September 2016 Volume 1, Issue 9









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Inside Pages

Volume 1, Issue 9, September 2016

Success Story

CHECK YOUR SUGAR BEFORE YOU PLAN PREGNANCY





WHY IS **BREASTFEEDING** IMPORTANT FOR YOUR BABY?

ARE YOU A COFFEE ADDICT? THEN, BLAME IT ON YOUR DNA



Printed and published by Dr.K.S.Govindarajan on behalf of Womens Center and Hospitals Pvt Ltd. Printed at G.K.Printers, No.7 Karpagavinayagar Street, Pollachi Main Road, Othakkalmandapam, Coimbatore 641032 and published at 1-5, Raju Nagar, Mettupalayam Road, Coimbatore 641043, Editor Dr.K.S.Govindaraian.



think, the pictures and story on pregnancy in particular, stood out. I am a daily practitioner of yoga and I can confirm that it is very effective in battling mood swings as various levels, fatique and sickness. Yoga being the spiritual route to relaxed mind and body, it is nice idea for pregnant women to practice it. It would go a long way in helping the mother-in-waiting and the foetus in the womb. I am sure more pregnant women would start

practising yoga in the days to come. R.Krishnaswamy Tatabad

The article on pregnancy yoga was an eye-opener. Before reading the article, I had never heard of pregnant women practising yoga and its benefits. I delivered my child some three years ago. If only I had known about this, I certainly would have participated in the special yoga sessions. Now that we are planning for the second child, I don't want to miss out on the benefits which yoga offer. I would certainly come to your center in the near future.

R.Selvi Kovaipudur

Congratulations for bringing out an article on pregnancy yoga. Yoga is the ancient and most valuable treasure belonging to our country. After reading the article, I did some online search and found that the concept is already very popular in the US, UK and certain other European countries. However, it is sad that the concept is yet to gain currency in the country of its birth. Whoever said that the jasmine in one's own garden is never fragrant must be right!

L.V.Kuppusamy

(Do you like some of the articles appearing here? Or do you expect something more? We appreciate your views and love to hear from you. Mail your voice to info@ womenscenterinda.com)

Dear Reader,

Last month, the celebrated breast feeding week between August 1 and 7 to underline the importance of breast feeding and to create more awareness among people, particularly, among mothers and the mothers-in-waiting.

World Breast Feeding Week was first celebrated in 1992 by World Alliance for Breast Feeding Action (WABA)



and now is being observed in over 120 countries by UNICEF, WHO and their partners including individuals, organisations and governments.

Interestingly, World Health Organisation (WHO) emphasises the value of breastfeeding for both mothers and children recommending exclusive breast feeding for the first six months of life and then supplemented breast feeding for one year and up to two years or more.

It is true that today we live in an era of high-end technologies and lightning-fast communication. Despite this, we lack basic awareness on very many factors. Importance of breast feeding is one such. Even today, not many people, particularly, women understand its importance.

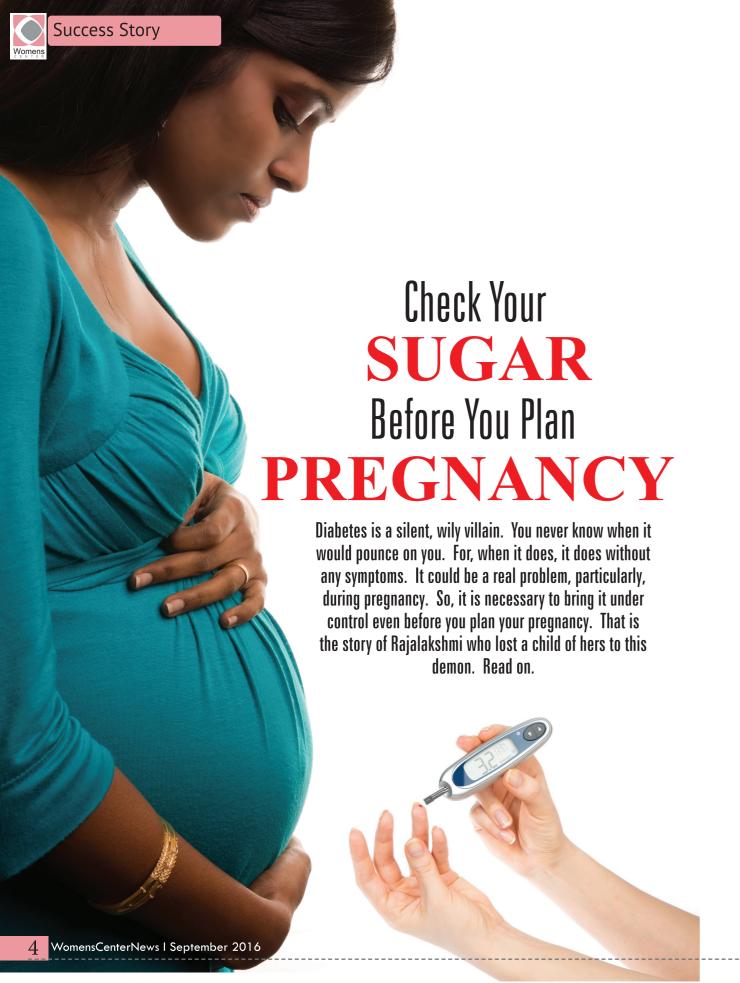
This becomes clear from the set of questions we have taken up in this issue in the Ask the Doctor columns. This fact also has prompted us to come up with one-page tips on breast feeding. It is our fervent hope that the readers would find it useful.

We also have a story as to how diabetes could impact pregnancy. It is very important to undergo basic medical investigation to rule out diabetes even before planning pregnancy since uncontrolled sugar levels can create lots of complications including birth defects.

It is now a known fact that the incidence of diabetes is alarming on the rise in our country and particularly among women. Lack of exercise, lifestyle change and unhealthy food habits can aggravate diabetes. Women planning pregnancy, if they are obese in particular, should take adequate care.

Looking forward, we can promise you lots more interesting articles that will give you an insight into your physical and psychological well-being. We are certain the articles in store will help you with the information you seek thus creating a happier, healthier 'vou.'

Dr.K.S.Govindarajan Editor-in-Chief



iabetes is one disease which can wreck havoc f not properly managed. effects could be during pregnancy, particularly if the mother-to-be is ignorant. Possible complications, arising out of diabetes, for the baby can include stillbirth, birth defects, macrosomia - the term for a baby that is much larger than the normal one, birth injury, hypoglycemia - a condition wherein the baby suffers from low levels of blood glucose right after delivery and respiratory distress.

But, unfortunate, as it would appear, most pregnant women do not know they have diabetes until they get tested since the disease offers no common symptoms. That was the case with 33-year-old Rajalakshi Panneerselvam, a mother who conceived three times even as she had to undergo a medical termination of

pregnancy (MTP) when she conceived her second child. "She was 23 years when she conceived her first child. The pregnancy and delivery were uneventful, probably because, she was not diabetic then", says Womens Center Consultant Gynaecologist and Endogynaecologist, Dr.S.Vishranthi.

It was after seven years Rajalakshmi conceived her second child - an anomalous baby. Everything seemed normal till her pregnancy ran into rough weather when the doctors who treated her diagnosed that the foetus suffered from severe cardiac problems. The unexpected complication prompted the doctors to do a quick medical investigation and they found that the pregnant lady suffered from uncontrolled diabetes. Thus, Rajalakshmi had no other option but to undergo MTP when she was into the fifth month of her pregnancy.

"After the termination of pregnancy I was feeling very low, I was feeling guilty and depressed. I thought I was responsible for the death of the baby. because. I had no idea I was diabetic". Rajalakshmi recalls. Experience is the greatest teacher, they say. So, when Rajalkshmi and Panneerselvam planned another child, they decided





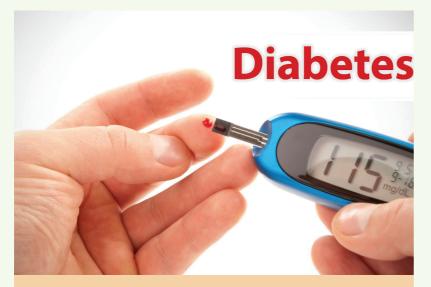
- The incidence of diabetes is on the rise these days due to a variety of reasons including ethnical, lifestyle changes and obesity to mention a few
- Awareness of diet modification and exercises even before planning pregnancy is mandatory.
- Poor eating habits and not doing routine activities can create complications during pregnancy.
- Last but not the least, women unknowingly can invite diabetes by taking prolonged bed rest as if pregnancy is a disease.

not to take risk. "We did not want any complications like in the past. We wanted best medical attention and that is why we approached Womens Center", Rajalakshmi confirms.

Dr.Vishranthi still remembers Rajalakshmi walking into Womens Center seeking the doctors' help in planning her next pregnancy. "She was planning her third pregnancy 10 years after the first. We went through her earlier medical records. Besides, we also carried out all basic investigations in the first session itself", says Dr.Vishranthi. As expected, the investigations revealed that Rajalakshmi suffered from uncontrolled blood sugar despite oral diabetic treatment. This being so, a team of Obgyn and Diabetology specialists discussed the case at length and decided to start the patient on insulin with strict diabetic diet, exercises and continuous monitoring of sugar levels.

The team of doctors counseled Rajalakshmi that the chances of getting an anomalous baby was very thin if blood sugar levels were controlled at the time of conception. Rajalakshmi, her husband and other concerned family members understood why it was important to bring diabetes under control and cooperated with the team of doctors excellently.

"We treated her for six months and brought the sugar under control before advising to plan her next pregnancy. The result was there to see when she spontaneously conceived", confirms Dr.Vishranthi. Notwithstanding this, the team of doctors at Womens Center knew well that successful management of the antenatal period was as important as achieving successful pregnancy. Hence, Rajalakshmi was subjected to strict monitoring of blood sugar levels and serial foetal scan throughout the antenatal period.



What is diabetes?

Diabetes is a condition in which the body can't make enough insulin, or can't use insulin normally. Insulin is a hormone. It helps sugar (glucose) in the blood get into cells of the body to be used as fuel. When glucose can't enter the cells, it builds up in the blood. This is called high blood sugar (hyperglycemia).

High blood sugar can cause problems all over the body. It can damage blood vessels and nerves. It can harm the eyes, kidneys, and heart. In early pregnancy, high blood sugar can lead to birth defects in a growing baby.

Diabetes and Pregnancy

Some women have diabetes before they get pregnant. This is called pregestational diabetes. Other women may get a type of diabetes that only happens in pregnancy. This is called gestational diabetes. Pregnancy can change how a woman's body uses glucose. This can make diabetes worse, or lead to gestational diabetes.

Who is at risk for diabetes during pregnancy?

Children or young adults suffer from type 1 diabetes while overweight women are more likely to have type 2 diabetes.

Can diabetes during pregnancy be prevented?

Not all types of diabetes can be prevented. Type 1 diabetes usually starts when a person is young. Type 2 diabetes may be avoided by losing weight. Healthy food choices and exercise can also help prevent type 2 diabetes.

The results were satisfactory total insulin requirement was 180 since the doctors could see that baby units. Elective LSCS was planned at male baby weighing 3.5 kilograms.

developed without any anomaly. "After 37 weeks as she had previous LSCS", 36 weeks gestation, Rajalkshmi's affirms Dr.Vishranthi. Eventually, Rajalakshmi gave birth to a healthy





Dr.S.Vishranthi MD(OG), Fellow in Endogynecology, Consultant

Mrs A, 30 yrs, married for 12 years with increased BMI 32.5, known PCO

Type II DM, G3A2, had 2 pregnancy losses immediately after marriage.

- I Spontaneous Abortion at 8 weeks of pregnancy
- II Natural conception and pregnancy loss at 14 weeks due to cervical insufficiency

She came to us for secondary infertility management. After thorough infertility evaluation, she conceived with treatment. This pregnancy at 13 weeks prophylactic cervical encerclage done in view of previous history of cervical incompetence.

Patient was alright, at 16 weeks routine scan showed opened internal OS with residual cervical length <1.2cms.

Being a very precious pregnancy, considering her age and medical problems like increased BMI/PCO/Md for 12 years, rescue cerclage (2nd time) planned.

The same was done next day. This time suture was taken 0.5cm above the previous suture.

Pt was followed up carefully with sugar control, serial scans and supplemented with vaginal progesterone. Foetal growth satisfactory with no anomalies. She was given prophylactic steroids at 29 weeks.

At 33+2 weeks of gestation, she had labour pains, rescue steroids given, because of prematurity and breech presentation of fetus, emergency LSCS done. She delivered a male baby 2.02 kgs.

Baby required surfactant and C-PAP support. Initially kept in NICU for 7 days before being discharged.







Ultrasound scan images of the foetus at 12, 16, and 32 weeks respectively

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Womens Center: Championing the cause of women's health



Dr.G.Selvanandhini MD(OG), Fellow in Maternal Fetal Medicine, Consultant

It was a monochorionic twin gestation - a single gestational sac with two separate embryos. A detailed ultrasound at 12 weeks showed two foetuses in separate amniotic sacs, sharing a single common placenta.

twin pregnancy.

One foetus was slightly smaller compared to the other. Further evaluation showed a marginal cord insertion in the smaller foetus. The couple were counseled about the findings. They were also briefed about the unique complications of the monochorionic twins and the need for frequent ultrasound follow up for growth and Doppler.

Follow up ultrasound showed one of the foetuses growing at a smaller pace, with a discordancy of 16% at 20 weeks. Further follow up showed Doppler changes in the smaller foetus in the form of absent and then reversal of diastolic flow in the umbilical arteries at 27 and 29 weeks of gestation respectively.

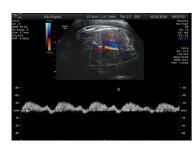
Because the couple were counseled well about this complication earlier, they understood the need to follow up with ultrasound frequently and towards the end were coming for ultrasound monitoring daily.

The discordancy in the estimated foetal weight at 28 weeks was 40% and were monitored daily with Doppler for changes in the ductus venosus. The twins had to be delivered at 31 weeks when the smaller foetus showed reversal in the a-wave of the ductus venosus.

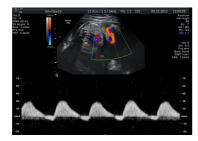
Further continuing the pregnancy would have been life threatening for both the babies. They were two boys weighing 1672g and 945g. Both the babies stayed in the NICU for about 2 months and on discharge weighed

In spite of the tremendous amount of stress and anxiety the couple had during the course of the pregnancy, it was indeed a double delight for the couple when they went home with their two sons after almost two months of NICU stay.

Doppler changes at the time of delivery



Ductus venosus - Reversed 'a' wave



Mr and Mrs.K who were trying to conceive for over 6 months, were delighted when

the urine pregnancy test turned positive and were doubly delighted when the ul-

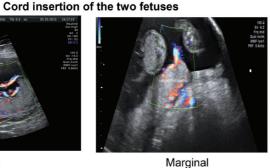
trasound at 8 weeks showed that it was a

Reversed diastolic flow in umbilical artery

Single gestational sac with two embryos



Normal



There cannot be a healthy family or a society in the absence of healthy women. As a matter of fact, the health of a woman is her total well-being.

During the last decade, we have witnessed renewed political commitment and sustained awareness campaigns stressing the importance of women's health.

However, two individuals, Dr. K.S. Govindarajan and Dr. Mirudhubashini Govindarajan thought about women's health from a holistic point of view some 30 years back.

It was this thought that resulted in the conception and implementation of

Womens Center which caters exclusively to the comprehensive healthcare needs of women.

There are various ways to support the welfare of women and ensure their social and cultural uplift. Providing total healthcare is one such.

Womens Center which has completed 33 years of its yeomen services to women in the society today is an institution of one-of-its-kind in the country.

A pioneer in women's health with many firsts to its credit, Womens Center has grown into a large institution of international repute.

Equipped with infrastructural

facilities and other required resources including the most sophisticated medical equipment, it is no wonder Womens Center is able to provide healthcare to its patients on par with international standards.

Womens Center is committed to international quality and best medical administrative practices in the delivery of its specialised services.

Being the undisputed leader in women's healthcare solutions, the center is present in Chennai, Salem, Tiruchirappalli and Tuticorin besides Coimbatore.

The first infertility center in the country to obtain ISO 9001-2008 certification for its test tube laboratory services Womens Center today is manned by over 100 medical and paramedical experts.

Besides reaching total healthcare solutions to women, the center is also quided by the philosophy of economic and social empowerment of women.

It has been in the forefront of empowering women, particularly those living in the rural areas, by giving them access to basic healthcare.

Keeping this in mind, Womens Center recruits volunteers from the villages for a week-long maternal and child welfare training course.

Supported by philanthropic agencies and local administration Womens Center imparts training to women from rural villages by taking care of all the expenses involved.

For, as Dr. Govindarajan, managing director, Womens Center puts it educating women not only leads to the education of the entire family but also improves the quality of the entire social fabric.

WOMENS CENTER OFFERS

- Comprehensive Infertility Evaluation including SCSA® Analysis
- >> Testicular Sperm Extraction (TESE)
- >> Intra-Uterine Insemination
- In-Vitro Fertilisation (IVF)
- >> Intra Cytoplasmic Sperm Injection (ICSI)
- Assisted Hatching

- >> Sperm Banking
- Embryo Freezing & Frozen **Embryo Transfers**
- ▶ Blastocyst Culture & Transfer
- >> Donor Insemination
- >> Egg Donation
- >> Embryo Donation
- Surrogacy

A FEW OTHER SPECIALTIES

- Adolescent Care
- High-risk Pregnancy Care
- New-born Care
- Dedicated NICU
- >> Cancer Screening
- Menopause Management
- Comprehensive Health Screening
- MRgFUS-guided fibroids & adenomyosis management

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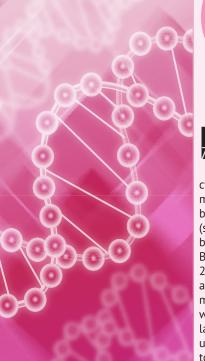






Clinical Director Dr. Mirudhubashini Govindarajan, FRCS - Canada

Dr.Saranya Manickaraj, Neonatologist, Lactation Specialist





'm a 27-year-old woman married with a one month old child. My problem is that I don't have enough breast milk for my child. This forces me to feed my child with other food supplements. Some of my friends say that my body is not producing adequate

milk because my breasts are too small. Is it true? Are there any medicines/pills which will help boost the milk production? I await your reply.

Mrs.MA, Salem

Breast size does not affect how much milk you produce. The size of your breasts is mostly determined by how much fatty tissue they contain. But this tissue doesn't have anything to do with the quantity of your breast milk. The reason for your milk production being low, if at

all it is actually low, might be something else. And usually most of these problems can be corrected with proper training and counselling. You do not need to take any medicines or pills right now. Please consult your Paediatrician or a lactation specialist to get some help with this so you will be able to give your baby the best nutrition which is breast milk.

> y wife who is 24 years recently gave birth to a healthy baby girl. The child is now three-months old. The problem is that my wife refuses to breastfeed the child, because, she thinks breastfeeding will distort the shape of her breasts. I've been trying to convince her otherwise and also about the need to breastfeed the child. But, she does not listen. She says that once the child is breastfed it would be difficult to wean it away. I need your advice on three counts: How to convince my wife? How long one should breastfeed the child? And, last, would it be difficult to wean away the child from breastfeeding? Please advise me appropriately, because, I can't bear to see the cries of my child for breast milk being ignored anymore.

> > AP, Mettupalayam

Breast feeding does not distort a woman's body shape or the shape of her breasts. nswer That is a myth. In fact, women who breast feed longer are able to lose their pregnan-

cy weight easily and maintain their body shape. It is recommended that a baby be fed with only breast milk (exclusive breast feeding) till 6 completed months of age. Weaning (starting other nutritional supplements, mainly home based diet) should be started only in the 7th month.

Breast feeding needs to be continued for 2 years or longer, if possible. Weaning is a gradual process which starts in the 7th month and the baby can be completely weaned off from the breast by 2 years or later as per your wife's wish. If done gradually and properly, it will not be difficult to wean your baby from breastfeeding.



I'm a 27-year-old single woman expecting a child in the next four months. I don't have any elders at home to give me proper advice on very many things. Though I have many unanswered questions, I really need some good advice to handle the post-delivery scenario. My questions are: How do I know my child is getting enough milk? How often should I breastfeed? Are there any foods I should

Hello Doctor

avoid while breastfeeding? Is it okay to breastfeed my child if I have flu or cold? Is there any special position to put my baby to the breast? Please reply.

Ms.RC, Madurai

Congratulations on your pregnancy. And I appreciate that you have already started thinking about how efficiently to breast reed your papy after the detivery. These feeds can be evenly distributed over the whole day or sometimes clustered during a particular part of the day. A baby who has fed well will have atleast 2-3

bowel movements a day and will pass urine 8-10 times per day. The most reliable indicator of appropriate feeding is weight gain. A baby will lose weight for the first 3-4 days of life and will start gaining weight form then on to reach birthweight by 7-10 days of life. Frequent weight checks will be done in the hospital after delivery and a few days after discharge from the hospital. Your Paediatrician will be able to tell you if your baby is gaining weight adequately.

There is no need to avoid any foods while breast feeding. You can continue with your normal diet. Just remember to take more fluids as long as you continue to breast feed your child. A good rule of the thumb is to drink a glass of fluid (200-250 ml) every time you feed the baby.

Yes, you can continue to feed your baby even if you have fever, cold or flu. Regarding positioning the baby for a feed, you will get some help in the hospital after your delivery.

'm a 35-year-old married woman with a 4-month old child. Though I have sore nipples, my body is producing enough milk. But, my problem is something else. Of late. I have noticed a white patch

around my nipples. Initially, it appeared as a small circle which later grew in circumference. I tried to wash it off but it refuses to go. I am afraid, at this rate the white patch will spread all over breasts. Should I see a doctor? Is this a disease? Kindly reply.

Ms.BS, Coimbatore



Sore nipples are not common when you have been feeding your baby for 4 months. Soreness ISWEP usually occurs in the initial few days of breast feeding. The soreness and the white patch on your breast could be a sign of infection. A fungal infection (thrush) can cause this. Please consult

your doctor immediately to confirm the diagnosis and start treatment at the earliest. Even if this is thrush, it can be completely cured with treatment. So don't worry.

(Do you have a medical problem? Do you need any advice? Then don't think. Shoot your questions right away to info@womenscenterindia.com)

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Breast milk helps keep your baby healthy

- ▶ It supplies all the necessary nutrients in the proper proportions.
- ▶ It protects against allergies, sickness, and obesity.
- >> It protects against diseases, like diabetes and cancer.
- >> It protects against infections, like ear infections.
- >> It is easily digested no constipation, diarrhea or upset stomach.
- ▶ Babies have healthier weights as they grow.
- ▶ Breastfed babies score higher on IQ tests.

Breast milk constantly changes to meet babies' needs

The milk changes in volume and composition according to the time of day, nursing frequency, and age of baby to promote healthy growth. Breast milk is the perfect food for your baby.

Breast milk is always ready and good for the environment

- >> It is available wherever and whenever your baby needs it.
- >> It is always at the right temperature, clean and free.
- → No bottles to clean.
- >> Breastfeeding has no waste, so it is good for the environment.



Why is Breastfeeding Important for You?

Mothers who breastfeed:

- ▶ Have a reduced risk of Type 2 Diabetes and certain cancers such as breast cancer
- May find it easier to return to what they weighed before they got pregnant
- >> Strengthen the bond with their children

Making it Work - You Can Do It!

Some helpful hints:

- ▶ Breastfeed soon after birth and breastfeed frequently 8 to 12 times in a 24 hour period.
- ➤ Hold your baby skin-to-skin.
- ➤ Keep your baby with you in the hospital.
- ▶ Do not give a pacifier or bottle until breastfeeding is well established.
- ▶ Give only breast milk.

Controversy

Banning Commercial Surrogacy

IT IS LIKE THROWING THE BABY OUT WITH BATHWATER

he Central Government a few days back made it clear that it does not support commercial surrogacy. In an affidavit to the Supreme Court, the government said that it would allow only needy, infertile married Indian couples to use altruistic surrogacy.

The affidavit should be read along with the issues raised by the Apex Court in matters relating to commercial surrogacy, presently legal in India. Interestingly, India is one of the few countries where commercial surrogacy is allowed.

Of late, India has emerged as a major destination for reproductive tourism for foreign couples due to low IVF cost. The country is also the preferred destination, because, it has no well-defined regulatory framework to protect the rights of surrogate mothers and the babies.

Absence of comprehensive laws has failed to prevent exploitation and there have been instances involving the death of surrogates due to pregnancy-related complications and

unavailability of good post-natal care.

There have also been instances of one-sided contracts which absolve the intended parents of all medical, financial and psychological risks and liabilities. Needless to say this put the surrogate mothers at a disadvantage.

Besides, there are also shocking stories of multiple embryos being implanted in the surrogate's womb to ensure higher chances of success and intended parents abandoning babies born with disabilities or unplanned twins.

This being the scenario, it goes without saying that the country needs to regulate its surrogacy norms. But, can this be achieved by banning commercial surrogacy since ART in the country has emerged as a \$2.5 billion industry?

The answer indeed is in the negative. The draft of Assisted Reproductive Techniques (Regulation) Bill which has been pending for ages will go a long way in the orderly functioning of the ART Clinics in the country

once it gets the parliament nod.

Yet, what is worrying is that the draft bill differentiates between Indian and foreign parents. It is worrying because, the bill once passed in its present shape can give birth to underground surrogacy clinics not wanting to let go off the lucrative foreign market

Banning commercial surrogacy is not the remedy. The real remedy lies in adopting a pragmatic approach by strengthening the draft bill with adequate safeguards to protect the surrogates and prevent their exploitation by foreign couples.



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you game for a steaming cup of strong Ifilter coffee? In fact, not just one but a few cups? If your answer is in the affirmative, their findings in the journal then, you should also know that your DNA has much to do with your coffee addiction. That is in one's coffee-drinking habit? going by the latest research.

Analyses of the generic data, by researchers, obtained from over 1200 people in Italy only confirm this truth. Researchers found that those with a gene variant called PDSS2 drank one cup less a day on average than those without the variation.



involving over 1700 people in the Netherlands too yielded similar findings according to the study authors who published Scientific Reports. So, what is the exact role that PDSS2 plays

Researchers investigations found that PDSS2 reduces cells' ability to break down caffeine. This otherwise means the caffeine stays in the body for a longer period. In other words, it would mean people with gene variant do not need as much coffee to get the What is more research same amount of caffeine.

"The results of our study add to existing research suggesting that our drive to drink coffee may be embedded in our genes," said study author Nicola

Pirastu. He is a chancellor's fellow at the University of Edinburgh in Scotland.

Piratsu, however, has a word of caution that larger studies would be needed to confirm the discovery before clarifying the biological link between PDSS2 and coffee consumption. Meanwhile, if someone reprimands you for drinking too much coffee, you may say "It's in my DNA!"



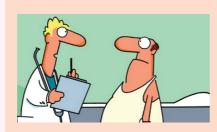
Lady: My husband just swallowed an Aspirin by mistake. What shall I do? Doctor: Give him a headache now, why waste medicine!



"Doctor, would I be able to play with the violin after the operation? "Yes. of course.....!" "Great! I never could before!"

"The doctor said he would have me on my feet in two weeks." "And did he?"

"Yes, I had to sell the car to pay the bill!"



Sonu: The nurse was repeatedly saying, "don't get nervous", "don't be afraid", this is only a small operation." Monu: So what was wrong in that? Why are you so afraid?

Sonu: Because, she was talking to the surgeon!





We take care of your health like a mother does!

It's not just about infertility. We take care of every conceivable health issues pertaining to women. We've the best infrastructure, best doctors. We give you personal care. All done with an infectious smile!



Womens Center

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Email: info@womenscenterindia.com, www.womenscenterindia.com



"The moment a child is born, the mother is also born. She never existed before. The woman existed, but the mother never", it is said. That is exactly what happens at Womens Center. For over three decades, it's successfully given birth to hundreds to thousands of healthy mothers and equally healthy children. It has the latest technology, expertise and experience. So, get real if you think motherhood is a distant dream. Berth with Womens Center and witness the birth of the mother in you. It can help find your bundle of joy!



Email: editor@igcworld.com, www.igcworld.com