

MARYLAND'S

HEALTH MATTERS

COVER STORY:

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UNIVERSITY
of MARYLAND
MEDICAL
SYSTEM



IT'S A BABY BOOM AT UM CAPITAL REGION HEALTH

More women in Prince George's County are choosing to have their babies at University of Maryland Capital Region Health.



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ACADEMIC MEDICINE AT WORK:

Women with Epilepsy—
Expert care and education
provide specialized support
through all stages of life.

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UM LAUREL MEDICAL CENTER READIES TO OPEN

The University of Maryland
Laurel Medical Center opens
next month with comprehensive
emergency care, primary care,
specialty care, outpatient
surgery and a behavioral health
service facility.



STAY CONNECTED WITH UM CAPITAL REGION HEALTH

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health and wellness information.



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WE WOULD LIKE TO HEAR FROM YOU

Please send your comments, information requests or change of
address to: thom.householder@umm.edu.

or **University of Maryland Capital Region Health,
c/o Marketing, 901 Harry S. Truman Drive North
Largo, MD 20774.**



Progress That Meets

COMMUNITY NEED

UNIVERSITY OF MARYLAND Capital Region Health is on a journey to be the provider of choice for Prince George's County residents. To accomplish this feat, we are expanding our partnerships, enhancing our services and continuing our commitment to improving service excellence. We are well on our way, and I want to provide an update on our progress.

UM Capital Region Health understands the importance of partnering with organizations to address the needs of Prince George's County. When we form collaborative partnerships, we accelerate our mission. Most recently, we have successfully formed two partnerships that will bring value to those we serve.

We opened the first sickle cell clinic in Prince George's County. The clinic offers Prince George's County residents the convenience of receiving care within our community and will address disparities associated with the high prevalence of sickle cell disease and lack of access to a local, comprehensive sickle cell clinic.

Through two grant awards in collaboration with Johns Hopkins School of Medicine, Children's National Hospital and two community-based organizations, patients will have access to community health workers to help address social determinants of health, which affect many patients with sickle cell disease. Children's National will now have a pathway to help the county's young adults transition from pediatric sickle cell care to adult care in their own community.

In addition, we partnered with the University of Maryland Support, Advocacy, Freedom and Empowerment Center for

Human Trafficking Survivors and received a nearly \$800,000 grant from the Department of Justice's Office for Victims of Crime to establish a comprehensive human trafficking response and referral pathway in five units within University of Maryland Capital Region Medical Center.

These partnerships, along with our new family medicine practice in New Carrollton and facilities currently under construction, like the University of Maryland Laurel Medical Center and regional cancer center in Largo, are evidence of our ongoing commitment to enhancing services for Prince George's County residents.

OUR COMMITMENT TO THE COMMUNITY

We are focused on improving our internal operations and processes and fully adopting new values as we continue our journey to becoming a high-reliability organization. Our commitment is to deliver a better state of care by concentrating on our patients' experiences, reviewing how our team members treat one another and taking accountability to ensure patients consistently receive the best care possible.

More to come as our exciting journey continues!

With appreciation,

Nathaniel Richardson Jr.
President & Chief Executive Officer
University of Maryland Capital Region Health

Right Time + Right Place = Right Care

When you are sick or injured, you want to get relief quickly. But do you go to your primary care doctor, an urgent care center or the emergency room? Let this guide help you decide.

When in doubt, call 911.



PRIMARY CARE

For general illness and non-urgent conditions, start with your primary care provider (PCP).



URGENT CARE

Can't get in to see your PCP, but it's not a life-threatening condition? Go to your closest urgent care center.



EMERGENCY ROOM

Chest pain, acute onset illness or severe injuries need more care than your PCP or an urgent care center can offer. That is when you should go to the emergency room.



PEDIATRIC CARE

If your baby or child is suffering a life-threatening condition, call 911 or go to an emergency room immediately. For all other concerns, call your child's pediatrician. Most offices have someone to answer your call 24/7, even on holidays. Learn more: umms.com/kid-care.

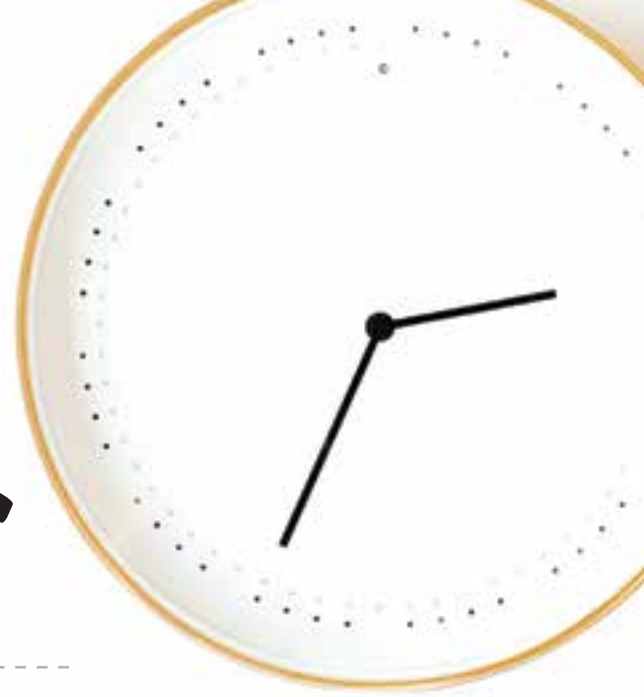
	 WHEN TO VISIT PRIMARY CARE	 WHEN TO VISIT URGENT CARE	 WHEN TO VISIT EMERGENCY ROOM
Anaphylaxis			●
Animal/Insect Bite		●	
Broken Bones		●	●
Cold & Flu Symptoms	●	●	
Cold Sore	●	●	
Concussions	●	●	
Deep Cuts		●	
Diabetic Emergency			●
Diabetes Management	●		
Drug Overdose			●
Ear Pain/Infection	●	●	
Eye Infections	●	●	
Eye or Head Injuries		●	●
Fever	●	●	
Heart Attack Symptoms			●
High Blood Pressure	●	●	
Immunizations/ Vaccines/Shots	●	● (flu shots only)	
Lower Back Pain	●	●	
Mental Health Crisis/ Suicide Attempt			●
Mild Allergic Reactions		●	
Minor Burns		●	
Poisoning			●
Rash/Poison Ivy	●	●	
Routine Wellness	●		
Severe Abdominal or Chest Pain			●
Severe Burns			●
Sexual Assault			●
Significant Difficulty Breathing			●
Sore Throat	●	●	
Sprains & Strains		●	
Stroke Symptoms (numbness, paralysis, slurred speech, etc.)			●



EMERGENCY DEPARTMENT

Wait Times

EXPLAINED



WHAT CAUSES WAITS IN THE EMERGENCY DEPARTMENT, AND HOW ARE PATIENTS PRIORITIZED?

WHEN YOU HAVE an illness or injury requiring a visit to the Emergency Department (ED), arriving and finding out you must wait before receiving care can be frustrating. The team at University of Maryland Capital Region Health is dedicated to treating every patient in its three emergency departments in Bowie, Laurel and Largo as quickly and safely as possible.

“Our goal is to provide the best possible care for every patient with the resources we have,” said Douglas Mayo, MD, chair of the emergency department at UM Capital Region Medical Center and regional director of the Maryland Emergency Medicine Network. “We are here for you, and we do everything we can to prevent long wait times.”

WHAT CONTRIBUTES TO EMERGENCY DEPARTMENT WAIT TIMES?

Several factors can determine how long the wait will be once you arrive at the ED:

- How many patients are already in the ED and how serious their conditions are
- How many treatment rooms are available
- How many available beds there are in the hospital (applicable to those who need to be admitted)

- Whether you need to wait for a specialist consultation, blood draw or imaging studies

Staffing challenges can also affect wait times, especially during flu season and when COVID-19 cases are high. During these times, ill staff members in the ED and other parts of the hospital may need to stay home.

WHICH PATIENTS ARE SEEN FIRST?

Patients in the ED are not seen on a first-come, first-served basis. Instead, patients are seen based on how serious their condition is. People with a life-threatening injury or illness, such as a heart attack, stroke or traumatic injury, receive treatment before people with non-life-threatening conditions.

“Every member of our staff is committed to taking care of our patients in the best way we can as quickly as possible,” Dr. Mayo said. “We are here to serve our community.”



Visit umcapitalregion.org/emergency for locations of UM Capital Region Health emergency departments.



LUNG CANCER SCREENINGS

Save Lives

A QUICK LOW-DOSE CT SCAN CAN DETECT EARLY-STAGE CANCER WHEN IT IS MORE TREATABLE.

DID YOU KNOW that annual lung cancer screenings are recommended for many people? The U.S. Preventive Services Task Force recommends current and former heavy smokers ages 50 to 77 get annual low-dose CT scans, which may detect cancer in early stages.

ARE YOU AT RISK FOR LUNG CANCER?

The leading cause of lung cancer is smoking cigarettes. Lung cancer can also be caused by other uses of tobacco, including cigar or pipe smoking, as well as secondhand smoke or prolonged exposure to radon or asbestos in the home or workplace.

WHO NEEDS A SCREENING

All current heavy smokers 50 to 77 years old who don't have symptoms should get screened for lung cancer. If you currently smoke or have quit smoking in the past 15 years and smoked the equivalent of one pack of cigarettes a day for 20 years, you should get screened. If you aren't sure your smoking history qualifies you for screening, talk to your primary care provider.



Understand your risk for lung cancer. Take our free online assessment at umcapitalregion.org/LungHRA2.

Quit Smoking in

2023

MAKE THIS THE YEAR WHEN YOU CHOOSE TO LIVE A HEALTHIER LIFE.

SMOKING HAS MANY well-documented health risks. It causes lung and other cancers, heart disease, stroke, and chronic obstructive pulmonary disease (COPD). But tobacco is highly addictive, and it isn't easy to quit.

MAKE A PLAN TO QUIT

Quitting cold turkey is rarely successful. Most people who want to quit smoking need extra help in their efforts, whether with quit aids, medications or moral support. Planning your path to quitting can help ensure you have the support you need to succeed. Here's how to start:

- Pick a day to commit yourself to quitting.
- Talk to your University of Maryland Medical System primary care provider about whether you might benefit from over-the-counter smoking cessation aids or medications.
- Tell your family and friends that you're quitting and ask for their help and support.
- Expect cravings and plan to have sugar-free candy, nicotine gum or other things to distract you.
- If you relapse, start again the next day. It's OK if your first few tries aren't perfect.

A professional smoking cessation program can provide more tips for quitting and offer a supportive structure as you start your tobacco-free journey.



Learn about smoking cessation resources in Prince George's County at umcapitalregion.org/quitsmoking.



Erica H. and her daughter



It's a Baby Boom
**AT UM CAPITAL
REGION HEALTH**

PATIENT EXPERIENCE, OUTSTANDING FACILITIES AND A TEAM EQUIPPED TO HANDLE HIGH-RISK PREGNANCIES MEAN MORE MOMS-TO-BE ARE CHOOSING UNIVERSITY OF MARYLAND CAPITAL REGION HEALTH.



OB AND DELIVERY FLOOR GOES FOR THE GOLD

UM Capital Region Health is quickly becoming the gold standard for labor and delivery in Prince George's County. It features welcoming, spacious rooms with state-of-the-art equipment and technology. Everything is designed to make the labor and delivery process as streamlined and successful as possible for every patient.

Watch our video at umcapitalregion.org/LD_Tour to see our labor and delivery unit for yourself.

THERE'S NO SHORTAGE of labor and delivery hospitals in Maryland, but more and more women in Prince George's County are choosing to have their babies at UM Capital Region Health. In March 2022, the team at UM Capital Region Health delivered 141 infants. In March 2023, over 201 babies were delivered.

Kenisha Anderson didn't just have her baby at UM Capital Region Medical Center—she's also the women's health services program coordinator here. She believes the uptick in deliveries at UM Capital Region Health is because obstetricians throughout the area trust the hospital's labor and delivery team and refer their patients here.

THE KEY TO HEALTHY PREGNANCIES AND DELIVERIES? SEEING YOUR PROVIDER EARLY IN YOUR PREGNANCY

Kerry Lewis, MD, OB/GYN, maternal-fetal medicine specialist and medical director of Women's and Infants Services at UM Capital Region Health, said it's important for women to seek obstetric care as soon as they see their first positive pregnancy test—which is exactly what Anderson did.

Women with normal, low-risk pregnancies should see their provider—who can be an obstetrician or a midwife—monthly during their first two trimesters. After that, they should see them every two weeks, and then weekly as they get closer to their due date.

Women with risk factors during pregnancy, such as diabetes and autoimmune disorders, benefit from seeing obstetricians when planning to become pregnant to help reduce their risks of miscarriage and other complications.

EMPOWERING WOMEN THROUGHOUT LABOR AND DELIVERY

Billie Hamilton-Powell, RN, CNM, MPAS, a board-certified nurse midwife and director of both mobile health and midwifery services at UM Capital Region Health, said the hospital's midwife program is another reason why more women are choosing to give birth here.

In 2021, Hamilton-Powell and her team assisted with approximately 40–45 births per month. Now, that number has increased to 90–100 births per month. To meet this demand, UM Capital Region Health is hiring more midwives to cover inpatient and outpatient clinics.

"We are increasing our staff size because more women want more control of their bodies and their labor process," Hamilton-Powell said.

As midwives, she and her colleagues explain medical jargon, provide education about healthy pregnancies, help pregnant women relax and give them a chance to express their preferences throughout their pregnancies and deliveries. These choices include medicated and natural births, as well as holistic delivery support.

“We can accommodate each woman’s wishes, regardless of the type of birth she desires,” Hamilton-Powell said.

In many cases, women are surprised by how many options they have and how many of their preferences can be accommodated. For example, many women initially want to avoid epidurals. However, some women change their minds during labor.

“We allow that to happen,” she said. “Patients have the right to change their minds during childbirth. That lets women be more engaged with the experience and have positive memories. It also reduces the stress that occurs when providers don’t work with them.”

Midwives also offer nonmedical interventions, including showers, birthing balls, different birthing positions (such as standing and squatting), and more. The large labor and delivery rooms at UM Capital Region Health allow flexibility for these alternative interventions while also making women and their partners more comfortable up to delivery and after their baby is born.

After giving birth, women enjoy continued support, including breastfeeding information and a monthly support group.

MATERNAL-FETAL MEDICINE SPECIALISTS FOR HIGH-RISK PREGNANCIES

Although midwives don’t handle high-risk pregnancies and deliveries by themselves, they can schedule consultations with OB-GYNs and maternal-fetal medicine specialists at any time during labor and delivery. They can also quickly address unforeseen complications with needed interventions and quickly transfer patients to specialty care.

There are many reasons a pregnancy might be considered high-risk. They include gestational and pre-existing diabetes, gestational and pre-existing hypertension (high blood pressure), being pregnant with twins or triplets, having lupus or human immunodeficiency virus, having a history of opioid abuse, and being 35 or older. When appropriate, providers refer women with these conditions to a maternal-fetal medicine specialist for additional monitoring during pregnancy.

UM Capital Region Health is also prepared for pregnancies with complications that may not be detected or diagnosed until later in pregnancy. These include fetal growth and placenta abnormalities, early cervical dilation, and a short cervix, Dr. Lewis said. By diagnosing and treating these risks early, doctors can help prevent miscarriage.

Preeclampsia is another late pregnancy complication that can be treated by maternal-fetal medicine specialists at UM Capital Region Health. This condition doesn’t manifest until the third trimester, and many women don’t present with complications or symptoms until the last month of pregnancy. At that point, their blood pressure may rise quickly, putting them and their babies at risk of serious complications.

Previously, women with preeclampsia often needed to deliver at around 24 weeks. Now, treatment with baby aspirin

helps women deliver much later, at around 33–35 weeks, which means far fewer complications for their babies.

DELIVERY SERVICE IN A PATIENT-CENTERED ENVIRONMENT

“At UM Capital Region Health, our OB and delivery service has a goal of achieving 100% patient-centered management to give all patients total involvement in their care,” Dr. Lewis said. “In addition, we strive never to deliver infants before they’re due unless it’s medically necessary. We work hard to accomplish this through testing and the management of high-risk conditions such as diabetes and hypertension.”

Another important aspect of a patient-centered environment is making women feel comfortable. The maternal services team strives to give the best possible care to women and their babies by providing welcoming, spacious rooms, emphasizing clear communication between patients and providers, and drawing on the skills of a diverse staff.

Anderson said that UM Capital Region Health stands out as a labor and delivery center because of the way the staff works together and communicates, and because they share the decision-making process with their patients.

“Patient care comes first,” she said. “We make sure patients have what they need. We put patients’ needs above our own, and we go above and beyond to ensure patients have safe and happy deliveries.”



To learn more, visit umcapitalregion.org/newborns.



Kenisha A. and her son

MEETING THE UNIQUE NEEDS OF

Women with Epilepsy

A woman is shown in profile, looking upwards and to the right. Her hair is dark and pulled back. She is wearing a red top and large, circular, gold-colored earrings. Overlaid on her head is a glowing, golden brain graphic with light rays emanating from it, set against a dark, textured background.

THE UNIVERSITY OF MARYLAND WOMEN'S EPILEPSY PROGRAM IS THE ONLY FORMAL PROGRAM IN THE MID-ATLANTIC REGION DEDICATED TO PROVIDING COMPREHENSIVE HEALTH CARE TO WOMEN WITH EPILEPSY. THE PROGRAM OFFERS EXPERT CARE AND EDUCATION TO WOMEN AT ALL STAGES OF LIFE, INCLUDING THOSE WHO PLAN TO BE OR ARE PREGNANT.

ALL PEOPLE WITH EPILEPSY, a neurological condition that causes seizures and changes in brain activity, face challenges and concerns related to the condition. Beyond that, women with epilepsy have unique needs.

“For some aspects of epilepsy care, there may not be a need for gender-specific management of seizures,” said Jennifer Hopp, MD, professor of neurology at the University of Maryland School of Medicine (UMSOM) and director of the University of Maryland Epilepsy Center. “However, there is clear overlap with women’s issues in epilepsy care across the lifespan, particularly with regard to epilepsy and hormonal changes.”

The Women’s Epilepsy Program at University of Maryland Medical Center, the flagship hospital of the University of Maryland Medical System, provides the highest level of care for women with epilepsy. Managing epilepsy in women who plan to become pregnant, are pregnant or are in the postpartum period is one area of expertise within the program.

PLANNING A PREGNANCY

Conversations about contraceptives and family planning often start during a patient’s first appointment at the UM Women’s Epilepsy Program. Even before pregnancy, information about a woman’s menstrual cycle and her plan to have or not have children are factors in epilepsy management.

Many women with epilepsy experience patterns of seizures connected to hormonal changes during their menstrual cycles. Some medications that treat epilepsy and seizures may also increase the chance of developing reproductive endocrine disorders such as polycystic ovary syndrome, which can affect fertility.

The team in the UM Women’s Epilepsy Program works closely with University of Maryland Medical System obstetrician-gynecologists, maternal-fetal medicine specialists and primary care providers. This team approach helps to ensure women in the

program have the individualized, well-coordinated care they need to manage epilepsy, support conception and prepare for a healthy pregnancy. This team approach is also vital for women who want to avoid pregnancy.

“There are certain anti-seizure medications that can make birth control less effective,” said Megan Margiotta, MD, assistant professor of neurology at UMSOM and a neurologist at the UM Women’s Epilepsy Program. “This is important to discuss with your neurologist and gynecologist.”

EPILEPSY CARE DURING PREGNANCY AND BIRTH

“One issue that I often find is misinformation related to epilepsy and pregnancy. One of the first things we discuss are fears or concerns and what information the woman has been given,” Dr. Hopp said. “We try to have these conversations before pregnancy, but there are many unplanned pregnancies. We accept the reality that we may come into the picture partly through a pregnancy, and that’s OK as well.”

Whether a pregnancy is planned or unplanned, receiving woman-centered epilepsy care is essential for maternal and fetal health. Changes in hormone levels, metabolism and body weight during pregnancy can affect epilepsy treatment. Furthermore, certain medications used to treat epilepsy have been linked to birth defects, so care must be taken to choose the right medication for each person.

“There is an increased risk of birth defects in infants born to women with epilepsy compared to the general population,” Dr. Margiotta said. “With that said, the risk with our safest anti-seizure medications in pregnancy is similar to the risk of a birth defect for the general population.”

In collaboration with other providers, the team closely monitors the health of the mother and baby during pregnancy. Monthly blood tests are done to check medication levels, and monitoring of fetal health is increased as needed.



“The majority of women with epilepsy have healthy pregnancies and babies. Outcomes improve with education and information, as well as with management by an epilepsy specialist who’s familiar with specific issues women may encounter.”

—JENNIFER HOPP, MD



“Seizures in pregnancy can be harmful to the mother and baby. It’s important for women to review any concerns with their doctors and continue anti-seizure medications as prescribed.”

—MEGAN MARGIOTTA, MD

“Sleep deprivation can contribute to an increase in seizures, so it’s important for new mothers with epilepsy to have one longer stretch of sleep overnight with the help of family or friends feeding the baby.”

—MEGAN MARGIOTTA, MD

“During and around the time of delivery, it’s important that women receive their anti-seizure medication and not miss any doses,” Dr. Margiotta said. “Most women will have a normal delivery, and they aren’t required to have a C-section unless there’s another indication and it’s recommended by their obstetrician.”

THE POSTPARTUM PERIOD

After giving birth, women with epilepsy face new challenges. As their hormones, metabolism and bodies change again, anti-seizure medications often need to be adjusted.

The change in routine that comes with a new baby might trigger seizures in some women. The women’s epilepsy team can help make medication changes and educate women on how to safely take care of themselves and their babies during this transition.

“We do a lot of counseling around safety that’s specific to women with epilepsy,” Dr. Hopp said. “For example, we may suggest moving a diaper-changing station to the floor to reduce risk of injury should a woman have a seizure while changing the infant. The specialty care the Women’s Epilepsy Program provides not only helps improve seizure control and health, but it may reduce worry and stress about management of epilepsy during these different life stages.”

To learn more or make an appointment with the University of Maryland Women’s Epilepsy Program, call **410-328-4323** or visit umm.edu/women-epilepsy. A rapid referral track is available for women with epilepsy who are pregnant or planning to become pregnant soon. Mention the UM Women’s Epilepsy Program and your pregnancy or plan to become pregnant when you call.



BRAIN INJURIES

THEY CAN CHANGE YOUR LIFE IN A SECOND. HERE’S HOW TO GET THE CARE YOU NEED.

EACH YEAR IN Prince George’s County, more than 50 out of every 100,000 people require hospitalization for a traumatic brain injury (TBI). While TBIs can be caused by car accidents or gunshot wounds, falls are the most common reason for TBI hospitalization. If you do fall and injure yourself, it’s important to get the best care quickly—particularly if you hit your head.

“We have a comprehensive program for patients with brain injuries,” said Patricia Scripko, MD, MA, neurologist and director of bioethics and neurosciences at University of Maryland Capital Region Health. “We have great neurosurgeons, neurologists and neurointensivists within our ICU who work as a team to provide the critical care patients need and connect them to rehabilitation after discharge.”

COMPREHENSIVE CARE FOR BRAIN INJURIES

As part of the larger University of Maryland Medical System, UM Capital Region Health has access to a multitude of resources. And as one of the busiest trauma centers in the state, UM Capital Region Health has a well-suited team ready to treat multiple issues beyond TBI.

“This is an exciting time for neurosciences at UM Capital Region Health,” Dr. Scripko said. “We continue to build both our inpatient and outpatient programs for the best brain care.”

Find out more about how UM Capitol Region Health provides advanced trauma and neurological care at umcapitalregion.org/neurology.

Seizure FIRST AID

MOST SEIZURES ARE NOT MEDICAL EMERGENCIES. HOWEVER, PEOPLE WHO ARE HAVING A SEIZURE DO NEED ATTENTION AND HELP.



TO HELP DURING A SEIZURE

- Stay calm.
- Help the person sit or lie down.
- Stay near the person.
- Time how long the seizure lasts.



WHAT NOT TO DO DURING A SEIZURE

- Never hold down or restrain the person.
- Never put anything in their mouth.

IF THE PERSON FALLS, IS LYING DOWN OR IS UNCONSCIOUS

- Clear the area of hard or sharp objects.
- Check if they are wearing a medical bracelet or necklace.
- Loosen items around their neck.
- Put something soft under their head.
- Remove their glasses.
- Roll them to their side.



AFTER THE SEIZURE

- Calmly explain what happened.
- Check to see if they have a safe way to get home.
- Help the person find a safe place to rest.
- Wait to give them food or water until they are completely alert.



WHEN TO CALL 911

- Multiple seizures occur one right after the other.
- The person has trouble waking up or walking after the seizure.
- This is the person's first seizure.
- The person having a seizure has a chronic health condition, is injured or is pregnant.
- The seizure lasts for five minutes or longer.

We'll See You

THIS SUMMER!

THE UNIVERSITY OF MARYLAND LAUREL MEDICAL CENTER BRINGS EXPANDED CARE TO LAUREL AND THE SURROUNDING COMMUNITIES WHEN IT OPENS NEXT MONTH.



A FOCUS ON SURGICAL CARE

Surgical procedures available at UM Laurel Medical Center include:

- Breast surgery and reconstruction
- General surgery
- Gynecologic surgery
- Orthopaedic surgery
- Urologic surgery

Many patients can go home the day of their procedure. Need more time? No problem. Our observation unit is equipped to care for patients needing a little extra care before they're ready to go home.

BEHAVIORAL HEALTH

UM Laurel Medical Center offers unique behavioral health services for community members experiencing a mental health crisis. Our partial hospitalization program and intensive outpatient program are designed to get patients the help they need in a comfortable setting that allows them to stay connected to their family and friends at night.

THE NEW UNIVERSITY OF MARYLAND Laurel Medical Center is an all-in-one primary care, specialty care, outpatient surgery, behavioral health and emergency care facility.

SERVICES TO MEET YOUR NEEDS

UM Laurel Medical Center was built with the needs of Laurel and the surrounding communities in mind. Services include:

- Breast cancer treatment
- Behavioral health
- Cardiology
- Dialysis
- Full-service imaging
- Maternal-fetal medicine
- Obstetrics and gynecology
- Orthopaedic care
- Outpatient surgery
- Pediatric dentistry
- Physical therapy
- Primary care
- Pulmonology and lung health
- Urogynecology

NOTABLE ADVANCES

We are now able to offer a range of minimally invasive surgeries, allowing patients to go home the same day and experience faster recovery times.

Our expanded Emergency Department offers all new imaging services, pathology, pharmacy, respiratory care and short-stay observation, including dedicated behavioral health bays.

The Wound Care Center will continue to offer advanced wound services, including a hyperbaric chamber that allows for quicker wound healing.

THE FUTURE OF UM LAUREL MEDICAL CENTER

UM Laurel Medical Center's new facility is just the first step toward a premier health and wellness campus that meets the needs of Laurel and the surrounding areas.



To track UM Laurel Medical Center campus progress, visit umcapitalregion.org/laurel.

Welcome

NEW PROVIDERS



Donna M. Neale, MD
Maternal-fetal medicine, UM Capital Region Health

DONNA M. NEALE, MD, is a fellowship-trained OB/GYN and maternal-fetal medicine specialist focusing on high-risk pregnancies, labor and delivery, and gestational diabetes.

Dr. Neale attended medical school at the Boston University School of Medicine, completed her residency at Georgetown University Hospital and performed a fellowship at Yale University School of Medicine. She received her undergraduate

degree from Brown University. Dr. Neale is a member of the National Medical Association and a fellow of the American Congress of Obstetricians and Gynecologists.

Dr. Neale sees patients at Largo, Laurel and Suitland. Call **240-677-3000** to schedule an appointment.



L. Latéy Bradford, MD, PhD
Family medicine, UM Capital Region Health

L. LATÉY BRADFORD, MD, PHD, provides comprehensive primary care for all family members, specializing in maternal-child health.

Dr. Bradford attended medical school at University of Maryland School of Medicine and received her certification in family medicine from the American Board of Family Medicine.

Dr. Bradford sees patients at UM Capital Region Health in New Carrollton. Call **240-677-3100** to schedule an appointment.



Priya Ponnaiyan, MD
Family medicine, UM Capital Region Health

PRIYA PONNAIYAN, MD, is a board-certified family medicine physician with a particular interest in women's health, preventive care and the management of chronic diseases.

Dr. Ponnaiyan works with patients of all ages, often within the same household, to build healthy families and establish long-term relationships. She graduated from Madurai Medical College and completed her residency at Thanjavur Medical College

in India and completed her family medicine residency at UM Capital Region Health.

Dr. Ponnaiyan sees patients at UM Capital Region Health in National Harbor. Call **301-686-3404** to schedule an appointment.

COMMUNITY HEALTH PROGRAMS AND EVENTS

VIRTUAL MENTAL HEALTH FIRST AID TRAINING COURSES

Mental Health First Aid helps you assist someone experiencing a mental health or substance use-related crisis. Learn risk factors and warning signs for mental health and addiction concerns, strategies for crisis and non-crisis situations, and where to turn for help.

For additional information or to register, call **240-677-1062** or email umcapitalcommunityhealth@umm.edu. You must attend part 1 and 2 to receive certification. Registration is required. Space is limited.

- Youth (for adults who interact with youth): Part 1—Jun 23, Noon–3pm; Part 2—Jun 24, Noon–3pm
- Adult: Part 1—Aug 24, 9am–noon; Part 2—Aug 25, 9am–Noon

DINE, LEARN & MOVE GOES VIRTUAL

Learn to make healthy meal choices, and engage with a chef while watching a cooking demonstration. Dine, Learn & Move is FREE and presented in partnership among University of Maryland Capital Region Health, Prince George's County Health Department, Suburban Hospital and M-NCPPC, Department of Parks and Recreation, Prince George's County.

For more information visit wellness.pgparcs.com, email wellness@pgparcs.com or call **301-446-6833**; TTY **301-699-2544**. To register, please email wellnessinfo@co.pg.md.us. Classes meet from 6 to 7:30pm.

- May 24
- Jun 28
- Jul 26
- Aug 23

UM CAPITAL REGION DIABETES PREVENTION PROGRAM

This CDC-recognized diabetes prevention lifestyle change program can help you build healthy new habits that help prevent Type 2 diabetes.

To learn more and register, call **240-677-1062** or email umcapitalcommunityhealth@umm.edu. Space is limited.

MAMA & BABY MOBILE HEALTH UNIT

Our mobile health unit, provided through a partnership with the March of Dimes, helps uninsured and under-insured women throughout Prince George's County receive quality health care for themselves and their babies.

The unit is staffed by an experienced team of certified nurse midwives, family medicine physicians, residents and medical assistants.

Call **301-437-5788**, Monday–Friday, 9am–4pm to schedule an appointment.



More moms are choosing us.

- › Patient-focused care
- › Private rooms
- › An experienced team of physicians, midwives and nurses
- › Multiple birthing options to meet your individual needs
- › Maternal-fetal medicine specialists for complex and high-risk pregnancies
- › Postpartum classes and support groups

Call **240-677-3000** or visit umcapitalregion.org/newborns to learn more about having your baby at UM Capital Region Health.

A better state of care.

