

# HILL COUNTRY OB/GYN ASSOCIATES

## MATERNITY HANDBOOK

9805 Brodie Lane  
Austin, Texas 78748  
512-462-1936

[www.hillcountryobgyn.com](http://www.hillcountryobgyn.com)



# Congratulations on Your Pregnancy and Welcome to Hill Country OB/GYN Associates!

We congratulate you on your pregnancy and welcome you to Hill Country OB/GYN Associates. 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

*Compassionate physicians dedicated to improving women's health through individualized attention in a caring and professional atmosphere. Respect for each other and our differences, which fosters diversity and provides an environment to grow and prosper.*

HCOBGYN consists of physicians, Ana M. Eduardo, Margaret B. Landwermeyer, and Lisa B. Schneider all certified by the American Board of Obstetrics and Gynecology. Dr. Chris C. Hart completed her residency in 2007 and is Board Eligible. The physicians of Hill Country OB/GYN are qualified and experienced, specializing in routine and high risk obstetrical care and gynecologic services, including menopause and surgery.

Our practice also includes medical assistants (MA's), who improve our ability to deliver individualized and personal care to all our patients. Medical assistants cannot write prescriptions. They do not attend deliveries or perform surgical procedures.

Thank you again for choosing Hill Country OB/GYN Associates. We think you will be pleased with the tender and expert care we give our patients. We are looking forward to serving you. We value your opinion and welcome both positive and negative feedback. Please contact clinic management if you need additional attention during your care.

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 clinical staff here at Hill Country OB/GYN. It is important that your individual needs are met. You are encouraged to write down your questions so that you will remember to ask them at your next visit.

## Phone Numbers

**PLEASE DIAL THE EXTENSION WHEN THE AUTO ATTENDANT ANSWERS**

Dr. Ana M. Eduardo's Triage Assistant 334-2089

Dr. Margaret Landwermeyer's Triage Assistant 445-0816

Dr. Lisa B. Schneider's Triage Assistant 445-0816

Dr. Chris C. Hart's Triage Assistant 334-2089

**Prescription Refills for**

Dr. Eduardo & Dr. Hart 334-2084

Dr. Landwermeyer & Dr. Schneider 334-2083

Appointments 334-2076

Business Office 462-1936 Menu 1, 4, 2

Referrals 462-1936 x109

**For MEDICAL EMERGENCIES ONLY**

**After Hours & Weekends Call MedLink**

**323-5465 or 323- LINK**

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# PHYSICIANS



**Education:** Texas A&M University, BS in Biology  
University of Texas Medical Branch,  
Galveston, M.D. - 1991

**Residency:** University of Texas Medical  
Branch 1991-1995

**Certification:** Board Certified - 1997  
American Board of  
Obstetrics and Gynecology

Ana M. Eduardo, MD, FACOG, grew up in various places throughout the US, finally settling in Austin in 1999. Before joining Hill Country OB/GYN in Austin, Ana was previously with the Coastal Bend Women's Center in Corpus Christi.

When not hard at work with her Hill Country OB/GYN associates, Ana enjoys traveling, the outdoors and spending time with her husband and two dogs.

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**Education:** Texas Tech University  
B.A. in Chemistry - 1989  
University of Texas at Houston  
M.D. - 1990

**Residency:** University of Texas Medical Branch  
Galveston - 1993-1997

**Certification:** Board Certified - 2000  
American Board of  
Obstetrics and Gynecology

Margaret R. Landwermeyer, MD, FACOG, grew up in Houston, and has been an Austin resident since 1997.

Whenever she wants to unwind, Maggie loves spending time with her three boys and her husband, Bryan. She also loves participating in triathlons.



**Education:** Southwest Texas State, BA Biology 1985-1989  
University of Texas Health Science Center  
San Antonio, M.D. 1990-1994

**Residency:** University of Texas Medical Branch  
Galveston 1994-1998

**Certification:** Board Certified - 2000  
American Board of  
Obstetrics and Gynecology

Lisa B. Schneider, MD, FACOG, born and raised in the central Texas area, has been an Austin resident since 2001.

In her spare time, Lisa enjoys traveling, having fun and taking advantage of Austin's eclectic nightlife. She can also be found frequenting Austin's many lakes, or taking in a round or two of tennis.



**Education:** Texas State University, B.A. - 1998  
University of Texas Medical Branch  
Galveston, M.D. 1999-2003

**Residency:** Oregon Health and Science University  
Portland, Oregon 2003 - 2007

**Certification:** Board Eligible  
American Board of  
Obstetrics and Gynecology

Dr. Hart was born in Austin and is excited about coming home and joining Hill Country OB/GYN Associates. Dr. Hart has a special interest in minimally invasive surgery and exercise and nutrition during pregnancy. She is looking forward to creating a partnership of health with her patients, in order to help them to live happier, healthier lives.

Chris enjoys spending time with her husband, Aaron, cooking delicious meals for friends and family, and running with her dog, Karma.

**THE PHYSICIANS AND STAFF AT  
HILL COUNTRY OB/GYN THANK  
YOU FOR REFERRING YOUR FRIENDS  
AND FAMILY TO OUR PRACTICE.**

**WE ARE HONORED TO CARE  
FOR THOSE YOU CARE ABOUT.**

**YOUR TRUST AND SUPPORT  
ARE GREATLY APPRECIATED.**

# Prenatal Informed Consent

<div style="border: 1px solid black; width: 80%; height: 20px; margin: 0 auto; text-align: center; color: #ccc;">INITIALS</div>	<p>I have received the Maternity Handbook and Information for Parents of Newborns book, and have had a chance to review the contents with my physician.</p>
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<div style="border: 1px solid black; width: 80%; height: 20px; margin: 0 auto; text-align: center; color: #ccc;">INITIALS</div>	<p>Blood Products – I have been informed and understand the clinic policy regarding blood transfusions. The physicians refuse care of OB patients that will not accept blood transfusions in life threatening emergencies.</p>
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<p><b>I understand Hill Country OB/GYN's clinic policy regarding blood transfusions and I do consent.</b></p>	<div style="border: 1px solid black; width: 80%; height: 20px; margin: 0 auto; text-align: center; color: #ccc;">CONSENT</div>
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<div style="border: 1px solid black; width: 80%; height: 20px; margin: 0 auto; text-align: center; color: #ccc;">INITIALS</div>	<p>I have been informed of the state mandated regulations regarding the screening for the HIV virus. I understand and give my consent to be screened. I understand that a positive screen is sent for confirmatory testing prior to my notification. I have received information about what the test actually screens for and that I will receive additional counseling in the event of a positive screen. I know that results will be maintained in my health record and shall not be released without my consent, except to individuals and organizations that have been given access by law. I understand that results may be released to my insurance carrier, or if applicable to Medicare or Medicaid to the extent necessary to determine liability for payment or to obtain reimbursement.</p> <p style="text-align: right; font-size: small; color: #ccc;">Page 13 Maternity Handbook</p>
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<p><b>I understand the HIV screening state mandate, yet I do hereby</b></p>	<div style="border: 1px solid black; width: 80%; height: 20px; margin: 0 auto; text-align: center; color: #ccc;">CONSENT</div>
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<div style="border: 1px solid black; width: 80%; height: 20px; margin: 0 auto; text-align: center; color: #ccc;">INITIALS</div>	<p>I understand that ultrasound examination is not always able to reveal every type of problem that could exist. I realize that although no adverse effects have been noted from an ultrasound exam, no test can be labeled 100% safe.</p> <p style="text-align: right; font-size: small; color: #ccc;">Page 11 Maternity Handbook</p>
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<div style="border: 1px solid black; width: 80%; height: 20px; margin: 0 auto; text-align: center; color: #ccc;">INITIALS</div>	<p>I have had the opportunity to discuss and review the material regarding Cystic Fibrosis (CF) carrier testing (CF DNA brochure). I am aware that blood testing is available to determine whether I and /or my partner carry a genetic mutation for CF. I understand that the CF carrier test is not 100% accurate and that accuracy varies based on my ethnic background. I understand that the risk for CF is 1 in 4 (25%) in the fetus when BOTH parents carry a CF gene mutation. If I and my partner both carry the CF gene, genetic counseling is recommended and prenatal diagnosis (through CVS or amniocentesis) will be available.</p> <p style="text-align: right; font-size: small; color: #ccc;">Page 12 Maternity Handbook</p>
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<p><b>I understand the advantages and disadvantages of Cystic Fibrosis screening test and do hereby</b></p>	<div style="border: 1px solid black; width: 80%; height: 20px; margin: 0 auto; text-align: center; color: #ccc;">DECLINE</div>	<div style="border: 1px solid black; width: 80%; height: 20px; margin: 0 auto; text-align: center; color: #ccc;">CONSENT</div>
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<div style="border: 1px solid black; width: 80%; height: 20px; margin: 0 auto; text-align: center; color: #ccc;">INITIALS</div>	<p>I have had the opportunity to discuss and review the attached material</p>
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regarding Down Syndrome and other chromosomal abnormalities. I understand that it is not considered a diagnostic test and may require additional testing of any abnormal values. Page

11 Maternity Handbook

**I am aware of the advantages and disadvantages of the Down Syndrome and other chromosomal abnormality testing and I do hereby**

DECLINE

CONSENT

INITIALS

I will be 35 years or older by the time my baby is to be born, or have \_\_\_\_\_ (risk factors) and I may benefit from genetic counseling and amniocentesis or chorionic villus sampling (CVS). I have been counseled regarding these factors and have been offered genetic counseling and amniocentesis or chorionic villus sampling.

Page 12 Maternity Handbook

**I have been informed of the benefit of receiving genetic counseling and do hereby**

DECLINE

CONSENT

**I have been informed of the possible benefit of amniocentesis or CVS testing and do hereby**

DECLINE

CONSENT

INITIALS

I have received a copy of the pregnancy, Parenting and Depression Resource List on my OB Visit on \_\_\_\_\_.

INITIALS

I received information regarding collecting my child's Cord Blood. It is my responsibility to contact the appropriate company and arrange to have the collection kit available at delivery. I understand it may not be possible for my obstetrician to collect my child's cord blood. My health and my baby's health are the first priorities. Hill Country OBGYN physicians will make every attempt to properly collect the cord blood. We cannot be responsible for reasons that keep blood from being stored, such as contamination, low volume, improper transport, and etcetera. I can get more information from Cord Blood Collection companies.

Page 29 Maternity Handbook

**I understand that I may have my child's cord blood collected at time of delivery and do hereby**

DECLINE

CONSENT

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Patient Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Witness/Counselor \_\_\_\_\_ Date \_\_\_\_\_

# OB ESTIMATE OF BENEFITS

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

**1. What should I expect for cost with my prenatal care and delivery?**

Hill Country OB/GYN charges each pregnant patient an **OB Global Fee**.

- This OB GLOBAL FEE includes routine/non-complicated prenatal visits, delivery and 1 postpartum visit.
- This OB GLOBAL FEE is separate from the charges you will incur in the hospital.

**2. What is not included in the OB GLOBAL FEE but may be covered by my insurance?**

Pregnancy Confirmation Visit	Visits and tests <i>not</i> pregnancy related	Hospital Services
OB Profile (Labs on 1 <sup>st</sup> visit) <b>(Required)</b>	Pap Smears	Pediatrician
16-20 Week TAST <b>(Optional)</b>	Fetal Non-Stress Test	Perinatologist Consultation
28 Week CBC <b>(Required)</b>	Colposcopy	Anesthesiologist
Antibody Screen (If RH Negative) <b>(Required)</b>	Diabetic Counseling	Surgical Assistants *
1 Hour Glucose Test <b>(Required)</b>	Other Labs & Cultures	Circumcision
35-37 Week Group B Strep Test <b>(Required)</b>	Medications	Post Partum Tubal Ligation
Radiology - Ultrasound	Physical Therapy	

**\*Surgical Assistant**

A licensed surgical assistant is routinely scheduled to assist the physician with planned and emergent c-sections. The surgical assistant will send a separate bill for services rendered. If you have a planned cesarean section we will schedule the surgical assist. We highly recommend that you contact the surgical assist to discuss their financial policy. You may get the number of the surgical assistants from our insurance specialist at 462-1936 ext. 109.

**We are unfamiliar with the financial policies of other physicians, hospitals or labs. You must call them to discuss their financial policy and/or questions about their bill. The list above does not include all services which are not included in the global, but may be covered by your insurance. Please contact your insurance company if you have specific questions about what services your insurance covers. We work at Seton Southwest Hospital 324-9000 & South Austin Hospital 447-2211. Hospital visits for reasons other than delivery are not included in your Global OB.**

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 YOUR responsibility and is due before your delivery. Our insurance specialist will go over your OB Agreement with you by your second pregnancy appointment. If after 8 weeks after 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 do 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 payment and payment plan options. All OB fees will be due in full before your estimated delivery date.

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

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!**

**Our Billing Office accepts calls and questions**

**Monday-Thursday: 8:15 - 4:30**

**Friday: 8:15 - 12:00**

**Patient Accounts: 462-1936 Menu Options 1, 4, 2**

**Referrals, OB Agreements, Surgery Scheduling: 462-1936 x 109**

# PRENATAL APPOINTMENT SCHEDULE

8 weeks	Physical exam, Pap smear, blood work drawn, counseling
12 weeks	Routine obstetrical visit
16 weeks	Routine obstetrical visit, Quad test for chromosomal abnormalities/ neural tube defects if desired
20 weeks	Routine obstetrical visit, ultrasound with Perinatologist
24 weeks	Routine obstetrical visit
28 weeks	Routine obstetrical visit, screening for gestational diabetes and anemia: rhogam injection is given if Rh negative
30 weeks	Routine obstetrical visit
32 weeks	Routine obstetrical visit
34 weeks	Routine obstetrical visit
36 weeks	Routine obstetrical visit, Group B strep screening & cervical exam
Weekly thereafter	Routine obstetrical visit with cervical examinations
Postpartum visit	4-6 weeks after birth

A routine OB visit includes weight, urine dipstick, listening to the baby's heart beat and measuring fundal height, which tells the doctor that your baby is growing. As you see above, many important tests are performed at specific weeks of pregnancy. Attending all of your OB appointments (even routine) is your part of ensuring a safe pregnancy. Keep in mind that problems or high risk factors may warrant additional visits.

Our clinical 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 our triage assistants.

## **The Team Approach:**

As much as possible, we will try to have your visits scheduled with your physician. Due to emergencies, deliveries or vacations however, you may need to see one of the other physicians 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 doctors cannot remain on call continuously. Their families would like to see them also! So that you 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 for each other. Also, the physicians provide “Meet the Docs” every six weeks which gives patients the opportunity to meet all the physicians (in addition a pediatrician, an anesthesiologist, and a labor /delivery nurse are present) and answer questions. Meet the Docs dates are posted in the office and on our website.

## BLOOD PRODUCTS

The policy of Hill Country OB/GYN in regards to blood transfusion is that our practice will refuse care if the OB patient declines a blood transfusion needed in an emergency. We feel as a group, that we cannot provide adequate care in these circumstances in an emergency.

## FIRST PRENATAL VISIT

On your initial prenatal visit, you will usually meet with a medical assistant first. A full personal and family history will be reviewed. You can expect diagnostic tests, including urinalysis with culture, blood type, Rh, Hepatitis B, HIV, 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.

## 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, DRINK ALCOHOLIC BEVERAGES OR OTHER DRUGS.

# 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. Most are covered by most insurance carriers except where noted.

### **Ultrasound (Required)**

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.

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 week's gestation and is done at another facility. The ultrasound will 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. At present there are no known risks to the baby or the mother with an ultrasound exam.

Please remember that a sonogram is a medical diagnostic test, and is not ordered without a medically necessary reason, and cannot be done for strictly entertainment reasons. When you go for your 20 week anatomy ultrasound, please do not take more than two people. Please do take a blank VHS videotape and they will be happy to give you a few minutes of tape and several still pictures you can show children and others in a more relaxed setting.

**Screening tests for Down syndrome (Trisomy 21) and other chromosomal abnormalities** Down syndrome, also called Trisomy 21, is a condition that causes mental retardation. It is caused by the presence of an extra number 21 chromosome in the fetus, usually due to a defective egg or sperm or a problem with fertilization of the egg by the sperm. The risk of a couple having a child with Trisomy 21 increases with the age of the mother. A 25 year old woman is at a 1 in 1200 risk of having a baby with Trisomy 21, a 35 year old woman is at 1 in 270 risks, and a 40 year old woman is at a 1 in 80 risk.

If you will be 35 or older at time of delivery, we recommend that you undergo genetic counseling to discuss your risk for Trisomy 21 and other problems and to discuss your options for testing. We also recommend that you consider having genetic counseling if there is any family history of birth defects, genetic problems,

or mental retardation. Genetic counseling may also be recommended in cases of maternal exposure to X-rays, drugs or the presence of other risk factors.

If you will be less than 35 at time of delivery, or if you are 35 or older and decline genetic counseling, there are several optional tests (called screening tests) that will allow us to more closely estimate your risk of having a baby with Trisomy 21. It is important to understand the difference between screening tests that estimate risk and tests that diagnose (give an accurate, 'yes or no' answer). In general, first you will be offered a screening test to estimate your risk of having Trisomy 21, then if the risk is high; you will be offered a test to diagnose whether Trisomy 21 is actually present. It is important to understand that having a 'high risk' does not mean you have a baby with a problem. In fact, most women at 'high risk' have normal babies (a false positive result). It is also important to understand that a normal result on a screening test does not guarantee a normal baby, only that you are not considered high risk for Trisomy 21.

### **Your choice for Trisomy 21 (Down syndrome) screening**

Your first decision is: Do I want any testing at all? Not all women or couples desire testing. This test will be discussed in more detail at your prenatal visit.

A blood test called a "Quad Screen" which is done at 15 to 20 weeks. The quad screen will detect approximately 70%-75% of Trisomy 21 pregnancies, with a false positive rate of approximately 5%. The quad test includes an Alpha fetoprotein (AFP) test, which is a screening for spina bifida (open spine).

### **What happens if one of these tests indicates a high risk of Trisomy 21?**

If this test indicates a high risk, you will be referred for genetic counseling, and we will discuss the risks and benefits of additional diagnostic tests (CVS or amniocentesis) in order to diagnose whether Trisomy 21 is indeed present, or whether the screening test is a false positive. Following this counseling session, you may then choose what additional testing you want.

### **IMPORTANT POINTS TO REMEMBER:**

- All testing is optional; you are not required to do any testing.
- Screening tests give you an estimate of your risk. If you have a positive test, it means that your pregnancy is at higher risk for a problem, not that the baby definitely has a problem.
- If you have a positive screening test, additional diagnostic testing will be required to see if the baby truly has a problem or not.
- No screening test will find all cases of Trisomy 21.
- No screening test will find all birth defects.

### **Cystic Fibrosis - generally not covered by insurance**

Cystic Fibrosis is an inherited disease that causes excessively thick secretions throughout the body, often leading to severe breathing and digestive problems. 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.

The risk to carry the CF gene is different depending on your ethnic background. Individuals of Caucasian and Jewish descent are at higher risk for carrying the gene, so if you or the father of the baby are of Caucasian or Jewish descent, we recommend that you consider having a CF screening test. Individuals of Hispanic descent are at intermediate risk and individuals of African American or Asian descent are at lower risk. CF screening is available should you choose, but we do not make as strong a recommendation for testing for these individuals. If you desire CF testing, we recommend testing as soon as possible in early pregnancy or even prior to pregnancy.

**Other ethnic specific screening: (may or may not be covered by insurance)**

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**

House Bill 1345: Prenatal HIV testing was implemented in January 1996 with the intent of decreasing the chance of unborn babies becoming infected with HIV. The law requires that all pregnant women be tested for HIV at their first prenatal visit and/or at delivery. 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.

**Diabetes screening (Required)**

Between your 26<sup>th</sup> and 28<sup>th</sup> 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. Please ask your physician or MA for specific instructions regarding fasting prior to the exam.

A blood glucose value under 140 mg/dl range is considered normal, and no further testing is indicated. If the blood glucose value is above the 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. So it is best to come early. 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 are 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.

## COMMON PROBLEMS AND SOLUTIONS

During pregnancy, your changing body will come with 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 anytime 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. 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 such as Tums

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 and get plenty of rest
- Avoid crowded and noisy places
- Avoid poorly ventilated or smoke filled rooms

Acetaminophen /Tylenol 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, juice and raw fruits and vegetables
- Drink clear liquids – (i.e. Sprite, Ginger ale, Apple/Grape juice)
- Brat diet (Bananas, rice, applesauce, tea, toast)

FATIGUE OR INSOMNIA:

- Increase vitamin B intake
- Exercise
- Take relaxation breaks
- Increase calcium intake
- 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.
- Notify the office if symptoms persist.
- 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).

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 allow 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 after the 1<sup>st</sup> trimester.
- 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 limited to 1-2 servings per day.

## 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 belts
- 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 prescriptions 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 medical assistant.

Allergies.....Actifed, Sudafed (pseudoephedrine hydrochloride),  
Benadryl, Claritin  
Cough/Cold..... Robitussin (plain), Tylenol  
Congestion.....Actifed, Sudafed, Benadryl (diphenhydramine  
hydrochloride)  
Constipation.....Metamucil, Surfak, Colace, Fibercon, Milk of Magnesia  
Diarrhea .....Imodium  
Gas/Flatus.....Mylanta, Simethicone (gas-x)  
Headache/Fever.....Acetaminophen (Tylenol)  
Heartburn/Indigestion...Mylanta, Riopan, Tums (avoid Alka-Seltzer), Zantac,  
Tagamet  
Hemorrhoids.....Anusol cream or suppositories, Tucks  
Herpes.....Don Burrows soaks, discuss with your doctors office a  
prescription for an anti-herpes prescription  
Nausea.....Emetrol, Vitamin B6 (Pyroxidine) 25 mg per day  
Sore Throat.....Cepacol lozenges, warm salt-water gargles  
Skin Irritation.....Calamine, Caladryl, Corticaine, Lanacort, and Neosporin

AVOID ANY NON-STEROIDAL, ANTI-INFLAMATRY  
SUCH AS ASPRIN, 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**

### **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 ways you can quit.

### **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 weightbearing joints, 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 weight prior to conception, it is fine to continue, but with lower weights and higher reps. Avoid any maneuver that would cause you to valsava 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: stationary 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, and jumping on 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 rule to follow regardless of what exercise you choose to do: LISTEN TO YOUR BODY...if it uncomfotable, 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 health 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 cal/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 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 fruit 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 below for more information.

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

**Determining Body Mass Index From Weight and Height\***

Height, inches*	GOOD WEIGHTS					OVERWEIGHT					OBESITY			
	BMI, 19 kg/m <sup>2</sup>	20	21	22	23	24	25	26	27	28	29	30	35	40
	Weight, pounds*													
58"	91	96	100	105	110	115	119	124	129	134	138	143	167	191
59"	94	99	104	109	114	119	124	128	133	138	143	148	173	198
60"	97	102	107	112	118	123	128	133	138	143	148	153	179	204
61"	100	106	111	116	122	127	132	137	143	148	153	158	185	211
62"	104	109	115	120	126	131	136	142	147	153	158	164	191	218
63"	107	113	118	124	130	135	141	146	152	158	163	169	197	225
64"	110	116	122	128	134	140	145	151	157	163	168	174	204	232
65"	114	120	126	132	138	144	150	156	162	168	174	180	210	240
66"	118	124	130	136	142	148	155	161	167	173	179	186	216	247
67"	121	127	134	140	146	153	159	166	172	178	185	191	223	255
68"	125	131	138	144	151	158	164	171	177	184	190	197	230	262
69"	128	135	142	149	155	162	169	176	182	189	196	203	236	270
70"	132	139	146	153	160	167	174	181	188	195	202	209	243	278
71"	136	143	150	157	165	172	179	186	193	200	208	215	250	286
72"	140	147	154	162	169	177	184	191	199	206	213	221	258	294
73"	144	151	159	166	174	182	189	197	204	212	219	227	265	302
74"	148	155	163	171	179	186	194	202	210	218	225	233	272	311
75"	152	160	168	176	184	192	200	208	216	224	232	240	279	319
76"	156	164	172	180	189	197	205	213	221	230	238	246	287	328

\*The health risk from any level of BMI is increased if the patient has gained more than 5 kg (11 pounds) since age 25, or if the waist circumference is above 100 cm (40 in) due to central fatness

\*Divide weight by 2.2 to convert pounds into kilograms; multiply height by 2.54 to convert inches into centimeters

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 cause's 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 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/Tilefish 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](http://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, epigastria 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 medical assistants. 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 28<sup>th</sup> 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.*

Kick Count Record

	START	1	2	3	4	5	6	7	8	9	10	11	END
SUN													
MON													
TUE													
WED													
THU													
FRI													
SAT													

# IS THIS LABOR?

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

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

## For MEDICAL EMERGENCIES ONLY

### After Hours & Weekends Call MedLink

**323 - 5465      or      323 - LINK**

## MIDWIVES

Hill Country OB/GYN physicians do not supervise midwives. If you intend to have a midwife delivery, you will need to transfer your care to the midwife. You will also need to deliver at the hospital of her supervising physician.

## VAGINAL BIRTH AFTER C-SECTION (VBAC)

Our practice follows the American College of Obstetrics and Gynecology guidelines, which allow a patient to attempt VBAC after only one cesarean section. Attempting VBAC after more than one c-section increases your risk (five times) of uterine rupture and emergency c-section.

## POST DATES (PAST DUE DATE)

Hill Country will allow you to go up to 42 weeks of gestation. We recommend induction by 42 weeks due to increased risk to the fetus and the mother.

## STERILIZATION & BIRTH CONTROL

Please discuss your plan for birth control, permanent, long term or monthly with your physician. Women have more family planning options than ever before. Sterilization is recommended eight weeks post partum.

Seton Southwest Hospital does not allow surgical sterilization (tubal/Essure) procedures. As Seton Southwest Hospital is our primary hospital, we will only perform surgical sterilization at South Austin Hospital for scheduled cesarean sections.

We also offer Essure in the office which may be covered by your insurance company under a copay instead of a hospital deductible. Long term birth control options include intrauterine devices (IUD's Mirena & Paraguard) and Implanon where a small implant is inserted into the upper arm. Of course monthly (Nuvaring), weekly (patches) and daily birth control pills are available as well.

## AFTER HOURS CARE

Please limit routine calls to regular office hours, as our physician on call is frequently performing deliveries and attending to gynecological emergencies 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 reactivate your anonymous caller block. It is extremely important that you speak to a doctor or medical assistant **before** going directly to the hospital.

## FORM COMPLETION

We request that you give our clinical staff at least 10 working 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 \$25.00 fee for the first set of FMLA/Disability forms and \$15.00 for each additional set of forms. Payment is due when forms are presented.

## 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 might 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. Again, please tell us of any work-related concerns you may have. Standard leave is 6 weeks for vaginal delivery and 8 weeks for a cesarean section. The Federal Family & Medical Leave Act guarantees your job for a leave of up to 12 weeks but does not guarantee pay.

## PEDIATRICIANS

We recommend you choose your pediatrician by the last month of your pregnancy. You will need to discuss with your pediatrician whether they have privileges at Seton Southwest and/or South Austin Hospital and will be able to care for your newborn during your hospital stay. If your pediatrician does not have privileges at SSW or SAH, the pediatrician on call will care for your newborn. There is a separate charge for your pediatrician'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.

## IMPORTANT HOSPITAL INFORMATION

Seton Southwest Hospital is Hill Country OB/GYN's primary hospital. There are only two occasions when we will deliver at South Austin Hospital. Seton Southwest Labor & Delivery may, on occasion, be completely full and OB patients must be sent to South Austin Hospital. The other occasion is for scheduled c-sections with sterilization at delivery.

If you are not expected to have a cesarean section with sterilization at delivery and you intend to deliver at South Austin Hospital, you will need to transfer care to another physician. We apologize for the inconvenience and sincerely ask that you consider delivering at Seton Southwest Hospital.

## HOSPITAL PRE-REGISTRATION

It is necessary to pre-register for your delivery with Seton Southwest. We will provide you with a pre-registration form in your second trimester. If you have not received one of these forms by your third trimester please request one from a staff member. Please choose as early as possible, for insurance purposes.

## COMMON HOSPITAL QUESTIONS

Please refer to the following position statements regarding common questions surrounding your birth experience at Seton Southwest.

### Videotaping:

“Seton Southwest 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 an 11:00am checkout time (times may vary). Your physician will see you prior to discharge 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 medical assistant will notify you well in advance.

# UMBILICAL CORD BLOOD STORAGE

Umbilical cord blood storage for possible future use is a procedure of uncertain benefit. Currently, the placenta and the blood contained within it are routinely discarded after childbirth. However, there are now several for-profit organizations that provide a kit allowing the cord blood to be collected and stored for possible future use, including the treatment of blood diseases such as leukemia or replacement of bone marrow after treatment for advanced cancers. Ongoing research suggests that the use of “stem cells” from cord blood may be useful in the treatment of other diseases such as strokes, Alzheimer’s, diabetes, and multiple sclerosis.

We understand that this technology is in its infancy and that there are many uncertainties regarding its potential long-term benefits. We do not make any recommendation for or against having cord blood collected for this purpose. If you are interested, you may want to contact one of the commercial companies listed below for more specific information. We do not endorse any particular company. The costs vary widely and can be as high as \$1500.00 for the initial collecting/processing fee. There is also a yearly storage charge.

If you desire to have cord blood collected at the time of your child’s delivery, we will be glad to perform this procedure. **There is a charge from our office for cord blood collection.** You are responsible for payment on this charge. We will not file an insurance claim for you. It is also your responsibility to provide the kit and see that it is mailed to the processing center in a satisfactory fashion. Be aware that making arrangements with the company of your choice can take up to two months and should not be left to the last minute. Also, please realize that there are no guarantees at all on the quantity or quality of the blood collected, as this varies from birth to birth. Samples can be contaminated with bacteria or maternal blood cells from the birth process, possibly causing unforeseen effects when used in the future. Please ask your physician if you have any further questions.

Stem cells from cord blood can be used to treat not only the donor but also other closely related family members like parents or siblings. It is estimated that the likelihood that the need for cord blood within a family is approximately 1/1,500 or less. Over 3,000 patients with at least 45 diseases have been treated using cord blood stem cells. Reference: Contemporary OB/GYN November 2002.

Cord Blood Registry (CBR): 1-888-267-3256

Cryo-Cell International: 1-800-786-7235

ViaCord: 1-866-668-4895

CorCell: 1-888-326-7235

Lifebank USA: 1-877-543-3226

California Cryobank: 1-800-400-3430

Stembanc: 1-877-836-2262

# NEWBORN SCREENING

## What is a newborn screen?

The Texas newborn screening program tests for five disorders which, if not treated very early in life, can cause severe mental retardation, illness or death.

These tests are:

- (1) phenylketonuria
- (2) galactosemia
- (3) sickling hemoglobinopathies, including sickle cell disease
- (4) congenital adrenal hyperplasia
- (5) hypothyroidism

The two inborn errors of metabolism, phenylketonuria (PKU) and galactosemia, are treated by diet; congenital hypothyroidism and congenital adrenal hyperplasia (CAH), are treated by medication; and sickle cell disease complications may be prevented through a program of medical supervision and prophylactic antibiotics administered at an early age.

## Supplemental newborn screening:

- Test for additional 25-30 other diseases
- Can be done at around \$25.
- Needs to be arranged for from Baylor Health System

For more information, go to the following website:

<http://www.baylorhealth.com/medicalspecialties/metabolic/newbornscreening/packet.htm> or call 1-800 4BAYLOR

# CIRCUMCISION

Circumcision is the removal of the foreskin or ring of tissue that covers the head of the penis. The physicians of Hill Country OB/Gyn do not perform circumcisions. The on call Pediatrician performs circumcisions at Seton Southwest. If you deliver at South Austin Hospital you will be required to coordinate the circumcision of your child. This surgical procedure is usually performed the day of discharge from the hospital however; many physicians offer the service in-office. The purpose of the foreskin is to protect the glands against urine, feces and other types of irritation. The foreskin may also serve a sexual function by protecting the sensitivity of the glands.

The decision to circumcise your infant son is a complex one, requiring thought regarding cultural, religious, medical and personal preferences. Followers of the some faiths perform circumcisions for religious reasons. Circumcisions 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 1997, the American Academy of Pediatrics issued a statement on

circumcision, clarifying that the procedure carried small potential benefits and risks that the parents needed to consider. In general, circumcision does not prevent sexually transmitted infections. Although it does protect against cancer of the penis, good hygiene offers equal protection against this rare condition.

Like any surgical procedure, circumcision may cause complication (less than 1%). These might include infection, bleeding, scarring and various injuries to the penis. 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.

These physicians offer hospital or office circumcision. Please call their offices with questions.
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Children's Surgical Associates	(512) 481-9510
Larry Lewellyn, M.D	(512) 447-0707

## CHILDBIRTH CLASSES

Hill Country OB/GYN Associates sponsors several prenatal and other pregnancy related educational classes taught by Shelly Weber, R.N., a former labor & delivery nurse. We strongly urge you to utilize these classes.

## CHILDBIRTH PREPARATION CLASSES

*We are happy to offer childbirth instruction to the patients of Hill Country OB/GYN. The physicians want patients to be aware of their philosophy, available birth options and allow you an opportunity to ask questions. This class consists of a thorough explanation of the labor and delivery process with an emphasis on a variety of relaxation techniques for labor. We will also discuss anesthesia options, cesarean sections, variations of the birthing experience and much more. The classes are very beneficial and fun for the newly expectant couple as well as new partners who have not gone through training before or even if it has been three years since your last birth. We offer evening courses during the week that consists of 4 classes.*

**Register for classes by the fifth month of pregnancy to be taken in the seventh or eighth month.** Please wear comfortable clothes and bring a pillow for your back. Plan to eat dinner prior to class. Class dates are posted in the office and on our website at [www.hillcountryobgyn.com](http://www.hillcountryobgyn.com).

**Prepared: \$80      Breastfeeding: \$25**

To register for class that best suits your schedule, register when you checkout or call the office (512-462-1936 ext.101 or 119) to verify availability, once availability is confirmed, send a check for the appropriate amount payable to Hill Country OB/GYN with the completed registration form at the back of the booklet and mail it to:

Hill Country OB/GYN  
9805 Brodie Lane  
Austin, Texas 78748

(Please note: Due to the limited space in each class, refunds can be made up to one week prior to the start of the series. No refunds will be made after this date.) The course content will not vary significantly.

## LABOR & DELIVERY TOURS

Seton Southwest Hospital provides tours of Labor and Delivery and Postpartum areas. Tours are offered every Tuesday at 7:30pm. Tours meet in the labor and delivery lobby of Seton Southwest on the second floor. Tours start promptly and last approximately 35 minutes. Schedules may vary due to holidays, please call the hospital at 324-9000 to verify tour date and time.

For more information please contact SSW at 324-9000 or you may get more information from your child birth educator.

Tours are also available at South Austin Hospital. Contact 448-7229 for the schedule.

## RECOMMENDED READINGS

Planning for Pregnancy, Birth and Beyond (American College of Obstetrics and Gynecology)

What to Expect When You are Expecting (Eisenberg, Murkoff, and Hathaway)

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. You will notice that when you are on your feet more and have increased activity, you may bleed more (this is normal) Also you may stop bleeding for a few days and then restart. 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 the 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 4 -6 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 few weeks. For comfort you can try and ice pack on the area, use a spray anesthetic or tucks pads.

**Cesarean section** requires a little extra attention. Keep your incision dry and call 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 clinical. 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 breast feed 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 no baths until you have been evaluated by a physician. 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 breast feeding, 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. You can get pregnant before your first period.** 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 breast feeding 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. 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:

- Irritability and sudden mood changes, snapping at your family, crying easily
- Trouble sleeping, feeling exhausted all the time
- Worrying over things that did not bother you in the past
- Wondering if you will ever have time for yourself again
- Thoughts that your children would be better off without you
- Have decreased appetite or difficulty concentrating
- Loss of interest, no longer enjoy things you used to enjoy
- Feelings of guilt or that you are not a good mother

- Isolating yourself from friends and family
- Fear of leaving the house or being alone
- Have unexplained anger or anxiety attacks
- 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 get help and feel better.)*

## **FOR HELP OR MORE INFORMATION PLEASE CONTACT:**

### **Resources**

**2-1-1 Texas:** Dial 211. This service helps you to find resources in your area. From your cell phone, you can reach 2-1-1 services by dialing 1-877-541-7905

**PPD Moms:** 1-800-PPD-MOMs or 1-800-773-6667

DSHS Pregnancy, Parenting and Depression Resource List:

<http://www.dshs.state.tx.us/mch/depression.shtm>

**The National Women's Health Information Center:**

<http://www.womenshealth.gov>

**Postpartum Support International (PSI):** <http://www.postpartum.net>

**Parent Anonymous:** <http://www.parentanonymous.org/palindex10.html>

**Depression During and After Pregnancy:**

<ftp://ftp.hrsa.gov/mchb/pregnancyandbeyond/depression.pdf>

## **CHECKLIST**

- Register for childbirth, 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

# Hill Country OB/GYN Associates

## Pregnancy, Parenting and Depression Resource List

### SB 316

The list contains the name and addresses of professional organizations that can help you find a local resource that meets your needs. There are also some toll-free assistance phone lines. The list will be updated regularly. If you do not see an organization on this list that you feel comfortable contacting, we encourage you to check with your health care provider or a clergy member as he or she may be able to give you some ideas as well.

**The list is maintained by the Texas Department of Health (TDH), and can be obtained at the following website address:**

<http://www.tdh.state.tx.us/mch/depression.htm>

In addition, it must be documented in the client's chart that she received this information and the documentation must be retained for a minimum of three years. **It is recommended that the information be given twice, once at the first prenatal visit and again after delivery.** For more information on HB 341 or postpartum depression, please contact Chan McDermott, Perinatal Health Program, at 512-458-7796 or [chan.mcdermott@tdh.state.tx.us](mailto:chan.mcdermott@tdh.state.tx.us).

Health & Human Services Commission  
Information & Referral information  
[www.hhsc.state.tx.us/tirn/tirnhome.htm](http://www.hhsc.state.tx.us/tirn/tirnhome.htm)

Postpartum Resource Center Of Texas  
811 Nueces  
Austin, TX 78701  
1-877-472-1002 - toll-free  
[www.texaspostpartum.org](http://www.texaspostpartum.org)

Texas Department of State Health  
Services  
Family Health Services, Information  
& Referral Line  
Phone: 1-800-422-2956

Center for Parent Education, University of  
North Texas  
[www.unt.edu/cpe](http://www.unt.edu/cpe)  
Contact: Arminta Jacobson at 888-662-7457  
Email [parenting@unt.edu](mailto:parenting@unt.edu) or fax 940-369-7955

## Texas

2-1-1 Texas, formerly First Call for Help, is a service for the entire community. 2-1-1 is the new abbreviated dialing code for free, bilingual information and referrals to health and human services and community organizations. 2-1-1 serves as the number to call for information about community organizations, and it links individuals and families to critical health and human services provided by nonprofit organizations and government agencies in their own community. 2-1-1 Texas is currently available statewide:

Toll-Free Telephone Assistance Lines:  
Texas Department of State Health  
Services  
Family Health Services, Information &  
Referral Line  
1-800-422-2956

On-line Assistance:  
Texas Information and Referral  
Network  
[www.hhsc.state.tx.us/tirn/tirnhome.htm](http://www.hhsc.state.tx.us/tirn/tirnhome.htm)

Alamo Area Home Counseling Services  
P.O. Box 500064  
San Antonio, TX 78280  
(210) 521-6392

Family Service Association  
230 Pereida  
San Antonio, TX 78228  
(210) 226-3391  
Counseling, groups

Alpha Omega In-Home Services  
4538 Centerview Dr., Ste. 218  
San Antonio, TX 78228  
Toll-Free # 1-866-730-2674  
Counseling

Avalon Social Services  
3707 N. St. Mary's  
San Antonio, TX 78212  
(210) 735-7275  
In home counseling, psychosocials

Jewish Family & Children's Services  
12500 NW Military Hwy  
San Antonio, TX 78231  
(210) 302-6920  
Counseling, groups

Benitia Family Center  
4650 Eldridge Ave  
San Antonio, TX 78237  
(210) 433-9300  
Counseling

Mental Health Association of Greater San  
Antonio  
8431 Fredericksburg Road, Suite 110  
San Antonio, Texas 78229  
210-614-7566 Office  
[healthymindconnection.org](http://healthymindconnection.org)

Community Counseling Service of Our  
Lady of the Lake University  
590 N. Gen McMullen  
San Antonio, TX 78228  
(210) 434-1054

Mexican American Unity Council  
2300 W. Commerce, Ste 200  
San Antonio, TX 78207  
(210) 978-0500  
Counseling

Ecumenical Center for Religion & Health  
8310 Ewing Halsell  
San Antonio, TX 78258  
(210) 616-0885

Methodist Women's Center  
803 Castroville, Ste. 131  
San Antonio, TX 78207  
(210) 575-0355  
Groups every Tuesday 1-2

Family Life Center  
One Camino Santa Maria  
San Antonio, TX 78228  
(210) 436-3133

St. Peters St. Joseph  
919 Mission Rd  
San Antonio, TX 78210  
(210) 533-6545

Postpartum Depression Center of San  
Antonio  
921 Proton  
San Antonio, TX 78258  
(210) 490-4540  
Counseling

Southwest Arkansas Counseling and Mental  
Health Center  
2904 Arkansas Blvd  
Texarkana, AR 773-4655  
Contact Mary Gordan



# Class Registration Form

Today's date \_\_\_\_\_ Due date \_\_\_\_\_

Expectant mother's name \_\_\_\_\_

Address \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail \_\_\_\_\_ Physician \_\_\_\_\_

Partner's name \_\_\_\_\_

Is this your first pregnancy? \_\_\_\_\_ Number of other children \_\_\_\_\_

At which hospital do you plan to give birth? \_\_\_\_\_

What is your infant feeding choice-breastfeeding, bottle or a combination?  
\_\_\_\_\_

Describe any conditions (medical or otherwise) you feel your educator should be aware of: \_\_\_\_\_  
\_\_\_\_\_

What do you hope to gain from these classes? \_\_\_\_\_  
\_\_\_\_\_

List dates and classes desired:

Prepared childbirth (\$80) \_\_\_\_\_

Breastfeeding (\$25) \_\_\_\_\_

