

Hippie turned midwife helps women of all ages

Certified nurse and midwife Patricia Harman has delivered babies in cabins, communal farms, teaching hospitals and in hospital birthing centers. In her "wild youth," as she calls it, Harman was staying at a friend's commune when she serendipitously attended a birth — and found her calling. Although she has gone on to help female patients at every stage of

life, Harman said she feels that "if the beginnings of life were beautiful and respectful, then there was hope for a peaceful world."

A Northern California native who has lived in West Virginia for the past 30 years, she practices with her obstetrician/gynecologist husband near Morgantown, W.Va. Harman has an MSN in nurse-midwifery from the University of Minnesota, and is also the author of "The Blue Cotton Gown" (www.patricharman.com), a memoir of her experiences as a midwife.

Q: What has been most satisfying

about your work?

A: Surprisingly, it isn't the deliveries that have been the most rewarding. What touches me most is being supportive to women who are facing challenges with their health, their boyfriends or husbands, jobs or kids. Women and families really appreciate you as a provider at the birth of their baby, but at that moment, everyone is really high. If you can help someone when they are in trouble and make their day a little better, that is the greatest (reward).

Q: What have been the challenges?

A: We see hardworking people every day in our clinic who do not have insurance or have inadequate insurance. West Virginia is unique in that the poverty level is high, but unemployment is only 10 percent. There isn't much industry, so when the recession came along, there were not a lot of factories to close. People have always been poor, and (typically), have minimum-wage jobs. Sometimes they need tests or surgery, and we can't give them the care they need. Literally, I've had patients who

have died for lack of a mammogram. I had a patient whose uninsured father died because he didn't go to the emergency room when he had (chest) pain.

Although I don't deliver babies anymore, it also concerns me that the C-section rate (nationally) is 33 percent — with one of three babies being born by major surgery. Because of medical malpractice problems here, hospitals consider it too risky to allow doctors and midwives to do vaginal birth after a (woman has had a previous) cesarean. Ten years ago or so, my husband and I used to do a lot of those births — and never had a complication.

And finally, a third challenge is the medical malpractice insurance crisis — which is why my husband and I gave up deliveries (four years ago), and just do early obstetrics. Those forces still control our health care system, and I know doctors and midwives order more tests than needed — to keep from being sued. In West Virginia there's no limit on what you can sue for, and because we are a small state, insurance companies are reluctant to come in here because they

don't make much money.

Q: What has inspired you about your patients?

A: I am in awe of the courage of ordinary people as they struggle to live their lives and deal with their personal hardships. The breadth of our practice is from poor and uneducated to affluent and educated, and goes all the way up to age 83. We are in a university community, but we have a huge rural area in our catchment area, and people come to town from way out in the boonies. At least two-thirds of our practice is rural women.

Health habits are pretty poor, and that's one of the reasons why I like to do teaching with women early in pregnancy. If you ask people what they need to eat, they've got the drill — more fruits and vegetables — but that doesn't mean that they don't have their (Little) Debbie cakes, and a lot of fried food. It's just part of the culture. You would also think that people living out in good, clean country air would exercise a lot. But unless they are farmers — and there are few farms anymore — there is nowhere to go walking. Mostly there are dirt roads without a berm, and here comes a coal truck down the

road. It might be a 30-minute drive or longer into town, and people don't have the money to join a gym. So people watch a lot of TV and eat a lot of fast food.

In most measurements of poverty, health care, cancer and habits like smoking, West Virginia ranks near the bottom, along with Mississippi and Alabama. We used to think that we had an awfully high teen pregnancy rate, but we're about eighth now. It is amazing, though, that some of these girls are doing so well, and I'm really proud of them. West Virginia has a strong family structure, and young women — when they are pregnant and unmarried — have a lot of support and do not miss their clinic appointments. I did my training at Case Western Reserve in Cleveland — more of an inner-city population — and women would often drop in and have their babies with no prenatal care. Here, even if there is an old truck, grandpa will drive them to their visits, and the family rallies around them.

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Palo Alto dentist using new regenerative treatment

BY ADAM MANN
Bay Area News Group

Using an extract taken from a patient's blood, lead surgical assistant Teresa Macquire moistened tiny grains of bone resembling coarse sand. The mixture formed a milky-white, putty-like paste. Within seconds, Macquire said, the grains absorb the patient's DNA, reproducing his bone.

Macquire works in the Monterey dental office of periodontist Dr. Jochen Pechak, who uses a pioneering treatment to accelerate a patient's natural healing process. Pechak also has an office in Palo Alto.

The technique, called Plasma Rich in Growth Factors, or PRGF, employs proteins called growth factors, which are derived from blood and play a key role in tissue repair and renewal.

"These are basically messenger proteins," Pechak said. "They tell other cells in the body, 'Hey, we need tissue repair right here.'"



Dr. Jochen P. Pechak, a Palo Alto periodontist, works on Allen East, who is having an extraction and bone graft done at Perio & Implant Center in Monterey that uses membrane made from the patient's own blood plasma.
Orville Myers / Monterey County Herald

He describes the results as "remarkable" and reports less trauma and nerve damage from his patients.

Prior to surgery, the staff drew a small amount of blood — about the same as is taken during a blood test — from their patient, Allen East. East had an abscess in a molar and it needed to be removed.

In the compact technician's room,

Macquire doled out the blood into six test tubes, placing them in a centrifuge for eight minutes to separate the components. The heavy red blood cells sunk to the bottom, topped by white blood cells, and then a plasma full of concentrated growth factors.

The first extraction contained the most growth factors. Pale and yellow, it was manipulated into forming a special yolk membrane that will cover the surgery site. The next section was mixed with bone from donors to form the gumlike substance used to regrow East's jawbone. The final subunit will be used to soak the surgery site with an extra dose of growth factors.

Meanwhile, in the clean, comfortable surgery room, Pechak worked with a head-mounted flashlight while pleasant music played.

"Here we go," said Pechak as he started to loosen the tooth. "You'll feel a little pressure."

He wiggled the tooth with his dentist's implements. East's toes curled.

After a few minutes, the tooth came out, looking black and rotten. There was a large crater left behind in the gums.

Macquire brought the three dishes in. Pechak placed the bone putty matrix into the crater and then laid the yolk membrane over. He gently stitched the membrane in place. East, under local anesthesia, reported no pain.

"I just felt pressure," he said. "But it didn't hurt at all."

There was a surprising lack of blood. Pechak explained that the "cells want to go to work right away" and the bleeding turns off "like a switch."

The entire operation took about an hour.

Within a week, the membrane will be indistinguishable from the rest of East's gum line. After three months, his jawbone will grow into the cavity. Pechak will drill a small titanium implant into this new bone, and East will soon have an artificial tooth, held in as tightly as his real teeth.