothers are at higher risk for having iron deficiency at birth.

If anemia is diagnosed, your doctor or midwife will prescribe extra iron for you to take daily. In severe cases, iron can be given intravenously. It takes

several weeks, to sometimes months, to increase iron stores in your body so taking iron routinely as prescribed is important. It is recommended that women continue their prenatal vitamin and/or supplemental iron for six to eight weeks after delivery, to increase iron stores due to blood loss after delivery.

Contributed by Jaime Stevens, RD, LMNT
Olson Center for Women's Health

New High-Risk Breast and Ovarian Cancer Genetics Clinic Available at the Olson Center

In conjunction with Jennifer Griffin Miller, MD, the Olson Center is now offering a High-Risk Breast and Ovarian Cancer Genetics Clinic. Genetic counselor Brittany Bowman, MGCS, LCGC, meets with individuals that have a family history of breast and ovarian cancers. During the appointment, personal health history, family history and other cancer risk factors are documented and discussed. Risk assessments are based on these histories, including recommendations for genetic testing for hereditary cancer syndromes, such as hereditary breast and ovarian syndrome (HBOC) caused by mutations in the BRCA1/2 genes. There are more than 50 hereditary cancer syndromes, which are disorders that may predispose individuals to develop certain cancers. Inherited genetic mutations cause about 5 – 10% of all cancers.

If you do not have a personal history of cancer, but someone in your family has breast or ovarian cancer, talk to your doctor about seeing an oncology genetic counselor at the Olson Center.

To schedule an appointment, please call the Olson Center at 402.559.4500.

Mission Statement

The Mission of the Olson Center for Women's Health is to provide a national comprehensive health science center at the University of Nebraska Medical Center. Based in the Department of Obstetrics and Gynecology, the center enables UNMC to make distinctive strides in education, research, and service through innovative approaches to women's health issues.

Want More Information?

Visit our website: OlsonCenter.com

Learn more about our health care providers, services, and programs available at the Olson Center for Women's Health. Our website also offers women's health information.

Here are a few topics:

- Breastfeeding
- Breast Health and Disease
- Cardiovascular Health
- Gastrointestinal Health
- Gynecologic Health
- Incontinence
- Reproductive Endocrinology/Infertility
- Pregnancy
- Wellness

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OLSON CENTER FOR WOMEN'S HEALTH

University of Nebraska Medical Center
989450 Nebraska Medical Center
Omaha, NE 68198-9450

ADDRESS SERVICE REQUESTED

olsoncenter.com

COVID-19 Forces Olson Center Conferences to Remain Virtual Events

Every year, the Olson Center offers the Omaha Women's Health & Wellness Conference, and every other year, the Breastfeeding: Baby's Natural Choice Conference. Both events have been long-standing educational programs for over 25 years! Both conferences were held in 2021, however due to COVID, it was decided to offer these events virtually. While many attendees missed the face-to-face educational comradery of attending at a conference center, many others appreciated the ability to attend from a distance.

If you missed the conferences, or want to re-watch one of the sessions, please go to the Olson Women's Health Resource Center website: www.unmc.edu/obgyn/community. You will see the conferences listed. Anyone can view the videos for free. If you are a nurse, you can even get nursing credit for the 2021 Omaha Women's Health & Wellness Conference for a small fee. Instructions are provided on the website.

If you have any questions or need assistance with the videos, please call us at 402.559.6345.

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