Congratulations on Your Pregnancy and Welcome to the Renaissance Women’s Group!

We congratulate you on your pregnancy and welcome you to RWG. We are excited that you have chosen us for your maternity care. We hope to make your pregnancy a safe and rewarding experience.

Our mission is to provide the highest quality of health care available to each and every woman in any stage of the life cycle and in all walks of life in a caring, positive and respectful manner. Our first and foremost objective is to provide quality patient care within a welcome, caring and professional environment. We believe that in order to provide this quality care, we must work together as a team. It is understood that no single person can provide this care alone; therefore, each and every person is a highly valued member of RWG’s team. Patients cared for in such an environment will benefit greatly by knowing that they are cared for by a team with one common goal.

RWG consists of 9 qualified and experienced Ob/Gyn Physicians: Laura Meritt, Melanie Collins, Ginger Truitt, Clarissa Gutierrez, Tara Mills, Devin Garza, Kimberly Loar, Jessica Montalvo and Byron Darby. Our physicians are specialists in routine and high-risk obstetric care and gynecologic services, including menopause, surgery and osteoporosis screening. Dr. Byron Darby provides state of the art prenatal diagnosis and ultrasound, including CVS, Amniocentesis and counseling in genetics. Dr. Darby is accredited by the American Institute of Ultrasound in Medicine and certified for the new First Trimester Down’s Syndrome Screen. Each Physician in the Renaissance Women’s Group is Board Certified/Eligible by the American Board of Obstetrics and Gynecology.

Our practice also includes Advanced Nurse Practitioners (NPs) and Physician Assistants (PAs), who improve our ability to deliver individualized and personal care to all our patients. They each hold state and/or national certificates in their field. They are specialized in women’s healthcare and are able to provide all aspects of care, including prenatal care, annual exams, minor office procedures, as well as co-management of chronic or acute medical problems. NPs and PAs can write prescriptions. They do not attend deliveries or perform surgical procedures.
Thank you again for choosing Renaissance Women's Group. We think you will be pleased with the tender and expert care we give our patients. We are looking forward to serving you.

We hope that this brief introduction to pregnancy and our practice will help to guide you through your pregnancy without many surprises. Please do not hesitate to ask questions of the medical and nursing staff here at the Renaissance Women’s Group. It is important that your individual needs are met. You are encouraged to jot down your questions so that you will remember to ask them during your next visit. There are a variety of books on pregnancy and childbirth. We have included our reading recommendation list for your convenience.

**Phone Numbers**

Dr. Laura Meritt  425-3855  Ste 205
Dr. Melanie A. Collins  425-3855  Ste 205
Dr. Tara A. Mills  425-3895  Ste 225
Dr. Jessica Montalvo  425-3895  Ste 225
Dr. Devin M. Garza  425-3835  Ste 215
Dr. Kimberly Loar  425-3835  Ste 215
Dr. Clarissa Gutierrez  425-3835  Ste 215
Dr. Ginger Truitt  425-3835  Ste 215
Dr. Byron G. Darby*  425-3885  Ste 215

*Ultrasound/Prenatal Diagnosis

RWG Business Office  279-6746

**FOR MEDICAL EMERGENCIES ONLY**

**After Hours & Weekends Call MedLink**

**(512) 660-6856**

Prescription refills and appointment changes will be handled during office hours only.
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PHYSICIANS

MELANIE A. COLLINS, M.D.
Dr. Melanie Collins is a board certified Obstetrician-Gynecologist who joined the Renaissance Women's Group in 1996. She grew up in Temple, Texas and did her undergraduate work at The University of Texas at Austin. She has a degree in Zoology and was elected to the Phi Beta Kappa honor society. She completed medical school and residency training at The University of Texas Medical School at Houston. While there she was elected to the Alpha Omega Alpha honor society and chosen the outstanding chief resident. Before moving to Austin, she was on faculty at The University of Texas Medical School at Houston and MD Anderson Cancer Center where she did research on cancer prevention in women. She is the former Chief of Obstetrics & Gynecology at North Austin Medical Center and has been a member of the hospital’s Ethics Committee for the past 8 years. She is a member of the American Association of Gynecology Laparoscopists and offers minimally invasive surgery option to her patients including robotic surgery so they can quickly get back to enjoying their lives. She has been married for 20 years to Dr. Michael Andreo who is an orthopedic surgeon, and they have 2 sons, Matthew, 17 and Cary, 13. Dr. Collins spends much of her free time watching her sons play basketball, football and lacrosse. She enjoys travelling with her family and being outdoors whether it is skiing, hiking, playing golf or just taking her dogs Copper and Penny to the dog park.

BYRON G. DARBY, M.D.
Dr. Byron Darby has been a leader in ultrasound and prenatal diagnosis in Austin since 1981. He was the first to offer genetic amniocentesis and chorionic villus sampling in Central Texas. His practice at Renaissance Women’s Group has received the coveted American Institute of Ultrasound in Medicine Accreditation certificate recognizing excellence in OB/Gyn ultrasound. Byron graduated from The University of Texas Southwestern Medical School in Dallas and did his residency in OB/Gyn at Baylor University Medical Center in Dallas. He served as Chief of Obstetrics and Gynecology at Seton Medical Center in Austin from 1991-1992, and served for over ten years as a member of the Seton Medical Ethics Council. He is certified by the American Board of Obstetrics and Gynecology and is a member of the American Association of Gynecology Laparoscopists and offers minimally invasive surgery option to her patients including robotic surgery so they can quickly get back to enjoying their lives. He has been married for 20 years to Dr. Michael Andreo who is an orthopedic surgeon, and they have 2 sons, Matthew, 17 and Cary, 13. Dr. Darby is also a Fellow in the American College of Obstetricians and Gynecologists. When he isn't working, you can find Byron outside with his wife, Mary and their two sons. He enjoys tennis, scouting and both water and snow skiing.

DEVIN M. GARZA, M.D.
Undergraduate Degree: Bachelor of Arts, University of Texas, Austin
Medical School Attended: UT Health Science Center, San Antonio, Texas
Internship: Franklin Square Hospital, Baltimore, Maryland
Residency: Franklin Square Hospital, Baltimore, Maryland; Johns Hopkins Hospital, Baltimore, Maryland
Board Certified: American Board of Obstetrics & Gynecology
Memberships and Societies: Fellow, American College of Obstetrics and Gynecology, American Society of Laparoscopists and Endoscopists, American Medical Association, Texas Medical Association, Southern Medical Association
Personal: I am interested in all aspects of female health care with special interest in Advanced Minimally Invasive Laparoscopy and Hysteroscopy including daVinci Robotic surgery, evaluation and management of pelvic pain, endometriosis, abnormal bleeding, urinary incontinence and menopause. I've been in practice at Seton Northwest since 1993. I was born in Corpus Christi, Texas. My wife, Catherine and I married in 1988. We have four children; Devin, Logan, Meagan and Graceyn. I am a Christian recording artist, singer/songwriter.
PHYSICIANS

CLARISSA GUTIERREZ, M.D.
Dr. Clarissa Gutierrez graduated magna cum laude from Texas A&M University, where she earned a Bachelor of Arts degree in biology. She was accepted to the University of Texas Health Science Center in San Antonio, and graduated as a Doctor of Medicine. Dr. Gutierrez went on to complete her residency in Obstetrics and Gynecology at Ohio State University. Clinical interests include adolescent gynecology, contraception and menstrual disorders. Specialized licenses and certifications prepare her to offer patients leading edge care. Dr. Gutierrez is trained in Advanced Cardiovascular Life Support, Electronic Fetal Monitoring and the Da Vinci Surgery method, a minimally invasive robotic surgical technique to diagnose and treat gynecologic and fertility issues such as endometriosis and uterine fibroids. As an assistant to the Office of Academic Enhancement at the University of Texas Health Science Center, she shared her expertise with the next generation of doctors. Dr. Gutierrez instructed first year medical students, and continues to seek out academic and research opportunities. Proficient in Spanish, she volunteered with International Service Learning, providing medical care to underserved populations in Nicaragua. Dr. Gutierrez also served the community with prenatal care for incarcerated patients at the Ohio Department of Rehabilitation and Correction. Dr. Gutierrez belongs to numerous medical societies, including the American College of Obstetrics and Gynecology-Junior Fellow, the American Medical Association and the American Medical Women’s Association. In her free time, Dr. Gutierrez enjoys hiking, biking, cooking, reading fiction and running.

KIMBERLY LOAR, M.D.
Dr. Loar received her medical degree from The University of Texas Medical Branch at Galveston in May, 2001. After assisting in research with the Women’s Health Initiative in Jacksonville Florida, she began her residency in Obstetrics & Gynecology at the University of Florida Health Science Center Jacksonville. Dr. Loar served as Administrative Chief Resident during her last year of residency, combining her excellence in patient care with her outstanding leadership and teaching skills. With research experiences ranging from surgery to antepartum care, Dr. Loar’s interest in the field of obstetrics/gynecology extends to supporting medical advancement and finding new ways to better serve women’s needs. In addition to offering expert and attentive obstetric care, Dr. Loar is trained in the management of menstrual disorders and pelvic pain. She is especially interested in minimally invasive (laparoscopic and da Vinci robotic surgery) surgery for the treatment of a variety of problems including chronic pelvic pain and endometriosis. Her expertise includes laparoscopic, vaginal and abdominal hysterectomies as well as pelvic reconstruction. Fluent in Spanish, Dr. Loar has long-worked to make sure underserved populations in the areas she has worked are heard and understood. Her compassion for people shows through in her work. Dr. Loar's ability to be fully present and listen to her patients creates a comforting and exceptional medical experience. Dr. Loar was in private practice for 3 years in Michigan prior to her relocation to Austin in the summer of 2009.

LAURA MERITT, M.D.
Dr. Laura Meritt received her undergraduate degree at Louisiana State University and attended medical school at the University of Arkansas. After completing her residency in OB/GYN at Franklin Square Hospital in Baltimore, she moved to Austin to begin her practice. She is board certified by the American College of Obstetrics and Gynecology and is a Fellow of the American College of Obstetricians and Gynecologists. She enjoys the challenge of her gynecologic practice and considers it a privilege to assist in the miracle of childbirth. When Dr. Meritt is not at work, she spends as much time as possible with her husband and children. She is also active in the church and various community service organizations.
PHYSICIANS

TARA A. MILLS, M.D.
Dr. Tara A. Mills joined Renaissance Women's Group in 2004. She grew up in Pleasanton, Texas and did her undergraduate training at The University of Texas at Austin. She earned a Bachelor of Arts degree in Biology with high honors in 1996 and was elected to Phi Beta Kappa Honor Society. She completed her medical school and residency training at The University of Texas at Houston/Hermann Hospital where she was Administrative Chief Resident for 2004. She was named outstanding Chief Resident for 2004. She is board certified by the American College of Obstetrics and Gynecology and is a Fellow of the American College of Obstetricians and Gynecologists. Outside of work, Tara loves spending time with family. She is married to Sean Lamm, a Network Administrator. They have one son, Garrett, and recently welcomed a daughter, Emery, to the family. They also have an energetic and playful dog, Annie that loves hikes. Tara also enjoys running, watching college football and traveling.

JESSICA MONTALVO, M.D.
Dr. Montalvo earned a BS in Molecular Biology with High Honors from the University of Texas at Austin. At UT Southwestern Medical School in Dallas, TX, she was awarded membership to the AOA medical society, which recognizes the top 10% of graduating medical students. She completed her residency training in obstetrics and gynecology at Baylor University Medical Center in Dallas, TX, where she was Administrative Chief Resident. Dr. Montalvo is an Austin native, and enjoys taking advantage of all the outdoor activities this city has to offer while spending time with her husband, David, and young daughter, Catalina.

GINGER TRUITT, M.D.
Dr. Ginger E. Truitt graduated with honors from Trinity University with a Bachelor of Science degree in biology. She completed her medical degree at the University of Texas Health Science Center-San Antonio. Dr. Truitt performed her residency in Obstetrics and Gynecology at Saint Francis Hospital and Medical Center in Hartford, CT. She conducted advanced research and training in the areas of SIDS risk factors, sonography and minimally invasive surgery, including robotic and laparoscopic surgery. During residency, Dr. Truitt was recognized with the Czaja Award for her clinical research in the use of hybrid grafts in prolapse repair. She pursued additional training in the areas of patient care and leadership, including serving on St. Francis Hospital’s Residency Education Committee, and participating in the Council on Resident Education in Obstetrics and Gynecology’s Workshop: Preparing to be Teachers and Leaders. Dr. Truitt offers specialized knowledge and training in Advanced Cardiovascular Life Support, Basic Cardiac Life Support and Neonatal Resuscitation. She belongs to the American Congress of Obstetricians and Gynecologists and the American Medical Association. When not caring for patients, Dr. Truitt is involved in community efforts to raise awareness and funds for ovarian cancer research, and she has served as a volunteer for the Texas Center for Disease Control. In her free time, Dr. Truitt enjoys reading, hiking, running, sailing and spending time with her family.
ADVANCED NURSE PRACTITIONERS & PHYSICIAN ASSISTANTS

MISTY DANIELSON, WHNP-BC
Misty Danielson grew up in Minnesota and graduated from North Dakota State University’s Nursing School in 1984. She was recognized by the National Dean’s List in 1981-82 and was a member of Phi Eta Sigma.
In the fall of 1984 Misty moved to Austin and began working in the cardiology unit at St. David’s Medical Center. She then spent five years in the Intensive Care Unit prior to training in Labor and Delivery. She worked as Charge Nurse in both ICU and L&D. In 1990 Misty joined Seton Medical Center in Labor & Delivery. While employed at Seton, she was involved in education for nursing staff in outlying hospitals. She taught childbirth classes for 7 years with Renaissance Women’s Group. Misty graduated from The University of Texas Southwestern Medical School as a Women’s Health Care Nurse Practitioner in 1998. She began working for Dr. Linda Litzinger in 1993 and continued until Dr. Linda Litzinger discontinued her practice October of 2008. Misty is pleased to now be working with Dr. Laura Merritt and Dr. Melanie Collins. She is recognized by the State of Texas as an Advanced Practice Nurse in Women’s Health Care and is certified by the National Certification Corporation for Obstetrics, Gynecologic and Neonatal Nursing Specialties. She is a member of AWHONN, the Association of Women’s Health, Obstetric and Neonatal Services. Since 2001, she has been a Nurse Colposcopist. Misty is married and has two daughters. She enjoys playing tennis, running, movies, weekends in Port Aransas and spending time with her grandchildren. She is committed to caring for Women and their families and educating them to improve their quality of life with close collaboration with other Health Care Professionals.

BRITTANY KEY, PA-C
Brittany was born and raised in Round Rock and has a special love for women’s healthcare. She has a strong family history of breast and ovarian cancer. Unfortunately she lost her mom to ovarian cancer, but this has made her drive for women’s care even stronger. She received her bachelor’s Degree in Biology from Concordia University in Austin in 2004. Brittany was accepted into the Physician Assistant Program at the University of Texas Pan American her last semester at Concordia. She relocated to Edinburg, Texas for 2 years until she graduated with her Physician Assistant Degree in 2006. While at the University of Pan American, she was the recipient of the 2006 JCAPAS Clinical Excellence Award. After completing her schooling she could not wait to get back to the Austin area. Before joining the Renaissance team, Brittany worked in a Gynecology practice for 6 years. Brittany is a member of the Association of Physician Assistants in Obstetrics & Gynecology (APAOG) and the Central Texas PA Society. Brittany and her husband have 2 “furry children,” her dogs Max and Miller, with whom she spends a lot of her free time. Besides trips to the dog park, Brittany also enjoys reading and taking trips to the lake during her time off.

WENDY MCGINTY-GAMBLE, PA-C
Wendy is a native Texan, born and raised in Houston. After undergraduate work at Baylor University and University of Houston, she attended Baylor College of Medicine Physician’s Assistant Program. After graduation from the Physician's Assistant Program in 1974, she worked for OB-GYN Associates in Houston for over 8 years. They specialized in infertility and high-risk pregnancies. In 1982, Wendy and her husband moved to Austin and she worked at People’s Community Clinic for 3 years, serving as Team Leader for its Prenatal and Family Planning Programs. While at People’s Community Clinic, she organized and maintained a specialty clinic for low-income women with abnormal pap smears. Partly because of those efforts, she was named Texas Physician's Assistant of the Year in 1984. Since 1985, Wendy has worked at several private OB-GYN offices and has been at Renaissance since 1999. She says Renaissance is the best place she’s ever worked and plans to stay here until she retires. Wendy is a Board Certified Physician’s Assistant and in 2011, she passed her re-certifying examination that PA’s must take every 6 years. She is a Charter member of the American Academy of Physician's Assistants and the Central Texas Society of Physician's Assistants. Wendy is married with one son, who is now in N.Y. pursuing his acting career. She has a brown belt in karate, has run 2 marathons, but is now a gym junkie. She loves to read, especially mystery novels, and enjoys camping and traveling. She is a believer in giving patients enough information so that they can make informed decisions regarding their health care. Preventive medicine is better than “fix it” medicine.
ADVANCED NURSE PRACTITIONERS & PHYSICIAN ASSISTANTS

MARIANN NIELSEN, WHNP-BC
Mariann grew up in Iowa and received her Associate Degree in Nursing at Clinton Community College in 1978. She started her nursing career as an operating room nurse in LaCrosse, Wisconsin. After moving to Austin in 1980, she began working in Labor & Delivery at Seton Medical Center and has stayed with Women's Healthcare since. While enjoying assisting women during their birth experience, she also involved herself in leadership roles at the hospital as charge nurse and innovative staffing coordinator. Always a student, Mariann completed her Bachelors in Nursing degree at UT Austin in 1983. She also began teaching Childbirth Classes in 1983 while pregnant with her first daughter. Mariann joined the RWG staff 1985. She developed a quality assurance program for RWG patients with abnormal pap smears. Mariann completed her Women’s Health Care Nurse Practitioner training at UT Southwestern Medical Center in 2003. She is recognized as an Advanced Practice Nurse by the state of Texas and certified in Women's Health by NCC. She is a member of AWHONN. Mariann thoroughly enjoys assisting women of all ages with their immediate healthcare needs and a focus on preventive healthcare. She relates especially well with adolescents and young women having three daughters of her own. She and her husband live in the country and enjoy movies, gardening, walking and family gatherings. Mariann is active in her church community with youth work, service projects and mission trips.

CHERI WILCOX, MSN, WHNP-BC
Cheri Wilcox graduated from the University of Connecticut with a Bachelor's in Science in Nursing in 1995. She then worked in Labor and Delivery, Post Partum and the Newborn Nursery for the next six years. While working, she completed, with honors, her Master's degree in Nursing from the University of Connecticut in 1998. Cheri is certified as a Women's Health Care Nurse Practitioner from the National Certification Corporation in Gynecological and Neonatal Nursing Specialties (NCC), as well as recognized by the Texas Board of Nursing as an Advanced Practice Nurse. She is certified by the American Society for Colposcopy and Cervical Pathology (ASCCP). Since 2001 she has worked in both private practice and family planning clinics as a Nurse Practitioner. She is married with two young girls and is enjoying the different climate and lifestyle Austin offers as compared to the Northeast. She is very committed to Women's Health throughout the lifecycle as her interests and experiences have always been in the care of women and their families.
OB ESTIMATE OF BENEFITS

The following information should provide answers to the most frequently asked questions regarding the cost of prenatal care and delivery.

1. **What should I expect for costs with my prenatal care and delivery?**
   Renaissance Women’s Group charges each pregnant patient an **OB GLOBAL FEE**
   
   - This OB GLOBAL FEE includes routine/non-complicated prenatal visits, delivery and 1 Postpartum visit
   
<table>
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<tr>
<th>OB GLOBAL FEE for type of birth expected:</th>
<th>Cost</th>
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<tbody>
<tr>
<td>*VAGINAL delivery</td>
<td>$3,550.00</td>
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<tr>
<td>*VAGINAL delivery after cesarean section (VBAC)</td>
<td>$4,250.00</td>
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<tr>
<td>*CESAREAN SECTION delivery</td>
<td>$4,050.00</td>
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</tbody>
</table>
   
   *Multiple births and high-risk pregnancies may require extra visits. This will result in additional charges and will be adjusted from these rates.

2. **What is NOT included in the OB GLOBAL FEE but may be covered by my insurance?**
   - Initial OB office visit charge
   - Dr. Darby’s services: Ultrasounds, Biophysical Profiles, Genetic testing including: Genetic consultation, CVS, Amniocentesis
   - Fetal Non-Stress Tests
   - Newborn Circumcision
   - Any laboratory tests
   - Medications
   - ER visits**
   - Hospital fees** North Austin Medical Center 901-1000 & Austin Anesthesiology Group 343-2292
   - Patients that have a cesarean section may incur additional billing by an independent SURGICAL ASSISTANT
   
   **If you are seen in the Hospital after hours and/or on the weekends for reasons other than delivery:
   - YOU are required to contact your insurance company for pre-authorization.
   - YOU may be responsible for charges that are NOT pre-authorized by YOU!

3. **If you file my insurance, what should I expect my “out of pocket” portion to be?**
   An OB deposit may be required depending on your insurance coverage. This deposit is your co-insurance and deductible. It is YOUR responsibility to pay this by your second pregnancy appointment. If after 8 weeks from your delivery, a payment has not been received from your insurance company, you may be responsible for the remaining balance. You should call your insurance company regarding any unpaid balance.

4. **What should I do if I do not have any insurance for this pregnancy and have to SELF PAY?**
   You will want to speak with our billing department to discuss payment and payment plan options. All OB FEES will be due in full by your second pregnancy appointment.

5. **What would happen if I move or transfer to another Obstetrician during my pregnancy?**
   You will only be charged for the individual office visits and co-pays for each visit that you have incurred up until your date of transfer.
   
   - **Our Billing office will contact your insurance company (as a courtesy) and obtain an estimate of your maternity coverage. This is not a guarantee of benefits and YOU are ultimately responsible to know YOUR OB benefits and insurance requirements.

   *Be sure to let us know if you change your insurance coverage at any point in the pregnancy!

   - **SELF-PAY OB patients need to contact our billing office before your second prenatal visit to make payment arrangements.

Billing Office accepts calls/questions: Monday-Friday 8:00-12:00 & 1:00-4:30  Call: 279-6746
PRENATAL APPOINTMENT SCHEDULE

8 weeks  Physical exam, Pap smear, blood work drawn, counseling
12 weeks  Routine obstetrical visit, First screen for Trisomy 21 risk if desired
16 weeks  Routine obstetrical visit, Quad test for Trisomy 21 risk if desired
20 weeks  Routine obstetrical visit, ultrasound for fetal anatomy
24 weeks  Routine obstetrical visit
28 weeks  Routine obstetrical visit, screening for gestational diabetes and anemia
          Rhogam injection is given if Rh negative
31 weeks  Routine obstetrical visit
34 weeks  Routine obstetrical visit
36 weeks  Routine obstetrical visit, Group B strep screening, HIV Screening
Weekly thereafter  Routine obstetrical visit with cervical examinations beginning 35-38 weeks
Postpartum visit  4–6 weeks after birth

Keep in mind that problems or high risk factors may warrant additional visits.

Our nursing staff will contact you with any laboratory results that are abnormal and need attention. Normal results will be discussed at your next visit.
If you have any concerns or questions at times other than your routine visits, you may talk with one of the nurses in our “phone bank.” There is over 40 years of obstetrical experience among our nurses!

The Team Approach:
As much as possible, we will try to have your visits scheduled with your physician or their NP/PA. Due to emergencies, deliveries or vacations however, you may need to see one of the other physicians or NPs/PAs in our practice.
Each of our physicians would like to deliver every single one of her patients, and do deliver the majority of their own patients. However, our doctors cannot remain on-call continuously. Their families would like to see them also! So that you will feel comfortable and confident in the physician providing your care, we have carefully built our group with quality physicians who have the highest level of trust in each other.
FIRST PRENATAL VISIT

On your initial prenatal visit, you will usually meet with a nurse first. A full personal and family history will be reviewed. You can expect diagnostic tests, including urinalysis with culture, blood type, Rh, Hepatitis B (refer to page 46), HIV (refer to page 44), complete blood count, syphilis, rubella and diabetic screening if applicable. You will have a physical exam to assess your health and pregnancy status. This exam may also include a Pap smear and vaginal cultures. The entire visit may take one to two hours to complete.

Genetic counseling will be offered if you will be over the age of 35 at your expected delivery date, or if you have had more than two miscarriages, a stillborn infant, or a child who died during infancy. Genetic counseling is also offered if you are concerned that you may have an inherited disorder or birth defect, if your ethnic background puts you at increased risk for certain genetic disorders, or if you feel that your job, lifestyle, or medical history may pose a risk to your pregnancy (i.e.: exposure to radiation, medications, chemicals, infection or drugs). Couples who are first cousins or close relatives would also benefit from genetic counseling. Genetic counseling is also offered if a screening test for Trisomy 21 is abnormal.

THINGS TO REMEMBER FOR GENERAL WELL-BEING

- Drink an 8-ounce glass of water at least 6-8 times daily.
- Exercise – walking is great. We strongly recommend that all pregnant patients get at least 30 minutes of brisk walking or other moderate intensity exercise at least five times per week.
- Get plenty of rest.
- Maintain a well-balanced, low fat diet. Avoid adding extra salt to your diet.
- Do things for yourself to promote a sense of health and well-being. Take care of yourself and allow others to take care of you.
- Most importantly, DO NOT SMOKE OR DRINK ALCOHOLIC BEVERAGES.

DIAGNOSTIC TESTING AND SCREENING

FIRST & SECOND TRIMESTER

A small percentage of babies will be born with birth defects. Some of these birth defects can be detected before birth, some cannot. There are a number of tests that doctors can use to try to detect birth defects before birth. The use of many of these tests is optional. You are not required to have the tests, but if you want to, they are available. Read more about these tests at www.mytestingoptions.com

Ultrasound

One of the most common procedures done during pregnancy is an ultrasound exam (sonogram). Ultrasound scanning involves the use of a hand held probe, called a transducer, which sends out sound waves of a very high frequency but of very low power. These sound waves bounce off of structures and are reflected back to provide a picture of the baby or pelvic structures. At present there are no known risks to the baby or the mother with an ultrasound exam.
There are many reasons why your doctor might order a sonogram during the pregnancy. In our practice, a sonogram is frequently ordered at about 20 weeks gestation in order to evaluate fetal anatomy, including heart, brain and spine. Other information such as placental location, amount of amniotic fluid, and fetal activity can also be assessed. Many, but not all, birth defects can be seen on ultrasound. Approximately half of Down Syndrome babies will be able to be detected with ultrasound alone.

Please remember that a sonogram is a medical diagnostic test, and in order to do the best job possible, the sonographer needs to concentrate fully on obtaining a complete set of images. While the sonogram is often exciting and to some degree entertaining, please remember the primary purpose is to confirm the health of the baby and provide you with excellent medical care. When you go to Dr. Darby’s office for your 20 week anatomy ultrasound, please do not bring more than two people. Children under the age of 6 will not be allowed in the exam room as they will reduce your enjoyment of the exam and prevent our sonographers from concentrating fully on the exam. At your 20 week ultrasound, we will give you a DVD with a few minutes of the exam recorded and several still pictures you can show children and others in a more relaxed setting.

Our office does now offer a “Family Bonding Ultrasound” that is an optional, cash only, ultrasound designed to let family members enjoy a more relaxed, “non-medical” experience interacting with the baby. Brochures are available if you have further interest.

Screening tests for Down Syndrome (Trisomy 21)

Tests for Down Syndrome (Trisomy 21)

Testing for Trisomy 21 is optional, and falls into two categories: Screening, where non-invasive tests are performed to estimate RISK, or invasive tests that can give clear cut, definite answers about the presence or absence of Down Syndrome.

1. What is Down syndrome? - also called Trisomy 21
   a. A condition that causes mental retardation
   b. It is caused by an extra copy of the # 21 chromosome
   c. The risk for fetal Down syndrome increases with age
      1. at age 25 - the risk is 1 in 1200
      2. at age 35 - the risk is 1 in 270
      3. at age 40 - the risk is 1 in 80

2. Why would I test for Down syndrome?
   a. If the fetus has Down syndrome, I want to be aware of the diagnosis so I can better prepare for delivery and the problems the infant may have after birth.
   b. If the fetus has Down syndrome, I might make the choice not to continue the pregnancy

3. Why would I not test for Down syndrome?
   a. I would not change the course of the pregnancy no matter what - if the fetus has Down syndrome, it would not matter to me
   b. Even if the fetus has Down syndrome, I can find out more about DS when I deliver - I don’t want that information at this time

What are my choices for Down syndrome screening?

1. First trimester screen - "our recommendation if you seek care before 13 ½ weeks"
   a. done at 11 to 14 weeks
   b. detects 83% to 90% of Down syndrome and 80% of Trisomy 18 pregnancies (another chromosome problem that involves mental retardation and birth defects) This test will miss 10 to 17% of Down syndrome pregnancies
   c. involves an ultrasound, information about you (weight, family history, ethnicity, etc…) and a blood test
   d. gives you a revised risk for Down syndrome that is specifically YOUR risk for this pregnancy (not just based on age alone)
1. **QUAD screen** - if you seek care after 14 weeks and still want a screening test
   a. done at 15 to 21 weeks
   b. detects 70% of Down syndrome pregnancies, 80% of Trisomy 18 pregnancies and 90% of spina bifida (open spine)
   c. is a combination of four blood tests and does not use ultrasound
   d. gives you a revised risk for Down syndrome, Trisomy 18 and spina bifida that is YOUR risk

2. **Ultrasound (a sonogram)** performed at 20 weeks will detect some fetuses with DS. However ultrasound alone is not a good screening test, as only approximately half of fetuses with DS will be able to be detected on the 20 week anatomy sonogram.

**What do I do with the results of a screening test?**

1. If the results show that you are “low risk”, the next test that will be offered to you is your Ultrasound at 20 weeks. Being “low risk” does not absolutely rule out Down syndrome, but your risk is small enough that we would not recommend additional testing.

2. If the results are “high risk” and show an increased risk for **Down syndrome** -
   a. you will be offered genetic counseling and a diagnostic test (a definite answer) if desired
   b. some patients might choose to have only an ultrasound as they do not want invasive testing

3. If the results are abnormal with an increased risk for **spina bifida** - you will be offered an ultrasound, with genetic counseling to follow, if appropriate

**Important points to remember about screening tests**

1. ALL testing is optional - you are not required to do any testing
2. Screening tests give you an estimate of your risk. If your test results indicate “high risk” it means that your pregnancy is at increased risk for a problem, not that the baby definitely HAS a problem. Most patients who are “high risk” DO NOT have a baby with Down Syndrome, but their chance of DS is higher than average.
3. If you have a “high risk” screening result, the only way to see if the baby definitely has a problem is to do an additional diagnostic test such as amniocentesis or CVS.
4. No screening test will find all cases of Down syndrome (Trisomy 21)
5. No screening test will find all birth defects

**Diagnostic (invasive) tests** will identify essentially 100% of Down Syndrome and other chromosome abnormalities, but carry a small risk. They will be offered if:

1. your pregnancy is at increased risk for Down syndrome or Trisomy 18 based on an abnormal screening test
2. you wish to skip screening tests and proceed directly to a definitive diagnostic test.
3. an abnormality is found on ultrasound
4. you have had a prior child with a chromosome abnormality or an inherited disorder that can be diagnosed prenatally
5. you are a known carrier for a chromosomal or genetic disorder that can be diagnosed prenatally.

**Types of invasive tests:**

A. **CVS** (Chorionic Villus sampling)
   1. done at 10 to 12 weeks
   2. evaluates fetal chromosomes

B. **Amniocentesis**
   1. routinely scheduled at 15 to 16 weeks
   2. evaluates chromosomes and AFP (for spina bifida)
Please let your provider know if you are interested in CVS or Amniocentesis and they will give you a brochure and tell you how to schedule.

**Genetic counseling**
Genetic counseling is offered when there are specific risks to the pregnancy or you desire more detailed information about your risk for Down syndrome or other genetic problems. The following are indications for genetic counseling:

1. If your pregnancy is at increased risk for Down syndrome because of screening tests
2. If you will be over 35 at the time of delivery
3. If you have a history of more than 2 miscarriages, a history of a stillbirth, or a prior child with birth defects, or there is a family history of these problems
4. If you are concerned that you may have an inherited disorder
5. If you ethnic background puts you at increased risk for genetic disorders
6. If you feel that your job, lifestyle or medical history may pose a risk to the pregnancy (i.e. exposure to radiation, medications, chemicals, infection or drugs)
7. Couples who are first cousins or close relatives might benefit from genetic counseling
8. Patients who wish more detailed information about diagnostic testing.
9. Genetic counseling is required prior to the performance of CVS or amniocentesis.

**Cystic Fibrosis**
Cystic Fibrosis is an inherited disease that causes excessively thick secretions throughout the body, often leading to severe health problems, including breathing and digestive problems, frequent hospitalizations, and a median life expectancy of approximately 30 years with currently available treatments. CF is caused when a child inherits two copies of a defective gene, one from each parent. A parent can be normal and not have CF, but carry one copy of the defective gene. If both parents carry the defective gene, then there is a chance any child born to them could have CF. If both parents carry the gene, testing in early pregnancy by amniocentesis or CVS can determine whether the fetus is affected.

The risk to carry the CF gene is different depending on your ethnic background. Individuals of Caucasian and Jewish descent are at higher risk, approximately 1 in 24, for carrying the gene. Individuals of Hispanic descent are at intermediate risk (1 in 46) and individuals of African American (1 in 65) or Asian descent (1 in 94) are at lower risk.

We offer Cystic Fibrosis screening to all patients. If you have additional questions please discuss with your doctor or nurse.

**Spinal muscular atrophy and Fragile X syndrome**
Spinal muscular atrophy and Fragile X syndrome are inherited diseases that can be carried silently by normal individuals, similar to cystic fibrosis. SMA is a nerve and muscle wasting disease that can cause death in infancy or childhood. It is somewhat similar to muscular dystrophy, but is actually more common. Fragile X causes mental retardation and is the most common cause after Down Syndrome for mental retardation. Carrier testing for both these diseases is available. Currently several national organizations including the American College of Medical Genetics recommend screening in pregnancy, however the American College of Ob-Gyn does not currently recommend routine screening without a positive family history. If you desire testing for these genetic diseases, please discuss with your doctor or nurse. If there is any family history of a muscle or nerve disease in childhood, or any family members with mental retardation, genetic counseling with our genetic counselor is recommended.

Further information about cystic fibrosis, spinal muscular atrophy, Fragile X syndrome and other genetic problems or testing are available at [www.mytestingoptions.com](http://www.mytestingoptions.com)
Other ethnic specific screening

There are a number of other tests available for genetic diseases that vary in frequency between ethnic groups. For example, individuals of African American and Mediterranean descent may be at higher risk for carrying the gene for Sickle Cell Anemia. Individuals of Jewish descent are at higher risk for Tay Sachs and several other genetic diseases. Your doctor may recommend screening for certain genetic diseases depending on your ethnic background.

Family history

It is important to discuss with your doctor any family history of inherited disease, birth defects, or mental retardation so that we can discuss with you any impact this may have on your pregnancy.

Prenatal HIV testing

Prenatal HIV testing was implemented in January 1996 with the intent of decreasing the chance of unborn babies becoming infected with HIV. Effective January 1, 2010 Texas law requires that we test all pregnant woman for HIV. The test must take place during the pregnant woman’s first prenatal visit. A second HIV test must be conducted during the third trimester, and upon her admission for deliver, if no record of the third trimester HIV test is available. The law specifies that the woman should be verbally informed of this test and of her right to refuse testing. If a woman chooses to decline testing, the health care provider is required to review the option of anonymous testing and refer them to a testing facility that offers that type of testing if the woman chooses to do so. We strongly urge you to be tested, as treatment of HIV positive mothers can dramatically reduce the risk of the baby contracting HIV during pregnancy. Refer to page 44.

Diabetes Screening

Between your 26th and 28th week of pregnancy, you will be screened for gestational diabetes. This test is called a one-hour glucose tolerance test. In some instances, depending on your history, you may be screened for diabetes earlier in pregnancy. This test consists of drinking a concentrated sugar beverage and having a blood sample drawn one hour after ingestion of the beverage. You are not to eat or drink anything for that hour, but it is not necessary to fast before taking the test.

A blood glucose value under the 130-140 mg/dl range is considered normal, and no further testing is indicated. If the blood glucose value is above the 130-140 mg/dl range, however, then you will be scheduled for a three-hour glucose tolerance test. This test consists of going to the lab in the morning after fasting from midnight the night before. You will then have a blood sample drawn each hour after this for three hours. You will not be allowed to eat or drink during this test. If two or more of the 3-hour glucose blood values come back elevated, you will be considered to have gestational diabetes. Your physician will plan your care according to the actual result of your test.

Antibody Screen & Rhogam Injection

Your blood type will be determined with the routine blood work we order early in your pregnancy. If you are Rh negative and the father of your baby is Rh positive, then baby can be RH positive. In this case, there is a risk that blood cells from a Rh positive baby can enter your system and create an antibody reaction to Rh protein, which then could cause significant problems in a future pregnancy. If you are Rh negative, we will request that you have the father of the baby have his blood tested for blood and Rh type. If he is positive, or we cannot obtain this information, you will be given a “Rhogam” shot at 28 weeks. You also will be given Rhogam anytime we think there is a risk of bleeding from baby’s system to yours, and after delivery (if baby is indeed determined to be Rh positive after birth). Rhogam is an injection that contains antibodies to Rh positive blood cells, and will destroy the fetal cells before your system can react to them. In most cases Rhogam will prevent your system from forming an antibody reaction to the Rh positive cells.
THIRD TRIMESTER

Group B Strep Screening
A vaginal culture for the Group B Strep bacteria will be taken between 35 and 37 weeks of pregnancy. The bacteria is normally harmless to you but can cause infection if passed to the baby during delivery. If you should test positive for the bacteria, you will be treated with antibiotics during labor.

HIV Screening
Your second HIV test, required by Texas Law, will be done at the time of your Group B Strep screening. Please refer to page 44.

Most common prenatal screening tests & the codes that identify them

Please check with your insurance company, by referring to these codes, as to whether or not these tests are covered.

Cystic Fibrosis
CPT/Procedure code: 81220
Diagnosis code/ICD-9: V77.6 (screening), V26.31, 656.93
Lab test code: 4222

First Trimester screen
CPT/Procedure codes: 84163, 84702, 76801, 76813
Diagnosis code/ICD-9: 656.93 (fetal or placental problem suspected)
Lab test code: 5625

Fragile X
CPT/Procedure code: 81243
Diagnosis code/ICD-9: V22.2 (screening), V26.31
Lab test code: 5217

Quad screen (AFP4)
CPT/Procedure codes: 82105, 82677, 84702, 86336
Diagnosis code/ICD-9: 656.93 (fetal or placental problem suspected)
Lab test code: 5375

Spinal Muscle Atrophy
CPT/Procedure code: 81401
Diagnosis code/ICD-9: V22.2, V26.31
Lab test code: 5457

MaterniT21
CPT/Procedure code: 84999
Diagnosis code/ICD-9: V28.89, 659.63, 659.53, 655.13, 796.5

Counsyl
Universal Panel CPT/Procedure codes: 81200, 81205, 81209, 81220, 81242, 81250, 81251, 81255, 81260, 81290, 81330, 81332, 81400(x5), 81401(x8), 81479, + Fragile X 81243
Diagnosis code/ICD-9: 656.93, V77.6

Prenatal Panel CPT/Procedure codes: 81200, 81205, 81209, 81220, 81242, 81250, 81251, 81255, 81260, 81290, 81330, 81400(x5), 81401(x7), 81479, + Fragile X 81243
Diagnosis code/ICD-9: 656.93, V77.6

COMMON PROBLEMS & SOLUTIONS

Along with pregnancy and your changing body will come a variety of discomforts. Additionally, you will be limited in the types of medications that are safe to take for common illnesses, such as allergy and gastrointestinal disturbances. Below is a list of common problems and ways to alleviate them, along with a list of medications that can be utilized during pregnancy.

NAUSEA OR “MORNING SICKNESS” can occur at any time during pregnancy and is the most common complaint, especially in the first twelve weeks. Often this nausea is referred to as
“morning sickness,” but as any pregnant woman will attest, it can occur at any time of the day. The cause of this nausea is human chorionic gonadotropin (HCG), a hormone released by the placenta. The HCG level is at its highest during the first twelve weeks of pregnancy and then begins to drop and level off for the rest of the pregnancy.

**Prevention and treatment:**
- Take small bites and eat slowly.
- Eat frequent, light meals throughout the day.
- Avoid fried, greasy, and highly seasoned foods, as well as sweets and caffeine, which tend to aggravate the stomach and worsen the nausea.
- Increase your intake of foods high in vitamin C, such as fresh fruits, vegetables, and juices. Also increase your intake of vitamin B, which is in foods with brewer’s yeast, whole grains, dairy products, and organ meats. Take a 25mg vitamin B6 supplement every day.
- Have unsalted unbuttered toast and crackers in the morning.
- Engage in some light exercise, like walking, after eating to help digestion.
- If vomiting occurs, drink plenty of clear liquids such as Gatorade, ginger ale, 7-Up, broth, or Jell-O. If you are unable to tolerate clear liquids for over 12-24 hours, notify the office.
- Sip on room temperature/warm liquids, such as broth, tea or chicken noodle/rice soup. Ginger ale, Sprite or Gatorade may settle easier in your stomach. Try Jell-O, toast, popsicles, bananas, rice, applesauce or plain baked potatoes when you’re feeling better.

**Heartburn / Indigestion** is, unfortunately, another very common complaint of pregnant women. The old wives’ tale says that if you have heartburn, then you will have a baby with lots of hair. Alas, most women suffer from heartburn, but few have babies with a full head of hair. During pregnancy, your body and the placenta will secrete progesterone. This hormone relaxes the esophageal sphincter, allowing the stomach contents to reflux up the esophagus, thus creating heartburn.

**Prevention and treatment:**
- Take small bites, eat slowly, and chew food completely.
- Avoid greasy and highly seasoned foods.
- Increase your vitamin B intake.
- Do not mix fats and sweets in the same meal.
- Antacids – see list under Medications

**Constipation** is also caused by elevated progesterone levels. It causes relaxation of the intestines and slows digestion.

**Prevention and treatment:**
- Drink an 8-ounce glass of water at least 6-8 times daily.
- Maintain a high fiber diet
- Exercise daily
- Do not use artificial laxatives, as they inhibit the absorption of nutrients from the intestines.
- Stool softener – see list under Medications

**Headaches** can also be caused by the hormonal changes in pregnancy, most commonly during the first eighteen weeks of pregnancy. Stress and tension can also cause headaches.

**Prevention and treatment:**
- Eat regularly
- Get plenty of rest
- Avoid crowded and noisy places
- Avoid poorly ventilated or smoke filled rooms
Acetaminophen can be taken for headaches according to the package directions. If this, along with rest, does not help your headache, you should notify the office or physician on call.

**OTHER SYMPTOMS AND PREVENTATIVE/ALLEVIATING MEASURES**

**DIARRHEA:**
- Avoid dairy, caffeine, and raw fruits and vegetables
- Drink clear liquids – (i.e. Sprite, Ginger ale, Apple/Grape juice)

**FATIGUE OR INSOMNIA:**
- Increase calcium and vitamin B intake
- Exercise
- Take relaxation breaks
- Take warm tub baths
- Massage

**LEG OR JOINT PAIN:**
- Rest
- Increase calcium and vitamin B intake
- Exercise
- Maintain good posture
- Use a heating pad on a low to moderate setting

**BURNING, ITCHING, AND VAGINAL DISCHARGE:**
- Eat yogurt and buttermilk to keep bacterial balance in the vagina and body
- Wear white, all cotton under garments
- Do not douche, as this only worsens the problem
- After the first trimester, if you are sure that you have a “yeast” infection and itching or burning bothers you, you may use one round of an over-the-counter anti-fungal of your choice (Monistat, Mycelex).
- Notify the office if symptoms persist

**SWELLING IN YOUR ANKLES, FEET, AND HANDS** is common during pregnancy and is caused, in part, by the increased blood volume caused by pregnancy. Swelling is also caused by the body's inability to transport the extra volume without displacing extra fluid in dependent areas of the body, such as feet and ankles.

- Elevate your feet and lie on your left side as much as possible. Lying on your left side allows for unrestricted return of blood from the limbs to the heart through the vena cava, a major vein on the right side of your body.
- Avoid adding salt to your diet. Be aware of foods high in sodium and avoid them.

**ANEMIA, LOW RED BLOOD CELL COUNT** can occur during pregnancy. The developing baby often takes from the mother's iron stores and if they are not replaced by adequate iron intake anemia will occur.

- Increase dietary iron intake by increasing consumption of foods such as red and organ meats (three times per week), dark green leafy vegetables such as greens and spinach (at least once or twice a day), raisins, prunes, and sunflower seeds.
- Take your prenatal vitamins.
- Your physician will add an iron supplement if indicated.

**HERPES**
- Soak in a warm bath.
• Check with your physician about medications that may relieve the symptoms.

**SEXUALITY** - Some women have an increased need for physical contact and closeness, while experiencing a decrease in libido (sex drive). This is normal during pregnancy, but it is sometimes confusing and upsetting. If you experience this change, discuss and express your needs to your partner.

**DEPRESSION** occasionally can result from hormonal changes during and after pregnancy.

• Don’t be afraid to voice your concerns and to talk things out.
• Do things that you enjoy. Get out of the house. Take care of yourself.
• If you have severe symptoms and are unable to sleep, eat, or participate in daily activities, please notify the office.

**VARICOSE VEINS**

• Increase intake of vitamins E and C
• Elevate feet
• Do not cross legs at the knee
• Do not wear tight clothing or garters around your legs
• Do wear support hose
• Walk daily
• If you note severe pain or redness notify the office

**COMMON QUESTIONS ANSWERED**

• Hair coloring and perms are safe at any time.
• Painting should be done in a well-ventilated area and only if necessary.
• Ventilate your home well before returning after exterminations.
• Full, tender breasts are normal.
• Urgent dental work is okay at any time. See the paragraph later in this booklet about dental care.
• Caffeine intake should be eliminated if possible but definitely limited to no more than 1 to 2 servings per day (<200 mg). Below are some estimated caffeine values. Please check the nutritional information for specific products to obtain an accurate caffeine amount.
  
  - 8 oz. brewed coffee: 120mg-180mg
  - 8 oz. brewed tea: 20mg-90mg
  - 8 oz. soda: 10mg-50mg
  - Chocolate: 10mg
  - Starbucks coffee: 100mg-200mg

**TRAVEL**

Travel by any route is okay during the first and second trimesters, unless you have had any complications with your pregnancy. Your physician should examine you prior to any travel in the third trimester. Be sure to consult your physician before you make plans to travel out of town during your last trimester of pregnancy. If your pregnancy is considered high risk or if you have had any complications, consult your physician prior to any travel during the course of your pregnancy, regardless of trimester.

Probably the three greatest dangers to travel are automobile accidents, kidney infections and blood clots in the legs.
- ALWAYS wear your seat belt
- Drink plenty of fluids while traveling, enough that you need to urinate every two hours. This will help prevent bladder and kidney infections.
- Blood clots in the legs are especially dangerous, and pregnancy is a time where you are most prone to blood clots. While traveling, move your feet and legs frequently, flexing your calf muscles. Get up and walk for a few minutes every hour or two, especially on long airplane flights. You may want to discuss with your doctor the use of support hose or “TED” hose if you are planning a long car or airplane trip. The advice above about fluid intake is especially important on airplane flights.

**MEDICATIONS**

Every medication carries with it risks and benefits. It is important to discuss with your doctor all prescription and non-prescription medications you are or may consider taking. This includes vitamin supplements, herbal and so called “natural” supplements. We would prefer that it not be necessary for you to take any medications during your pregnancy, however we do realize that this is not possible for many patients.

**DO NOT** discontinue any medications prescribed for significant medical problems unless you have first spoken with the physician who prescribed the medication for you and with your obstetrician. It is often far more dangerous for you and for the baby to suffer the effects of a disease than it is to take the medication used to treat the disease. If you are prescribed a medication during pregnancy, please take the entire course of the prescription.

Listed below are common conditions and medications that are thought to be safe to use on an occasional basis for these conditions. If you find that you need one of these medications frequently, please discuss with your doctor or the nurse. You may use the generic form of these medications if you’d like.

<table>
<thead>
<tr>
<th>Allergies</th>
<th>Benadryl, Claritin, Zyrtec</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cough/Cold</strong></td>
<td>Robitussin (plain), Tylenol, Mucinex, Delsym</td>
</tr>
<tr>
<td><strong>Congestion</strong></td>
<td>Sudafed, Benadryl (diphenhydramine hydrochloride)</td>
</tr>
<tr>
<td><strong>Constipation</strong></td>
<td>Metamucil, Surfak, Colace, Fibercon, Milk of Magnesia, Miralax</td>
</tr>
<tr>
<td><strong>Diarrhea</strong></td>
<td>Imodium</td>
</tr>
<tr>
<td><strong>Gas/Flatus</strong></td>
<td>Mylanta, Simethicone (Gas-x)</td>
</tr>
<tr>
<td><strong>Headache/Fever</strong></td>
<td>Acetaminophen (Tylenol)</td>
</tr>
<tr>
<td><strong>Heartburn/Indigestion</strong></td>
<td>Mylanta, Riopan, Tums (avoid Alka-Seltzer), Zantac, Tagamet, Prevacid, Pepcid</td>
</tr>
<tr>
<td><strong>Hemorrhoids</strong></td>
<td>Anusol cream or suppositories, Tucks, Preparation H</td>
</tr>
<tr>
<td><strong>Herpes</strong></td>
<td>Don Burrows soaks, discuss with your doctor’s office a prescription for an anti-herpes prescription</td>
</tr>
<tr>
<td><strong>Nausea</strong></td>
<td>Emetrol, Vitamin B6 (Pyroxidine) 25 mg per day</td>
</tr>
<tr>
<td><strong>Sore Throat</strong></td>
<td>Cepacol lozenges, warm salt-water gargles</td>
</tr>
<tr>
<td><strong>Skin Irritation</strong></td>
<td>Calamine, Caladryl, Corticaine, Lanacort, Hydrocortisone 1% cream, Neosporin</td>
</tr>
</tbody>
</table>

**AVOID ANY NON-STEROIDAL, ANTI-INFLAMMATORY SUCH AS ASPIRIN, IBUPROFEN, ADVIL, ALEVE, OR MOTRIN UNLESS PRESCRIBED BY YOUR PHYSICIAN.**

**AVOID ANY MEGA DOSE VITAMINS, ESPECIALLY THOSE CONTAINING HIGH DOSES OF VITAMIN A.**
DISCUSS WITH YOUR DOCTOR ANY AND ALL OVER-THE-COUNTER MEDICATIONS, VITAMINS AND HERBS YOU MAY BE TAKING.

ABSOLUTELY DO NOT TAKE ANY FORM OF ACCUTANE (Acne-Medication)

SMOKING, ALCOHOL AND STREET DRUGS

DO NOT SMOKE OR CONSUME ALCOHOLIC BEVERAGES. This is probably the single most important thing you can do for your baby!! If you smoke, even a small amount, please discuss with your doctor ways you can quit. Smoking not only causes prematurity, low birth weight and decreased intelligence in babies, it can create lifelong problems for your baby. It is also important that you not be exposed to “second hand” smoke. No one should smoke around you. Take this opportunity to encourage everyone in the family to quit smoking. Alcohol can cause birth defects and poor fetal growth, and should be avoided. If you are in the habit of having even an occasional drink, please discuss with your doctor.

DO NOT USE MARIJUANA, SPEED, COCAINE OR OTHER STREET DRUGS. These drugs are extremely dangerous to both you and your baby. If you are taking these drugs, please discuss with your doctor.

EXERCISE IN PREGNANCY

Most patients are encouraged to exercise on a regular basis during their pregnancy. For those individuals who have NOT been exercising on a regular basis prior to pregnancy, gradually working your way up to a regimen of brisk walking for 30 minutes per day is recommended. Swimming is an IDEAL exercise for pregnant women due to its weightless condition, reduced forces on weight bearing joints, and provides for dissipation of heat, especially in our hot weather! Pregnancy is not the time to begin an aggressive weight training program, but if you have been training with weights prior to conception, it is fine to continue, but with lower weights and higher reps. Avoid any maneuver that would cause you toValsalva or “bear down.” Abdominal “crunches” are not recommended. Working with a trainer familiar with training pregnant women would be very helpful. Other exercises that are recommended in pregnancy are: EFX, stationay bike, Stairmaster or low impact aerobics specifically designed for pregnancy. You should avoid any type of exercise that you could fall and hit your abdomen such as road bike riding, snow skiing, waterskiing, jumping on a trampoline, and horseback riding. Scuba diving is also contraindicated in pregnancy. If you have been a runner prior to conception, it is fine to continue running, but you will probably need to slow your pace down, and ultimately back down on your distance. The best rules to follow regardless of what exercise you choose to do: LISTEN TO YOUR BODY...if it’s uncomfortable, then “back off”...do not try to push through the discomfort. In addition, it is very important to stay well hydrated and avoid “overheating.”

NUTRITION IN PREGNANCY

Your nutrition before, during and after pregnancy is an important part of insuring a healthy baby as well as maintaining your health. Pregnancy offers a unique opportunity to focus attention to your dietary habits and make healthy choices. An increase of approximately 300 kcal/day is recommended during pregnancy. Because of the increase in blood volume, increased iron consumption either through dietary sources or supplements of approximately 15 mg/day is required. Most prenatal vitamins will cover this need. Approximately 1200mg of calcium per day is recommended for pregnant or lactating women. Prenatal vitamins typically only have approximately 200 mg, so 3-4 servings of dairy products per day are needed, or you may choose to use additional calcium supplements. Folate (folic acid) supplementation has been shown to decrease spinal defects and other birth defects in newborns. It is recommended that folate be started prior to pregnancy.
conception for maximum benefit, but should be continued throughout pregnancy. Mega dose
vitamins are to be avoided as some vitamins and minerals can be toxic in large doses (e.g. iron,
selenium, vitamins A&D). Again, please do not take any over the counter vitamin supplements or
herbal products unless you have discussed them with your doctor.

A prudent diet, whether pregnant or not, should include fresh fruits and vegetables, whole grains
and other foods high in fiber and should avoid saturated fats and trans fatty acids, but this becomes
especially important while pregnant. Caffeine consumption should be minimized and you should
avoid undercooked meats and unpasteurized dairy products.

Fish and shellfish are an important part of a healthy diet but due to mercury contamination
precautions should be taken to avoid fish that may contain high levels of mercury. Read further for
more information.

The following graph can help you determine your body mass index (BMI).

![Determining Body Mass Index From Weight and Height](image)

Weight gain during pregnancy should be dependent upon your BMI.

- <19  wt gain of 27 to 40 lbs
- 19 to 25  wt gain of 25 to 35 lbs
- 26 to 29  wt gain of 15 to 25 lbs
- >29  wt gain of 10 to 15 lbs

Limiting your weight gain during pregnancy will allow a return to a normal healthy weight after
pregnancy. Consult your doctor on ways to meet your target weight gain.
FOOD BORN RISKS IN PREGNANCY

Certain soft cheeses, ready-to-eat meats (including packaged luncheon meats and deli meats) and unpasteurized milk (and products made from it) can cause a form of food poisoning called listeriosis. Listeriosis is caused by a bacterium and can be especially dangerous during pregnancy. Pregnant women should follow these guidelines from the FDA:

- Do not eat hot dogs or luncheon meats (including deli meats such as ham, turkey, salami, and bologna) unless they are reheated until steaming hot.
- Avoid soft cheeses such as feta, brie, Camembert, Roquefort, blue-veined, queso blanco, queso fresco or Panela unless it is labeled as made with pasteurized milk. Hard cheeses, processed cheeses, cream and cottage cheeses are safe.
- Do not eat refrigerated pates or meat spreads. (Listeria thrives at refrigerator temperatures.) Canned and shelf-stable versions are safe.
- Avoid refrigerated smoked seafood unless it has been cooked (as in a casserole). Canned and shelf-stable versions can be eaten safely.
- Do not consume unpasteurized juices, milk, or foods made from it.
- A pregnant woman who eats liver regularly may consume enough vitamin A to pose a risk to her baby. Though it is not proven that eating liver causes birth defects, the safest approach is for pregnant women to minimize their consumption of liver.
- Always wash vegetables and fruits before eating and refrigerate unused cooked foods promptly.

Advice on Mercury in Fish & Shellfish (FDA & EPA)

Fish and shellfish contain high-quality protein and other essential nutrients, are low in saturated fat, and contain omega-3 fatty acids. A well-balanced diet that includes a variety of fish and shellfish can contribute to heart health and children's proper growth and development. Yet, some fish and shellfish contain higher levels of mercury that may harm an unborn baby or young child's developing nervous system. The risks from mercury in fish and shellfish depend on the amount of fish and shellfish eaten and the levels of mercury in the fish and shellfish. By following these 3 recommendations for selecting and eating fish or shellfish, women and young children will receive the benefits of eating fish and shellfish and be confident that they have reduced their exposure to the harmful effects of mercury.

- DO NOT eat Shark/Swordfish/King Mackerel/Tilapia because they contain high levels of mercury.
- DO eat up to 12 ounces (2 average meals) a week of a variety of fish & shellfish that are lower in mercury.
- Five of the most commonly eaten fish that are low in mercury are shrimp, canned light tuna, salmon, pollock & catfish.
- Another commonly eaten fish, albacore ("white") tuna, has more mercury than canned light tuna. So, when choosing your two meals of fish and shellfish, you may eat up to 6 ounces (one average meal) of albacore tuna per week.
- Check local advisories about the safety of fish caught by family and friends in your local lakes, rivers & coastal areas. If no advice is available, eat up to 6 ounces (one average meal) per week of fish you catch from local waters, but don't consume any other fish during that week.
• Follow these same recommendations when feeding fish and shellfish to your young child, but serve smaller portions.

For more information, toll-free at 1-888-SAFEFOOD or www.cfsan.fda.gov/seafood1.html

DENTAL CARE IN PREGNANCY

There are many normal changes that the gums go through during the course of a normal pregnancy. However, recent studies have indicated that gum disease may contribute to premature births. Many dental professionals are now recommending more frequent cleaning and gum evaluation during pregnancy to distinguish these normal changes from more serious problems. If you have any questions about dental care, please contact your dentist for further information. We are happy to consult with your dentist should any advanced procedures like extractions or root canals need to be performed during pregnancy. It is much more dangerous to ignore dental problems than it is to have them taken care of during pregnancy.

SYMPTOMS OF CONCERN / WARNING SIGNALS

Note: When calling your physician, please have a pharmacy phone number available

It is extremely important to notify the office or the on-call physician for any of the following symptoms:

• Temperature of 101° OR ABOVE.
• Vaginal bleeding, more than a one-time spotting.
• Leaking or gush of fluid from the vagina, rupture of the “bag of water.”
• Irritating or persistent abdominal pain and/or firmness.
• Sudden and severe swelling of hands, feet, ankles, or face.
• Urgency, difficulty, pain, or burning when urinating, or inability to urinate.
• Persistent vomiting or diarrhea, or inability to tolerate any intake for over 24 hours.
• Sudden or continuous headaches not relieved by acetaminophen or rest.
• Blurred vision or other visual disturbances.
• Sudden or persistent upper abdominal pain, epigastric pain.
• Fainting.
• A decrease or drastic change in the usual movement of your baby.

If you have been involved in a serious fall, motor vehicle accident, or any trauma to your abdomen, call your physician immediately and be prepared to go to the nearest Emergency Room to be evaluated.
MISCARRIAGE

Light bleeding or spotting occurs relatively frequently in the first few months of pregnancy. Pelvic heaviness or cramping is also relatively common. Fortunately, most patients who have early bleeding or cramping do not miscarry and their pregnancy continues to full term. Approximately 20% of pregnancies will miscarry, however. This is almost always due to problems occurring very early in pregnancy or at conception that the parents have no control over. Miscarriage is almost always a sign that there was a problem with the way the pregnancy was forming and has nothing to do with anything the mother did or could have done. If you have spotting or light bleeding in the first few months of pregnancy, call our office during office hours and discuss this with one of our nurses. If you have heavy bleeding (more than a period), heavy cramps, or significant abdominal pain, inform the office immediately, or talk to the doctor on-call if it is after office hours.

KICK COUNTS

Many medical authorities today suggest that fetal activity levels say a lot about your baby’s well being. Beginning around the 28th week of pregnancy you may be asked to record your baby’s kick counts. This is a helpful way to keep us informed of your baby’s health. Babies have sleep and wake cycles lasting from 20 minutes to 2 hours. Movement is usually more noticeable during mid-pregnancy than later pregnancy. Certain authorities feel that fewer than 10 movements in a 12-hour period are cause for concern and further evaluation. Some feel that fewer than 4 movements in one hour are worrisome. Unfortunately, there is no consensus on a critical level of fetal movement. However, it is certain that fetal activity is generally reassuring and that fetal inactivity does need further evaluation. Please let us know if you feel that your baby’s activity has diminished from his/her usual pattern.

Most babies have a rhythm that is typical for him/her, and each mother has a different ability to recognize her baby’s movements. You can start this chart at any time during the day, and once you have reached 10 movements, you can stop. Keep your baby’s sleep and wake patterns in mind when counting movements.

If you feel a decrease in activity, have a glass of juice or soda, lie down on your left side, and count your baby’s movements for an hour. If you do not feel your baby moving at least 4 times in an hour, you should notify the office or the physician on-call.

<table>
<thead>
<tr>
<th>Kick Count Record</th>
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</thead>
<tbody>
<tr>
<td><strong>DAY</strong></td>
</tr>
<tr>
<td>SUN</td>
</tr>
<tr>
<td>MON</td>
</tr>
<tr>
<td>TUE</td>
</tr>
<tr>
<td>WED</td>
</tr>
<tr>
<td>THU</td>
</tr>
<tr>
<td>FRI</td>
</tr>
<tr>
<td>SAT</td>
</tr>
</tbody>
</table>

RWG Prenatal Packet©, original 11/96 last updated 04/24/2014 28
# IS THIS LABOR?

The following symptoms may indicate that you are going into labor:

<table>
<thead>
<tr>
<th>SYMPTOM</th>
<th>DESCRIPTION</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Show</td>
<td>Blood tinged mucous discharge, could indicate that the cervix is beginning to thin and open in preparation for labor.</td>
<td>No action necessary unless you are less than 38 weeks and the bleeding is like a menstrual period.</td>
</tr>
<tr>
<td>Backache</td>
<td>Back ache can be common during pregnancy, but if intermittent, it may be early labor, particularly if associated with cramping or increased pelvic pressure.</td>
<td>No action unless you are less than 37 weeks.</td>
</tr>
<tr>
<td>Contractions</td>
<td>Tightening of the uterus (womb), usually begin irregularly and far apart.</td>
<td>Time contractions and notify the office once contractions are regular and at least 7 min apart. Immediate notification is necessary if you are less than 37 weeks pregnant.</td>
</tr>
<tr>
<td>Breaking of the bag of waters</td>
<td>Fluid leaks, gushes from the vagina</td>
<td>Call the office or on-call physician immediately regardless of gestational age and proceed directly to labor and delivery, note the time, amount, and if you have any contractions.</td>
</tr>
</tbody>
</table>

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**For MEDICAL EMERGENCIES ONLY**

**After Hours & Weekends Call MedLink**

(512) 660-6856
AFTER HOURS CARE

Please limit routine calls to regular office hours, as our physician on-call is frequently performing deliveries after hours. If you have a MEDICAL CONCERN/EMERGENCY that should not wait until business hours, please do not hesitate to contact us through MedLink at 323-LINK. Be sure to keep your phone line open and have a pharmacy number available when calling. If your phone does not accept calls from anonymous callers, please disable that feature when paging a physician to call you. You will need to listen for a dial tone and press “87” to disable this feature. You may press “77” to re-activate your anonymous call blocker. It is extremely important that you speak to a doctor or nurse before going directly to the hospital.

FORM COMPLETION

We request that you give our nursing staff at least 7 business days to complete any form related to your pregnancy. Please have the form and where you would like it sent available when you present the form to our front staff or fax it to our office. Make sure that you give us a phone number where we may reach you if we have any questions. There is a fee for this service.

DISABILITY

The great majority of expectant mothers can continue to work until late in pregnancy without any problem. Sometimes, however, the physical change entailed in pregnancy or the demands of a woman’s job can create workplace difficulties. When medically appropriate, we will recommend that a pregnant patient be placed on disability leave from her job. We will do everything we can to reduce or eliminate pregnancy-related difficulties that you may be having at work. This includes contacting your employer, when appropriate, to recommend helpful adjustments or alterations to your duties. Please complete your part of any disability paperwork and leave with our nursing staff. Allow approximately 7-14 business days for our completion of your paperwork. Again, please tell us of any work-related concerns you may have.

PEDIATRICIANS

We recommend you chose your pediatrician by the 36th week of your pregnancy. You will need to discuss with your pediatrician whether they have privileges at North Austin Medical Center and will be able to care for your newborn during your hospital stay. If your pediatrician does not have privileges at NAMC, he or she will make arrangements for the doctors in the neonatology group (Pediatrix), to care for your newborn at NAMC. There is a separate charge for your pediatrician’s or for Pediatrix doctor’s services and you will need to contact your insurance company to see if they are providers for your insurance. Please inform us of your pediatrician choice and we will notify them at the time of delivery. You will need to make your first pediatrician office visit shortly after leaving the hospital. You will be instructed during the discharge process when this first office appointment will be.

HOSPITAL PRE-REGISTRATION

It is necessary to pre-register for your delivery with North Austin Medical Center. This will simplify your admission when you arrive at the hospital for delivery. You may pre-register online through North Austin Medical Center’s website at StDavids.com/register. This process will take
approximately 10 minutes and you will need your social security number, insurance information and your due date. If you do not have access to a computer, please ask our front desk staff for a pre-registration form. This should be down around 28 weeks.

**COMMON QUESTIONS ABOUT NAMC**

Please refer to the following position statements regarding common questions surrounding your birth experience at North Austin Medical Center.

**Videotaping:**
“North Austin Medical Center and your Obstetrician want you to know that it is our mutual pleasure to provide a safe and individualized birth experience for your family. In an effort to maintain a safe environment for your special occasion we permit NO videotaping in the delivery suites until your physician and nurse have deemed it safe for you to do so. This usually occurs very soon after delivery, when the new mother is beginning her recovery phase in the delivery suite. Thank you in advance for giving your undivided attention as a much needed support person to the birthing mother.”

**Visitors present during Birth:**
“The number of visitors present for a birth will remain dependent upon space constraints in the delivery suites in conjunction with the condition of the expectant mother and her undelivered newborn. Your physician will discuss particulars with you upon your admission to the birthing suites.”

**Discharge time from Postpartum:**
“On your anticipated day of discharge please expect a 1:00pm check out time at the latest. Your physician will see you prior to Noon and your paperwork should be in order including birth certificates and newborn photography in order for us to facilitate your discharge process. Please make transportation arrangements keeping this time frame in mind. Some medical conditions will warrant a later discharge time and your physician and nurse will notify you well in advance if you are unable to be discharged by 1:00pm on your expected day of discharge.”

Thank you for allowing North Austin Medical Center to be a part of your miracle. Congratulations!

**ANESTHESIA**

The anesthesiologists that work at NAMC belong to Austin Anesthesiology Group. They are well trained and available 24 hours a day. They will be involved in your delivery should you obtain an epidural or other anesthesia services, such as for a C-section. We work with these doctors daily and have full confidence in their abilities. Their fees are separate from ours and from the hospital’s. You may reach them at 512-343-2292 or [www.aagonline.com](http://www.aagonline.com)

**BIRTH PLANS**

Birth plans have become commonplace among expectant parents, and you may have questions about exactly what a birth plan is and whether a birth plan is optional or required. Simply stated, a birth plan is a list of preferences that the parents have regarding the management of the labor and delivery process. It makes sense to think through what your preferences are and share those with your doctor, but a written document is not required. If parents choose to prepare one, it should be brief. We encourage you not to use templates or outlines from internet sites as these are often too detailed and include discussions about obsolete practices such as routine enemas and shaving, etc. The following is a list of responses to commonly asked questions to aid you in the development of a
Q. What should I expect after arrival at the hospital for possible labor?
A. Your nurse will greet you, gather information about your past history and current complaints, obtain vital signs, place you on a fetal heart rate monitor, examine your cervix if appropriate, and then notify your doctor.

Q. Is continuous fetal monitoring required?
A. In many cases when the mother and baby have no medical problems, intermittent monitoring is acceptable. This is very individualized, and the situation can change as labor progresses. Examples of conditions requiring continuous monitoring are maternal high blood pressure, and history of previous cesarean section.

Q. Is an I.V. required?
A. We would like all laboring patients to have an I.V. Often this can just be a catheter inserted in the vein and taped to the arm, called a hep lock. This permits a more rapid response to emergency situations.

Q. What about the ambience of the delivery suite?
A. This aspect is entirely under your control. You choose lighting and number of visitors, and you are encouraged to bring your own music if desired.

Q. How involved can my partner be?
A. We encourage active participation with you, but that is your decision as a couple. In most instances, your partner can cut the umbilical cord after delivery.

Q. What about pain management?
A. Options for pain management will be covered in childbirth classes. We will be supportive of the choices you make in this regard.

Q. Will I be able to move around in labor?
A. In most cases, if there is no epidural in place, mom can move around freely.

Q. How long will I be allowed to push and what positions are OK?
A. If there is no epidural in place, staff will assist mom in trying various positions until she discovers what works best for her. As long as there is normal progress of the baby through the birth canal, and there is good evidence of baby's well-being, a mom may continue to push. For first time mom's this process can take from 1 to 3 hours. Going beyond this time frame, even with normal fetal heart rate pattern, can pose excess risk to the baby.

Q. Is episiotomy routine?
A. Episiotomy is not routinely performed, and in most cases is not necessary. Decision about whether or not one is needed is not made until moments before the baby is born.

Q. What can be done to avoid a cesarean section?
A. We recognize that most women prefer to avoid a cesarean birth if possible. Some of reasons that a c-section might be recommended include breech presentation of the baby, signs that the baby isn’t tolerating the labor well, and signs that the baby won’t fit through the birth canal. Before labor, if the baby is found to be breech, it may be possible to attempt to turn the baby. If there are signs that the baby isn't tolerating the labor well, the mother may be given IV fluids and oxygen to alleviate the situation. If dilation of the mother’s cervix stops or is very slow, indicating that there may be a problem with the baby fitting through the birth canal, the labor can be stimulated by breaking the bag of water and/or administering pitocin. Finally, once the pushing part has begun, it may become necessary for the doctor to assist with vaginal delivery using forceps or vacuum. This is not common. These procedures are done when fairly immediate delivery is needed and cesarean section is not the best choice. The most common situations are prolonged pushing leading to maternal exhaustion and concerns about baby's well-being. Still, even with all these possibilities, sometimes a c-section cannot be avoided.

Q. What will happen if I go past my due date and labor hasn't started?
A. You and your doctor will discuss an individualized plan for you. In general, induction of labor is considered at approximately one week past the due date if it appears that your body is ready.

Q. Will my baby be able to stay with me after birth?
A. In the vast majority of cases the baby will stay with you at all times. There are some unforeseen conditions that can develop that necessitate other arrangements. You will be fully informed if this
Q. What newborn procedures are required?
A. In most cases, your baby will be given immediately to you, depending on your preferences. Often the partner or labor coach cuts the cord. Once there has been an appropriate amount of time to get acquainted with your newborn, the nurse will then measure and weigh him or her, apply antibiotic ointment to the eyes and administer Vitamin K. If there are any procedures that you plan to refuse, please discuss them ahead of time with your pediatrician.

**UMBILICAL CORD BLOOD STORAGE**

Please see the enclosed brochure from the Texas Department of State Health Services regarding Umbilical Cord Blood Banking and Donation. If you do not have a brochure in this booklet, please notify our staff so we may provide you with one.

If you desire to have cord blood collected at the time of your child’s delivery, we will be glad to perform this procedure. **Insurance will be billed the $200.00 cord blood fee, but if it is not a covered benefit, you will be responsible for the $200.00 fee.**

Below are a few companies that offer this service.

<table>
<thead>
<tr>
<th>Company</th>
<th>Phone Number</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cord Blood Registry (CBR)</td>
<td>1-888-932-6568</td>
<td><a href="http://www.cordblood.com/education">www.cordblood.com/education</a></td>
</tr>
<tr>
<td>Cryo-Cell International</td>
<td>1-800-786-7235</td>
<td><a href="http://www.cryo-cell.com">www.cryo-cell.com</a></td>
</tr>
<tr>
<td>ViaCord</td>
<td>1-866-668-4895</td>
<td><a href="http://www.viacord.com">www.viacord.com</a></td>
</tr>
<tr>
<td>StemCyte</td>
<td>1-866-783-6298</td>
<td><a href="http://www.stemcyte.com">www.stemcyte.com</a></td>
</tr>
<tr>
<td>CorCell</td>
<td>1-888-326-7235</td>
<td><a href="http://www.corcell.com">www.corcell.com</a></td>
</tr>
<tr>
<td>Lifebank USA</td>
<td>1-877-543-3226</td>
<td><a href="http://www.lifebankusa.com">www.lifebankusa.com</a></td>
</tr>
<tr>
<td>Family Cord Blood Services</td>
<td>1-800-490-2673</td>
<td><a href="http://www.familycordbloodservices.com">www.familycordbloodservices.com</a></td>
</tr>
<tr>
<td>Stembanc</td>
<td>1-877-836-2262</td>
<td><a href="http://www.stembanc.com">www.stembanc.com</a></td>
</tr>
</tbody>
</table>
CIRCUMCISION

Circumcision is the removal of the foreskin or ring of tissue that covers the head of the penis. This surgical procedure is performed by the Obstetrician the day of discharge from the hospital. The purpose of the foreskin is to protect the glans against urine, feces and other types of irritation. The foreskin may also serve a sexual function by protecting the sensitivity of the glans.

The decision to circumcise your infant son is a complex one, requiring thought regarding cultural, religious, medical and personal preferences. Followers of the Jewish and Moslem faiths perform circumcision for religious reasons. Circumcision became popular in many countries because it was thought it may help prevent sexually transmitted infections. Circumcision has not become a common practice in many countries. In 2012, the American Academy of Pediatrics revised their statement on circumcision, clarifying that the “preventative health benefits of elective circumcision of male newborns outweigh the risks of the procedure. Benefits include significant reductions in the risk of urinary tract infections in the first year of life and, subsequently, in the risk of heterosexual acquisition of HIV and the transmission of other sexually transmitted infections.” The AAP does not recommend routine circumcision of all male newborns, but encourages parents to decide whether circumcision is in the best interest of their newborn.

Like any surgical procedure, circumcision may cause complication (less than 1%). These might include infection, bleeding, scarring and various surgical accidents. The procedure causes some pain that can be minimized by using a local anesthetic to block the nerves of the foreskin. You may have to pay the cost of the procedure if it is considered an elective procedure with your insurance.

The decision to circumcise is for the parent to decide as the risks and benefits are too small to make it a medical decision. Some parents take into consideration if the father is circumcised or not when making this decision. Gather information from your medical care givers and other parents when making this choice.

CHILDBIRTH CLASSES

The Renaissance Women’s Group sponsors several prenatal and other pregnancy related educational classes, most taught by nurses and nurse practitioners that work in our practice. We strongly urge you to utilize these classes, which are listed further.

There are also a number of “non-RWG” Childbirth classes available in the Austin community. We work with many of the educators who teach these classes on a regular basis, and most of these individuals do an excellent job and provide information in line with our philosophy. Unfortunately, there are a few individuals who we feel do not provide accurate information, or attempt to place barriers between you, your physician and other health care providers. If you plan to take childbirth classes from someone other than our nurses, please discuss this with your doctor before signing up for these non-RWG classes.

Recently, a number of individuals in the community have begun offering (for a fee) to assist you in the labor process by providing comfort, encouragement, massage, etc. These individuals are called “doulas.” Again, we have worked with many of these individuals and think that many do a fine job. Unfortunately, a few of these individuals seem to think that they should be “in charge” of the entire process, rather than assisting with the labor process. If you plan to employ a “doula” or other non-family care provider during labor, this MUST be discussed with and approved by your doctor well in advance. Also be aware that the hospital considers doulas to be visitors, and as such they can be asked to leave by nurses or doctors at any time.
CHILD BIRTH PREPARATION CLASSES

We are happy to offer childbirth instruction to the patients of Renaissance Women's Group. The physicians want patients to be aware of their philosophy, available birth options and allow you an opportunity to ask questions. RWG offers three class options, designed to appeal to our patients’ different needs and interests.

Option 1 - Accelerated Childbirth Class—a 1 night class on Thursdays, 6pm to 9:30pm!
THURSDAYS  6PM-9:15PM  SANDY FULLER, RN  512-425-3842

The accelerated childbirth class is designed for first time moms who know they want an epidural, have had a baby before and/or are patients who are planning a vaginal birth after a cesarean birth. This is a fast paced, one night class where we will discuss the Stages of Labor, when to call the doctor, anesthesia choices, possible medical interventions, Cesarean Section, coach participation and more. We will briefly discuss the breathing techniques and the comfort measures you can use in labor. The class will be from 6PM-9:15PM.

I have been a Registered Nurse since 1987 and I hold a professional certification in Women’s Healthcare. I have worked with the physicians of Renaissance since 1990 and have been teaching classes since 1996. As a mother myself with two wonderful sons, I can contribute both my personal and professional experience during this special time for you. The class is an enriching and educational experience, as well as a lot of fun too!

2014 SCHEDULE ~ Will be taught in suite 215

Jan 23rd  Feb 20th  March 20th  April 17th  May 29th  June 26th
July 24th  August 21st  Sept 25th  Oct 23rd  Nov 20th  Dec 11th

Option 2 – Basic and Convenient Childbirth Class—a 1 day class on Saturdays, noon to 5pm
SATURDAY  12PM-5PM  MARI ANN NIELSEN  512-425-3846

This one day, 5 hour class on Saturdays will include stages of labor, when to call for labor, an excellent overview and practice of Lamaze and Bradley breathing and relaxation techniques you will use for natural labor or before you receive your epidural. A variety of positions used to enhance labor will be demonstrated. Also discussed are:

- Induction and augmentation of labor
- Medications and anesthesia options
- Use of forceps and vacuum extraction
- Episiotomy vs. Laceration
- Circumcision
- Cesarean Section
- Recovery and postpartum periods

The class is lively and emphasizes strong coach participation and best coaching techniques.

Women’s health has been my focus professionally since 1980. I loved my 13 years experience assisting couples while working in Labor & Delivery. The birth of every baby is such a miraculous and life changing event! I started teaching childbirth classes while pregnant with my first child in 1984. My nursing career shifted focus in 1985 when I accepted a position with the physicians of RWG. In 2004 I completed my education and certifications for Women’s Health Care Nurse Practitioner and have greatly enjoyed my new role since. My husband and three grown daughters have taught me so much about being a woman, wife, mother and friend. Education is very beneficial in preparing for your birth experience. Gaining understanding of the birth process, learning relaxation methods and assisting your coach in their role is my goal for this class.

2014 SCHEDULE ~ Will be taught in suite 215

Jan 4th  Feb 1st  March 1st  Apr 5th  May 3rd  June 7th
July 5th  Aug 2nd  Sept 6th  Oct 4th  Nov 1st  Dec 6th

You can also add the Baby Care Basics Class the same Saturday morning if you prefer a 1 day seminar. Simply register for the Baby Care Basics class on the same as your Childbirth class.
Option 3 – Comprehensive Childbirth Class—a 2 day class on Saturdays, noon to 5pm  
SATURDAYS  12PM-5PM  KATHY ROBERTSON  512-569-7321

Entertaining and insightful, Kathy’s 2 day comprehensive course is designed to present ALL the topics in the other childbirth classes, PLUS:

- Easy techniques to empower mothers and coach to take charge of and enjoy any birth experience (natural, pain medication, Epidural, caesarean section)
  - Massage and pain management
  - Positions that facilitate faster deliveries
  - Guiding the mother through the birth
  - Lamaze breathing methods (complete labor practice)
  - Postpartum support
- Information to alleviate concerns and fears about the birth process, breast feeding, infant care and transitioning to parenthood
- Positive parenting concepts and tools
- Easy breast feeding positions and latch-on
- Maintaining strong relationships with partners and children

Most of my nursing experience has been around women’s belly buttons or pediatrics since 1974! My ten hour course involves active Lamaze labor coaching techniques and basic parenting concepts to help new parents enjoy the birth of their little ones and feel confident bringing a new life into this world. I am an advocate for children and families, pursuing and teaching personal growth courses, including Redirecting Children’s Behavior. My dream is to create a positive, loving society for my beautiful daughter and the world. Childbirth classes can change labor into “giving life” with the right attitude and training.

2014 SCHEDULE ~ Will be taught in suite 215

Jan 11th & 18th  Feb 8th & 22nd  Mar 8th & 15th  April 5th & 12th
May 17th & 24th  June 21st & 28th  July 12th & 19th  Aug 16th & 23rd
Sept 13th & 20th  Oct 11th & 18th  Nov 8th & 15th  Dec 6th & 13th

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*Dates & times are subject to change at the discretion of the Instructors.

You should plan to finish your classes four to six weeks before your due date. It is important to register for class in the fifth month of your pregnancy. Please wear comfortable clothes and bring a pillow for your back. Plan to eat dinner prior to class as food is not provided.

REGISTER ONLINE AT www.rwgdocs.com. To hold your reservation, mail a check payable to the instructor of your choice with the completed registration form and mail it to her attention at:

RENAISSANCE WOMEN'S GROUP
12201 Renfert Way
Ste. #225
Austin, TX 78758

We do not have online payment options.

(Please note: Due to the limited space in each class, refunds can only be given if you deliver before the class starts)

You may register for the class that best suits your schedule. You will be notified by phone or email when your registration is received. If the class is full you will be accommodated in another class.
Baby Care Basics

A Fun, Interactive class designed to teach you the skills you need for those first weeks with your baby!

**Topics Include:**
- What to expect after Delivery
- Newborn Appearance
- Diapering & Bathing
- Cord Care
- Safety

**2014 Schedule**

*Class is held in Suite 215*

Tuesdays at 6PM or Saturdays at 9AM

Class will last approx. 2 - 2.5 hours

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<th>Choose only one class</th>
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Register online at [www.rwgdocs.com](http://www.rwgdocs.com)

Class Fee: $45/couple

Please make check payable to Mariann Nielsen, NP.

Prior to the class date, you may either drop off your check to Suite 215, or mail to:

Renaissance Women’s Group
C/O Mariann Nielsen, NP
12201 Renfert Way, Ste 215
Austin TX 78758

Class recommended for third trimester patients. Space is limited so register at your earliest convenience to reserve your place in the class.
SUPER SIBLINGS

When a family is expecting a new baby, it can be hard for an older brother or sister to know what to expect with a new baby on the way. This class is designed to help prepare young children, between the ages of 3 to 7, for the changes that will occur when the new baby arrives and how to be a great sibling!

The Class Includes:

- How to be a GREAT big brother or big sister
- What your child(ren) can expect in regards to the changes going on in the family with mom, dad, and the new baby
- What the new baby will look like and how he or she will act (pictures of newborns)
- Short educational film: “Hey, What About Me?”
- Role playing with dolls: How to hold a baby
- Diapering activity: Please bring a stuffed animal or doll from home (diapers will be provided)
- “Super Sibling Award” Certificate

2014 Class Schedule

The class is held from 10:00am-11:00am in Suite 215. Please choose one of the following dates:

Jan 18 * Mar 22 * May 3 * July 12 * Sept 13 * Nov 15

*Please pre-register your child(ren) online at www.rwgdocs.com*

It is recommended that you sign up for the class that is closest to your expected delivery date. Early registration is encouraged. Due to space limitations and because a parent/guardian must remain with the child during the hour-long class, we must limit the number of participants to 20 children total.

Please make checks payable to: Shauna Aldridge
Mail payment to:
12201 Renfert Way Ste 225
Austin, TX 78758

COST: $25 FOR FIRST CHILD, $10 FOR EACH ADDITIONAL CHILD
THE JOYFUL JOURNEY
Responsible Positive Parenting Classes

Kathleen Robertson, RN
25 years of nursing experience-Childbirth Instructor-Parenting Instructor

CHOOSE TO BECOME A CONSCIOUS PARENT

Learn quick, fun, responsible parenting techniques and concepts that will help you and your child have loving, respectful relationships that will last generations!

Avoid shaming, arguing and hitting - Choose respect, love and setting boundaries

Register:
Cell (512) 569-7321
e-mail krobertson@centexobgyn.com
online at www.rwgdocs.com

$50 per couple
$20 refresher class to review your skills

2014 CLASS SCHEDULE
One 3 hour class on Friday nights (Make it a date!)
6:30-9:30 in STE 215 at RWG

Jan 17th - March 14th - May 23rd - July 18th - Sept 19th - Nov 14th

*Dates & times are subject to change at the discretion of the Instructor
OTHER RECOMMENDED CLASSES

INFANT CPR: Register online at www.rwgdocs.com under the Resources tab.

PRENATAL BREASTFEEDING CLASS: Learn the Keys to Successful Breastfeeding. Classes held twice monthly from 6-9 pm at 12201 Renfert Way, Ste 110. Cost is $30. To register or get more information contact Cathy Clark at 873-0700.

LACTATION CONSULTING: Home consultations and phone support. For more information contact Debi Iarussi at 653-3633

LABOR & DELIVERY TOURS

North Austin Medical Center provides free tours of Labor and Delivery and Postpartum areas. Tours are offered every Saturday at 10:00am & 12:00pm & 2:00pm. Tours start promptly and last approximately 45 minutes.

Learn how to register for the tour by calling 478-3627.

RECOMMENDED READINGS

Planning for Pregnancy, Birth and Beyond (American College of Obstetrics and Gynecology)
A Child is Born (Lennart Nilson)
Complete Book of Pregnancy and Childbirth (Sheila Kitzinger)

POSTPARTUM

CALL YOUR PEDIATRICIAN WITH INFANT CARE QUESTIONS!

You need to be seen in our office for your postpartum visit 4 - 6 weeks after delivery.

Call our office if you have any of the following symptoms:
1. Temperature greater than 100.4
2. Red area on breast associated with pain, firmness. It is normal to have fullness and pressure with slight warmth for a couple days when your milk comes in.
3. Heavy vaginal bleeding requiring changing pads every hour or clots the size of a lemon
4. Foul smelling vaginal discharge
5. Severe abdominal pain unrelieved by pain medication
6. Urinary tract infection symptoms: increased frequency with painful urination
7. Redness, swelling, yellow or green discharge from any stitches you have
8. Pain in the calves of your legs
9. Depression or crying spells that last more than 3 days.

Expect to have bleeding like a heavy menstrual period for 3 to 5 days, whether you deliver vaginally or by cesarean section. This flow will taper off and become dark brown and then pink to clear in color. This discharge may continue for six weeks with intermittent spotting. Use only pads, no tampons. If your bleeding increases you need to rest more. Your first menstrual cycle after delivery is often heavier than usual. When you breastfeed you may not have a period for several months,
however, do not consider this as your birth control method. If you do not breastfeed, you should have a period within 6 to 10 weeks after delivery.

Use only pads for two weeks after delivery, the cervix needs time to heal – no tampons, douching, swimming or tub baths. No vaginal intercourse until you come for your postpartum visit, sexual pleasure is fine as long as nothing enters the vagina. After urination, continue to use squirt bottle from hospital to cleanse the perineum. Clean the rectal area after a bowel movement, always wiping from the front to the back.

**If you have stitches** in the perineum, they will dissolve within a couple of weeks. For comfort, you can try an ice pack on the area, use a spray anesthetic or tucks pads.

**Cesarean section** requires a little extra attention. Keep your incision dry and notify our office if you have symptoms of infections: fever, tenderness, redness and discharge from the incision. Be very careful not to lift anything heavier than the baby.

**Expect to have uterine cramping** for several days after delivery. If you experience severe cramping that is unrelieved by the medication prescribed by your doctor, please call the office.

**Breast-feeding is encouraged** and supported in our office. It is the best nutrition for your baby and has other benefits as well. It is not always as natural as you might expect and requires commitment and support from family members. If you experience difficulty in the first couple of weeks, please get help from a lactation consultant or call our office. If your breasts become engorged you can use warm packs for comfort and Tylenol prior to nursing. If you have reddened areas of the breast that are hot to touch and sore with a temperature greater than 100.4 you may have mastitis or breast infection. Call the office to discuss these symptoms and possible treatment. You will continue to nurse the baby with mastitis. If your nipples crack or are very tender it may be a problem with the baby latching on correctly or thrush. You may wash with water only or use lanolin or gel shields designed to heal this sensitive area. It is advisable to continue taking your prenatal vitamins while breast feeding. It is very important to be sure over the counter and prescription medications are safe, check with your pediatrician. To maintain an adequate milk supply you need to get plenty of rest, drink 10 glasses of fluids and increase your calorie intake about 300 calories daily. Do not smoke while breastfeeding.

**Bottle feeding** may be the best option for some women. If you choose to bottle feed, remember this is a very important time for bonding with your baby and give them your full attention. DO NOT prop a bottle for an infant until they can sit up and hold it on their own. Wear a tight fitting bra. Use an ice pack for comfort if you experience tenderness or engorgement, this will pass in a few days. There is no safe medication to “dry up your milk.” Do not express the breast milk, this will increase your discomfort and stimulate more production. You may use Tylenol or other pain relievers.

**Activity** needs to be modified when you go home from the hospital and you should have additional help and support from your partner, family or friends. You may drive yourself in 1-2 weeks, depending on narcotic pain use. You may shower anytime and bathe in one week. Walking for exercise is ok immediately and will be encouraged in the hospital. If you have a vaginal delivery you may begin other exercise after 3 weeks, start slowly and work up. If you have a cesarean section, you should wait 6 weeks or after your postpartum visit. You may be able to travel in 2 weeks with approval from your pediatrician. Strenuous activity and heavy lifting may delay your recovery, do not lift anything heavier than 10 pounds. Avoid standing or sitting in one position for prolonged periods. You may notice swelling in your feet, hands and legs the first few days you are home; this is a result of IV fluids and changes in your body. Call the office if you have headache and visual changes associated with swelling. Take naps during the day and learn to say YES to offers of help.
Intimacy, intercourse and birth control are important topics to discuss with your partner. Some women feel desire sooner than others and the average time frame is 6-8 weeks after delivery. If you are breastfeeding, you may experience vaginal dryness that can be relieved by using a water based lubricant. Be patient with each other. **It is important to choose your method of birth control before you need it.** Breast feeding is not a good method of birth control. If you breast or bottle feed you have many choices to choose from. Birth control pills, IUD, diaphragm, condoms, and Depo Provera injections are available for breastfeeding moms. If you are bottle feeding, you have these same choices as well as the patch or the ring. If you are certain you do not desire to have any more children, you may choose permanent sterilization—either vasectomy or bilateral tubal ligation. Discuss these issues with your healthcare provider.

**Constipation and hemorrhoids** are a frequent problem after delivery due to pressure on the rectum during pregnancy, pushing and delivery. Drink plenty of liquids and avoid caffeine. Eat fresh fruits and raw vegetables as well as high fiber foods. You may use a stool softener for 2-3 weeks. Sitz baths, Tucks pads and Anusol are used to provide comfort for hemorrhoids and stitches.

**Postpartum Blues and Depression** are two separate issues. Having a baby and starting or expanding your family is a special and very emotional time for you. You may not experience either of these situations, but it is important to recognize the symptoms and what can be done to alleviate them. The baby blues is relatively common within the first few days after you deliver. Feeling a little sad or depressed is temporary and is due to sudden demands of motherhood and hormone changes. You may feel fine and then be crying for no apparent reason. Sometimes it is helpful to have a good cry and let it out. It is okay. Then find some time for yourself—a massage or lunch with a friend. Remember to keep your relationship with your partner as a top priority and go out on a date without the baby. Seek advice from family and friends who have had children, they can tell you what it is really like becoming a mom. Share your feelings!!

**Postpartum depression** tends to occur after the first couple of weeks and is more prevalent than you realize. It may be difficult for women to discuss their feelings due to embarrassment, shame and uncertainty of how their partner will respond. You are not alone. It is a real illness that affects 20-30% of all postpartum women. The important thing to remember is that it is treatable and your doctor wants to be of assistance. Know that you can feel good again, do not let denial, misinformation, finances or anything get in the way of your getting the help you need.

Some symptoms include:
1. Irritability and sudden mood changes, snapping at your family, crying easily
2. Trouble sleeping, feeling exhausted all the time
3. Worrying over things that did not bother you in the past
4. Wondering if you will ever have time for yourself again
5. Thoughts that your children would be better off without you
6. Have decreased appetite or difficulty concentrating
7. Loss of interest, no longer enjoy things you used to enjoy
8. Feelings of guilt or that you are not a good mother
9. Isolating yourself from friends and family
10. Fear of leaving the house or being alone
11. Have unexplained anger or anxiety attacks
12. Think something is wrong with you and will never get better

*(If you answered yes to 3 or more, you should seek advice from your physician. Talk to your partner and take the first step to getting help and feeling better.)*
FOR HELP OR MORE INFORMATION VISIT:

Websites/Support Forums

Postpartum Support International  
http://www.postpartum.net/

Postpartum Stress Center  
http://www.postpartumstress.com/

Online PPD Support Group  
http://www.ppdsupportpage.com

The Austin Center for the Treatment of  
Obsessive-Compulsive Disorder  
http://www.austinocd.com/

NOTES

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CHECKLIST

☐ Register for childbirth classes, baby care & sibling classes by 24 weeks
☐ Take a tour of the hospital
☐ Decide about circumcision if you have a boy
☐ Learn about options for pain management
☐ Turn in Pre-registration form for hospital by 34 weeks
☐ Choose a Pediatrician by 36 weeks
☐ Choose a car seat
☐ Pack a bag for labor and delivery by 37 weeks
• If you choose to have sex, use a condom every time. When used the right way, latex condoms can help protect you from HIV and other STDs. While condoms aren’t 100% effective, they are the best protection available for people who have sex.

• Stay with one partner who only has sex with you and does not inject drugs. Use condoms unless tests show you and your partner do not have HIV.

• Never share needles or other “works” to shoot drugs or for anything else (piercing, tattoos).

10. What else can women do to stay healthy?

• If you have sex, get tested for HIV and other STDs. The only way to be sure you have or don’t have HIV or other STDs is to get tested at a doctor’s office or STD clinic. Ask your sex partner(s) to get tested, too.
2. Why do pregnant women need to be tested?

About one in five people living with HIV in the U.S. do not know they have it. Even if you do not think you are at risk for HIV, it is best to know your HIV status for your health and your baby’s health.

3. How does HIV get from the mother to the baby?

A mother with HIV can pass it to her baby in the womb, during birth or when she breastfeecs. Without HIV treatment, about one in four babies born to HIV-positive mothers will be born with HIV.

4. What can be done for my baby if I have HIV?

When taken as directed, anti-HIV medicines can greatly reduce the chances of a mother passing HIV to her baby. If you have HIV, your doctor will discuss treatment options with you.

If you are HIV-positive and are not in care, see a doctor as soon as you think you are pregnant. Getting into care will help you stay healthy and reduce the chances of your baby being born with HIV.

5. What can be done for me?

New treatment options can help many people with HIV to stay healthy and live long lives. The sooner you find out you have HIV, the more options you have for treating it. You can also take steps to avoid passing HIV to other people, starting with your baby.

6. If I think I’m pregnant, when should I start prenatal care?

As soon as you think you might be pregnant, you should go to the doctor. Starting care early and getting frequent checkups will help you and your baby stay healthy.

7. What are the benefits of prenatal care?

Prenatal care allows your doctor to check the progress of your pregnancy and look for problems. If there are any problems, they can be treated right away.

8. Should I be tested for other STDs?*

Yes. All pregnant women should be tested for syphilis at their first prenatal visit and at birth.

Without treatment, syphilis can cause major problems for the baby during pregnancy and at birth, including blindness, deafness, brain damage and even death. If caught early, syphilis can be cured before any of this happens.

It is also a good idea to be tested for gonorrhea and chlamydia at your first prenatal visit.

* "STDs" stands for "sexually transmitted diseases."

9. What can I do to avoid getting HIV?

• The only sure way to avoid getting HIV through sex is by not having sex (abstinence). Vaginal, oral and anal sex can all pass HIV and other STDs from one person to another.
WHAT CAN I DO TO PROTECT MY BABY FROM HEPATITIS B?

First, have a blood test to see if you have hepatitis B. Your doctor or clinic should test you at your first prenatal visit and at delivery.

Second, have your baby vaccinated for hepatitis B at birth.

WHAT IF I HAVE HEPATITIS B?

- Be sure to tell the nurses and doctors at the hospital where you have your baby.
- Make sure your baby is vaccinated at birth.

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<th>Time</th>
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<td>At birth</td>
<td>Birth dose of hepatitis B vaccine and hepatitis B immune globulin (HBIG)</td>
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<tr>
<td>1 month</td>
<td>2nd dose of hepatitis B vaccine</td>
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<tr>
<td>6 months</td>
<td>3rd dose of hepatitis B vaccine</td>
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Three months after the last vaccine, your baby should have a blood test to make sure the vaccine worked.

- Breasftfeeding is safe for your baby. Hepatitis B is not transmitted through breast milk.
- Even if you don’t have hepatitis B, your baby should still receive the Hep B vaccine series to protect him or her in the future.

For more information regarding perinatal hepatitis B, please contact your local health department or

Physical Address:
Texas Department of State Health Services
Perinatal Hepatitis B Prevention Program
1100 West 49th Street, MC 1939
Austin, Texas 78756-3199

Mailing Address:
Texas Department of State Health Services
Infectious Disease Intervention and Control Branch
Attn: Perinatal Hepatitis B Prevention Program
Mail Code 1939
P.O. Box 149347
Austin, Texas 78714-9347

www.TexasPerinatalHepB.org
Tel: 512-458-7447
Fax: 512-458-7787

Hepatitis B Vaccine Can Save Your Baby’s Life

Hepatitis B vaccine is safe for your baby.
Getting the vaccine series can protect your baby for life.
What is hepatitis B?

It is a dangerous virus that attacks the liver. Your liver helps your body digest food and get rid of poisons. Hepatitis B can cause liver disease, cancer, and death.

How does it spread?

Hepatitis B virus is spread by contact with blood or body fluids from an infected person. You can get hepatitis B by:

- Having unprotected sex
- Sharing needles and syringes
- Having contact with blood or open sores
- Sharing razors, toothbrushes, or washcloths
- Using unsterilized needles in body piercing and tattooing

How can my baby get hepatitis B?

- Contact with your blood and body fluids at the time of birth.
- Contact with blood and body fluids through breaks in the skin such as bites, cuts, or sores.
- Contact with objects that could have blood or body fluids on them, such as toothbrushes or washcloths.

Hepatitis B is not spread by:

- Sneezing or coughing
- Kissing or hugging
- Breastfeeding
- Eating food or drinking water
- Sharing eating utensils or drinking glasses

How do I know if I have hepatitis B?

The only way to know is by having a blood test done during pregnancy and at delivery by your health care provider. Your contacts and all other household members should also be tested.

Is there a cure for hepatitis B?

If you have hepatitis B, ask your doctor or health care provider about treatment options. The best thing to do about hepatitis B is to prevent it, for you and for your baby.

Protect Your Baby from Hepatitis B for Life
Family Bonding Ultrasound

Being able to see your baby, see the heart beat, and watch arms and legs move is an exciting experience. A number of studies have shown that there is an improved emotional and psychological bonding by family members to the expected new addition to the family by having a sonogram.

At the same time, the FDA and other organizations have stated that ultrasound should not be used strictly for entertainment purposes. At this time, there is no confirmed evidence that ultrasound is harmful to the human fetus. However, no one can guarantee that future studies will not discover some harmful effect on the developing fetus, which is the reason for the FDA caution.

Almost all patients will receive one or more sonograms during the course of their pregnancy as a part of their medical care. By necessity, these sonograms are “medically focused,” and are designed to gather information that will help your doctor care for you during your pregnancy. If after your mid pregnancy sonogram, you feel that the benefit you and your family might derive from an ultrasound dedicated to emotional bonding outweighs the risk of an as yet undiscovered problem with ultrasound, we offer an optional “Family Bonding Ultrasound.”

The Family Bonding Ultrasound will employ 2D, 3D and 4D ultrasound techniques to obtain pictures of the developing fetus, and we will record this exam on DVD for you. This exam will last approximately 15 minutes. You are welcome to bring family members to the exam, but due to room size, would recommend that you limit this to at most five or six individuals. It has also been our experience that you and adult visitors will enjoy the experience more if you do not bring small children, as they often get bored and become distracting. We recommend that you show pre-school children the DVD later rather than bring them to the exam.

This sonogram is completely optional, and almost certainly will NOT be of any benefit to your doctor in providing care to you or your baby. The images will be obtained by a trained, registered sonographer, however unlike the “medically indicated” ultrasounds you otherwise have during your pregnancy, the pictures obtained will not be reviewed by a doctor, and a formal report will not be issued to your obstetrician. This sonogram is designed purely for the purpose of strengthening the emotional bonds between you, your family and the yet to be born baby.

Prior to having a bonding ultrasound, you must have had your "regular" mid pregnancy fetal anatomy survey performed by our office.

We will perform the family bonding exam in the 24 to 32 week gestational age time window. After 32 weeks, fetal crowding will significantly lessen our ability to obtain satisfactory pictures.

The ability to obtain "magazine quality" pictures of the baby are very dependent on the position of the baby and the maternal weight. While we know a number of tricks to attempt to get "pretty pictures," we cannot guarantee that we will get the "perfect picture." Due to other patients' appointments, we cannot exceed the 15 minute time limit.

Your insurance company will not pay for the bonding ultrasound, and therefore the fee for this exam is due at the time you schedule the exam. The fee for this exam cannot be used towards the deductible on your insurance, and you cannot file a claim with your insurance company.

Fees: $175; Due at the time you schedule this exam. Cash, check or credit card accepted. There will be a $50 fee for cancellations or reschedules within 24 hours or for failing to keep the appointment.

I have read the information contained in this brochure and consent to ultrasound.

Patient's Signature

Date
QUESTIONS TO ASK

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