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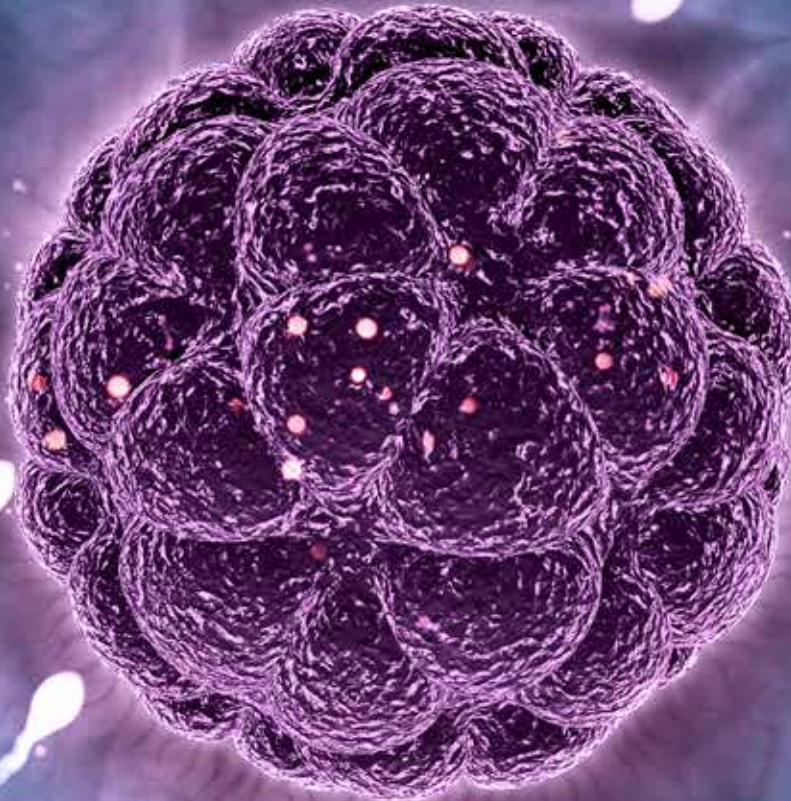
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# HEALTH SHOTS

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Happy 78<sup>th</sup>  
Independence Day



# 10

## Is Infertility on the Rise?

Our typical expectations of what it takes to get pregnant are being challenged by emerging data. What do the signs point to?



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# Editor's Note

**Dear Readers,**

If you have been following the 2024 Olympics, you must have heard of Ilona Maher.

The Rugby Olympic medallist made waves on social media for her fitting comeback to a person who trolled her, saying “I bet that person has a 30 BMI”, implying that Maher is overweight. Maher responded that her BMI is indeed close to 30, and then went to talk about how, as a sports person, her body and build are different from a non-sports person, and why a BMI score is not the most accurate way to decide her fitness levels.

In particular, I appreciate how she touched on being ‘embarrassed’ when she was categorised as being ‘overweight’ in high school, but decided to approach her dietitian to get the facts right about what was appropriate for her as an athlete.

Oftentimes, weight becomes a reason for social commentary. And we all know how deeply it can affect the person who is facing the comments. Yes, we doctors also advise you to maintain your weight in an appropriate weight range – and this is because excess weight, if untended, can lead to health issues down the line.

However, it is important to understand one thing: What is a healthy weight for you, and how to get to it, requires proper guidance and commitment to a long-term plan. It is not something that is achieved within a week or a month, and it is definitely not something that should be achieved by compromising on adequate nutrition. It will ultimately become a way of life, where your choices are aligned with better health rather than aesthetics alone.

The first step to getting there is to get your facts right. Consult your doctor or dietitian, understand your body better, then chart out a plan to make yourself healthier and fitter. And don't pay attention to all voices you hear – only those that are grounded in knowledge and experience.



Before signing off, I wish everyone Happy Independence Day! As we celebrate this 78th Independence Day, let us do all we can for the progress of our nation! ♦

**Dr. Kavitha Gautham**

*Managing Director, BloomLife Hospital Pvt. Ltd.*

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*We want to hear from you! Please keep sending your feedback, suggestions and questions to [info@bloomhealthcare.in](mailto:info@bloomhealthcare.in).*

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# Keeping Your Child Away from Junk Food Addiction

*With a massive range of tasty treats being marketed in all channels – TV, billboards, and stores – it is not surprising that children are drawn to them. The tricky part is making sure they don't get hooked onto sweets or salty treats and consume them in excessive amounts (especially at the cost of regular nutritious meals).*



**Dr. D. Balakumaran**

Head of Paediatrics & Neonatology  
BloomLife Hospital Pvt. Ltd.

*"My child does not eat lunch unless I give him a sweet treat. I am afraid he is getting addicted to sugar!"*

*"My daughter throws a tantrum if I don't buy her a bag of chips every time we visit the supermarket!"*

*"My children insist that we get ice cream every day!"*

**A**re these statements familiar? Maybe you have heard them from fellow parents, or even experienced some form of it yourself? Fret not, these are a normal phase of growing up – and it is in fact an excellent opportunity to introduce children to healthy eating habits, which will stand them in good stead when they become adults. Here are some ways you can help keep your child from becoming addicted to junk food.

## FOR TODDLERS

**Make their regular food more 'interesting':** Children love colour, so give them a mix of different food items, including fruits and vegetables during each meal. This ensures that they get an adequate mix of micronutrients at each meal. Use bowls and spoons in different colours and shapes to make the presentation interesting. Also, get your child to touch and feel their food – it will help them appreciate textures and tastes.

## FOR CHILDREN AROUND 5 YEARS OF AGE

**Complete denial doesn't work:** Saying "No" can often push children to insist on getting their way. This is how children learn to express their independent opinion. When it comes to buying them sweet treats or salty snacks, avoid a blanket refusal and talk to them. Explain how the time isn't right, or about how everyday indulgence may not be suitable. A calm explanation always helps to get the point across more easily.

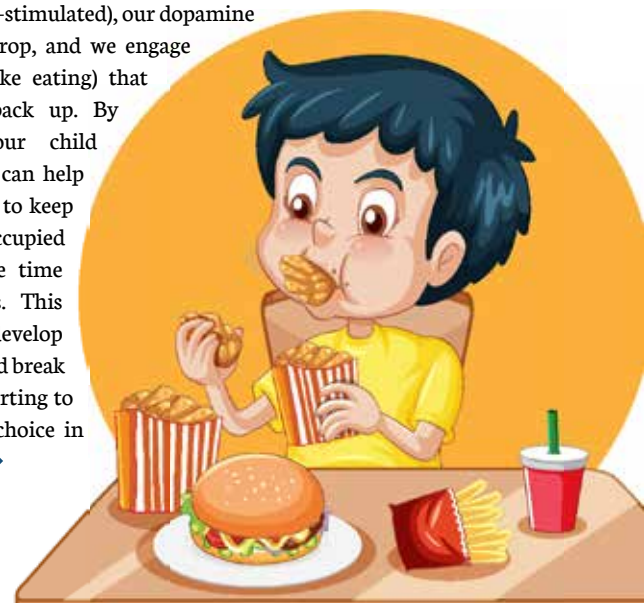
**Avoid tagging treats to actions:** A chocolate for finishing the meal without fuss, a slice of cake for finishing homework, a bag of chips

for helping with house work...Tagging a treat to an action well done can help to reinforce the need to behave well, but it can also create a subconscious pattern of behaving well only if a treat is provided. Instead, keep little indulgences as stand-alone experiences that a child can enjoy and appreciate in full.

## FOR OLDER CHILDREN

**Have some mutual limits in place:** Sit with your child and work out a schedule as to how they can indulge responsibly. Involving them in setting limits will make them feel empowered and they may be more motivated to follow it. If parties or outings come successively over a few days, leading your child to indulge more than usual, ask them to consider how to maintain a healthy balance over the next few days. This will help gain a sense of mindfulness about their eating habits.

**Encourage your child to develop hobbies:** The habit of eating when bored is due to the drop in dopamine, a neurotransmitter in our brain that is tied to feelings of reward and pleasure. When we are bored (i.e. our brains are under-stimulated), our dopamine levels tend to drop, and we engage in an action (like eating) that will bring it back up. By introducing your child to hobbies, you can help them learn how to keep themselves occupied when they have time on their hands. This will help them develop new interests and break the habit of resorting to food as a first choice in such scenarios. ♦





# PCOS and Your Plate

## What to Eat for Better Hormonal Health

*A well-balanced diet has been shown to significantly alleviate PCOS symptoms in patients, and to reduce their long-term health risks. Here is a handy guide on what is good, what is not, and the everyday items that you can turn to for better health.*

**Shweta R.**  
Clinical Dietitian  
BloomLife Hospital Pvt. Ltd.

**P**olycystic Ovary Syndrome (PCOS) is a prevalent hormonal disorder affecting many women of reproductive age. The condition is characterised by irregular menstrual cycles, elevated androgen levels and polycystic ovaries. Effective management of PCOS often requires a multifaceted approach, with diet playing a pivotal role.

A poor diet, particularly one that is high in processed foods (packed breakfast cereals, refined sugars, chips, instant noodles, etc.) and unhealthy fats, can exacerbate the symptoms of PCOS and increase the risk of developing other serious health conditions. When women with PCOS consume a diet that spikes blood sugar and insulin levels, it can lead to insulin resistance - a condition that affects 70% of women with PCOS. Insulin resistance not only worsens PCOS symptoms but also significantly increases the risk of developing Type 2 diabetes (T2DM). Additionally, a diet lacking in essential nutrients can contribute to weight gain and obesity, further complicating PCOS management. This creates a vicious cycle, as excess weight and poor nutrition can heighten the risk of cardiovascular disease, dyslipidemia, and metabolic syndrome. Thus, it's crucial for women with PCOS to adopt a balanced and nutritious diet to mitigate these health risks.

If you have been diagnosed with PCOS, or wish to play a supportive role in helping a loved one with managing their symptoms, do go through the guide given on the following page on the best foods to include on a daily basis and those to avoid.



## What you should eat

### *Low Glycemic Index (GI) Foods*

Consuming low-GI foods like whole grains, legumes, and non-starchy vegetables helps stabilise blood sugar levels and reduce insulin resistance, which is a common issue in PCOS.

### *Healthy Fats*

Incorporating sources of omega-3 fatty acids, such as fish, walnuts and flaxseeds, can help to reduce inflammation and improve insulin sensitivity.

### *Dietary Fibre*

Foods like fresh fruits, millets, oats, and leafy greens, which are high in dietary fibre, help to control insulin spikes by slowing down digestion.

### *Proteins*

Opting for lean meat, sprouts, paneer, tofu and eggs can help support muscle repair and growth while moving towards a healthy weight range.

## What you should not eat

### *Processed Foods and Sugars*

Reducing the intake of processed foods and sugary snacks helps to control rapid increases in blood glucose levels, and thereby prevent faster weight gain.

## Superfoods in your kitchen

Indian cuisine offers several superfoods that are beneficial in managing PCOS symptoms. Methi seeds, rich in fibre and antioxidants, improve insulin sensitivity. Flax seeds and chia seeds, packed with omega-3 fatty acids, reduce inflammation and balance hormones. Turmeric's curcumin offers anti-inflammatory benefits, while cinnamon enhances insulin sensitivity. Additionally, amaranth, kalonji, neem leaves, and curry leaves provide vital support for blood sugar regulation and overall health.

Incorporating these superfoods into your diet can effectively help manage PCOS symptoms and promote overall well-being. However, remember that there is no one-size-fits-all solution. It is about finding the right balance. Also, always consult your dietitian to ensure that your diet aligns with your specific health needs and conditions. ♦



# Energy Storehouse

## Halim Seeds (Garden Cress) Energy Balls

Halim seeds, also known as garden cress seeds, are rich in essential nutrients, including iron, folate, and vitamins C and E. The seeds contain phytoestrogens that help balance hormones, reducing PCOS symptoms like irregular periods. Regular consumption of halim seeds can also help enhance insulin sensitivity, a key factor in managing PCOS. And importantly, these seeds are high in fibre and protein, promoting a feeling of fullness and aiding in weight control, an important aspect of PCOS management.

### Ingredients:

- 1/2 cup halim (garden cress) seeds
- 1/2 cup oats
- 1/4 cup almond butter
- 1/4 cup honey
- 1/4 cup chopped nuts (optional)
- 1/4 cup dried fruits (e.g., dates, raisins)

### Instructions:

1. Mix all ingredients in a bowl until well combined.
2. Roll the mixture into small balls.
3. Refrigerate for at least an hour before serving.



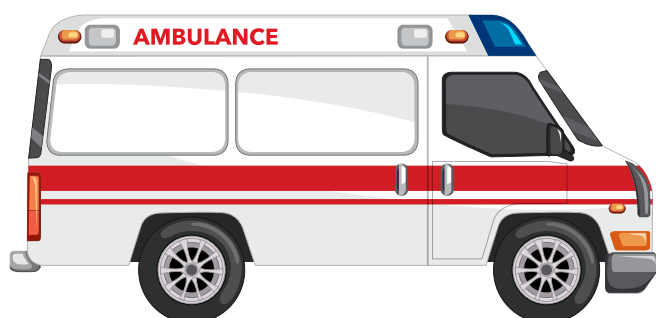
# Pick-up to Payment

## Understanding Ambulance Charges

Anita Krishnaswamy

CEO

BloomLife Hospital Pvt. Ltd.



*While many might think that supplying an ambulance should be a service provided for free, the reality is that the costs incurred by hospitals to own / maintain or rent ambulance amenities is often high enough to warrant levying a basic charge on patients.*

### **Why are ambulance rides charged? Shouldn't they be free since the patient is anyway coming to your hospital?**

First off, I would like to say that this is a fair question from a patient's point of view. Before going on to address it in detail, I would like to bring up an important point: For hospitals - regardless of whether they own a couple or a fleet of ambulances, or they use an outsourced ambulance service - the revenue gained from the cost levied does not translate into a source of revenue or profits in any form to the hospital.

Coming to the question on hand, why is there a cost levied on the patient for using the ambulance service?

First, let us understand that all ambulances are not the same. There are different types of ambulances, depending on the nature and extent of the complication that the patient is facing, and the medical support needed en route to the hospital. There are ambulances that are specially fitted for bringing newborn babies, with a NICU-like set-up within, there are ambulances for patients with coronary issues, trauma and so on. While bigger hospitals tend to own a fleet of required ambulances, mid-size and smaller hospitals may not have the resources to do so, so the latter would typically use the services of a third-party ambulance provider who might be servicing similar hospitals.

Buying and maintaining an ambulance involves investment of varied resources, apart from the cost of the vehicles. There is a cost associated with installing and maintaining the internal equipment, the need to maintain a minimum of four qualified drivers for 24-hour coverage per ambulance (three shifts through the day, with one reliever), a team of technicians for maintenance, medical staff and practitioners (even experienced senior doctors in critical and sensitive cases) who will have to accompany the patient en route, and fuel costs, among others. Regardless of the actual usage of the ambulance, these costs are incurred, some partial and some fully loaded. In cases where the ambulance service is outsourced to an external provider, the hospital pays a fee to the service provider - which is to be paid regardless of usage.

Also, it is important to note that the patient may be shifted to a bigger hospital that has a complete treatment facility - so the treatment may not always be availed at the hospital they arrive at, in the first place.

In the light of the above, hospitals tend to levy a reasonable charge on patients to help cover at least in some part the costs incurred, but it is definitely not structured as a profit-making initiative. ♦

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If you are facing a non-clinical, hospital-related issue that you want help or guidance with, write to us at [ceo@bloomhealthcare.in](mailto:ceo@bloomhealthcare.in).



# Diminishing Ovarian Reserve

## What & Why



**Dr. Nalini T.**

Senior Consultant –  
Obstetrics & Gynaecology,  
BloomLife Hospital Pvt. Ltd.

*Erratic period cycles, hot flashes and vaginal dryness. Sounds like peri-menopausal symptoms? Yes, they do – but what if they are experienced by women in mid-30s? These signs may often point to a condition known as Diminishing Ovarian Reserve (DOR) – a decrease in the number or quality of eggs in a woman's ovaries. Read on to know more.*

**E**very woman is born with a pre-determined, definite number of eggs in her ovaries (usually around 1 million at birth). After the girl attains menarche (i.e. she starts menstruating), the number of eggs decline gradually with each period until they are exhausted. The exhaustion of the reserve of eggs leads to menopause.

However, when a woman has DOR, the number of eggs is already less by the time she reaches her early 30s – leading her to experience very frequent or infrequent menstrual cycles. In many cases, the symptoms can resemble those of PCOS (polycystic ovarian syndrome) – and can be diagnosed only when the person goes through infertility evaluation.

### Causes of DOR

As most of us are aware, women tend to face a sharp decline in the number and quality of eggs as their age advances, as they move towards attaining menopause (at around 45 to 55 years of age). In women with DOR, this decline and exhaustion could happen at a younger

age. This could be traced to genetic factors – inherited physical traits, childhood illness (like genital tuberculosis or cancer), conditions like endometriosis, autoimmune disorders, medical treatments like chemotherapy or radiation therapy and / or surgery on the ovaries.

Lifestyle factors also play an important role. In particular, smoking and excessive alcohol consumption are shown to negatively affect a woman's health and contribute to DOR. Also, a diet that lack essential nutrients and is highly concentrated with processed foods can contribute to DOR.

### Diagnosis and Treatment

Diagnosis of DOR can be done only by a doctor, who would rely on some blood tests such as Anti-Müllerian Hormone (AMH) test and Follicle-Stimulating Hormone (FSH) test, or tests for ovarian volume and Antral Follicle Count (AFC) through ultra-sound, to check the person's reproductive health. Based on these tests, the doctors will be able to advise on the exact nature of the condition.

It is important to understand that there is no way to make the body produce more eggs. Hence, if a woman has DOR at a young age, she may be advised to consult a fertility specialist regarding next steps in terms of planning for future options in terms of having children. Couples who are seeking to start a family can look into assisted reproductive techniques (like IVF).

For women who has facing the possibility of early menopause due to DOR, it is best to seek the doctor's advice on next steps in terms of maintaining their health and overall well-being. ♦



# Is Infertility on the Rise?

*We have been having an ongoing discussion about fertility and assisted reproductive treatments in Health Shots. Now, we come back full circle and address some critical points: What really is the definition of infertility, and is it really on the rise? These may seem like basic questions, but addressing them is critical in terms of understanding and accepting the implications larger developments have on us, and in terms of the life choices we make.*



**Dr. Aravind Ravichandran**

Consultant - Reproductive Medicine & Fertility  
BloomLife Hospital Pvt. Ltd.

The ability to conceive and bear children is a physiological process perceived to be central to a couple's identity in many societies. Many couples understand human reproduction to be a very efficient process - more so than it really is. For those on birth control, the expectation is to conceive during the cycle that comes after taking the pill is stopped. However, it is always wise to have realistic expectations.

## Defining 'Infertility'

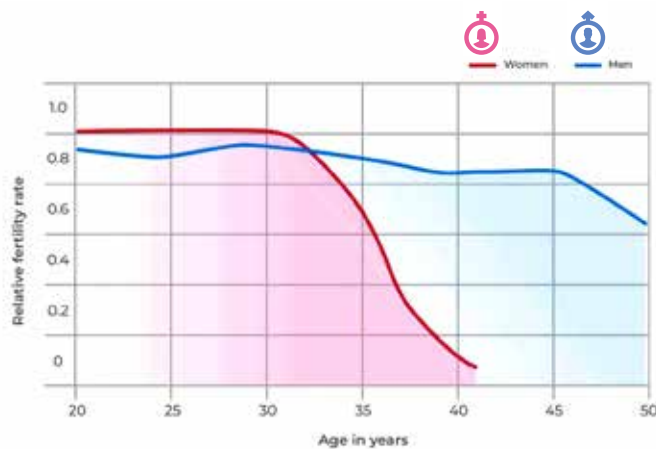
While 85% of women who are less than 30 years of age conceive within the first year of planning a pregnancy, getting pregnant is often more difficult than assumed, especially as the woman's age advances. Women, on average, conceive in about six months. So, it is necessary to understand this latency to avoid an element of disappointment that usually accompanies the first few failed attempts. Only when a couple fail to conceive even after 12 months of regular, unprotected intercourse, is it defined as infertility.

## Postponing Childbearing

Reproductive choices and when to exercise them may have varied connotations for men, women or a couple. Of late, the decision to plan a pregnancy is closely linked to career development, financial stability and the right courtship. This invariably results in many women, nowadays, postponing childbearing to until later in life. The influence of age on the reproductive potential of a woman is well established. The average age at first childbirth has now crossed 30 years, which is well beyond the fertility peak that is noted in the mid-20s. The knowledge that reproductive potential is limited by time is lost on many, until the actual scenario unfolds. Understanding this basic yet important information, does go a long way in accepting implications of such life choices and how better to sequence them.

## Rise in Infertility, Globally

Infertility is, unfortunately, on the rise globally, with the World Health Organization (WHO) releasing estimates of approximately 1 in 6 people experiencing it. The causes for this rise are likely multi-faceted.



Representation of decline in fertility with advancing age in men and women – adapted from British Fertility Society.

Before we go further, let us understand that infertility does not discriminate based on gender, social-economic status or demography.

As per a leading journal on reproduction, the average sperm concentration in men dropped by a worrying 51.6% between 1973 and 2018. The rate of decline also appears to be increasing, especially after the dawn of the millennium, as more robust data is being consolidated across different continents.

In many countries, lifestyle choices such as what and when you eat, sleeping duration and pattern, duration and type of physical activity, work stress, substance abuse, smoking and associated comorbidities like obesity, hypertension and diabetes mellitus, have changed the

landscape of fertility for the worse. In addition, environmental and occupational hazards are often neglected yet undeniable concepts in the larger portrait of reproductive decline.

Stress is an inseparable part of everyone's life and as far the implications of stress on conception is concerned, the jury is still out. Stress does bring about physiological changes in cyclic regularity, which can impair the natural process of conception. Although stress cannot be completely eliminated, stress reduction techniques like yoga, breathing exercises and meditation can make the journey to conception more comfortable.

All of the above-mentioned factors hardly affect the reproductive profile in singularity. It is the combination of these factors that has accelerated the decline in fertility over recent times. It is thus imperative for men and women of the reproductive age to seek genuine and balanced information on fertility to make informed decisions regarding reproductive planning before a tipping point is reached. ♦







**Dr. Riya Prathab**  
Manager – Billing & Insurance,  
BloomLife Hospital Pvt. Ltd.

***If I already have health insurance coverage at work, should I get personal health insurance? After all, it seems like double the work, and more importantly, extra payment. Right? We delve into the differences between both options and the parameters you should look at before making a choice.***

**C**orporate health insurance, also known as group health insurance, is a type of health coverage provided by a company or corporation to its employees as part of the latter's benefits package (with the employee paying either a partial or discounted amount as premium, or the company taking on the premium fully). The other option is personal health insurance, wherein an individual selects an insurance policy for him/her (and their family, if needed) based on his/her requirements and preferences, and pays the premium out of his/her own pocket.

Both options come with their own set of pros and cons, which we have shared in the following page.

## Corporate Health Insurance

**COMPREHENSIVE COVERAGE:** Corporate health insurance typically offers a broad range of benefits and coverage, often including outpatient care, dental care, vision, and mental health conditions. Coverage usually starts immediately without waiting periods for pre-existing conditions.

**EASE OF ACCESS:** Enrollment is usually handled by the employer, simplifying the process for employees. Employers typically contribute a significant portion of the insurance premiums making it more affordable for employees.

**LOWER RATES:** Larger groups can negotiate better rates and coverage options, compared to individual plans.



**LESS CONTROL:** Employees have little control over plan choices and coverage options. The coverage terms and benefits are generally standardised for all employees under the same plan, so there is no personalisation as per specific needs.

**NO LONG-TERM GUARANTEE:** The insurance coverage is tied to employment, so the loss of a job or resignation from the company would result in a loss of coverage.

## Personal Health Insurance

**PERSONALISED COVERAGE:** Individuals can choose plans that meet their specific health needs and financial situation.

**PORTABILITY:** Coverage is not tied to employment or any other specific life condition, so the policy remains intact (given the individual's ability to maintain the required premium payments).

**PERSONALISED OPTIONS:** A wide range of plans are available with different levels of coverage, premiums, deductibles to suit the individual's specific requirements and preferences.



**INCREASING COST:** The policy premiums can increase on an annual basis, thereby posing a challenge in terms of affordability for the policy holder. Premiums can also prove to be expensive, especially for comprehensive plans and low deductibles.

**LONG WAITING PERIODS:** Individual policies usually have longer waiting periods for pre-existing conditions, which may prove to be a difficulty for a person who requires a specific kind of coverage.

The best option is to invest in a personal health insurance plan, regardless of the options offered by the company. This will help provide fortified protection options, and as well ensure continuity of coverage even in the event of moving on from a company. ♦

*If you have any specific queries related to medical insurance aspects, write to us at [info@bloomhealthcare.in](mailto:info@bloomhealthcare.in)*

# For Better. For Worse?

*There are some fine lines where medical and legal aspects cross – we break them down and give you a balanced insight.*

**Samuel Abraham,**

Legal Advisor  
BloomLife Hospital Pvt. Ltd.

**Despite signing consent forms, if a surgery or procedure leaves a person worse off than before, can they sue the hospital for damages?**

In a contract of service, both the parties are bound by the conditions of that contract. A consent form signed by a patient refers to a document that declares that the patient permits the doctor to intervene with his/her body, and to do the procedure/operation in a way accepted by a body of medical professionals in that location at that relevant time.

Two scenarios may be looked into, in order to answer the question raised here.

**Proposition 1:**

After getting the proper consent in all respects, the competent (i.e., a person with proper qualification, professional experience and legal sanction to practice) doctor may choose any one of the procedures that is being followed in that location and time. He/she completed the

operation with due care and required skill, but the patient is worse off than before after the operation - for no fault of the doctor's. In such a case, no legal injury (his right is not infringed) is caused to the patient, and hence no compensation is payable as per settled law in India.

**Proposition 2:**

After getting proper consent in all respects:

- a) The treating doctor lacks competency;
- b) He/she chose to follow a procedure that is not followed by a body of medical professionals in that location in that time
- c) During the procedure, the doctor failed to perform with even average skill that is expected for that task
- d) The doctor failed to keep ready the required specialists or equipments that may be required during the operation
- e) The doctor / hospital staff failed to follow post-operative care for the patient

If, as a result of one or more of the above reasons, the patient is left worse off after the operation, a legal injury is caused to the patient - resulting in awarding of compensation to the patient even though consent was previously obtained from the patient. ♦





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