

## **Congratulations on your pregnancy!**

This packet contains important information concerning your pregnancy and our office procedures. Most of the information in this packet is presented in a limited format. For a more complete version we recommend the book "What to Expect When You're Expecting" by Eisenberg, Murkoff and Hathaway.

Our practice consists of 3 Obstetrician/Gynecologists: **Ash Dabbous, M.D., Michelle Harden, M.D., and Alexandra Runnels, M.D.** All our physicians work closely together to maintain a consistent philosophy regarding the care of our patients. For all scheduled office visits you will be able to see your primary physician, however, you may see any one of our physicians during your pregnancy in order to accommodate your time and schedule. We utilize a team philosophy in order to decrease waiting times and rescheduling conflicts. Due to the nature of obstetrics, it is necessary that after hours and weekend coverage be rotated among our physicians. This is known as "call coverage."

Our office location is **4499 Medical Drive, Suite 140**. We are located in the **Methodist Plaza** across the street from Southwest Texas Methodist Hospital. Our office hours are 8:30-5:00pm Monday thru Thursday and 8:30-12:30 on Friday. The main telephone number is **(210)614-2229 (BABY)**. Our nursing staff is very experienced and helpful in answering questions. If you have an emergency after hours, please call our main office number to contact our answering service. Please do not call the on call physician for prescription refills, or non-emergent problems; these should be handled during regular office hours. Unfortunately, we do not prescribe medications without an office visit. If you are not pregnant and feel that you need medical attention outside office hours, please visit your local urgent care center.

### **These are the procedures to follow, outside of regular office hours, when trying to reach the on call physician:**

- Call our office at 614-2229 and your call will be forwarded to our answering service.
- Leave your name and number, along with your message, stating in detail the nature of your problem. Due to the nature of cell phones, please leave a land line number, if possible.
- Do not leave a pager number or have the answering machine answer our return call. This makes it difficult for the on-call physician to get in touch with you.
- If your telephone has Anonymous Call Rejection (ACR), you must turn off the ACR by dialing \*87. This will allow the on call physician to place a call to you from any telephone. If you do not turn off this feature, there may be a delay in answering your



**210-614-2229 (BABY)**

call. If you are unsure if your telephone has ACR, please call AT&T at (800) 464-7928.

- After we have returned your call, you may reactivate your ACR, by dialing \*77.

### **General Obstetrical Recommendations:**

During your pregnancy you may want to avoid any medications unless they are absolutely necessary. You may take Tylenol sparingly for minor aches and pains, however you should avoid Aspirin and Ibuprofen. If you have a persistent temperature over 100.4 taken on two separate occasions, you should contact our office so we may rule out any illness related to your pregnancy. For additional medication usage, please refer to the "Medication use in Pregnancy Sheet".

During your pregnancy you should also avoid the following:

- smoking
- alcohol
- douching or use of tampons
- cat litter boxes
- consumption of raw meats
- hot tubs and saunas
- non-pasteurized cheeses and dairy products (listeria risk)
- consumption of tuna steaks, tilefish, king mackerel or shark (these are high in mercury)

You should limit your intake of **artificial sweeteners** such as saccharin, aspartame and sucralose. We do not have sufficient evidence of the safety or potential harm of these products relative to pregnancy.

**Caffeine** consumption should be limited to the equivalent of 2 or fewer caffeinated beverages per day. Excessive caffeine intake of greater than 6 or more servings per day has been shown in some controversial studies to be associated with pregnancy loss.

When seeing another physician, please advise them that you are pregnant and feel free to clear all **prescriptions** with our office.

Avoid having any unnecessary **x-rays** performed. If an x-ray needs to be done, be sure to advise the technician of your pregnancy and shield the abdomen with a lead drape if possible.

**Teeth:** If you have not seen your dentist in the past year, we advise that you do so after your first prenatal visit. Poor dental hygiene gets worse during pregnancy and has been associated with premature birth. Fillings and extractions may be done safely. Your dentist may use local anesthetic and properly shielded x-rays without danger to your baby. If any questions arise, have your dentist call us.

**Work:** Fortunately, most women with normal pregnancies are able to continue to work throughout their pregnancy. There are a few job situations that require modifications. If you are concerned about your particular job requirements, discuss them with your doctor. If you require job modification or discontinuance, we will give you a written statement to that effect.

**Childbirth Classes:** These are available through the hospital and are recommended. There are also private classes available. They provide information regarding the process of childbirth, anesthesia methods and modes of delivery. Classes on other topics such as infant CPR, breastfeeding, childcare and car seat usage are also available.

**Travel:** It is fine to travel during your pregnancy (including air travel), unless otherwise advised. After 34 weeks, we ask that you stay close to both your hospital and your doctor.

**Exercise:** Exercise is safe in pregnancy, however you should not start any new exercise program during your pregnancy. You should avoid any exercises lying flat on your back after 20 weeks and you ideally want to keep your heart rate below 140. You should avoid all contact sports, water and snow skiing or horseback riding. Use common sense in your exercise regimen.

**Diet:** A weight gain of 2-3 pounds per month or a total of 20-25 pounds is desirable. Women who are overweight when they become pregnant may not need to gain this much and women who are underweight at the beginning may need to gain more. Weight reduction is never advised during pregnancy. A diet high in protein and low in carbohydrates and fat is best during pregnancy. Adequate calcium can be obtained through the diet alone. 2-3 glasses of low fat or skim milk a day is recommended. If you cannot drink milk other good sources of calcium are yogurt, hard cheeses, or orange juices with added calcium. If you still cannot get enough dietary calcium, please add a calcium supplement.

### **First Visit:**

A medical and obstetrical history will be obtained. We want to know if you have a history of any serious illnesses, drug allergies, surgeries or important family medical history. We also want to know about your experience with any previous pregnancies. A complete physical exam, including a pap smear is performed and a prenatal blood screening test is obtained. An



**STONE OAK**  
**Womens Center**  
OBSTETRICS/GYNECOLOGY

210-614-2229 (BABY)

ultrasound is sometimes performed to confirm fetal age, fetal number and viability. From your history, exam and ultrasound your due date will be determined. Pregnancy usually lasts 40 weeks from the first day of your last menstrual period. Therefore, when we say you are "6 weeks pregnant" we mean you are 6 weeks from your last menstrual period.

**Initial Blood Tests:** Prenatal screening includes complete blood count, urinalysis, blood type and Rh status, atypical antibody screen, hepatitis B screen, rubella immunity screen, syphilis screen, thyroid screen and optional but recommended HIV screen. All of these are routine tests for pregnant women. In some cases we check hormone levels as well.

### **Subsequent Visits:**

We will see you every 4 weeks until you are 28 weeks, then every 2 weeks until you are 36 weeks, then weekly until delivery. We generally do not allow the pregnancy to go beyond 42 weeks. At each office visit we will check your weight, blood pressure and check your urine for protein, glucose and infection. We will also examine your abdomen to measure the growth of the pregnancy and listen for the fetal heart beat. This can usually be heard by 10-12 weeks. Vaginal exams are usually done at 36-40 weeks to evaluate the cervix and fetal position. Try to make a list of any questions you may have so we may review them during your visit.

### **Vitamins:**

Because almost no one gets a perfectly balanced diet every day, it is a good idea to take vitamin supplements. A daily vitamin supplement, while it does not take the place of a good prenatal diet, it will serve as extra insurance that your body may need. Do not take any kind of dietary supplements other than a prenatal formula without your doctor's recommendation. If you find that taking a vitamin supplement increases nausea in early pregnancy, switching formulas may help. In some women, the iron in a prenatal vitamin can cause constipation or diarrhea. Again, switching formulations may bring relief.

### **Morning Sickness:**

Nausea and vomiting are common and may be unpleasantly persistent during the first three months of pregnancy. This is due to the high levels of hormones in the bloodstream, which are necessary to maintain an early pregnancy. In most every instance it disappears around the fourth month. Morning sickness can occur at any time of the day, morning, noon or night- or even all day long. Not all women experience morning sickness. Some women have a few queasy moments, others feel nauseated and some vomit several times a day.



**STONE OAK**  
**Womens Center**  
OBSTETRICS/GYNECOLOGY

210-614-2229 (BABY)

**Suggestions for controlling morning sickness:**

- Eat a diet high in protein and complex carbohydrates. This combination helps fight nausea.
- Drink plenty of fluids, especially if you are losing them through vomiting.
- Avoid the sight, smell and taste of foods that make you queasy.
- Eat often and before you become hungry.
- Keep crackers, pretzels or small cookies by your bedside and eat one before you arise in the morning or if you wake up during the night.
- Ginger Ale or Sprite can help settle the nausea.
- Cold fluids or warm soups are sometimes tolerated better than solid food when symptoms are severe.

If vomiting becomes so severe that you are unable to retain anything, call our office for further instructions. There are prescription medications that are safe to take if necessary.

**Genetic Problems:** During your first trimester, your physician will have a discussion with you regarding genetic testing. If both you and your physician feel that you may have a need for testing, this testing will usually be done between 11-15 weeks.

Most expectant parents are at low risk for transmitting genetic problems and never need to see a genetic counselor. The following are reasons why some patients may see a genetic counselor.

- Couples whose blood tests show them both to be carriers of a genetic disorder.
- Parents who already have one or more children with genetic problems.
- Couples who know of a hereditary disorder in their family.
- Couples in which one partner has a congenital defect.
- Pregnant women who have had a positive screening test for the presence of a fetal defect.
- Women over 35 years of age.

**Possible Signs of a Miscarriage:**

(When to call your doctor immediately)

- When you experience bleeding with cramps or pain in the center of your lower abdomen.
- When pain is severe or continues unabated for more than one day, even if it is not accompanied by staining or bleeding.
- When bleeding is as heavy as a menstrual period or light staining continues for more than three days.

(When to Get Emergency Medical Attention)

- When you have a history of a miscarriage and experience either bleeding or cramping or both.
- When bleeding is heavy enough to soak several pads in an hour or when pain is so severe you can't bear it.
- When you pass clots or grayish or pink material-which may mean a miscarriage has already begun.

### **Second Trimester:**

At the beginning of the second trimester you should have an end to or a decrease in nausea and vomiting. Around your 20<sup>th</sup> week, you should start feeling fetal movement. During this period you may experience a whitish vaginal discharge, lower abdominal cramping or aching, constipation, heartburn and indigestion.

At your office visits we will be taking weight and blood pressure readings. Listening for fetal heartbeat, checking size and shape of the uterus, checking maternal hands and feet for edema. During these visits you should explain any symptoms you have been experiencing, especially unusual ones. You should also make a list of any questions you may have and be prepared to discuss them at these visits.

Because you are now in the middle of your pregnancy, it is wise to start thinking about childbirth classes and registering at the hospital.

### **Third Trimester**

The third trimester begins at 28 weeks. You can expect blood tests for **gestational diabetes** (1 hr glucose tolerance test) and **anemia** (hemoglobin and hematocrit) around this time. The test for gestational diabetes involves drinking a drink with 50 grams of glucose (sugar) and having your blood drawn an hour later to see how your body is able to handle the glucose load and what your resulting blood glucose is. This test does not need to be done fasting, but if your blood glucose level is too high you will be asked to perform a follow up diagnostic test while fasting. Your blood will be tested for anemia with the same blood draw, so that means only one needle stick.

If you are **Rh negative** and your antibody screen is negative, you will receive a **Rhogam** injection around this time as well. This will keep you from developing antibodies that could potentially harm the fetus in a future pregnancy. After delivery, if your baby is found to be Rh positive, you will receive a second rhogam injection in the hospital.

The last scheduled screening test will be done at 36 weeks and is a culture of the vaginal and rectal areas for **Group B Strep (GBS)**. If you test positive for this bacteria, and you are planning a vaginal delivery, you will be given antibiotic prophylaxis in the IV during labor. There is no need to treat this earlier than labor secondary to the fact that most cultures only represent a carrier state and not a true infection. If you treat too early than there is a chance the bacteria could return prior to the onset of labor and may have developed antibiotic resistance. The baby does not become exposed to GBS until your amniotic membranes have ruptured (when the water breaks). Therefore it is important to go the hospital soon after your water breaks if you test positive for GBS.

Also at this time, it is important for you, as an observer and participant in your obstetric care, to **monitor the baby's activity**. Expectant mothers that are aware of fetal movements are much better predictors of fetal well being than objective observers. Please do regular **kick counts** three times per day: in the morning, in the afternoon and in the evening. For one hour during this time, please observe fetal movements. Four fetal movements within an hour is reassuring. If the baby does not move four times in one hour, please drink something cool, prop your feet up, put your hands on your abdomen and concentrate on the baby's movements. It is okay to jostle the baby. You cannot hurt the baby this way. If the baby still is not moving, please call our office. If it is after office hours, please call the office and the answering service will contact the on-call physician. Sometimes, it requires monitoring in the office or hospital and sometimes, the baby spontaneously becomes active and further treatments will not need to be done.

Between 24 and 35 weeks, we are concerned about **premature labor**. Some women will have early contractions, which do not change their cervix and are therefore not premature labor. Some women will develop premature labor and it is much easier for us to intervene if we catch it early. If you should have low back cramping or pain that radiates from the back to the front, or any cyclic or rhythmic discomfort, change in vaginal discharge (especially bleeding), or watery fluid, these may be signs of preterm labor. If you notice that your stomach is hard and soft in a rhythmic manner every 10 minutes for an hour, please get off your feet, prop your feet up, hydrate with cool liquids and rest. If this persists for another hour, please contact our office. If it is after office hours, the answering service will contact the on-call physician and we will give you further instructions.

\*Please call and speak with the office or physician on call before leaving for the hospital. Many medical problems can be handled by the telephone and prevent you from a costly hospital visit.



210-614-2229 (BABY)

\*Please note that most labor takes a considerable length of time from onset (usually many hours). Therefore, driving carefully and the speed limit is highly encouraged. You should have plenty of time to arrive safely at the hospital.

**Other reasons to call**

- Rigid Abdomen that is painful and does not relax.
- Heavy Vaginal Bleeding.
- Lack of Fetal Movement, even in labor your baby should move some.

**Billing and Insurance Procedures:**

After you have been seen for your first prenatal care visit, our office will contact your insurance company to verify your benefits and obtain an estimate of what your out-of-pocket expenses for our office will be.

At this time, as a courtesy we will pre-certify your hospital stay with your insurance company.

Prior to your hospital stay you must follow up with your insurance company to insure certification was obtained. Failure to verify this information may result in reduced benefits or you may become responsible for the entire cost of the pregnancy and delivery.

Once this information is obtained, on your following visit, you will meet with one of our insurance coordinators. During this meeting, you will be given a Quotation of Cost for an Uncomplicated Delivery. This quotation only includes your regular office visits and delivery. All labs, sonograms and non-stress tests will be separate from this quotation. Please note, depending upon your insurance, some carriers may or may not allow payment for sonograms. If your insurance does not allow for sonograms and if sonograms are performed, you will be financially responsible.

Your expected out-of-pocket expenses (coinsurance or deductibles) are to be paid in full by the 24<sup>th</sup> week of pregnancy. After you deliver and your insurance pays, if there is a credit on your account you will be promptly refunded.



**STONE OAK**  
**Womens Center**  
OBSTETRICS/GYNECOLOGY

210-614-2229 (BABY)

If your insurance changes during your pregnancy, you must notify our office immediately and bring in your new insurance information on your next visit. Failure to notify us may result in reduced benefits you receive from your insurance company. In some instances, you may become responsible for the entire cost of the pregnancy and delivery.

**Disability and FMLA Forms:**

If you have disability insurance or are eligible for leave under the Family Medical Leave Act, you may drop these forms off with our receptionist. Please fill in all of the information you can. There will be a \$25.00 charge for each form we complete.

After you leave these forms at our office, it will take up to 10 business days to complete them. Please call our office to insure they are done before making a trip to pick them up.



210-614-2229 (BABY)