



Dear Mom-to-be,

We are pleased and honored that you chose our practice to care for you and your unborn child. We strive to give you the very best in professional medical care and advice. We encourage you to learn about the physical and emotional changes of pregnancy, ask questions, and optimize your health. As a group, the physicians at Meridian Women's Health offer you more knowledge and experience than any one individual.

We know that the relationship you establish with your doctor during your pregnancy is an important one. We recognize this and want to participate in your birth. However, this may not always be possible. During the day, the doctors of Meridian Women's Health cover their own deliveries. We work with another group of women obstetricians sharing evening and weekend coverage. One of the seven women physicians is on-call and available to you at all times. If you have a problem or signs of labor, you can call our office at 206-368-6644 at anytime and our answering service will put you in touch with the on-call doctor.

The obstetricians in the coverage group include:

Meridian Women's Health

Dawn Frankwick, MD
Carol Salerno, MD
Danae Vu, MD
Ali Lewis, MD

Salish Women's Health

Regina LaGalbo, MD
Lisbeth Jordan, MD
Akiko Kurachi, MD

Please feel free to discuss this policy with your physician. Our goal is to provide you with a safe and reassuring birth experience. We look forward to sharing it with you.

Sincerely,

Dawn Frankwick, MD

Carol Salerno, MD

Danae Vu, MD

Ali Lewis, MD

Dear Mom-To-Be,

We are aware that most of our obstetrical patients have concerns regarding financial aspects of their pregnancy. We hope that this letter will clarify things for you.

Obstetrical fees are billed as a “package” which includes routine prenatal visits, the delivery of the baby, and the mother’s postpartum visit. Any necessary laboratory tests, ultrasounds or fetal monitoring are billed separately from the package. The hospital, pediatrician and anesthesiologist will also bill for their services separately. If you would like your newborn son to be circumcised, we would be happy to perform this service. Since many insurance plans do not cover this procedure, payment for a circumcision is required at the time of service.

Our fee for an obstetrical package with normal vaginal delivery is \$3760. If a Cesarean section is necessary, the fee for the package is \$4300. If you need a Cesarean section, the assistant surgeon will bill separately for their services. The fee for a global package when a patient is attempting a vaginal birth after having a Cesarean section ranges from \$3760 to \$4300. This fee is higher than a standard vaginal delivery because there is a greater potential for complications and additional monitoring is necessary.

When you begin pregnancy care in our office, we will ask for a copy of your insurance card. Our billing office will contact your insurance company to determine your maternity coverage. Each insurance company is different in the amount of information they will disclose; we will do our best to obtain specifics regarding your financial responsibility for the obstetrical fee.

Maternity care coverage varies widely; we make individual arrangements with you after researching your coverage. If you are responsible for a portion of your bill, our billing office will send you an explanation of that estimate and a payment plan acknowledgement. We request that the amount due be paid prior to the 7th month of the pregnancy. Most patients find that it is easier to pay a smaller amount each month rather than to pay a larger lump sum later.

We know that each person is unique, even from a financial perspective, and we want to work with you to help this go smoothly. If you have any questions regarding the fees, please don’t hesitate to call our insurance coordinator, Leann Darby at 206-368-6642.

Dawn Frankwick, MD

Carol Salerno, MD

Ali Lewis, MD

Anita Tiwari, MD

Christina Jahncke, MD

Emily Vason, PA-C



POLICIES

DISABILITY NOTES

The great majority of expectant mothers can continue to work until late pregnancy without any problem. Sometimes, however, the physical changes of a woman's job can create workplace difficulties.

Please let us know if you have any concerns in this regard. We are usually able to suggest simple steps to deal with the fatigue, "morning sickness", or aches and pains that can be particularly challenging while you are at work.

If you have more serious symptoms, or concerns about workplace hazards to you or your baby, we will evaluate the situation and respond accordingly.

When medically appropriate, we will recommend that a pregnant woman be placed on disability leave from her job. Such leave is rarely required. In the absence of a serious condition that would endanger the health of the mother or baby, medical ethics prevent us from making such a recommendation. We will, however, do everything we can to reduce or eliminate pregnancy-related difficulties 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.

ULTRASOUNDS

We offer ultrasound services both here at the office and through our Diagnostic Imaging Department at Northwest Hospital.

While we realize that ultrasounds can be both fun and serve as a bonding experience in the pregnancy we believe they should be performed when medically indicated.

A "routine" screening ultrasound will usually take place between the 17th and 20th week of your pregnancy. This will typically be scheduled through Northwest Hospital. You will receive information regarding scheduling at an office visit.

Ultrasounds use sound waves that bounce off your baby's tissues and produce an image on the screen. There have been many studies to show that this is perfectly safe for your baby. In addition to looking at the anatomy, the ultrasound technician will measure your baby's head, abdomen and thigh bone, look at the amount of amniotic fluid, and may be able to find out your child's sex. You should let the technician know if you want this information or if you'd prefer to keep it a surprise.



Other ultrasounds are done ONLY for a medical indication, such as a concern with fetal growth, placental location follow-up, or to determine the fetal position.

If you are interested in an ultrasound for pictures, videos, or the gender, we recommend you consider calling Baby Pictures in Bellevue (425-462-9116).



WHAT TO EXPECT AT YOUR APPOINTMENTS

After your initial prenatal visit, your appointments last about 15 minutes. You will be asked to leave a urine sample each visit that will be tested for protein and sugar, screening you for two conditions that occasionally develop during pregnancy, diabetes and preeclampsia. Please use the restroom as soon as you arrive and leave the cup with your name printed on it in the silver cabinet in the bathroom. The medical assistant/ nurse will check your weight and blood pressure. Starting at your 15 week visit, we will listen to your baby's heartbeat with a small instrument called a Doppler. It uses harmless sound waves to listen to the heartbeat. Your doctor will measure your uterine size and talk to you about any concerns that you may have.

There are blood tests during your pregnancy. We will test your blood type, Rh factor and thyroid levels. We will also check for anemia, hepatitis, syphilis, and immunity to German measles. You will be offered a test for HIV, which is voluntary and only done if you consent to it. We encourage that you be tested since with early diagnosis, we can start treatment that would minimize the chance of your baby becoming infected. Two methods of screening for Down's syndrome are currently available. If you choose, you may go to Evergreen Hospital to obtain first trimester screening between 11-14 weeks. Alternatively, the quad test is offered between 15-18 weeks of pregnancy to screen for Down's syndrome and Neural Tube Defects (see separate handout in this packet). Between 25-28 weeks, you'll be asked to drink a bottle of sugar soda and we will check for anemia and gestational diabetes. If you are Rh negative, you will be retested for antibodies and given Rhogam at this time. If you have any complications during the pregnancy, you may require additional blood tests.

At about 36-37 weeks your doctor will do a pelvic examination to see if your cervix has started to prepare itself for delivery. A swab will be taken from your vagina to look for Group B Streptococcus, a bacteria that normally lives in the vagina in some women. Antibiotics may be given during labor to protect your baby if Group B Streptococcus is present.

If you remain pregnant one week beyond your due date or have decreased fetal movement, we may order a non-stress test (NST) to verify your baby's well being. This involves listening to your baby's heartbeat for 20-30 minutes.

We would typically like to see you every four to five weeks during the first 25 weeks of your pregnancy, every three weeks from 25-36 weeks, then weekly until your delivery.



Quick Reference for Over-the-Counter Medicines that are Safe to Use in Pregnancy and Breast Feeding

HEADACHE

Tylenol (Do not exceed dosage instructions on the label)
Avoid aspirin and ibuprofen

HEAD CONGESTION

Sudafed, Actifed, Drixoral, Dimetapp
Benadryl

NASAL CONGESTION

Neo-Synephrine, Afrin, Dristan
Use very sparingly. Use for no more than 1 day.

SORE THROAT

Cough drops (Chloraseptic, Halls, Cepacol...)

COUGH

Cough drops (Chloraseptic, Halls, Cepacol...)
Robitussin DM

FEVER/CHILLS

Tylenol (Do not exceed dosage instructions on the label)
Avoid aspirin and ibuprofen
Call if your temperature is 101 degrees or higher

DIFFICULTY SLEEPING

Benadryl 25-50 mg at bedtime
(Do not use in the first trimester or more than 3 times a week.)

HEARTBURN

Antacids (Maalox, Mylanta, Tums)

INDIGESTION/GAS

Alka Seltzer Gold, Mylicon, Maalox Plus, Mylanta II

DIARRHEA

Call if diarrhea persists for more than 1 day

CONSTIPATION

Milk of magnesia, Metamucil, Colace

VAGINAL YEAST INFECTION

Gyne-Lotrimin, Monistat may be used.
Call if symptoms persist despite use of the creams.
If symptoms are unlike previous yeast infections, call before using these creams.



NAUSEA

Nausea in pregnancy, with or without vomiting, is known as morning sickness but frequently occurs at other times of the day or evening. Since it is more apt to occur when the stomach is empty, nausea is usually worse in the morning. The cause of nausea in pregnancy is not known, although the rapidly rising hormone levels in early pregnancy are believed to be a factor. Fortunately, it usually only occurs during the first three months of pregnancy. There are numerous techniques to reduce nausea. Not all of them work for all women. Try any one, or all, or any combination, until you find what works best for you.

REMEMBER: If you go 24 hours without retaining any food or liquid, you should contact your doctor immediately. If nausea, with or without vomiting, is interfering with your daily life, and the above measures are not helping, please call 206-368-6644.

1. Don't let your stomach get completely empty. This is a vicious cycle: you are not hungry because you are nauseated, but if you go too long without eating, the nausea can get worse. Small meals are tolerated better than large ones. Plan out what you need to eat for the day to meet your minimum nutritional requirements. Then eat a few bites every hour or two, spacing the total amount of food out over the day. If you get up at night to go to the bathroom, eat a little.
2. Keep some crackers, dry toast, popcorn, or other dry carbohydrate food at your bedside and eat a little of it before you get out of bed in the morning.
3. Eat or drink something sweet (like fruit or fruit juice) before going to bed at night and before getting up in the morning.
4. Avoid spicy foods and foods with strong or offensive odors.



5. Avoid fats in your diet. These can be especially nauseating.
6. Some women discover a certain food that just doesn't agree with them during pregnancy. If you get extremely nauseated after eating a particular food, two or three times in a row, you may have to give it up for the duration of your pregnancy.
7. Suck on lemon drops, mint candy, or lifesavers throughout the day.
8. Peppermint tea settles the stomach and can relieve nausea.
9. Don't drink liquids while eating solid foods. Space out small meals so that you wait 30-60 minutes after a solid meal before drinking anything. This prevents the stomach from getting too full.

Carbonated drinks, such as 7-up, ginger ale, ginger beer, seltzer water, club soda, or mineral water, may help settle the stomach when sipped between meals.

11. The stomach secretes less acid during pregnancy. Sometimes drinking half a glass of grapefruit juice with a meal will increase the acid and allow you to digest the food more easily.
12. Vitamin B₆ (pyridoxine) can help relieve nausea if taken in large doses. Most prenatal vitamins contain only about 5 mg. Buy B₆ by itself and take 25 mg three times a day (see #13).



13. Unisom (doxylamine) an over the counter sleeping pill has been found effective in decreasing symptoms of morning sickness when taken in along with Vitamin B6 (pyridoxine, see #12). One Unisom tablet with 25 mg of Vitamin B6 once in the morning and again at bedtime is the usual dosage, but since **sleepiness is a side effect** of Unisom, you may want to try half a tablet in the morning. From 1956 to 1983 this drug combination was marketed as Bendectin. Although Bendectin was taken off the market, research seems to indicate that the combination of Unisom and Vitamin B6 is relatively safe in pregnancy. (Drugs in Pregnancy and Lactation, pg. 229).
14. Ginger root (*Zingiber officinale*) was found to prevent motion sickness in a recent study and may help to relieve nausea. Gelatin capsules containing the powdered root can be purchased in health food stores. Use 250 mg four times a day.
15. Papaya enzymes can also bring some relief. They can be found in most health food stores. Take them according to the package directions.
16. Studies have shown improvement in nausea when pressure is applied to the forearm three fingerbreaths above the wrist (same side as the palm). Sea-Bands are a simple device that can apply constant pressure on this point. They are available at the drugstore and are also used for seasickness.
17. It can be difficult to live with nausea, day-in and day-out, for three months. The unpleasantness is more tolerable if the people you live with try to be especially considerate, understanding, and loving. Ask them to pay special attention to little things that are important to you. And remember to return the kindness. Women often become introspective during pregnancy and need to make an effort to extend themselves to loved ones.



Instructions for One Hour Glucose Tolerance Test

The glucose tolerance test is done to evaluate your body's ability to process sugars during pregnancy.

The Glucola does not have to be refrigerated; but it does taste better cold so you may want to chill it before drinking it.

Drink the Glucola 45 minutes before your appointment. Drink the entire beverage within 5 minutes. Remember the time you finished the Glucola.

Do not eat anything after drinking the Glucola. You may drink water only. You are encouraged to bring a light snack to your appointment to eat after your blood has been drawn.

Plan to be at our office or the lab no later than 45 minutes after you have completed drinking the Glucola. **Please alert the receptionist that you need a blood draw for the glucose tolerance test.** Your blood should be drawn exactly one hour after finishing the Glucola beverage.

If you have a morning appointment, make sure you get up early enough to eat breakfast before the time you are to drink the Glucola.



HIV TESTING IN PREGNANCY

All pregnant women should give serious consideration to an HIV test during the early part of pregnancy.

Any person who is sexually active is at least potentially at risk for HIV infection. Many people who are HIV positive do not belong to any particular high risk group (such as drug users).

HIV in pregnancy has potentially serious implications for mother and baby. We now have the capacity to offer medications in pregnancy to help prevent transmission of the virus to the baby. Obviously, we cannot offer medications unless we know your HIV status. Most women will have a normal or negative result and will be relieved by having this information. If you do test positive, we will help you in obtaining specialized care for both yourself and your baby.



**AIDS VIRUS ANTIBODY BLOOD TEST
CONSENT FOR TESTING**

I hereby agree to have a blood test in order to detect whether I have antibodies in my blood to the AIDS virus.

I understand that if my test result is positive, I should consider myself infectious (able to pass the virus) to other persons through sexual contact, needle sharing, contact with my blood or body fluids, or through my blood or organs if I sell or donate blood or organs.

I understand that I must return to discuss my test results and for any necessary future studies or tests.

I understand that if I fail to return for my test results and counseling, and my test result is positive, you are required to report my identity to the health department.

I understand that if I return for my test results and counseling and my test result is positive, but I refuse or am unable to notify my sexual and/or needle sharing partners, you are required to report my partner's identities to the health department.

I understand that my test results will become part of my medical record, and that my medical record is available to other medical staff members.

I understand that all information contained in my medical record is confidential, that it cannot be released to anyone without my written permission, except as authorized or required by law or court order, and that the medical staff has been instructed about this.

I certify that those obtaining the blood sample and/or testing for the AIDS virus will not be liable in any way for taking the blood sample, or for releasing the test result as authorized or required by law or court order.

I understand that I have the choice of not being tested, or of being tested somewhere else, including the local health department, where anonymous testing (where no one knows my name) can be done. I understand that if I am at high risk for a positive test I should not have anonymous testing done.

I have been informed of the risks and benefits related to this test, as well as the alternatives to this test. I have been given all of the information that I need in order to make an informed decision to have the AIDS virus testing done. I have had the chance to ask questions, and all of my questions have been answered so that I understand the answers.

Agree to be tested ☐

Decline Testing ☐

Date Signature Witness

If I am pregnant and test results is positive, I give my permission for my infant/children to be tested.

Date Signature Witness



QUAD SCREENING: THE FACTS

What does Quad Screening detect?

Quad screening may help identify pregnancies that are at an increased risk for certain types of birth defects including open neural tube defects and Down's Syndrome (see below).

How and when is the test done?

The screening process requires a small blood sample from the mother which is drawn at 15 to 19 weeks of pregnancy.

What are open neural tube defects?

Open neural tube defects refers to a group of conditions which involve an open area along the baby's spine or skull that failed to close during development. Spina bifida refers to the spinal defects, where as anencephaly is failure of the skull to develop properly. Spina bifida may be very minor or may result in some degree of paralysis and lack of bowel and bladder control. It is sometimes associated with hydrocephaly (meaning water on the brain), and mental retardation. Anencephaly is a very severe condition and babies who have this problem usually die shortly after birth. *Quad screening identifies about 80% of pregnancies where neural tube defects are present.*

What is Down's Syndrome?

Down's Syndrome results from the baby's cells having an extra copy of chromosome #21. Children with Down's Syndrome tend to have a distinct facial appearance and some degree of mental retardation. In some cases they may have other birth defects involving the heart and digestive tract. Although the chance of having a baby with this condition increases as a women gets older, every pregnant woman has a chance of having a baby with Down's Syndrome. *Quad screening identifies about two out of three pregnancies where Down's Syndrome is present.*



What is measured in the screening test?

Four substances are measured in the pregnant woman's blood: alpha-fetoprotein (AFP), which is produced by the baby's liver; unconjugated estriol (uE3), which is produced by the placenta, human chorionic gonadotropin (HCG), also produced by the placenta, and Inhibin A.

All four levels in combination with the mother's age are used to estimate the risk of a chromosome problem; but AFP alone is used to assess the risk of neural tube defect.

What does a negative test result mean?

This is a reassuring result which means the risk of neural tube defect is less than 1/1000 and the risk of Down's Syndrome is less than 1/250. Depending on your age, it is possible to get a slightly increased risk assessment for Down's Syndrome, and still get a negative result. A negative result does not guarantee that the baby will not have a neural tube defect or Down's Syndrome, as this is only a screening test.

What does a positive result mean?

This means the risk of Down's Syndrome or a neural tube defect is increased. The most likely explanations for positive results are:

- Normal variations in blood levels.
- The pregnancy is less advanced or further advanced than was thought.
- It is a twin or multiple pregnancy.
- There is a chance of a neural tube defect or of a chromosome problem.

About 4% of all women screened will get a positive result. Most of these women will have normal, healthy babies; however, further tests such as ultrasound and amniocentesis may be indicated. If the test results are positive, you would receive further information from your provider and perhaps from a genetic counselor.

What are the most important things to remember?

There are no tests in pregnancy which provide a 100% guarantee of a normal outcome, but chances are in your favor--even with an increased risk assessment--of having a healthy baby.



READING LIST

These are a few suggested books from the hundreds available. They can be found at Birth and Beyond Bookstore or The Peapod Book and Birth Store. The Peapod Book and Birth Store is located at 1415 NW 70th St in Ballard. The Birth and Beyond Bookstores are at 2610 E. Madison St. (206-324-4831, or 1-800-348-4831) and in Gilman Village in Issaquah (www.birhandbeyond.com). Cascade Books has mail order available by calling 1-800-443-9942 (www.1cascade.com).

THE PREGNANCY EXPERIENCE

American College of Obstetrics and Gynecology: PLANNING FOR PREGNANCY, BIRTH AND BEYOND. 2000

Accurate information about preconception, prenatal and postpartum care.

Butler, Joan Mari: FIT AND PREGNANT– The pregnant Woman’s Guide to Exercise. 1996

A book to help you understand the changes during pregnancy and how to safely exercise before, during and after.

Iovine, Vicki: THE GIRLFRIEND’S GUIDE TO PREGNANCY: OR EVERYTHING YOUR DOCTOR WON’T TELL YOU. 1997

Comical, warm and reassuring guide. Validates your complete self-absorption during pregnancy.

Kitzinger, Shelia: THE COMPLETE BOOK OF PREGNANCY AND CHILDBIRTH. 1996

Well-illustrated, comprehensive guide to pregnancy and childbirth.

Noble, Elizabeth: ESSENTIAL EXERCISES FOR THE CHILDBEARING YEAR. 1995

A book to help you understand the changes your body goes through during pregnancy and ways to help you deal with these changes.

Stillerman, Elaine: MOTHER MASSAGE. 1992

Massage therapy to diminish stress and pregnancy discomfort.



Stone, Joanne: PREGNANCY FOR DUMMIES. 2003
Well-organized and moderately entertaining. Realistic suggestions.

Teasdel, Wendy: STEP-BY-STEP YOGA FOR PREGNANCY. 2000
Assists in maintaining flexibility.

CHILDBIRTH PREPARATION

Balaskas, Janet: ACTIVE BIRTH. 1992
Excellent resource for those who desire an unmedicated birth. Benefits of movement in labor discussed. Yoga exercises to improve flexibility shown.

Klaus, Marshal: DOULA BOOK. 2002
Discusses the advantages of labor assistants (doulas) in supporting the laboring and postpartum woman.

Lieberman, Adrienne: EASING LABOR PAIN. 1992
Describes options for coping with the pain of labor.

McCutcheon-Rosegg, Susan: NATURAL CHILDBIRTH THE BRADLEY WAY. 1996

Sears, Dr. William and Martha, RN IBCLC: THE BIRTH BOOK. 1994
William and Martha Sears have eight children and this book is an excellent reference with information on all aspects of the birth experience.

NUTRITION

Elliott, Rose: VEGETARIAN MOTHER AND BABY BOOK. 1996
Balanced and nutritious diet for vegetarians.

Hess, Mary Abbott: EATING FOR TWO: The Complete Guide to Nutrition in Pregnancy. 1994
Readable, authoritative guide.

FETAL DEVELOPMENT



Vaughn, Christopher: HOW LIFE BEGINS. 1997
Informative guide for expectant parents and the scientifically curious.

COMPLICATIONS

McCann, Mary Ann: DAYS IN WAITING. 1999
How to cope with the changes in a pregnant woman's life when bedrest is required.

Rich, Laurie: WHEN PREGNANCY ISN'T PERFECT. 1996
Layperson's guide to complications in pregnancy.

CESAREAN SECTION AND VBAC

Kaufmann, Elizabeth: VAGINAL BIRTH AFTER CESAREAN. 1996
Explores all the options for women who have had cesareans.

TWINS

Gromada, Karen Kerkhoff: MOTHERING MULTIPLES. 1999
Breastfeeding and caring for twins.

Gromada, Karen Kerkhoff: KEYS TO PARENTING TWINS. 2001
Nurturing twins from pregnancy through the early elementary years.

Noble, Elizabeth: HAVING TWINS AND MORE. 2003
Comprehensive guide to multiple births.

BREASTFEEDING

Gotsch, Gwen: BREASTFEEDING: PURE AND SIMPLE. 1999
Newest book from La Leche League International for the early months. Good introduction to breastfeeding.

Huggins, Kathleen: THE NURSING MOTHER'S COMPANION. 1999
Lucid, trouble-shooting aid for the new mother learning to nurse. Clear specific instructions.

Kitzinger, Shelia: BREASTFEEDING YOUR BABY. 1998
Fosters self-confidence in breastfeeding.



La Leche League International: THE WOMANLY ART OF BREASTFEEDING. 2004
Practical manual.

Pryor, Gale: NURSING MOTHER, WORKING MOTHER. 1997
Options for bridging the gap between a busy schedule and the demands of breastfeeding.

FATHERING

Cosby, Bill: FATHERHOOD. 1994
Bill Cosby tells of his life as a father of five.

Shapiro, Jerrold: THE MEASURE OF A MAN. 1995
Lifelong fathering skills development.

CHILDCARE AND PARENTING

American Academy of Pediatrics: CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5. 1998
Hefty, comprehensive parenting manual, emergency first aid, immunization discussion.

Brazelton, T. Berry: INFANTS AND MOTHERS: Differences in Development. 1994
Variations in normal first year development. Includes single parents and working mothers.

Leach, Penelope: YOUR BABY AND CHILD FROM BIRTH TO AGE FIVE. 1997
Comprehensive, sensitive guide to childcare and development.

Sears, Martha RN with Dr. William Sears: 25 THINGS EVERY NEW MOTHER SHOULD KNOW. 1995
A beautiful book that really grasps the joys of being a mother. A practical guide to the realities of parenthood.

Sears, William: THE BABY BOOK: Everything You Need to Know About Your Baby - From Birth to Age Two. 1993
Favors "high-touch" attachment parenting.

Thevenin, Tine: MOTHERING AND FATHERING. 1993
Gender differences in parenting.

WORKING PARENTS



Brazelton, T. Berry: WORKING AND CARING. 1992
How parents can juggle work and parenting.

Engberg, Karen: IT'S NOT THE GLASS CEILING, IT'S THE STICKY FLOOR: AND OTHER THINGS OUR DAUGHTERS SHOULD KNOW ABOUT MARRIAGE, WORK, AND MOTHERHOOD. 1999
Encourages feminine individualism when between a rock and a hard place.

FOR CHILDREN

Cole, Joanna: HOW YOU WERE BORN. 1994
Vivid photos and text show how an egg cell grows into a baby. Ages 4-8

Falwell, Cathryn: WE HAVE A BABY. 1999
Picture book for young children to help reassure them that a new sibling can be fun and won't mean that they will be displaced.

Mayle, Peter: WHERE DID I COME FROM? 1990
Big, colorful cartoons describing the "facts of life" for kids. For ages 4-8.

Scott, Ann: ON MOTHER'S LAP. 1992
A young Eskimo boy discovers that even with a new baby in the house, there's always room for him. Baby to preschool.

Updated 1/05



PREGNANCY WEB SITES

The Internet is a popular phenomenon where lots of information is circulating. There are tons of sites related to pregnancy and childcare. You can learn about anything from medical conditions to baby products. We wholeheartedly support your use of the Internet; it has a lot to offer. However, keep in mind that anyone can post “information” on the Internet, so don’t believe everything you read. If you come across something that you have questions about, please don’t hesitate to bring it up at your next appointment.

The following are pregnancy related web sites that we think are worthwhile. Please let us know if you discover other well-done Internet sites.

About Pregnancy
<http://pregnancy.about.com>
Adoption resources
www.adopting.org
Adoptive Friends and Family of Greater Seattle
www.affgs.org
Baby Center
<http://www.babycenter.com>
Baby Names
www.parenthoodweb.com
Boot camp for New Dads
www.newdads.com
Childbirth
www.childbirth.org
Family
www.family.com
Gracewinds Perinatal Services
www.gracewindsperinatal.com/nwhclasses

La Leche League
www.lalecheleague.org
Meridian Women's Health
www.meridianwomenshealth.com
National Highway Traffic Safety Association
(car seat information)
www.nhtsa.dot.gov/
Northwest Hospital and Medical Center
www.nwhospital.org
Parents Place
www.parentsplace.com
Safe Kids
www.safekids.org
Safety Belt Safe U.S.A.
www.carseat.org
Seattle's Child/Eastside Parent
www.nwparent.com
Stork Net
<http://www.storknet.org>



HOW TO CALL YOUR DOCTOR

Our office number is 206-368-6644. A doctor is available 24 hours a day, seven days a week. After office hours the answering service will take your message and call the on-call doctor. Please leave a complete message, including your phone number with area code.

Your call will be returned within 20 minutes. Please attempt to stay off your phone while waiting for a return call. If you have not heard from a doctor in 20 minutes, please call back and identify your message as a second message. It is possible that the on-call doctor may be in a delivery or surgery and cannot return your call immediately. If your second call is not returned, call the Northwest Hospital Childbirth Center at 206-368-1882.

WHEN TO CALL YOUR DOCTOR

The following are considered urgent and warrant a call **ANYTIME**

- WARNING SIGNS IN PREGNANCY
 - Vaginal bleeding
 - Severe headache, unresponsive to Tylenol
 - Blurred vision or other unusual visual disturbances
 - Severe or continuing nausea and vomiting
 - Fever over 101° F
 - Abdominal pain
 - Sudden decrease in baby's movement (see fetal movement count handout)
 - Leaking of fluid from the vagina (possible ruptured membranes)
 - More than 4 cramps or contractions per hour occurring before 36 weeks

Labor can begin anytime after 37 weeks, but no one can predict precisely when it will begin. Below are some guidelines that will help you know when to call your doctor.

- SIGNS AND SYMPTOMS OF LABOR
 - Contractions lasting 45-60 seconds, occurring every 3 to 5 minutes for an hour or more
 - Leaking of fluid from the vagina (possible ruptured membranes)
 - Vaginal bleeding, like a period
 - Severe abdominal pain (the most severe in your life lasting more than a minute)

You do not need to call if you lose your mucous plug or are experiencing bloody show. After a vaginal exam it is common to have a small amount of spotting.



Movement or Kick Counts

Most mothers become aware of fetal movement around 18 to 21 weeks and even at this early stage the number of movements a normal, healthy baby makes varies from mother to mother. Some babies move less than others. Some mothers feel more movements than other mothers. As your baby gets older and bigger and her home inside you gets smaller, the types of movements you feel usually change. Babies also normally have “nap” periods and these grow longer as you get closer to your due date.

So how can you know when to be concerned that your baby is not moving enough?

We recommend that you pay attention to fetal movements at least once a day after 28 weeks (6-7 months). It is not necessary to count every hour and you can count at any time of day. However, choose a time of day when the baby tends to be more active (evening for some people). You should feel 4 or more movements in one hour. If you do not feel 4 fetal movements in one hour, we recommend that you encourage the baby to be more active. Drink a large glass of water or juice and eat a snack. Lie down on your side and count the movements again. If you still don't feel 4 fetal movements in one hour, please call our office.

Research has shown that babies whose mothers have chronic health problems, like a heart condition, high blood pressure, or insulin-dependant diabetes have more problems during their pregnancies. In these cases fetal movement counting has been shown to be an excellent early warning system to detect babies in trouble. We feel that using this same measure of 4 fetal movements in one hour is adequate for the clients in our clinic since most of you are normal and healthy and your pregnancies are progressing without problems.

Do not feel silly reporting decreased fetal movement. All of us would prefer to be reassured that your baby is just fine, just as you would. If you have any questions about fetal movements and counting them please ask your doctor.



PERINEAL MASSAGE

Perineal massage is a technique used to increase the possibility of delivering the baby without an episiotomy and to reduce the possibility of tearing. It stretches the perineal tissues, resulting in less resistance to the birth of the baby. If the muscles of the pelvic floor are relaxed, there will also be less resistance. Doing the massage helps you identify those muscles and learn to relax them in response to pressure. Massaging the oil into the perineum may soften the tissue, reducing resistance.

Instructions

- ❖ The massage should be done daily. Start with 1 minute per day or whatever you can tolerate and work up to 5 to 10 minutes per day. Begin doing perineal massage about six weeks before your due date.
- ❖ You or your husband or partner can do the massage.
- ❖ Vitamin E oil or wheat germ oil is recommended by some, but massage oil or even vegetable oil may be substituted.
- ❖ Make yourself comfortable, lying in a semi-seated position.
- ❖ The first few times you do this, take a mirror and look at your perineum so you know what you are doing.
- ❖ Dip your fingers into the oil and rub it into the perineum and lower vaginal wall.
- ❖ Doing the massage: If you are doing the massage yourself, it is probably easiest to use your thumbs. Your partner can use index fingers. Put your fingers into the vagina and press downward (toward the rectum). Maintaining steady pressure, slide your fingers upward along the sides of the vagina, moving them in a rhythmic U or sling-type movement. This movement will stretch the vaginal tissue (mucosa), the muscles surrounding the vagina, and the skin of the perineum. In the beginning, you will feel tight, but with time and practice, the tissue will relax and stretch.
- ❖ Concentrate on relaxing your muscles as you apply pressure.
- ❖ As you become comfortable massaging, use enough pressure until the perineum just begins to sting from the tension you apply. You will later recognize this stinging sensation as the baby's head is being born and your perineum stretches around it.



BIRTHPLAN GUIDE

We want your birth experience to be as safe and satisfying as possible. A birth plan serves as a guide for those attending your child's birth. It is a reflection of your understanding of the birth process, your discussions with your physician and your dreams. You may complete the attached birthplan or design your own. Bring your birthplan to an office visit so we can review it together. We will accommodate your wishes as best we can. Feel free to ask questions.

SUPPORT PEOPLE

Who will be present with you during labor and birth and when do you want them to be with you? You may need them present and close all the time or you may prefer to exclude some during exams or procedures, hard labor or birth. We are not allowed to give out any information about you to anyone, even inquiring relatives. It would help us if you explained these limitations to those who care about you.

LABOR

What are your most important concerns: Family togetherness, a labor free of medical interventions, including you on all medical decisions, maintaining control (what control means to you), preferences for the atmosphere or environment (music, lighting). Do you have any special concerns or fears.

You may walk or ride in a wheelchair from admitting to the childbirth center. While in labor, you are encouraged to walk in the halls and change positions. The bathroom may be used. Jacuzzis and showers are available for use in labor.

Medical interventions are used when indicated. We do not shave pubic hair or give enemas. If you want these procedures, you will need to request them. To keep mother hydrated, juice, water, and tea are available, but intravenous fluids might be used to treat long labors or dehydration. If necessary, a capped IV or heparin lock may be placed as a safety precaution.

Your baby's well being needs to be evaluated during labor. Your baby's heartbeat will be monitored when you arrive at the hospital and periodically throughout labor. If you have a low risk pregnancy and your baby's heartbeat pattern is normal, we will assess the baby by doppler or fetal monitor every 5 minutes to 1 hour depending on how active labor is. Some situations or medical interventions require continuous fetal heart rate monitoring (pitocin, epidural, non-reassuring tracings).

Vaginal exams are performed to assess mother's progress in labor or when medical decisions need to be made (pain medication, need to augment labor, time to push). An exam is usually



done when you arrive in labor, but may be deferred if the bag of waters is broken. Exams are usually done between contractions.

PAIN RELIEF OPTIONS

What are your feelings about pain medications and/or epidural anesthesia? Are you planning to use alternatives to pain medications (relaxation, hypnosis, patterned breathing, massage, movement, the jacuzzi...)? Is there anything about you we should know that could help you?

SECOND STAGE AND BIRTH

Nearly all vaginal births occur in a birthing room. Exceptions include twins, vaginal breech and very early pre-term infants. Stirrups are rarely used. The most common positions for birth are semi-seated and side lying. We encourage position changes and squatting to enhance the progress of the second stage. Episiotomy is avoided, unless medically indicated. The placenta is allowed to deliver spontaneously. The uterus is massaged to maintain tone and minimize the loss of blood.

Do you have a preference for the type of pushing you will do, or for positions for pushing and birth? What are your feelings about episiotomies? Would you or your partner like to cut the cord? Do you want the baby placed on your skin immediately after birth? Do you want to identify the sex of the child yourself? Are you planning to take pictures during or after birth?

CESAREAN BIRTH

There is one support person for a cesarean birth due to space limitations in the delivery room. They do not have to watch the operation. They can hold the baby after it has been examined. A spinal or epidural anesthetic is used. Other medication may be given after the delivery to help sedate you or alleviate nausea. A Foley catheter is required for the surgery to drain the bladder. Every attempt will be made to place it after you have had anesthesia.

Would you like the baby held up so you can see her or him immediately after birth? Would you like your partner to hold the baby so you can see the child while the surgery is being completed? After surgery do you want the baby in the room with you or would you like the baby sent to the nursery, so you can rest?

BABY'S DOCTOR

Please notify us of the name of your baby's doctor. The doctor will be notified of the child's birth and will make arrangements to examine the child before you are discharged. If your baby's doctor does not have privileges at Northwest Hospital, we will choose one for you for the initial exam and transfer the records to your chosen doctor. If you are planning on going home within 12 hours of delivery, you must let your baby's doctor know this prior to your labor.



INFANT FEEDING

Will you be breast feeding your baby? To facilitate the best start with breast feeding, our policy is to encourage early (during recovery) and frequent feedings (on demand, with hunger cues or crying, as often as every 1-4 hours). In order to help your baby learn to breast feed, and to help get your milk in as quickly as possible, our policy is to avoid supplemental feedings. If a medical condition occurs (hypoglycemia, infection or jaundice), supplements may be indicated to make sure the baby receives adequate fluids and calories. Is this policy acceptable to you?

Will you be bottle feeding? Do you know which formula you will be using? Do you have any objections to a pacifier being offered to your child?

NEWBORN PROCEDURES

Normal care of the newborn occurs in the birth room. This includes checking temperature, pulse, and breathing. Erythromycin eye ointment and a vitamin K injection is given in the first hour of life. The cord is cared for and the newborn is weighed. If your baby is at risk for hypoglycemia (low blood sugar), a blood test will be done. On discharge, your baby will have a newborn screening test and you will be offered the Hepatitis B vaccine for the child. Do you have any concerns about these procedures? Circumcision is not medically necessary but can be performed if requested. It is performed at the office in the first week of life. Many insurance companies do not cover circumcision, if it is not covered, payment is required at the time this service is performed.

ROOMING IN

Having the baby in your room will help you to quickly know your baby and to gain confidence in your parenting skills. You may choose to have your child room in 24 hours a day or only during the day. You can change your mind at any time. If you choose not to have your baby room in with you at night, we recommend the baby be brought to you for feedings, if you are breast feeding. Your partner or a support person may stay the night with you.

DISCHARGE

You will be sent home from the hospital when your doctor feels it is medically safe to do so. You may be tired, sore, and/or uncertain. We will do our best to keep you comfortable and answer your questions. You would benefit from having support at home with cooking, shopping and care of other children. Most insurance companies will pay for one overnight stay in the hospital after a vaginal delivery, if there are no complications. Most insurance companies will pay for two overnight stays after Cesarean delivery. You will not be sent home unless your doctor feels it is medically safe to do so.



BIRTHPLAN

**Your
Name:** _____

**Your
Physician's Name:** _____

Your Support People:

Labor:

Pain Relief Options:

Second Stage and Birth:

Cesarean Birth:



AFTER YOUR BABY IS BORN

Your Baby's Name: _____

Your Baby's Doctor's Name: _____

Does he or she have privileges at Northwest Hospital? Yes _____ or No _____

Infant Feeding: Breast _____ or Bottle _____

If you are planning to breastfeed, what are your choices about supplemental feedings?

Choose One:

_____ Prefer frequent, on demand feedings with no supplements, unless medically indicated.

_____ Prefer to have supplements according to the following plan; include type of supplement, timing and method (bottle, dropper, etc.).

Newborn Procedures:

Do you have any concerns about newborn procedures?

Would either you or your partner like to bathe the baby? _____

Circumcision: YES _____ or NO _____. Usually performed in the office within the first week.

Hepatitis B vaccine: YES _____ or NO _____. This may be given at the hospital or at the baby's doctor's office.

Rooming In:

How much of the time do you want the baby with you? Please Choose:

_____ 24 hour rooming in

_____ daytime rooming in

_____ first night in the Nursery, the rest with me

_____ other (please describe) _____