

MONMOUTH

health & life

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on music, kids and
The Boss

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health link

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- how to keep the weight off
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OUR COMMITMENT TO KIDS

As parents, nothing is more important than our children's health. On the day our kids are born, our parental instincts immediately kick in, inspiring us to protect them from any and all ills—be it the slightest case of sniffles or more serious problems. Of course, we also want to make sure we know when they truly need medical attention versus just some tender loving care.

In this issue of *Monmouth Health & Life*, I'm proud to announce that Monmouth Medical Center has received state designation as a Children's Hospital for Monmouth and Ocean counties—a recognition that signals to the community that pediatrics is a major part of the hospital mission.

Monmouth Medical Center has long served as the region's center of excellence in specialized services for children. It was in recognition of our strength in pediatrics that Monmouth received New Jersey State Legislative approval as a Children's Hospital for Monmouth and Ocean counties. This comes on the heels of Monmouth joining more than 180 other institutions as part of the nonprofit National Association of Children's Hospitals and Related Institutions, a collective voice for health systems devoted to the well-being of America's 70 million children and their families.

Also in this issue, we profile Monmouth Medical Center trustee Anne Estabrook (page 54), chairman of the board for the Children's Hospital at Monmouth Medical Center. A longtime Monmouth Medical Center benefactor, Anne heads a board of trustees composed of hospital and community leaders who will guide the Children's Hospital through a continuing expansion of services.

In keeping with Monmouth Medical Center's vision, our Children's Hospital provides a comprehensive continuum of accessible, high-quality, family-centered children's services that meet families' needs and exceed their expectations—thus improving the health of children in our region. The Children's Hospital is dedicated to promoting children's health care initiatives while maintaining professional excellence in research and education on children's health.

We are pleased to celebrate this important new designation for Monmouth, which has as its core value a commitment to the health and well-being of all children and the provision of a superior continuum of pediatric health care.

Sincerely,

FRANK J. VOZOS, M.D., FACS

Executive Director
Monmouth Medical Center



HEALTH *Link*

CONQUERING CANCER

A BETTER WAY TO TREAT TUMORS

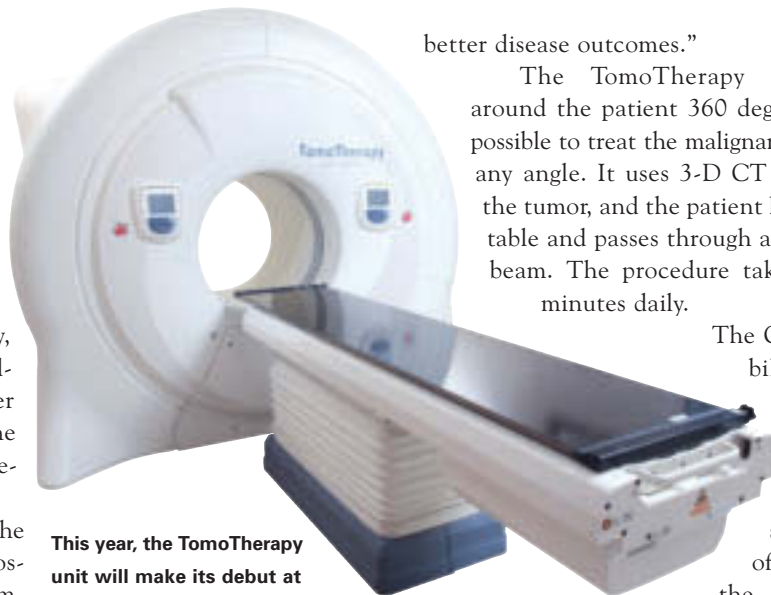
A new technology precisely aims multiple radiation beams, sparing healthy tissue

It's an old dilemma for cancer-fighting doctors: How do you kill cancerous cells without harming the healthy tissue that surrounds them?

Now there's an answer in a technology called TomoTherapy, which Monmouth Medical Center plans to offer beginning this fall as the latest weapon in its arsenal against cancer.

TomoTherapy is the first system to make possible precise CT (computed tomography) image verification of a tumor just seconds before the delivery of radiation beams that conform closely to the tumor's shape. Mitchell Weiss, M.D., Monmouth's chairman of radiation oncology and a former chief resident at Memorial Sloan-Kettering Cancer Center, calls it "a revolutionary method of delivering radiation that provides more opportunities to help patients."

TomoTherapy delivers precise radiation treatment using a number of highly targeted rotating beamlets. The technology directs optimal doses of radiation to the tumor while minimizing doses to surrounding tissues. "Delivering radiation in this fashion," says Dr. Weiss, "allows us to treat almost any tumor—and even to target multiple lesions simultaneously while preserving healthy tissue. This may make possible decreased radiation side effects and



This year, the TomoTherapy unit will make its debut at Monmouth Medical Center.

better disease outcomes."

The TomoTherapy machine rotates around the patient 360 degrees and makes it possible to treat the malignant cells from nearly any angle. It uses 3-D CT imaging to locate the tumor, and the patient lies on a treatment table and passes through a rotating radiation beam. The procedure takes only 15 to 20 minutes daily.

The CT scanning capabilities of TomoTherapy, says Dr. Weiss, permit doctors to confirm the shape and position of the tumor before the treatment begins.

"TomoTherapy lets us accurately treat tumors, even those with significant anatomical movement," he says. "This is a breakthrough compared with previous methods of radiation delivery, which forced us to treat larger areas to account for tumor motion. And because we're able to target so precisely, we may be able to increase doses beyond what we've used in the past—and get better cure rates."

Adds Sang Sim, M.D., also a former chief resident at Memorial Sloan-Kettering and now director of brachytherapy in Monmouth's department of radiation oncology: "We can radiate to a high dose in areas that previously couldn't be treated, and provide new hope and further therapy for patients who had previously exhausted their treatment options." *M*



Radiation oncologists Mitchell Weiss, M.D., and Sang Sim, M.D.



To find out more about TomoTherapy at Monmouth Medical Center, call the Leon Hess Cancer Center's Institute for Advanced Radiation Oncology, 732-923-6890.

STAYING FIT

IS THAT SLIMMER NEW YOU HERE TO STAY?

If you've lost unwanted pounds, these 7 questions will help you see if you're ready to keep them off



Every dieter knows it from experience: It's one thing to reduce your weight, and quite another to make that weight loss stick.

"You need to make permanent lifestyle changes," says Samar Habiby, a clinical nutritionist affiliated with Monmouth Medical Center. "Diet alone doesn't work, and neither does exercise alone. You have to have both."

Indeed, there's evidence that these two things—and a few more—are keys to making sure lost pounds don't return. A database called the National Weight Control Registry has compiled the experience of more than 5,000 Americans who've dropped at least 30 pounds and kept them off for a year or more (though their averages are much higher in both categories). Registry members shed the weight in a variety of ways, by themselves and in organized programs such as Weight Watchers, but they report remarkably consistent habits for keeping it off.

Answer the seven questions below honestly and you'll get a hint of how you'll fare in protecting your new svelte self. If you enter seven check marks, it's probably safe to go out and splurge on a skinny new outfit. If you leave a few boxes blank, you've got a little homework to do.

1. **Do you get lots of exercise?** Registry participants devote an hour or an hour and a half to vigorous activity daily. That need not mean an Olympic sprint; swimming, cycling, aerobics or brisk walking count. (Check with your doctor before adopting a new exercise regime.)

5 ways to make sure what you've lost won't 'go to waist'

To maintain weight loss successfully over the long term, experts say, there are five "musts":

- 1. Limit portion size.** Restaurants, convenience-food packages and even cooks at home are serving up bigger meals than they did 20 or 30 years ago. Buck the trend. Learn to weigh and measure food and find out, for instance, what just 3 ounces of protein looks like.
- 2. Don't skip meals.** "This is important," says nutritionist Samar Habiby, "because every time you eat a meal you give yourself a metabolism boost." If you skip one, you'll be inclined to overeat at the next meal.
- 3. Know your patterns.** "It helps to keep an eating diary for a while—not only of what you eat, but of the circumstances in which you eat it," says Habiby. "For example, if you see that you went to the refrigerator for an unwise snack after you were upset by talking to your mother on the phone, it might be a good idea not to call her from the kitchen next time."
- 4. Find support.** The cooperation and understanding of family members or friends can help a lot. Many people find that groups like Overeaters Anonymous give them a chance to deal with the feelings that tend to make them overeat.
- 5. Let go of perfect.** "If you do mess up, it's not the end of the world," says Habiby. "Don't let negative feelings make you regress. Just go back to your new lifestyle."

If you're already a 'longtime loser'

People who have said goodbye to at least 30 pounds for a year or more may be eligible to join the more than 5,000 people on the National Weight Control Registry so their experience can help others keep the weight off. Log onto www.nwcr.ws or call 1-800-606-NWCR (6927).

- 2. Do you follow a low-fat, high-carbohydrate diet?** In the registry, even participants who lost their weight with the low-carb Atkins diet (a minority) tend not to skimp on carbs in the maintenance phase. Fat is the foe.
- 3. Do you eat breakfast?** Seventy-eight percent of respondents in one registry study report eating the morning meal every day of the week.
- 4. Do you weigh yourself often?** You've probably been doing this in the weight-loss phase; it's important to stay vigilant. Many people who manage to keep trim check their weight daily. That way, if weight nudges upward it can be nipped in the bud by cutting back on calories. (It's best to use the same scale at a consistent time of day.)
- 5. Do you stay on your new regimen even on weekends and holidays?** People on the registry tend not to award themselves "breaks" from their new eating routine.
- 6. Do you limit variety within food groups?** Nobody's saying you can't experiment now and then, but most of the successful long-term losers stick primarily to tried-and-true foods. That way it's easier to judge quantities and prepare meals in a healthy way.
- 7. Do you embrace weight maintenance as a life-long process?** "This isn't a diet," registry members often say. "It's the way I eat now." Indeed, success means there's no finish line or graduation date. If that seems daunting, consider this: Participants also report that the process gets easier over time and that their new lifestyle becomes not a chore, but something they enjoy. *M*

Have you tried these weight-limiting tips?

- **HAVE A GLASS OF WATER BEFORE A MEAL.** You'll crave less food.
- **USE A SALAD PLATE FOR DINNER.** It'll help you limit portion size.
- **WAIT FIVE MINUTES.** You've cleaned your plate and you're clamoring for more? Don't dish it up right away; after a brief wait you may feel fuller and more able to resist that second helping.
- **HAVE SOMETHING HOT.** A cup of sugar-free hot chocolate, tea or broth may be a good answer to your urge for a treat—it pleases your taste buds and keeps you busy for several minutes that might otherwise be spent gobbling.
- **STOCK UP ON HEALTHY SNACKS.** Is it realistic that you're going to watch March Madness without munching? Plan ahead so that a bowl of raw carrots, celery, cauliflower, unbuttered popcorn or baked potato crisps is at hand rather than potato chips, cookies or sweets.
- **DRINK SKIM MILK.** In a Canadian study, people who made a point of drinking more milk (nonfat or low-fat, of course) were less apt to gain weight and body fat than those who didn't. Milk's calcium appears to help limit the abdominal bulge, and so may "additional bioactive compounds" in dairy products, researchers say.
- **IF YOU SWIM, CHOOSE WARMER WATER.** Another recent study shows that cold-water swimming sparks the appetite—participants ate 44 percent more calories after cold swims than after warm ones.

HAVING A BABY

DEBUT OF A LABOR-SAVING DEVICE

An obstetrician's simple invention gives women greater control in childbirth



New Push Straps helped to assure a smooth delivery for Desirée Carton in July 2004, when she gave birth to her son Connor.

Post-its. Velcro. Wheels on luggage. How did we ever live without them? Now a similarly elegant innovation is making labor and delivery more bearable for new moms. It's called Dr. Anna's Push Straps, and it gives women a way to control their legs while they're pushing. It may also help prevent birth trauma to the baby.

"I saw that it was difficult for women to exert the proper force," says the Push Straps' inventor, obstetrician-gynecologist John Pelligra, M.D., of Monmouth

Medical Center, who drew on 20 years' experience with deliveries. "Until now, control of the woman's legs has been left to the spouse, partner, nurses or doctor pushing up on her feet, or she'd try to grab her knees to bring them up to her chest."

Dr. Anna's Push Straps are named for Dr. Pelligra's daughter, who's really not a fellow M.D. Made of nylon, they're placed on the patient's feet. The woman then pulls back on handles at the other end to bring her knees towards her belly. This motion, known as the McRoberts Maneuver, widens the pelvis, allowing the baby to move more easily through the birth canal. Because the mother is, in effect, holding the reins, she has better command of her movements.

"The straps allow the patient greater control, leaving the attending doctors and nurses free to concentrate on other important aspects of the delivery," says Dr. Pelligra.

Response to the product has been overwhelmingly positive, he reports. One pleased user was Desirée Carton of Brielle. When her first child, Connor, was born in July 2004, she says, "between concentrating on breathing, relaxing and managing the pain, I was having trouble pushing." Dr. Pelligra suggested the Push Straps, and Carton reports that they made a big difference.

"I don't know how women did it before," she says. "The straps let you bring your knees up without using your arms to hold them. It calms you and lets you focus on giving birth."

Now that Dr. Anna's Push Straps have won plaudits in the delivery room, Dr. Pelligra has developed a DVD exercise program to help women use them throughout pregnancy. Strengthening and conditioning exercises done with the straps not only prepare moms-to-be for delivery, but also enhance flexing of the legs and reduce back pain. *M*

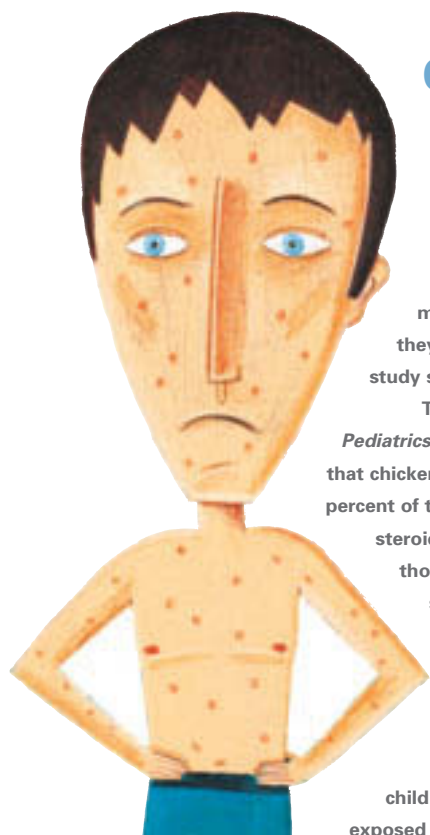


To find out more about Dr. Anna's Push Straps, check out the product's website, which can be found at

www.pushstraps.com.

KIDS' HEALTH

News you can use to help your child get the best care



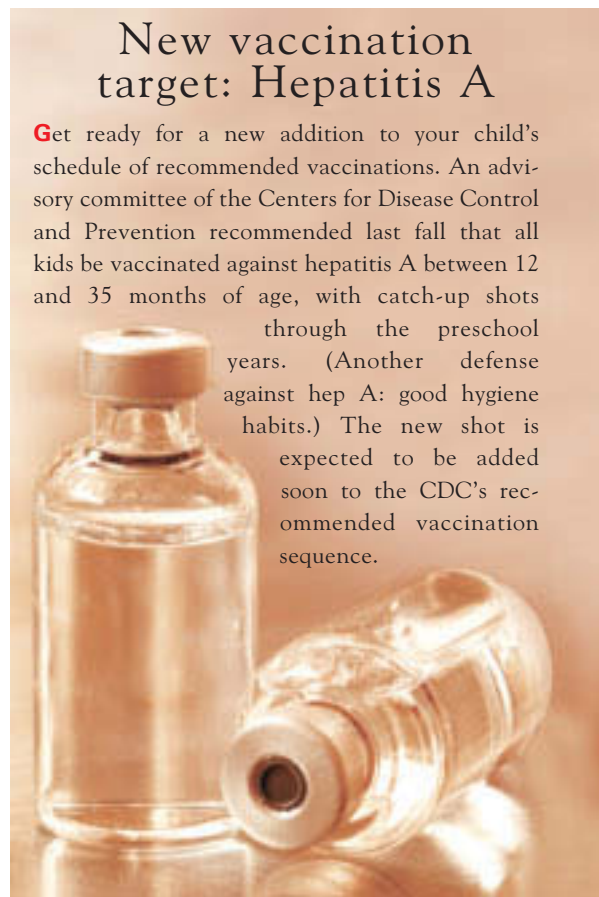
Chicken pox & steroid meds: bad combination

Children who are regularly given medications containing steroids—asthma medicines, for instance—may need to stop taking them if they're exposed to chicken pox, a new study suggests.

The research, reported in the journal *Pediatrics*, involved 697 youngsters. It showed that chicken pox became especially severe for 70 percent of the children who were taking steroids, compared with just 44 percent of those who were not. (The children in the study were taking steroids for leukemia, which requires a heavier dose than asthma, but investigators say their findings aren't limited to leukemia patients.) Check with your doctor if your child is taking steroid medications and is exposed to chicken pox.

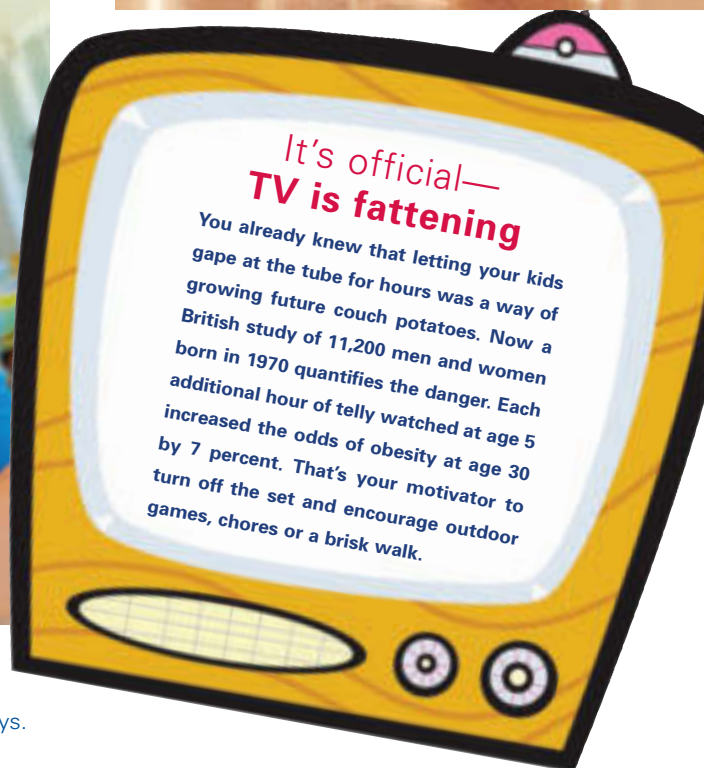
New vaccination target: Hepatitis A

Get ready for a new addition to your child's schedule of recommended vaccinations. An advisory committee of the Centers for Disease Control and Prevention recommended last fall that all kids be vaccinated against hepatitis A between 12 and 35 months of age, with catch-up shots through the preschool years. (Another defense against hep A: good hygiene habits.) The new shot is expected to be added soon to the CDC's recommended vaccination sequence.



Amoxicillin: dental danger?

Put this in the "don't worry" file. You may have read reports of a study of more than 500 children suggesting that amoxicillin doubles kids' chances of later developing dental fluorosis, which can cause tooth staining. But that's no reason to balk if your doctor prescribes the widely used antibiotic, says Dahlia Hall, M.D., a pediatrician affiliated with Monmouth Medical Center. "The infection-fighting benefit of amoxicillin far outweighs the danger of this slight discoloration," she says, noting that fluorosis may also result from too much fluoride. (She adds that another antibiotic, tetracycline, is avoided in children under 8 because of a more serious discoloring effect.) Still, all antibiotics should be used with care. "Use them only when they're specifically prescribed," Dr. Hall says.





VITAL STATS ON VITAMINS

KNOWING ABOUT THESE VERSATILE MICRONUTRIENTS
CAN HELP YOU GUARD YOUR HEALTH

Do most of us need to take a daily vitamin pill? With the multibillion-dollar vitamin-supplement industry claiming 30 percent of Americans as regular customers, it's surprising that a clear answer to this question has emerged only recently—but that answer is yes.

“Medical teaching has been that, in generally healthy persons, nutritional needs can be readily met by diet alone,” two Harvard School of Public Health investigators noted in *The New England Journal of Medicine* four years ago. But after a look at recent findings they decided it was time for a change in medical advice. “A multivitamin that does not exceed the RDA [recommended daily allowance] of its component vitamins makes sense for most adults,” they concluded. And most diet experts now agree.

Lauren Dorman, a registered clinical dietitian at Monmouth Medical Center, is one of them. “The best way to get the vitamins you need is by eating lots of fruits, vegetables and whole grains,” she says. “But most of us don't eat enough of these foods.” Also, heavily processed foods are often drained of many vitamins, and the need for supplements is especially vital in pregnant women, vegetarians and smokers.

Vitamins are substances our bodies require, but in most cases can't produce. They're called micronutrients, because we need them only in small amounts. But as a Harvard Medical School website says, “failing to get even those small quantities virtually guarantees disease.” Scurvy and rickets, of course, can result from deficiencies in vitamins C and D, respectively—but there's more. The tips at right and the chart on the next page can help you be vitamin-savvy. *ll*

Vitamin do's and don'ts

- 1. Do check with your doctor before taking vitamins E or K, even in a multivitamin, if you're on a blood-thinning medication such as warfarin (Coumadin). They can disrupt a blood thinner's work.**
- 2. Do ask your doctor, if you're a woman of childbearing age, if you should take extra folic acid (vitamin B-9). Deficiencies have been associated with increased risk of the birth defect spina bifida, in which the spinal cord fails to develop properly. (Recently, a Dutch study linked this condition with low levels of vitamin B-12 too.)**
- 3. Do choose a multivitamin supplement without iron if you're a man. Women of childbearing years need iron, but men don't.**
- 4. Do ask your doctor, if you're a senior, whether you should take extra supplements of vitamins B-6 and B-12. Age reduces the body's ability to absorb these vitamins from everyday foods. A shortage of vitamin B-12 can cause memory loss and disorientation sometimes mistaken for symptoms of Alzheimer's disease.**
- 5. Do inquire about adding calcium supplements if you're an elderly woman. Daily multivitamins can't squeeze in 100 percent of the minimum daily requirement of calcium; that would require a pill too big to swallow.**
- 6. Don't leave vitamins within children's reach. Take special care if they contain iron; iron overdoses are a cause of poisoning deaths.**
- 7. Don't store vitamins in the bathroom. Humid air from baths and showers may speed the loss of potency that occurs over time.**
- 8. Don't start baby's vitamins too soon. One study suggests that infants fed multivitamin supplements early may have a higher risk of developing asthma or allergies later. Ask your pediatrician.**
- 9. Don't rely on vitamin pills alone. Says dietitian Lauren Dorman of Monmouth Medical Center: “Even if you're taking a multivitamin, it's still important to adhere to a well-balanced diet.”**
- 10. Don't overload. Alas, Nobel laureate Linus Pauling's old idea that megadoses of vitamin C could prevent colds hasn't been borne out. Excessive vitamin B-3 (niacin) can cause liver problems and too much vitamin B-6 may promote nerve damage. But at least these vitamins are water-soluble—if you consume more than you need, the excess passes out of your system in urine. Vitamins A, D, E and K are fat-soluble; excess quantities are stored in your liver and body fat and can become toxic. And too much vitamin A may cause liver trouble or weaken bones in women.**

Key vitamins and how they help

Vitamin	Recommended Daily Allowance	Benefits	Found in
A	5,000 international units (defined as a quantity needed to produce a certain biologic effect)	Stimulates growth of white blood cells and cell division, helps form bone—and yes, helps you see in the dark	Dark green vegetables, especially raw; deep-yellow fruits and vegetables; meat, poultry; liver; fortified cereals and dairy products
<i>(Beta-carotene, which the body makes into vitamin A, was once thought to protect against cancer, but in several studies has failed to justify that hope.)</i>			
B-6	2 milligrams	Helps the body store and use energy from protein and carbohydrates; helps form hemoglobin	Whole grains, legumes, liver, eggs, cereal, meat, fish, poultry, brewer's yeast
B-9 (folic acid)	400 micrograms	Helps build DNA, the genetic blueprint for cells—and may cut colon-cancer risk	Yeast, orange juice, green leafy vegetables, asparagus, beans
B-12	6 micrograms	Helps coat nerve cells with a fatty layer, the myelin sheath; helps speed nerve signals through the body	Fish, milk, eggs, meat, poultry, fortified breakfast cereals
<i>(Vitamins B-6, B-12 and B-9—folic acid—appear to cut heart-disease risk by breaking down a chemical in the body called homocysteine, turning it into methionine, which the body uses to build proteins.)</i>			
C	90 milligrams (men) 75 milligrams (women)	Helps fight infections and make collagen, a tissue needed for teeth, bones, gums and blood vessels	Citrus fruits, sweet peppers, raspberries, broccoli, potatoes
<i>(“Antioxidant” vitamins C and E, which stop a substance in blood from mixing with oxygen, are thought to protect the body against the destructive effects of free radicals—molecules with unpaired electrons that can damage tissue.)</i>			
D	400 international units	Helps the body absorb and retain calcium for building bone; may also work to keep cancer cells from growing and dividing	Occurs naturally in salmon and tuna, also put into fortified breakfast cereals and dairy products
<i>(While too much sun exposure is harmful, we need a little sunshine to get enough vitamin D. A Boston hospital study showed 57 percent of patients admitted were deficient in D; the rate is lower in warmer climates.)</i>			
E	15 milligrams	Protects cells from everyday damage; aids immune system and healthy skin and hair; may protect against cataracts	Safflower oil, corn oil, wheat germ, sunflower seeds, almonds, peanuts, hazelnuts, dark vegetables like spinach
<i>(Experts say 75 percent of U.S. adults don't get enough vitamin E. Those who do may be reducing their risk of Alzheimer's disease.)</i>			
K	80 micrograms (men) 65 micrograms (women)	Helps blood clot and helps build bone	Spinach, lettuce, cauliflower, cabbage, soybeans, beef liver

You can tell a lot about Anne Evans Estabrook from an exchange she once had with her father.

He was a visionary who had built a large construction and real estate development firm from nothing, starting right after World War I. But he had a blind spot: He couldn't see a promising business leader in his own family.

"He used to complain a lot that he didn't have any sons," says Estabrook. "Finally I looked at him one day and said, 'Pop, that's not my fault. I'm what you have to work with.'"

He should have known she would more than fill the bill. He'd driven Anne to get her working papers for a summer job with his firm the day she turned 16. And he had seen

her persistence when, much as he'd encouraged college, she insisted on grad school too. She took an extra-heavy course load at Cornell so she could squeeze a B.S. and an M.B.A. into five years rather than the usual six.

"That's the story of my life," says Estabrook. "Tell me I can't, and I'll find a way I *can* if I want to."

She'd show her father that worthy heirs come in both genders. But there was another problem: time.

"I was born when Pop was 52, so he was in his late 70s by the time I was out of school. My child-bearing years lay just ahead, but it was clear that if I was going to learn the business, I had to do it then. I was not willing to give up either, so I did both."

That's when her real challenge began. Married then to her first husband, she spent the 1970s shuttling between her duties at the office and the care of three children at home, trying to slight neither. She'd always be home with the kids by 5:30, she recalls, but might be reading over a contract from 9 to 11 when they were in bed—and again from 5:30 to 6:30 a.m.

"When I speak before young women today I'm



JUGGLING ACT

HOW DOES A BUSY MOTHER OF THREE TAKE OVER A FAMILY BUSINESS?

Estabrook took over as CEO of Elberon Development Co., a post she has held ever since. In 1994, she married Ken Estabrook, an attorney in private practice who had been counsel to her father and to the family company for years, then her mentor, and finally her great love. The pair had only a few years together before a stroke claimed his life in 2003, but she stays close to his children and grandchildren, who gather for holidays with her three grown kids and their families.

Busy today running a firm that manages 2 million square feet of space, Spring Lake resident Estabrook devotes about one-fourth of her time to outside boards and charities. In 2004–05 she was the first female chair in the 92-year history of the New Jersey State Chamber of Commerce. And she takes special pride in her role as chair of Monmouth Medical Center's Children's Hospital Committee. After all, kids are a fitting focus for this dynamo's executive energies.

"Raising my three children was the most important job I've had, hands down," she says. "I was willing to juggle whatever it took to do that." *—M*

often asked how you combine kids with a demanding career. I reply: "With difficulty!"

But Estabrook brought her customary resourcefulness to the task. And along the way she learned a few things. For one, she says, "women tend to explain and apologize too much."

She noticed, for example, when men couldn't confer with her because of "meetings" that turned out to be golf games. "Then there'd be times when I had a 'meeting'—and in fact it was the kindergarten play, which was just as important as any golf game. I simply learned to say when I couldn't be available."

When her dad died at 91 in 1983,

WHAT'S Happening AT MONMOUTH MEDICAL CENTER

THE CENTER FOR KIDS & FAMILY OFFERS A HOST OF PROGRAMS THIS SEASON

CHILDBIRTH PREPARATION/PARENTING

Programs are held at Monmouth Medical Center, 300 Second Avenue, Long Branch. To register, call 732-923-6990.

One-Day Preparation for Childbirth **February 19, March 19**, 9 a.m.–4:30 p.m. \$179/couple (includes breakfast and lunch).

Two-Day Preparation for Childbirth (two-session program) **March 4 and 11, April 1 and 8**, 9 a.m.–1 p.m. \$150/couple (includes continental breakfast).

Preparation for Childbirth (five-session program) **February 21, 28, March 7, 14 and 21; also April 4, 11, 25, May 2 and 9**, 7:30–9:30 p.m. \$125/couple.

Marvelous Multiples (five-session program) **March 8, 15, 22, 29 and April 5**, 7–9 p.m. For those expecting twins, triplets or more. \$125/couple.

Eisenberg Family Center Tours **March 5, 26, April 9, 30**, 1:30 p.m. Free. (No children under 14 years old.)

Baby Fair **February 26**, 1–3 p.m. Free. For parents-to-be and those considering starting a family, featuring the Eisenberg Family Center tours, refreshments and gifts. (No children under 14 years old.)

Make Room for Baby **February 18, March 18**, 10–11 a.m. For siblings ages 3 to 5. \$40/family.

Becoming a Big Brother/Big Sister **March 25**, 10–11:30 a.m. For siblings age 6 and older. \$40/family.

Childbirth Update/VBAC **March 8**, 7:30–9:30 p.m. Refresher program including information on vaginal birth after cesarean. \$40/couple.

Baby Care Basics (two-session program) **February 18 and 25**, noon–2 p.m., **March 9 and 16**, 7:30–9:30 p.m. \$80/couple.

Breastfeeding Today **March 2**, 7–9:30 p.m. \$50/couple.

Cesarean Birth Education **February 22, April 19**, 7:30–9:30 p.m. \$40/couple.

Grandparents Program **March 13**, 7–9 p.m. \$30/person, \$40/couple.

Parenting Young Children Through S.T.E.P. (five-session program) **May 31, June 7, 14, 21 and 28**, 7–9 p.m. Systematic Training for Effective Parenting from infancy to age 6. \$75/person or \$100/couple.

GENERAL HEALTH

Stress-Free Workshops **March 21**, “Inner Voices”;

April 11, “Finding Joy”; **May 9**, “Meditation for Inner Calm”; 7–9 p.m. Monmouth Medical Center. Call 1-888-SBHS-123. \$10/person/session.

“To Your Health” Showcase **March 8, April 12, May 10**, 10 a.m.–2 p.m. Monmouth Mall near the Food Court, Routes 35 and 36, Eatontown.

Blood Pressure Screening **March 8, April 12, May 10**, 10 a.m.–2 p.m. Monmouth Mall near the Food Court, Routes 35 and 36, Eatontown.

Cholesterol Screening **May 10**, 10 a.m.–2 p.m., Monmouth Mall near the Food Court, Routes 35 and 36, Eatontown. \$10/test.

JUST FOR KIDS

(Also see sibling preparation programs, previous column.)

Safe Sitter (one-session program) **March 18, April 29**, 9 a.m.–4 p.m. For 11- to 13-year-olds on responsible, creative and attentive babysitting. Monmouth Medical Center. Call 1-888-SBHS-123. \$50/person. (Snack provided; bring bag lunch.)

SENIOR HEALTH

Blood Pressure Screening **March 8, April 12, May 10**, 10:30–11:30 a.m. Long Branch Senior Center (age 60 and over—membership required), 85 Second Avenue.

Is the Medicare Prescription Drug Program Right for You? **February 17**, 1–2:30 p.m., **March 30**, 10–11:30 a.m., presented by the Saint Barnabas Health Care System and Aetna Medicare. Monmouth Medical Center, 300 Second Avenue, Long Branch. Registration is required; call 1-800-244-7993, ext. 601.

Finding Joy **February 22**, 1–3 p.m., SCAN.*

Age-Related Eye Issues **March 2**, 11–11:45 a.m., presented by John M. Ghobrial, M.D., ophthalmology. Howell Senior Center (age 60 and over), 251 Preventorium Road. Registration and free membership required. Call 732-938-4500, ext. 2554.

Lyme Disease **April 19**, 1–3 p.m. Presented by Mutahir A. Abidi, M.D., rheumatology. SCAN.*

Diabetes Update **April 26**, 1–3 p.m. Presented by Bernard Shagan, M.D., endocrinology and internal medicine. SCAN.*

*SCAN (Senior Citizens Activities Network, age 50 and over) is located at Monmouth Mall, Eatontown. To register for programs and to obtain SCAN membership, call 732-542-1326. *M*