

BETTER BABIES: DMS just received its third grant in five years from the U.S. Agency for International Development—this one to improve pregnancy outcomes in Kosovo. Dartmouth physicians and nurses will work closely with their counterparts there.



GIFT FROM CLOSE-KNIT CLAN

When Dale “Hoss” Lewis, a Pomfret, Vt., farmer and logger, died of an adenocarcinoma at age 41 last November, his family was heartbroken. But from heartbreak came inspiration. The family has since then begun to raise funds in his memory as a benefit for Dartmouth’s Norris Cotton Cancer Center—by knitting and selling “Hoss Hats.”

The hand-knit acrylic and wool hats have not only helped raise over \$1,000 for the Cancer Center, but they’ve also given Lewis’s family a positive and productive way to channel their grief. “It makes us feel we’re helping out in some way,” explains Lewis’s aunt, Ann Bassett. “It’s better than sitting around crying.” A.P.



FANS OF CHINESE CULTURE

Getting all the ingredients in a lab experiment just right is crucial to a successful outcome. Similarly, getting all the ingredients in the dumplings just right is key to a successful Chinese New Year celebration, says Dr. Song Lin, a biochemistry research associate at DMS. Jiaozi, as Chinese dumplings are known, call for pork, cabbage, bamboo shoots, and assorted spices, all wrapped in a thin dough.

“Dumplings are a very important food in Chinese New Year celebrations,” says Lin. As the president of the Upper Valley Chinese Professional Club (UVCPC), Lin organized the group’s 2006 Chinese New Year festivities—which were attended by nearly 300 people. Also on the menu were sour-sweet salmon (a symbol of abundance) and oyster-sauce-braised spare ribs with garlic sauce.

In addition to food, the gathering featured a Chinese history quiz and various presentations—from a demonstration of Chinese calligraphy to a performance by Dr. T.Y. Chang, chair of the DMS Department of Biochemistry, of the song “On the Jiang-Ling River.”

The UVCPC has grown from 15 members in 1989 to over 200 today; its ranks include people who have emigrated from China, Americans of Chinese heritage, and individuals who have adopted Chinese children. The club even began a Chinese school in 1996, where about 150 students from age 5 to 40 have learned Chinese language, history, and traditions.

“People get together to see some Chinese” people, explains Lin, “to feel at home, to talk about life here [and] how life is changing back in China.” M.C.W.



Making pre-pregnancy a perpetual mindset

If the Centers for Disease Control and Prevention (CDC) gets its way, American women will start receiving prenatal care long before they ever get pregnant. In April, the CDC’s *Morbidity and Mortality Weekly Report* contained national recommendations meant to improve the health of all women of child-bearing age, so if and when they decide to have children they’re more likely to give birth to healthy babies.

About 85% of U.S. women receive prenatal care—after they get pregnant. Yet the U.S. ranks 26th among developed nations in infant mortality and has higher rates of low-birth-weight babies and premature births than comparable countries.

Panel: “What this is a campaign for health in general,” says Dartmouth neonatologist Dr. George Little, a member of the CDC’s Select Panel on Preconception Care, which contributed to the report. “It’s what I call ‘reproductive awareness’: it’s being aware of the fact that you have to be healthy and prepared for a pregnancy.” Many couples, he adds, think about optimizing a successful pregnancy only after conception has taken place. But that may be too late to ensure that an infant is born healthy.

Under the new guidelines, childbearing-age women are advised to take folic acid supplements; refrain from smoking and excessive drinking; maintain a healthy weight; and gain control of chronic conditions such as epilepsy, asthma, depression, or

diabetes. Women with chronic health conditions may have to do even more to be baby-ready and should see a specialist before getting pregnant. And those taking medication—either prescription or over-the-counter drugs—should let their doctors know, as some drugs may be detrimental to fetal development.

Plan: The report also recommends that everyone of child-bearing age, men and women, develop a reproductive life plan describing if and when they intend to have children. And it advises pre-pregnancy checkups to discuss long-term reproductive health. “Having a baby is a choice,” says Little, and doctors should take that choice into account whenever they bring up



Optimizing reproductive health is the goal of a national project that two DMS faculty members are involved with.

reproductive-health planning.

Dartmouth-Hitchcock is one of 35 organizations—including the CDC, the American College of Obstetrics and Gynecologists, and the March of Dimes—collaborating to educate women and doctors about preconception care. DHMC has begun to offer its providers training in preconception care, including an online interactive course on smoking cessation. And after giving birth at DHMC, even before leaving the hospital, couples now receive counseling on interconception care, or planning between pregnancies. But “the major place for where the intervention needs to occur is not in the hospital, but in the doctor’s office and in the community and in education,” says Little.

Goal: He acknowledges that promoting preconception care to minors may generate controversy. But people should not confuse it with instruction on sexual behavior, he says. The goal of the CDC recommendations “is to raise the level of health in our society as a whole.”

There “are quite a number of things recommended as screening in primary care which are not routinely done for women today” and which may mean the difference between a healthy infant and a sick one, says DMS pediatric researcher Kay Johnson, who is also a member of the Select Panel.

Johnson and Little will continue to work with the CDC to integrate the guidelines into medical practices and public health programs.

Laura Evancich

CLINICAL OBSERVATION

In this section, we highlight the human side of clinical academic medicine, putting a few questions to a physician at DMS-DHMC.

Michael Chobanian, M.D.

Associate Professor of Surgery and of Pediatrics

Chobanian is the only pediatric nephrologist in New Hampshire and the director of medical transplantation at DHMC. He did his residency in pediatrics at Dartmouth and joined the staff in 1997 as an adult kidney specialist. He still sees a small cadre of adult patients with kidney disease.

What made you decide to become a physician?

My father was the first person in his family to go to college, so it was obvious that my brother and I, as the second generation of Americans, were expected to go to college and become doctors, dentists, or lawyers. Fortunately, when I was in high school, I learned to love the medical profession and, what is most important in life, serving others. The rest was easy.

What is the greatest joy in your work?

In my first academic post, at the University of Wisconsin, I thrived on being able to apply what I was studying in the lab to my patients. When I came to Dartmouth, I was given the opportunity to evolve into a transplant physician. Now my greatest joy is seeing patients change their lives and regain what they want most—good health. A transplant recipient transforms before the physician’s eyes; we are privileged to be given the opportunity to see the fruits of our work every day.



And the greatest frustration?

Dealing with a lack of knowledge in the insurance arena—having insurance companies make decisions about patient care. If we continue to permit insurance companies to decide which av-

enue of therapy is best for patients, we are going to be in big trouble in the future.

What’s your favorite nonwork activity?

Being with my family. My wife, who is a pediatrician and child developmentalist, and I have six children. There is nothing more gratifying than raising a family and watching them grow, mature, and become wonderful people.

What misconceptions do people have about your specialty?

Even though we celebrated the 50th anniversary of the first transplant in America last year, there are still people who think that a transplant is a thing of the future. They don’t realize that transplantation has evolved into a standard solution to treat end-stage kidney, liver, lung, and heart disease.

Of what professional accomplishments are you most proud?

Developing DHMC’s transplant program as the only one in New England that has almost 75% of its transplant recipients on one drug, rather than on two or three, while maintaining a less than 4% annual rejection rate without compromising outcomes. I’m also proud to be working with the most talented, dedicated, and committed group of colleagues—our team is the most envied in the hospital and the region.

Finish this sentence: If I had more time I would . . .

Spend it with my family. Life is short and my time is valuable. Family is everything to me.

What about you might surprise people?

I belong to the Society of American Baseball Researchers, or SABR as it is known in baseball circles. SABR keeps track of every obscure statistic in baseball, while recording the history, development, and progress of the sport since its inception in the 1800s. I love the game and still try to umpire and coach when I can.

Hollywood is doing a movie of your life. Who plays you?

Definitely Jack Nicholson, in the role that he played in *As Good As It Gets*. I have a hard shell, but underneath I’m a softie.

