

LifeSpring Hospital

Aapnon si dekhbhaal

Putting Care Back In
Healthcare

Issue - 2

April - June 2007



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Aapnon si dekhbhaal :

For us, Customers comes first



From Desk of Mr. Anant

Dear Colleagues,

I am happy to present to you the second edition of LifeSpring newsletter. We have started a number of projects after the release of the first issue of the newsletter (January - March 2007). All these projects are aimed towards reaching our mission of setting 200 hospitals by 2010. Some of the key projects which have been started are:-

Implementation of Quality Management System in our hospitals aimed towards receiving ISO certification for all our hospitals. This has been possible due to effort of Dr. Rama Devi with support from HLL quality team.

Initiating the work of "LifeSpring Integrated Information System", the same is being spearheaded by Mr. George Cheriyan and Mr. Sujeet Kumar. You would be happy to note that the project is being dubbed as one of the most innovative IT project in the health sector.

Chalking out plan for setting up 10 hospitals in Andhra Pradesh and Maharashtra by December 2007. Mr. Giridhar has developed a complete plan for the same and has started working towards meeting the deadline.

Development of strategic tie up with leading pharmacy chain "Medicine Shoppe". We have already developed partnership for Agra and Hyderabad hospitals and Mr. Giridhar has plans of taking this partnership to upcoming hospitals as well.

IT training for hospital team. We have developed tie up with NIIT for the same and have currently completed the training for Hyderabad hospital and are in process of starting the training for Kanpur and Agra. Mr. George Cheriyan would be in touch with you to work out the future plan.

Creating presence on the internet by having our website: www.lifespring.in. The website development has been the effort of Mr. Mr. Krishnendu Ghosh, Mr. George Cheriyan and Mr. Sujeet Kumar.

I would also like to take this opportunity to inform you that we are steadily progressing towards achieving break even for our first LifeSpring Hospital in Hyderabad. Our LifeSpring Hyderabad team is nearly seeing more than 75 in-patients (with nearly 64% as deliveries) and 900 outpatients per month.

This has been possible due to the effort of Hyderabad hospital team with Dr. P Jyotsna, Dr. Vasantha Theodore, Dr. Rama Devi taking the lead. Ms. Nain Kumari, Hyderabad hospital administrator, has put her 100% to see that clinical team receives all the necessary administrative support.

Our hospitals in Kanpur and Agra have started improving their performance and credit for the same goes to Mr. Brajesh Mishra and Mr. Nafees Ahmed, our administrators for Kanpur and Agra hospitals. Mr. Brajesh has also galvanized local media support for LifeSpring Kanpur and the hospital receives regular media coverage.

Before signing off, I would like to remind all of you about our commitment to our patients- the very reason for our existence.

"A customer is the most important visitor on our premises. He is not dependent on us. We are dependent on him. He is not an interruption in our work. He is the purpose of it. He is not an outsider in our business. He is part of it. We are not doing him a favor by serving him. He is doing us a favor by giving us an opportunity to do so." Mahatma Gandhi.

With best wishes.

akumar@hlfppt.org



LifeSpring Team Profile



Dr. V P Jyotsna, Senior Medical Officer and HMR - LifeSpring - Hyderabad

About Her

Dr. V P Jyotsna is working with LifeSpring Hospital as Senior Medical Officer and Hospital Management Representative for implementation of ISO at LifeSpring Hyderabad.

Dr V P Jyotsna was born in Hyderabad, did her schooling from St. Ann's High School, Tarnaka and Kendriya Vidyalaya, Uppal, Hyderabad. She then pursued Bachelor of Medicine and Bachelor of Surgery from JIPMER, Pondicherry in the year 1995 and completed MBBS in the millennium year. She then went on to complete her M.D. in Obstetrics and Gynaecology from the same institute in the year 2005.

My experience and views

"I enjoy my work as an obstetrician and gynaecologist. Would really love to do some laparoscopies and hysteroscopy in addition to what we are doing in LifeSpring now. I joined LifeSpring hospital in Nov 2006, and really love the place. I like the ideology for which the hospital was started in the first place. I like the fact that in my small way I can make a difference to people's lives.

I believe that to bring about any kind of change, the first thing that needs to be changed is a person's "attitude". If that can be done then rest is smooth sailing. So I hope everyone at LifeSpring and HLFPT will aim at developing the attitude to achieve the ultimate goal of this project".

My Hobbies

"Although I have little time for it right now, I love listening to Hindi film music. I do croon a little bit but nothing great. Nowadays my free time is taken up by my son who is 15 months old.. Love reading books- fiction and non-fiction. Too many favourite authors. But generally am open to any kind of books. I like experimenting."

You can share your thoughts, songs or any reading material to me jyotsna_p@yahoo.com



Quiz

Identify the object in the picture.

Answer in back page



Clinical Expertise and So Much More...

Mrs. Lalitha, 20, was carrying her precious second baby into the seventh month of pregnancy when she first visited LifeSpring

Hyderabad. She had bad obstetric history for her first pregnancy which resulted in death of the baby in the womb at full term.



LifeSpring Team Profile

Mr. Brajesh Kumar Mishra
Administrator-LifeSpring-Kanpur



About Him

Mr. Brajesh Kumar Mishra is working with LifeSpring Hospital Kanpur as its Administrator.

He was born at Kanpur and did his schooling there. He then went on to finish his Post Graduation in Commerce from DAV College, Kanpur in the year 1992. He has also done professional course in both IT systems and costing.

Family background

"I am living in a joint family in Kanpur. My father Shri S.M. Mishra was a first class M.Sc. and was lecturer in Government Inter College. Now he is retired and living with me. Mother Smt. S. K. Mishra is a housewife and she is having a Post Graduate degree in Arts. My wife Mrs. Rashmi Mishra is a housewife having a Post Graduate degree in Arts from Kanpur University. I have one sweet daughter named Unnati age 4 and a loving son named Ambar age 2.

My experience and views -

After completing my formal education, I started my career in the year 1992 as an accountant. I joined Hindustan Latex Limited

as logistics support officer in the year 2001 and moved onto LifeSpring Hospital Kanpur on November 1, 2006 as an administrator. I believe professional mantra to set up a goal and achieve it.

My Hobbies

"I am an ardent cricket lover. I love to listen to Hindi oldies of legendary Mukesh and follow newspaper and news channel with lot of dedication". A true patriot for the game of cricket.

"You can share your thoughts on Indian cricket, Mukesh songs and or any reading material on current affairs to me at brajeshkmisra@rediffmail.com"



Lalitha reported to the hospital with water sac rupture with no pain or evidence of infection. She was advised immediate hospitalization to prolong the pregnancy so that the baby could mature. Steroids were given to facilitate the maturity of the baby's lungs. Fluid kept leaking frequently and the baby's well-being was monitored with various tests in the hospital for a period of 1 month.

On March 26, Lalitha showed signs indicative of baby's distress, hence, an Emergency Caesarian Section was done.

Baby girl weighing 1.6 kgs was born and was taken to a nearby Neonatal Intensive Care Unit for specialized care. Intensive support continued for the baby and discharged after 10 days when she regained health.

The baby was reviewed after a month when she weighed 1.8 kgs. Besides providing medical care to Lalitha and her baby, LifeSpring also provided her with financial assistance. The baby and the mother are both doing well, thanks to God.

Dr Ramadevi | LifeSpring Hospital | Hyd |
pooja.2003@yahoo.com.sg



Taj Mahal

A reminder of everlasting love and maternal mortality



Mumtaz Mahal and Shah Jahan together had fourteen children, seven of whom died at birth or at a very young age. Mumtaz Mahal died during childbirth due to bleeding, while accompanying Shah Jahan

Pregnancy and childbirth claim the lives of an estimated 514,000 women each year. This translates to one woman dies every minute in this world. The overwhelming majority of this death (98%) occurs in developing countries like India. Tragically, nearly all of them could be prevented. Maternal mortality affects not only women but also their families and communities. The risk of an infant dying increases significantly with the mother's death. The death of a woman in reproductive age also brings significant economic losses and setbacks to community development. From human right economic and public health perspective, mobilizing resources to combat maternal mortality is imperative.

Nearly two third of maternal deaths are due to five direct causes, bleeding, **obstructed labor**, hypertension, infection and unsafe abortion. About fifteen percent of all pregnancies will result in complications. Unfortunately many of these complications will be fatal. What makes maternal mortality such a challenge is the fact that, these complications are extremely difficult to predict. For this reason, the focus of addressing maternal mortality has shifted from predicting complication during pregnancy to preparing for effective emergency intervention. In general, emergency obstetrics intervention is not that expensive and can easily be carried out by skilled trained health personnel.

We cannot stop maternal death but we can reduce it by good ante natal care, good delivery and surgical facilities. Today's women do not have to die to continue the human race. It is really an insult to human

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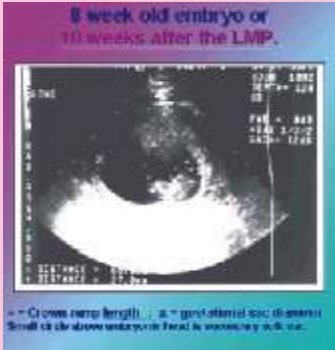


An Educational Short Story

Menstrual Cycles, Pregnancy, and Confusion

By: Terry J. DuBose, M.S., RDMS, OBGYN.net Editorial Advisor

Diagnostic Medical Sonography Program Director & Assistant Professor,
University of Arkansas for Medical Sciences, Little Rock



Jane excitedly dialed the phone. She was calling John, her husband at work. She is a computer program analyst for a consulting company. John is an aeronautical engineer. They had been married for five years. Jane just learned that she is pregnant.

John answered his cell-phone from the plant floor. Jane blurted out; "We're pregnant!" John stopped short; he focused totally on Jane's voice... holding his breath. Then he breathed out, almost in a whisper, "Wonderful". They had been hoping and trying to have a baby for over a year now. Both were in their mid-thirties and were anxious to start their family.

He asked, "When is it due?"

Jane responded, "February 15th, it could be on Valentine's Day! Jackie said Joe, the sonographer, had estimated the gestational age to be ten weeks by ultrasound measurements. Everything is fine and I have a picture of our baby!" Jackie was the OB/Gyn physician that Jane had been seeing through her company health care provider.

John said, "I'll leave early. Let's celebrate! I love you." "I love you, too." Jane responded.

John started back to his office, a spring in his step. He was aware of feeling good. He thought as he walked, "Ten weeks.... Today is July 23 and the baby is ten weeks old. I wonder how big it is now? Two and a half months..." John stopped in his tracks. And blurted aloud to himself, "I was

in Belgium!" The aircraft manufacturer had a plant in Belgium, and he had spent the entire month of May there helping to set up an assembly line for a new aircraft contract. Then John told himself, "The date is probably wrong."

When he got home, Jane was waiting at the door. She was beaming as she handed him the sonograph, but sensed that John was disturbed. She asked, "Aren't you happy about it?"

John looked at her and asked, "Are they sure about how far along you are?" Jane responded, "Jackie said that this early the gestational age should be very accurate, 10 gestational weeks, why?"

John said, "That means you should have got pregnant in the middle of May - but I was away during May." Could it be possible that you conceived before May and that there could there be a problem with the baby's size or growth."

Jane: "Come on, let's call Jackie." She turned toward the phone, picked it up, dialed. The HMO's receptionist answered, the call was transferred to the obstetrical group. Jane asked to talk to Dr. Jackie Hamilton. The voice at the other end said, "She can't come to the phone now." Jane responded, "I need to speak with Dr. Hamilton. We have a concern about the dates of our pregnancy. Please ask her to call us as soon as she can."

The receptionist said, "I'll have Dr. Hamilton call as soon as she comes out of the exam room." Jane and John sat by the phone. Jane took a breath, "Jackie said the sonographer estimated me to be ten gestational weeks."

John asked, "Gestational weeks, what exactly does that mean?" Jane responded, "I think it means how long I've been pregnant." John said, "Well that's impossible, right?" Jane agreed. John stood up and got the dictionary. He looked up "gestation".

He read aloud, "Gestation: the period of carrying developing offspring in the uterus after conception: pregnancy." As he looked up at Jane the phone rang. It was the obstetrician.

Jane explained why she couldn't be 10 weeks pregnant. After a bit of confusion, Jackie said, "Oh, I see why you are confused. Gestational age doesn't mean the time from conception. It is the time from your last menstrual period." Jane asked, "What?" Jackie, "Well, it is just a convention. In medicine we date pregnancies from the mother's last menstrual period because we usually don't know exactly when conception takes place." Continuing, Jackie said, "According to what you told me your last menstrual period started on May 13th, today is July 23rd, so you probably conceived about the 28th of May, give or take a day or two.. You are right on time."

Jane queried, "But you said gestational age?" Jackie responded, "It is just medical jargon. When we say gestational age we are really adding two weeks to the conceptual age and dating the pregnancy from the last menstrual period. We just call it the gestational age. Conception really takes place about two weeks later, right after you ovulate. When did John come back from Belgium?"

Jane turned to John, "When did you get back from Europe?" John, looking at his calendar, "The end of May... May 28th." Jane repeated the date into the phone. Jackie, chuckled, "I'll bet you conceived the night he got back to town!"

Jane's reaction surprised the doctor. "Why do you medical people insist on using terminology that no one else can understand? The dictionary says gestation is the period of time in the uterus, not the time from the last menstrual period!" Jackie could tell Jane was upset. She said, "I'm not sure. It probably goes back to whenever people figured out what caused pregnancy. The LMP, I mean last menstrual period, is often the only empirical date that we have. I'm sorry for the confusion. Do you want to come in and discuss it further? I have an embryology book here that shows the progression of pregnancy in detail."

Jane was reassured. She said, "No, I'll just keep my next appointment, but would you please explain the dates to John? He was worried and I want him to understand that the baby is fine."

The rest of Jane's pregnancy proceeded normally. On Valentine's day Jane delivered a healthy six pound five ounce girl. They named her Jill.



Comment:

This short story is here with the hope that it will make understanding the dates of menstrual cycles and

pregnancies easier to follow. For more specific information the following discussion is provided.

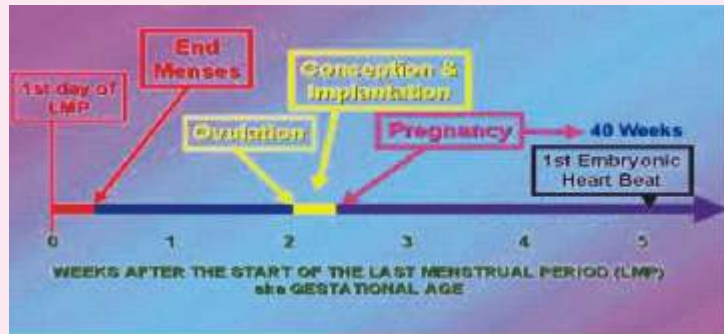
Contd...

This is a fictional scenario that is based on many encounters with similar patient confusion during a career in sonography. I do not understand why the medical profession continues to refer to the fetal age in pregnancy as the "gestational age" when in reality the dates are calculated from the last menstrual period, usually referred to as the LMP. The normal menses starts every twenty-eight days,

but some women vary from this cycle a little. The normal human gestation is about 266 days (38 weeks), with the additional two weeks (14 days) from the LMP making the normal period from the LMP to delivery 40 weeks or 280 days.

After ovulation, which normally occurs 14 days after the LMP, fertilization takes place in the fallopian tube a day or so after ovulation. The fertilized egg

begins cell division (mitosis), is then called a morula, and travels down the tube and finally implants in the uterus as a Blastocyst (a mass of cells). Implantation normally takes place about three days after fertilization, but there is some variation in these times.



There is actually about a five-day window of time in which implantation in the uterus takes place following ovulation and fertilization. Every woman does not have menstrual cycles that are exactly twenty-eight days long, so that is another variable. All this variation makes the use of the LMP to date pregnancy very unreliable. In fact a recent editorial in the international journal of Obstetrics and Gynecology in Ultrasound

actually proposed that we forget about the LMP as far as dating pregnancies. Considering the scenario above, that might be a good idea. Sonographic dates are more accurate than the LMP for predicting the dates of a pregnancy. With sonographic measurements of the embryo and fetus, we can now estimate the date of implantation more accurately than we can the expected birth date or Estimated Date of Confinement (EDC,



another one of those old medical phrases). Sonographic age estimates are not perfect either and will vary by about +/- 10% of the age; i.e. they are less accurate later in pregnancy. Pregnancies also vary in length. The following is a bar graph or histogram of 465 pregnancies as dated by sonographic measurements. The sonographic dates were adjusted to correspond to the LMP weeks. These dates are much more uniform than the same data using LMP dates would be. This makes it much easier to see the variation in the birth dates.



As you can observe from the above graph, most people deliver between 38 and 42 weeks after the LMP, with an average time

of approximately 40 weeks. The reason the mean (39.1 weeks) in this population is less than the accepted standard (40 weeks) is this graph includes

all pregnancies, abnormal as well as normal deliveries. This reduced the average ages. There were four still born.



ISO Manual Inaugurated By Mrs. Darly Francis Senior-Executive Director-Continuous Quality Assurance Hindustan Latex Limited.



Participants of ISO internal auditors training program at LifeSpring Hospital Hyderabad.



Health Talk organised at LifeSpring, Agra on "Antenatal Care"



First anniversary celebrations at LifeSpring, Kanpur



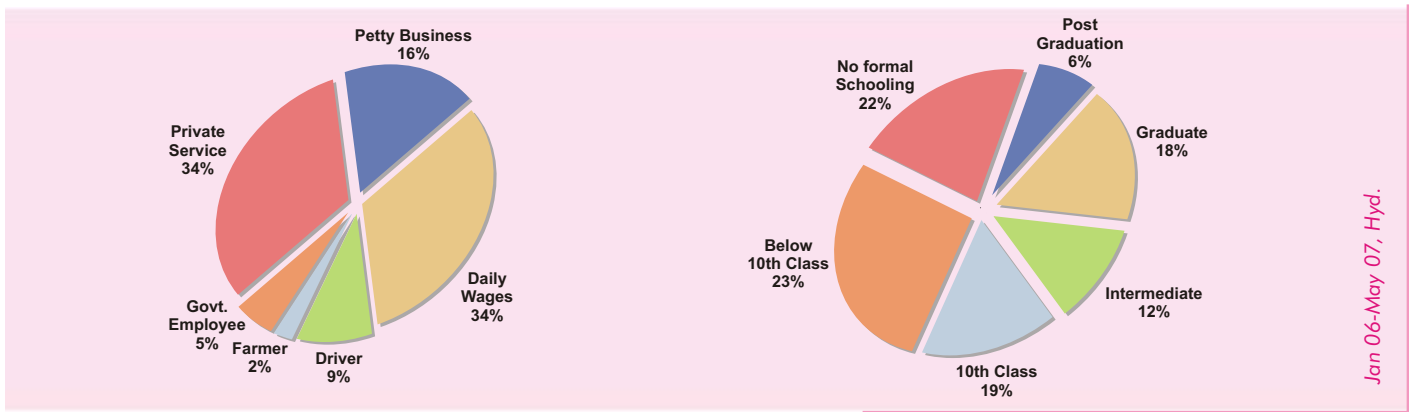
Distribution of certificates after training of LifeSpring, Hyderabad staff and CFO staff in Computer Awareness from NIIT.



Apnon si dekhbhal For us, Customers comes first



Meet our customers:



Know what they think about us

"The services rendered by doctors are marvelous and they treated us very much like a family member. The staff has done their duty perfectly and their overall approach is very good. We are satisfied with the services of the hospital. I and my family wish your LifeSpring, bloom like flowers in the spring."
 Jan 22, 2007, M V Rami Reddy (Husband of Mrs. M Rajeshwari Reddy, delivery on Jan 18, 2007) 42 - 762 / 1SP Nagar, Moula ali

"I Durgesh Kumar am quite satisfied with the staff and others at Life Spring Hospital Kanpur. Patient care is a powerful factor here. I would expect the same in the future also."

November 5, 2006, Mr. Durgesh Kumar (Husband of patient Mrs Anita Paul), Mathura Nagar, Gangaganj, Panki.

"We are very much satisfied with the services provided at LifeSpring Hospital; and also all the staff of LifeSpring Hospital, The prices of the procedures are low compared to other hospitals of Agra"
 May7, 2007, Ms. Seema-38A / 417, Sewla Jat, Gwalior Road Agra.



Lighter Side



Write to the editorial team editor@lifespring.in for articles, ideas, suggestions and comments.



Answer to the quiz

Infant and maternal mortality is a huge problem in developing nations. These techno bracelets, worn by both an expecting mother and midwife, would quickly alert the midwife if the mom-to-be was in trouble using signal.

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