

Volume 01 | Issue 09 | December 2024

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Steroids 101

The what, when
and why of it all.

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Can genes pull the lever in infertility?

Just how far does a person's familial medical
history influence their ability and chances of
natural conception?





LAUNCHING SOON

GENTLE BIRTH METHOD - The Gowri Way

BloomLife Hospital Pvt. Ltd. brings to you the 'Gentle Birth Method - The Gowri Way' programme, designed by Dr. Gowri Motha, a pioneering London-based obstetrician, who revolutionised childbirth.

Fusing Eastern wisdom with Western science, Dr. Motha and her team have pioneered the Gentle Birth Method to nurture serene births and calm babies.

A stylized illustration in shades of pink and purple. It shows a profile of a pregnant woman's head and shoulders. Inside her silhouette, a fetus is depicted in a curled position, with its arms raised. A hand is shown at the bottom, gently supporting the woman's belly. Several hearts of varying sizes are scattered around the illustration. The background is a light pink with faint leaf patterns.

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Editor's Note

Dear Readers,

The 'new year' always brings with it a sense of hope and optimism. No matter how many challenges we faced until then, we hope that a brand-new year will bring with it respite and, hopefully, better times! I, too, look forward to the new year with happy anticipation. I feel it is a time when we metaphorically pack away the 'what was' and open ourselves up to 'what will be', with a lightness of spirit.

This is not to say that all our issues and challenges vanish from sight or melt away when the clock strikes midnight on 31 December. It is the effect of collective enthusiasm that makes us forget our concerns for some time, and revel in the celebrations.

The best part is, you can take the spirit of this feeling and put it to work at any point in time. Whenever we reach a point when it all feels too much...we can pause, put aside our fears and doubts, and extend a hand towards the universe - trusting that whatever comes will definitely be for our highest good.

The solutions we seek may come in any form - known, unknown, anticipated, unanticipated. Sometimes, they may not seem like a solution at all! No matter what, when we embrace what comes our way with trust and hope, it will somehow light up a path towards whatever it is we truly seek.

Wishing you and your loved ones a fantastic 2025! Let us ring in the coming year with the resolution to make the world a better place! ♦

Dr. Kavitha Gautham

Managing Director, BloomLife Hospital Pvt. Ltd.

We want to hear from you! Please keep sending your feedback, suggestions and questions to info@bloomhealthcare.in.

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Published by BloomLife Hospital Pvt. Ltd.

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**Dr. D. Balakumaran**Head of Paediatrics &
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Baby-led Weaning

An Easy Guide

Baby-led weaning encourages independence, improves hand-eye coordination, and helps babies to inculcate good eating habits in the long run. We look at some simple guidelines to help you kickstart the process for your little one.

The term 'baby-led weaning' is very commonly used these days. More importantly, thanks to the Internet and social media, parents are reading about it or looking at videos and preparing themselves well.

Baby-led weaning or auto-weaning refers to the process of helping the child get used to eating by himself / herself. The process is very important because what you do now as a parent is going to shape your baby's habits in the long run. Baby-led weaning is not only helpful in improving your baby's hand-mouth and fine motor coordination, it is also a process wherein you are helping your baby become independent, explore different tastes and textures, and develop good eating habits.

Fundamentals of Baby-led Weaning

Baby-led weaning boils down to two simple concepts. One, as mentioned above, is that the baby is supposed to eat by himself or herself. Two, there should be no purees - i.e., the food cannot be put into a mixer or blender to make it smooth.

In other words, food items should be offered in their own textures, as 'finger food' or food items that the baby can hold with his / her finger, and take it to their mouth. So, the important things to look into are the choice and size of the finger foods. The food should be cut into small chunks, easy enough for the baby to eat, and the texture should not be too thick. If you are in doubt about how to select or prepare the finger foods, do ask your paediatrician.

When Do I Start Baby-led Weaning?

By six months, you should start to introduce solid foods for your baby, so this would be a good time when you can start to look at whether your baby is ready to begin the process of baby-led weaning. Some cues you can look at are whether your baby is able to sit up well, if his / her hand to mouth coordination seems steady, and if he / she is showing an ability to bite and chew small pieces of food.

Before you get started, please understand that not all babies are ready by around six months - and that is perfectly normal. This is not a race! Keeping the core guidelines in mind, work on customising the food and routine for your baby. Overall, it should be an enjoyable and memorable experience for everyone in the family! ♦



Grocery Shopping Like a Pro!

Shweta R.

Clinical Dietitian
BloomLife Hospital Pvt. Ltd.

You are what you eat – really! And what you eat starts with what you buy. So, take the first step to make your grocery shopping routine better, with a focus on making mindful choices that nourish your body and fuel your lifestyle. A healthier you begins at the store!

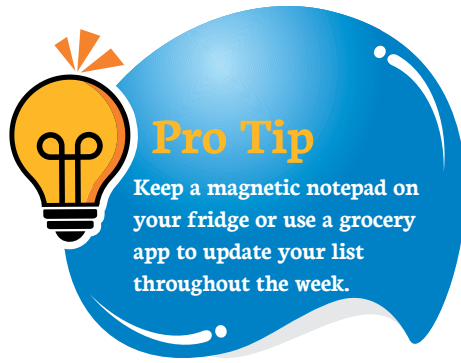
Your health starts in your shopping cart. What you choose to buy is what you'll cook, eat, and eventually become. However, with endless choices, confusing labels, and busy schedules, grocery shopping can feel like an overwhelming task rather than the empowering activity it should be. This is why many of my patients often share that, despite their best efforts, they find it hard to ensure that they are buying only the needed, healthy items.

The best way to overcome decision fatigue is to follow some simple guidelines - put together as an easy-to-follow guide below. Say goodbye to the days of wandering through aisles or scrolling endlessly through a grocery app! Learn to grocery shop like a pro and make it an enjoyable, health-focused part of your routine.

Plan for Balance, Not Just Convenience

The first step to healthy eating is knowing what's on your plate. Plan meals that include a mix of whole grains like brown rice, jowar or millets; protein-rich foods like dals, chickpeas, tofu, and paneer; fresh vegetables for vitamins and fiber; and healthy fats from nuts, seeds, and cold-pressed oils.





Make a shopping list before you leave the house. A clear plan saves you from impulse buys (and unnecessary snacks).

Prioritise Seasonal and Local Produce

Seasonal fruits and vegetables are fresher and packed with more nutrients. Instead of imported blueberries, try local alternatives like jamun or sitaphal. In summer, stock up on mangoes, watermelon, and cucumbers. During winter, load up on leafy greens like methi.

Choose Whole over Processed

Processed foods may be convenient, but they often come with hidden sugar, salt, and unhealthy fats. Stick to whole, minimally processed options for better nutrition, and swap out processed items for whole, natural alternatives. Replace refined flour (maida) with whole wheat (atta) or millet flours. Skip sugar-laden breakfast cereals and go for oats, poha or upma. Ditch packed snacks for roasted makhana, murmura, or spiced chana.

Spices are Superfoods

Indian kitchens are blessed with an array of spices that are both flavourful and medicinal. Fresh, whole spices last longer and are more aromatic than pre-ground varieties. Grinding your own spices can elevate your cooking and health. Stock up on turmeric (a powerful anti-inflammatory agent), cinnamon (great for balancing blood sugar levels), fenugreek or methi (helps improve digestion) and cumin or jeera (aids metabolism).

Think Millets

Wheat rotis and rice dominate most Indian plates - keep them, but mix them up a bit! Millets like ragi, bajra, and foxtail millet are rich in fiber, iron, and essential nutrients. Swap white rice used in pulao with foxtail millet, or make bajra rotis during winter for their warming properties. You don't have to give up rice and wheat, but small, healthy swaps like these can up your nutrition intake.

Explore Healthy Fats

Not all fats are bad! Indian cooking needs its share of oils, but it's important to choose wisely. Use cold-pressed oils like mustard, coconut or groundnut oil for cooking. Avoid hydrogenated fats and refined oils. Include nuts (almonds, walnuts) and seeds (flaxseeds, chia) for their omega-3 benefits in your breakfast or lunch.

Pick Packaged Foods Carefully

While packaged foods are convenient, they can be tricky. Read the labels carefully, and look for hidden sugar, salt, and unhealthy fats. And be sure to prioritise short ingredient lists - the fewer the additives, the better.

Stock Your Freezer with the Good Stuff

On busy days, frozen foods can save the day but choose wisely. Go for frozen peas, corn, or spinach with no added preservatives. Avoid pre-cooked frozen meals, which are often loaded with sodium and unhealthy fats. Freeze your meal prep, like chopped vegetables or homemade curry bases, for healthier and convenient options.

Hydrate Well, Smartly

Instead of sugary drinks or sodas, stock up on tender coconuts for a refreshing natural drink. Keep herbal teas like tulsi, ginger or chamomile on hand - they help with digestion and relaxation. Buy lemons, mint, and cucumber to make your own infused water at home. ♦

Pro Tip: Do Good for the Planet, Too!

Shopping sustainably ensures you're not just taking care of your body, but the planet as well. Carry your own reusable bags; buy loose items like grains, pulses, and spices to reduce packaging waste; and support local farmers by choosing their produce over imported goods.





Dr. Nalini T.

Senior Consultant –
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BloomLife Hospital Pvt. Ltd.

Heavy period?

Menstrual issues are not uncommon, but their causes are largely determined by the woman's age. From hormonal imbalances to pregnancy and perimenopausal changes, we break down possible underlying causes by age.

When a woman experiences excessive, heavy bleeding and it is also accompanied by clots, we have to first look at the age of the person to whittle down the causes.

Below 20 years of age

When a girl who is below 20 years of age comes with an issue related to heavy bleeding, the most common cause would be hormonal imbalance. To determine the root cause, we would first ask her if this is a change from her usual pattern. Then, we would analyse their previous and current patterns. Inputs received from the patient would include how many pads they are using up, how many days they are bleeding for during one cycle and so on. We also look into whether there is a drop in their haemoglobin levels.

20 to 40 years of age

When we have a woman from this age group, also known as the reproductive age group, coming in with this issue, we would first look into whether they are pregnant, and if they have missed their recent period cycle. In some cases, the woman might be pregnant and might have started bleeding without their knowledge, due to some pregnancy related issues.

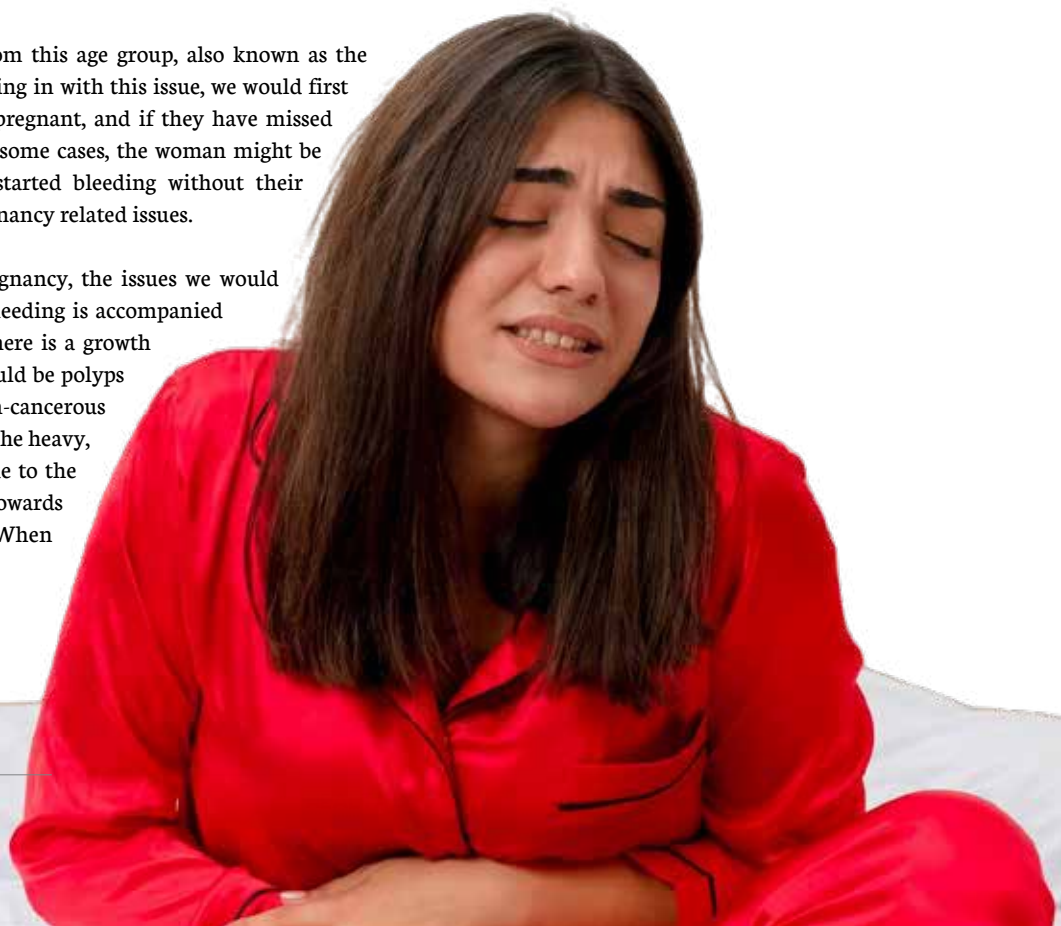
Once we have ruled out pregnancy, the issues we would look into, especially if the bleeding is accompanied by heavy clots, is whether there is a growth in the uterus. The growth could be polyps (tissue growth) or non-cancerous tumours known as fibroids. The heavy, muddy bleeding could be due to the polyp or fibroid growing towards the inner part of the uterus. When

the bleeding is excessive, the uterus may get distended and retain the blood for some time before pushing it out, thereby causing the muddy colour and formation of clots.

Over 40 years of age

Menstrual issues in women over 40 years of age typically occur due to perimenopausal changes, or a growth in the uterus or cervix (either a polyp or fibroid).

After looking into the relevant issues, based on our findings and the patient's age and overall health, we will isolate the cause and prescribe a course of treatment. ♦





Steroids 101



Dr. Aiswarya M. Nair

Consultant – General Medicine
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A synthetic version of cortisol, a hormone produced by our bodies, steroids are used to treat a variety of conditions. However, their dosage has to be carefully regulated as misuse of these medicines can lead to severe side effects.

Steroids, also known as corticosteroids, are powerful pharmacological drugs used to treat a variety of medical conditions. These are man-made versions of cortisol, a hormone naturally produced by the adrenal glands in our body. On average, the body secretes about 7 to 10 mg of cortisol daily.

Uses of Steroids

Steroids mimic the effects of cortisol and are commonly used in treating inflammatory conditions, allergies, immunological disorders, medical emergencies, and certain endocrine diseases. Examples of synthetic steroids include hydrocortisone, dexamethasone, and methylprednisolone.

These medicines are available in various forms, including topical creams, oral tablets, injections, nebulisers, and inhalers. The specific forms and dosage depend on the condition being treated. Studies have demonstrated the effectiveness of steroids for managing different diseases, and have outlined optimal dosages and treatment durations.

The Risks of Steroid Use

Despite their resemblance to natural cortisol, steroids should not be used casually like over-the-counter medications, such as paracetamol. In fact, it would be advisable to take steroids only on the advice and prescription of a doctor. This is because steroids can cause a range of side effects when not used correctly. Some of the common side effects include weight gain, skin thinning, easy bruising, hypertension (high blood pressure), diabetes mellitus, peptic ulcers and even gastrointestinal bleeding.

Steroids are highly effective for treating many serious health conditions, but they must be used carefully. It is essential to balance the benefits with the potential risks. Misuse of steroids can lead to severe side effects, so they should only be used under medical supervision. Proper guidance ensures that steroids are used safely and effectively, providing significant health benefits while minimising risks. ♦





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Can genes pull the lever in **INFERTILITY?**

The fear of genetic conditions giving rise to infertility is a common one. The good news is that infertility due to genetic causes is far less common. However, lack of understanding often gives rise to misinformation. We share here an overview of how genetic mutations may affect fertility, to put unfounded fears to rest.

Can genetics affect a person's fertility? This is a common question clinicians face nowadays from couples seeking fertility services. After all, genes (basic unit of heredity) dictate the structural and functional capabilities of bodily systems, including reproduction.

Genes control critical processes in reproduction like pubertal onset; anatomical and functional development of reproductive organs; generation of spermatozoa and eggs from their precursors and subsequent maturation; hormonal interplay, development of the embryo and its successful implantation and ovarian aging. So, any alterations in the genes controlling these pathways can result in fertility impairment.

Genetic defects leading to infertility in males and female usually comprise of alterations in chromosome number (aneuploidy) or a mutation, which is essentially a change in the DNA sequence due to the deletion of genetic material, inversion (upside down shuffle), duplication or a translocation where a piece of a chromosome breaks off and switches to another chromosome or on the same chromosome at a different site. Not all genetic defects are hereditary in nature. Some mutations are acquired during the person's lifetime (referred to as de-novo) and may penetrate into the subsequent generation depending upon its nature and pattern of inheritance.

Thankfully, the likelihood of genetic conditions solely contributing to infertility is quite uncommon.

How do genetic conditions manifest as fertility impairment?

In females, conditions like Kallmann syndrome can affect the central regulators of reproductive function (hypothalamus/pituitary gland) causing profound menstrual disturbances and fertility impairment. Turner's syndrome, which is characterised by the loss of a X chromosome in females, can result in egg depletion and early ovarian failure. Another common genetic cause of premature ovarian failure is a premutation in the FMR1 gene accelerating ovarian failure and menopause.

In males, conditions like cystic fibrosis are associated with absence of the vas deferens that delivers the sperm from the testicles to the ejaculate. Klinefelter syndrome is a genetic condition where the male has an extra copy of the X chromosome, resulting in defective sperm production and reduced testosterone synthesis. Y chromosome usually harbours genes that regulate sperm production. Any deletion in these genes can lead to a spectrum of altered sperm count ranging from moderate to severe dysfunction.

When is genetic evaluation suggested?

Some of the common clinical scenarios where a genetic evaluation is offered to infertile couples include premature ovarian failure; severe male factor infertility including azoospermia; recurrent pregnancy loss; recurrent implantation failure; anomalies in previous conceptions or previously established genetic conditions in either/both partners.

The rationale behind genetic testing in infertility for either the male, female or both partners is generally three-fold:

- Is it the likely cause for infertility and if so is it correctable?
- Would there be a risk of passing down the same condition to the offspring and if yes, how frequently?
- Does it pose any risk to the patient's overall health?

Genetic tests usually suggested include, karyotyping which is common to both partners and Y chromosome microdeletion and CFTR mutation testing in the male partner. Extended genetic screening like clinical exome or whole exome sequencing is usually reserved for specific scenarios.

To take home, infertility due to genetic causes is far less common and is usually not very well understood yet, to explain clinical relevance unambiguously. Although the fact still remains that genetic alterations cannot be corrected, the field of reproductive medicine has come a long way to address some of the concerns regarding potential and plausible treatment options available for such couples. ♦



Best of both?

Can a patient combine private insurance benefits with Government-sponsored schemes?

Dr. Rija Prathab

Manager – Billing & Insurance, BloomLife Hospital Pvt. Ltd.

Yes, it is possible to combine private insurance benefits with government-sponsored health schemes, but the extent to which such a combination would work depends on several factors.

Government-sponsored schemes are health protection plans offered by the government, and are typically designed to cover a large population, particularly members of economically disadvantaged sections. Private insurance packages are usually purchased individually or provided by employers. These packages often a wider, custom range of benefits, higher coverage limits, and quicker service timelines.

How to Combine Both Insurances

In many cases, government-sponsored schemes serve as the primary insurance, covering basic expenses, while private insurance acts as secondary coverage. Private insurance can cover additional costs that are not covered by the government scheme, such as room upgrades, co-payments, or special treatments.

For example, if the government scheme covers hospitalisation expenses up to ₹1 lakh at an empanelled hospital, and the total bill exceeds ₹1 lakh, the private insurance can cover the remaining amount (excluding deductibles or non-medical costs). In cases wherein the insurance provider does not directly pay to the hospital, the patient may need to pay out of pocket for the uncovered portion of the bill and then submit a claim to the insurance provider for reimbursement.

Challenges and Considerations

- Not all private insurance providers have provisions for the policy to be combined with government schemes.
- Both the government and private insurance must be accepted by the hospital to ensure smooth coordination.
- The patient may need to pay a portion of the bill upfront, such as co-payments and deductibles, which are not covered by either scheme. Reimbursements of such payments are not guaranteed.
- Some private insurance policies may exclude coverage if a government scheme has already provided benefits.
- If both schemes are involved, there may be delays faced in processing of claims.

What You Need to Do as a Patient

- **Understand both plans:** Review the coverage limits, exclusions, and empanelled hospitals for both the government scheme and private insurance policy.
- **Cross-check with the hospital and insurance provider:** Ensure the hospital is empanelled under both your insurance plans. Inform the hospital in advance about your intention to use both coverages. Confirm with your private insurer whether combining both schemes is allowed.
- **Maintain documentation:** Keep all invoices, prescriptions, and claim documents. Familiarise yourself with the rules about combining schemes at your hospital.
- **Keep back-up options ready:** The extent of coverage and reimbursement is never a given, and can be finally confirmed only when the bill is generated and submitted for processing. If possible, keep a back-up option ready for payments that need to be settled upfront. ♦



If you have any specific queries related to medical insurance aspects, write to us at info@bloomhealthcare.in

More than one?

We all prefer to have the security of added validation – particularly when it comes to our health. However, are second opinions always a good thing?

Anita Krishnaswamy

CEO, BloomLife Hospital Pvt. Ltd.

Second opinions – when are they useful, and how should we approach them if the advice given seems contrary?

When it comes to our health, we are all very careful with any decisions we make - as we should be. It is only right that we weigh all the pros and cons of any decision when it involves a course of treatment or procedure, particularly major ones that can have a long-term impact on our health and well-being. So yes, second opinions can be useful insofar as they provide us with a wider range of data that we can use to make the final decision.

Typically, there shouldn't be any major differences in the suggested course of action from doctors. There may be some variations in their approach to the problem, and possible advice on how the course of treatment and recuperation should be structured, but it cannot be significantly different from the other.

Either way, the best course of action for a person is to speak to some more, experienced doctors (from the same specialisation). The important point is to take as much time as needed, and ask all questions that come to mind without hesitation. Then, the person should put down all the information received and try to understand the data clearly. If they have a family physician, it would be best

to share all this with them and ask them for their advice. This is because family physicians understand our individual health and family history well, and can provide advice from a holistic point of view. Even if one does not have a family physician, if there is any one doctor they feel comfortable with, someone they feel they can trust, they should talk to them about the choices that look doable, ask them to explain the risks clearly, and understand the pros and cons of every decision. Based on historical health data and emerging data, the doctor will be able to help the person chart their course.

Through all of this, it is important to bear in mind that doctors are always trying to do the best for every patient's health - and they will suggest a course of action in line with that. Taking this into account, it is up to the patient to make an informed decision.

Now, all of what I said above is keeping in line with two assumptions: One, that a proper diagnosis has been received, and it is primarily in terms of a treatment plan that a second opinion is sought. Two (which follows from point One), that the patient is speaking to experienced doctors from the same specialisation.

What if I take away both assumptions? What about cases where there is a problem but the diagnosis itself seems to be difficult to pin down - given that each specialist is pinpointing to something entirely different? What should you do then? I will touch on this critical issue - which is affecting many of us today - in the upcoming issue. ♦



THE MTP ACT

Balancing Rights and Ethics

India's abortion laws have evolved significantly over the years, moving from a strict criminal standpoint to a more regulated, accessible system that balances the rights of women with necessary safeguards. The legal framework aims to provide women with the ability to make informed decisions, while ensuring the privacy of the individuals involved as well.



Samuel Abraham

Legal Advisor
BloomLife Hospital Pvt. Ltd.

Before 1971, any person who was involved in the termination of a pregnancy could be charged with a criminal act under Sections 315 and 316 of the Indian Penal Code (IPC) of 1860. The charge of causing the destruction of a human foetus could result in up to 10 years' imprisonment and a fine. However, as part of efforts to control population growth in a legal manner, the Indian government enacted the **Medical Termination of Pregnancy (MTP) Act in 1971**. The MTP Act provided legal basis for the decision to abort a foetus under certain conditions. Two important provisions were included in this Act:

1. A registered medical practitioner (RMP) could legally perform an abortion **if the pregnancy was within 12 weeks**, using medical or surgical methods.
2. **If the pregnancy was between 12 and 20 weeks**, two doctors were to provide their opinion in good faith, confirming that the abortion could go ahead.

Ban on Disclosure of Sex of Foetus

Following the legalisation of abortion, some pregnancies were terminated solely on the basis of the sex of the foetus, with the abortions carried when the sex of the foetus was determined as female. This led to concerns about the misuse of the MTP Act for sex-selective abortions. To address the issue, the government introduced the **Prenatal Diagnostic Techniques (Regulation and**

Prevention of Misuse) Act in 1994. The Act made it a punishable offense for doctors or hospital staff to disclose the sex of the fetus, with punishment set at a fine of ₹10,000 or imprisonment for up to three months, or both.

Amendments to the MTP Act 2021

The latest legal provision on medical termination is provided in Section 3(b) (i) (ii) of the amended **Medical Termination of Pregnancy (MTP) Act in 2021**. Key provisions of the amended act include:

1. A registered medical practitioner can perform an **abortion up to 20 weeks** into the pregnancy with good faith.
2. **A pregnancy can be terminated up to 24 weeks** in the following cases:
 - If the pregnancy results from rape, incest, or sexual assault
 - If the pregnant woman is a minor
 - If the Medical Board determines that the foetus has substantial abnormalities
3. For cases wherein the **pregnancy is beyond 24 weeks**, the concerned High Courts are empowered to examine the case-by-case basis, and base their decision on the merits of each case, after consulting medical professionals.

The amended MTP Act also includes provisions to safeguard the privacy of the pregnant woman. It prohibits the publication of the woman's name or any other identifying information by doctors, hospitals, or any medical staff involved in the procedure. ♦

If you have a question about general legal issues relating to the medical field that you would like more information about, write to us at info@bloomhealthcare.in - and we will answer it in this column.



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