

CONGRATULATIONS ON YOUR PREGNANCY!

It is a privilege to be involved in your care. This handout is designed to answer some of your questions, though of course you should take the opportunity to ask questions at your office visits as well. (It sometimes helps to make a list before your visit.)

Your office visits will be approximately every four weeks during the first seven months and more frequently thereafter. If you cannot make your appointment for whatever reason, please try to call and reschedule in advance. We try very hard to stay on schedule.

Medications during pregnancy should be limited and you can always call the office and ask either the Doctor or Nurse Practitioner if you are concerned about something you want to take. Exceptions that we believe are safe include the common cough syrups (Robitussin DM, and Guafenesin/Mucinex), regular Tylenol (acetaminophen) for fevers and aches and pains (although if your fever is more than 101 or doesn't go away with Tylenol, you need to call the office), regular cough drops, and nasal sprays (but only for 3 or 4 days at the most). You can also gargle with warm salt water for sore throats. For heartburn or indigestion, you can take Tums, Roloids, Maalox, Mylanta, Gaviscon, Zantac, Pepsid AC or Tagemet and for diarrhea you can take Kaopectate or Imodium AD. For allergies you can take Claritin, Benedryl and Chlortrimaton and for constipation you can take Citrucel or Metamucil. All of these are over the counter and you can take them according to the package.

Prenatal classes are very useful, especially if you are having your first baby. Most couples enroll in classes at the hospital where they plan to deliver, and usually at about six months. You should also pre-register at that hospital well in advance of your due date. We can usually provide you with the necessary forms to do this.

If you think you are in labor, call us first. We prefer to be called when contractions are about 8 to 10 minutes apart; if you are having very painful contractions; if you think your bag of waters has been broken; or if there's more than a little spot of blood.

The baby's father (or other support person of your choice) is welcome to stay with you at all times - during prenatal visits as well as during labor and delivery (including cesarean delivery if that should be necessary). You will be free to move around as much as you wish during your labor, but because of the additional safety that it provides, we would like you to have the fetal monitor strapped on during the times you are in bed.

Medications are given during labor only at your request. We can use small doses of narcotics, but epidural anesthesia is available if things get too rough. You should be aware that epidural anesthesia generates a substantial additional charge on your hospital bill.

As specialists in Obstetrics and Gynecology, we do not take care of the newborn, except for the first few minutes after birth. When you are admitted to the hospital, the nurses will want you to designate a family physician or pediatrician for your baby. If you have not already chosen someone, ask us for a list in the area.

Your first postpartum visit (there are sometimes two) will be two to six weeks following the birth of your baby. You should call soon after returning home to make that appointment. If you are having increasing pain, any temperature over 100 degrees, if you are passing large blood clots or bleeding heavily, or if there is a bad odor to the vaginal discharge, you should let us know at once.

Our obstetrical fee is a package price that includes all routine prenatal visits and routine postpartum visits, as well as care provided by us during your hospital stay. There is an extra charge for surgical procedures (including circumcision for your baby and cesarean delivery), ultrasounds performed at the office, and care not related to the pregnancy. The fee does not cover charges made by other physicians, laboratory tests, testing done by other facilities (such as ultrasounds), medications, or charges at the hospital. We suggest you call your insurance company to get an idea of what will be paid by your insurance and what will be left for you. We have a sample list of questions that you should ask your insurance company about coverage attached.

The following are tests normally performed during your office visits. The only tests that are included in the obstetrical package price are the urine tests done in the office and the blood pressure tests. Your doctor will explain any other tests that he/she recommends, and results of each test will be discussed with you at your regular appointment.

1. Urine test: Performed at each visit. You can count on being asked to provide a sample by the medical assistant each time you're taken back for your visit. There are paper cups and orange-lidded containers located in both of our patient bathrooms. You can use either for your urine sample. Please

carry the sample to the room that the medical assistant directed you to and place it in the sink. If you need to use the restroom before you're called back, you can get a closed container and write your name on it. Leave the sample in the box in the main bathroom. A stick is dipped into your specimen at each visit and will show the presence of sugar, protein, or infection. Abnormal results may indicate a risk of certain complications requiring additional treatment.

2. Blood pressure: Performed at each visit. The medical assistant will take your blood pressure before you see the doctor at each visit. A blood pressure increase could warn us of potential complications that would require additional treatment.
3. Blood tests: At or near the first visit, blood is drawn and tested to determine your blood count, your blood type, to determine the Rh factor (which tests for incompatibility between your blood and your baby's blood), hemoglobin, and for prior infection of syphilis, rubella and hepatitis B. A test for HIV infection may be included unless you decline.
4. Pap smear and culture: a Pap smear specimen may be collected at your first visit if you haven't had one in the last six months. At that time, the doctor may also do a test for chlamydia and gonorrhea, which is recommended for everyone (although you may decline).
5. Ultrasound (also known as sonogram): An ultrasound will be performed in our office at your first visit to detect the age of the fetus or to locate the placenta. An ultrasound will also be ordered by your doctor and done at another facility when you are about 18 weeks pregnant. This ultrasound is used to monitor the baby's development. It may also be necessary to perform additional ultrasounds during the pregnancy to determine the position or size of the baby, or to investigate results from other tests. During the early ultrasound (but not later ones), an instrument resembling a wand is inserted into the vagina and moved slightly to detect sound waves as they bounce off the baby. A computer uses these sound waves to produce an image of the baby.
6. Glucose tolerance test: Usually performed at around 26 weeks. Blood is drawn one hour after you drink a sugary liquid that your physician will give you. This test rules out gestational diabetes. If your sugar level is above normal, a two hour glucose tolerance test may be recommended. For that test, your blood will be drawn once before drinking the sugary liquid on a completely empty stomach, then one hour after you drink the liquid, then one hour after that. This test is usually done at the hospital laboratory.
7. Maternal Serum Alpha Fetoprotein test (also known as the quadruple screen): Usually performed around 15-18 weeks gestation. This simple blood test detects the presence of chemicals in the blood that are produced by the fetus or placenta. Levels of these chemicals that are too high or too low may indicate a higher risk for certain conditions, like neural tube defects, Down Syndrome, or placental attachment problems. The test doesn't give a certain diagnosis, but it designed to see who might benefit from further tests, though such tests are not required. Sometimes we do a different version of this test, called the FirstScreen, which involves both an ultrasound and a blood test. We also do a "CF Screen" if indicated. We have attached a sheet giving more information on that test for your information. Your doctor will talk to you about which tests are best for you.
8. Beta Strep test (also known as Group B Strep): Performed at 35-36 weeks. A culture is taken from the vagina to determine if group B strep bacteria is present. If so, you will be treated with antibiotics during labor to prevent transfer of the bacteria to your baby.

Questions of a medical nature can be directed to Karen, our Nurse Practitioner at any time during your pregnancy. During labor, the nurses at the hospital will be able to answer questions for you. And, of course, questions can always be directed to your physician. If your question is urgent, please say so and we will get back to you as soon as possible. Routine calls will be handled by calling you back late in the afternoon or evening, so always provide a phone number that is valid during those hours.

Thank you for allowing us to serve you. We will do the very best that we can to insure that your pregnancy and delivery is as safe and pleasant as possible.

GATEWAY WOMEN'S CLINIC

Dr. Robert Dyson

Dr. Dina Levin

Dr. Asma Ahmad

Dr. Kim Heller

Dr. Clea Caldwell

Dr. Jennine Varhola

Dr. Natalia Korneeva

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