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*"Caring for a Lifetime"*

# ***Facts About Pregnancy And You***



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## Welcome

We are pleased that you have chosen Catawba Women's Center to work as a partner with you in providing your prenatal care. Good prenatal care is extremely important for a healthy, safe, and happy pregnancy. It requires your knowledge and cooperation as well as the know-how and vigilance of your caregivers. You play the most important part in the health and well-being of both you and your baby. It is important that you understand what is happening during your pregnancy and how you can influence these events in a positive fashion.

This book will provide valuable information about pregnancy, including normal changes, signs and symptoms of problems, and things you can do to maintain the best health for you and your baby. It is important that you read and understand this book and refer to it frequently as the events in your prenatal care unfold. We firmly believe that an informed, well-educated patient is one of the greatest assets in obstetrical care.

A series of excellent classes is offered through Catawba Valley Medical Center and their HealthFirst Center at Valley Hills Mall. These are an excellent compliment to the prenatal care you receive through our office. Many of these classes and services are offered at no additional charge to qualified patients. You will receive a separate brochure and information packet describing the classes. **Please sign up as soon as possible. Please do not wait as space is limited.**

Another important aspect of your prenatal education comes through your relationship with your physicians and our office staff. Please feel free to discuss with us during your visits any questions or concerns that arise. If you have an urgent problem, we are always available by phone. Our primary concern is for the health and well-being of your unborn child and your safety during pregnancy. There may be times when we request you to do things that are not easy or convenient; however, our intent is to always do what is best for you and your baby.

## Why More Than One Doctor?

The physicians at Catawba Women's Center operate as a group practice, meaning that we all share in your obstetrical care. Pregnant women need the availability of medical care on a 24-hour-a-day basis. We believe a group practice provides this level of care for you in a much better way than if we practiced separately. You will have the opportunity to meet and become familiar with each of our physicians. Likewise, each of us will come to know you both from a medical standpoint and as an individual.

Most of the advantages of a partnership arrangement are yours. One of your physicians is always available. If one of us is away or ill, another one is ready to take care of your needs. Such an arrangement also allows us to provide

better care during office hours. One of our physicians is always “on call” to care for emergencies and laboring patients. In the event of complications, a group practice means that you have available the skill, knowledge, and expertise of several physicians instead of just one.

For us, a group practice provides the satisfaction of knowing that we can provide the best care for our patients. It allows us time to keep up-to-date with new advances in our field by attending courses and seminars as well as adequate time for rest and vacation. We are all firmly convinced that the advantages of the group practice to our patients far outweigh the occasional disadvantages.

## **Catawba Women’s Center Healthcare Team**

There are several members of our healthcare team who fulfill different roles and have differing areas of expertise. At Catawba Women’s Center we have a team that includes physicians, certified nurse midwives, nurse practitioners, nurses, registered dietitians, lab, and ultrasound technicians. Be assured that the healthcare delivered at Catawba Women’s Center is supervised by the physician members of the practice. During some of your visits you may be seen by one of the nurse practitioners or nurse midwives. Some patients choose to see our nurse midwives primarily, and in that case most of their visits will be with them. You will encounter other members of our healthcare team as special situations arise, such as ultrasound studies or dietary counseling.

We feel that a team approach offers you the benefits of the varying expertise of different types of healthcare providers. We are very proud of the professional team that we have assembled. All of them are devoted to our goal of providing you with the best healthcare and compassionate service possible.

## **Prenatal Office Visits**

Typically, your initial visit will consist of a trans-vaginal ultrasound and a brief physician visit. This is to confirm the intrauterine pregnancy, get you started on prenatal vitamins (if you weren’t already taking them), and present the pregnancy welcome packet. Your “due date” is also estimated on your first visit. Due dates are simply based on the average length of pregnancy.

**Labor is likely to occur anytime within two weeks before or after this estimated date.**

Your OB Interview will be scheduled about 1 week after your initial ultrasound. During this visit, a nurse educator will obtain and/or update your health history, provide education on what to expect with your pregnancy, and get you off on the right foot toward healthy lifestyle measures during pregnancy. You will then visit our on-site lab for blood draw for comprehensive OB lab studies.

You will have many follow-up visits throughout your pregnancy. On these visits, your weight, blood pressure, and urine will be checked. You will

need to obtain a urine specimen at each visit. Your examination will determine the growth of the pregnancy, position of the baby and the heartbeat. On some visits, examinations or special tests may be necessary. During your last few visits, your pelvic exam will be repeated to again detect the position of the baby and the readiness of the cervix for labor. Routine exams occur on the following schedule: every four weeks during the first 28 weeks; every two weeks from 28–36 weeks; and weekly until 41 weeks. Complications or certain risk factors may require additional visits and screenings. This may result in additional charges.

Prior to each visit, you will need to obtain a urine specimen. Specimen containers are available in every restroom. Your nurse will analyze the specimen before your provider visit.

Our office works on an appointment system. It is important that you be on time to minimize your wait time and the wait time of others. If you find it necessary to change an appointment, please try to notify our office at least one day in advance.

## Routine Lab Work for Obstetric Patients

These are the times when your lab work will be done.

- |                 |  |
|-----------------|--|
| 1. OB Interview | CBC – Complete Blood Count<br>Rubella<br>Blood Sugar<br>Hepatitis B<br>Antibody Screen<br>Blood Type<br>RPR – Syphilis Screening<br>HIV Blood Screening*<br>Urinalysis<br>1-hour GTT/Diabetic Screening ( <i>if indicated</i> )<br>Hemoglobin Electrophoresis ( <i>if indicated</i> )<br>Cystic Fibrosis Carrier Testing ( <i>optional</i> ) |
| 2. 10-13 weeks  | 1 <sup>st</sup> Trimester Screening ( <i>optional</i> )  |
| 3. 16 weeks     | Maternal Serum Screen – Quad Screen  |
| 4. 26–28 weeks  | CBC – Complete Blood Count<br>1-hour GTT/Diabetic Screening<br>Syphilis Screening<br>HIV Blood Screening*<br>Coombs (if RH Negative)   |
| 5. 28–30 weeks  | Rhogam/Rhophylac Injection (if RH Negative)  |
| 6. 36 weeks     | Group B Strep Vaginal Culture<br>Gonorrhea and Chlamydia Cervical Cultures*<br>*State Recommendation   |

## Ultrasounds/Sonogram

Ultrasound (Sonogram) has become a very important component of comprehensive obstetrical care. At Catawba Women's Center, we are proud to provide quality ultrasound studies. Ultrasound studies are performed by certified technicians, under our physicians' supervision. At any point in your pregnancy where an ultrasound is needed, you can be sure it will be carried out according to the same high standards that we employ for all the rest of our practice. These are done in our office on a scheduled basis. If you are scheduled to have a sonogram, you should be familiar with the following information.

1. All sonograms must be scheduled in advance by the doctor or nurse (unless done on an emergency basis).
2. If you arrive late, the sonogram appointment may have to be rescheduled.
3. The sonogram will be done on the same day and prior to your doctor's appointment.
4. Please have a urine specimen ready and bladder empty before coming back for the sonogram appointment. Your bladder **does not** need to be full for the sonogram.
5. Since the sonogram appointment is first, please bring anyone here to share the sonogram with you when you are called. Your husband, partner, or family member may accompany you to your sonogram appointment.
6. Prior to thirteen (13) weeks pregnant, the sonogram may be with a vaginal probe. This is not a painful procedure.
7. After thirteen (13) weeks pregnant, the sonogram is usually done with an abdominal probe.
8. Diagnostic sonograms are usually covered by insurance.
9. Patient-request and 3D/4D keepsake ultrasounds are also available. These are elective, not covered by insurance, and must be paid for in full on the date of service.
10. The ultrasound technician will provide you with still photos of the ultrasound for you to keep and share. Videotaping the ultrasound session is not permitted.
11. We are excited for you and hope this is an enjoyable experience.

# Telephone Calls

828.322.4140 – 24 Hour

There will probably be times you will need to contact the office between your scheduled visits. Calls relating to routine matters, questions, and problems should be limited to office hours (**8:30 a.m. to 4:30 p.m.**). One of our nurses will be happy to assist you. Our nurses are specially trained to help you with questions, concerns, and minor problems. Because of the large number of calls we receive, please explain your needs and concerns as accurately and concisely as possible.

If you have a problem that may necessitate an office visit, please call as early as possible. **Do not wait to call at the end of the day.** If you do, there may not be an appointment available, which will then require you to go to the emergency room, which is far more inconvenient and expensive for you.

**Telephone calls after hours should be limited strictly to urgent problems or emergencies.** At times, these calls will be answered by our answering service, and the physician or midwife on-call will return your call. The answering service personnel are not trained to evaluate your problems or answer your questions; simply leave a phone number where you can be reached. Often your practitioner is busy at the time he or she receives your message, so it may be a short while before he or she is able to return your call. Unfortunately, however, there can be breakdowns in communication, so if you have not received your return call within a reasonable time, please call the answering service again or you may contact the Catawba Valley Medical Center Birthing Center at 828-326-3200.

It is impossible for the practitioners to carry in their memories all the important facts about every patient. Please identify yourself when you call and tell us approximately how far along you are in the pregnancy. When you call after hours, please begin the conversation with the important information about yourself such as: “This is Sally Jones, I am expecting my second baby in September and my problem is \_\_\_\_\_.” **Please talk to the physician or midwife yourself.** Having calls relayed through a third party such as a relative is very cumbersome and often results in inaccurate information being transmitted to the practitioner and distorted advice being relayed back to you.

Whenever you call you should have the name and telephone number of your pharmacy at hand, in case it is necessary for a prescription to be phoned in. It is also good to have a pen and paper handy in case you need to write down any instructions. If it is necessary for the physician to see you after office hours, you will be asked to come to the Catawba Valley Medical Center Emergency Department or the Birthing Center. If you have any kind of problem or think you might be in labor, please call the on call provider first instead of simply coming to the hospital.

## Reportable Symptoms

Any of the following symptoms should be reported to us at once:

1. **Ruptured membranes, leaking fluid, or “breaking of the bag of water.”** If your membranes have ruptured, it is important that you report this immediately, even if you are not having any contractions. If you are not certain whether your membranes have ruptured, call our office or if after hours, the provider-on-call, to discuss your symptoms.
2. **Any vaginal bleeding more than a small amount of spotting.** Any bleeding heavy enough to require a pad should be reported at once. During the latter part of pregnancy when pelvic exams have been done, you may have a small amount of bleeding for up to several hours after the exam. Any other significant bleeding should be reported.
3. **Severe or persistent abdominal pain.** Sudden brief cramps in the lower abdomen are very common and should be of no concern. Any pain that is more severe or persists should be reported at once.
4. **Severe or persistent headaches.** Mild headaches are quite common and may be treated with pain medication such as Tylenol. If you have a severe headache, please notify us at once.
5. **Fever greater than 101 degrees Fahrenheit.** Don’t guess! Take your temperature with a thermometer.
6. **Severe persistent vomiting.** Vomiting in early pregnancy associated with “morning sickness” is common. Refer to the accompanying book for common remedies. Severe persistent vomiting that occurs later in pregnancy, however, should be reported.
7. **Rapid change in swelling of the hands, face and feet.** Almost all women have mild swelling of the feet and legs in pregnancy, especially late in the day. If, however, you notice a rapid and pronounced increase in the amount of swelling, please notify us.

## Fish and Shellfish Consumption and Pregnancy

### Background:

Seafood has come under fire for a number of reasons, a major one being pollution and its impact on coastal waters and, in turn, the fish people eat. Currently, researchers are looking into questions of how pollution and pesticides might affect a developing fetus and small children. Concerns about seafood are focused on two problems: PCBs and methyl mercury.

- ❑ PCB (polychlorinated biphenyls) – group of industrial substances once used in electrical equipment and other products. Although banned, PCBs are still present as pollutants in some freshwater lakes and rivers.

- ❑ Methyl Mercury – accumulates in fish with long life spans such as swordfish, king mackerel, and shark.

### **What you should know:**

- ❑ Fish and seafood are excellent low-fat sources of many nutrients including protein, omega-3 fatty acids, and minerals such as calcium and zinc.
- ❑ Pregnant women, nursing mothers, and children should not eat shark, swordfish, king mackerel, and tilefish. These long-lived larger fish contain the highest levels of methyl mercury that may harm an unborn baby's developing nervous system.
- ❑ These women should select a variety of other kinds of fish – shellfish, canned fish, smaller ocean fish or farm-raised fish. They can safely eat 12 ounces of cooked fish per week, with a typical serving size being 3 to 6 ounces.
- ❑ Pregnant women should avoid raw fish to reduce the risk of viral and bacterial illness.
- ❑ Keep fish and shellfish refrigerated or frozen until ready to use.

## **Listeriosis in Pregnancy**

Listeriosis is an illness caused by bacteria that can occur in unpasteurized milk, soft cheese, and prepared and uncooked meats, poultry, and shellfish. It can be particularly harmful to pregnant women and their babies.

To prevent listeriosis, wash all fresh fruits and vegetables before using them. While you are pregnant, do not eat:

- ❑ Unpasteurized milk or soft cheeses
- ❑ Raw or undercooked meat, poultry and shellfish
- ❑ Prepared meats, such as hot dogs or processed deli meats, unless they are reheated until steaming hot.

Always be sure to wash your hands, and any utensils, countertops, or cutting boards that have been in contact with uncooked meats.

## **Medications Acceptable During Pregnancy**

The following list of medications is considered relatively safe during pregnancy and may be taken if necessary. Some of the medications are not approved by the Food and Drug Administration (FDA) for use during pregnancy and should be taken sparingly and only when symptoms really warrant their use.

**No one can absolutely guarantee the safety of these medications during pregnancy, especially in the first three (3) months.** However, we have seen

very few problems with their use and feel the margin of safety in taking them is acceptable.

**IF YOU NEED TO TAKE ANY OF THESE MEDICATIONS, YOU MAY DO SO WITHOUT CHECKING WITH US. Use only as directed.** If your symptoms do not improve, call our office. At your next prenatal visit, let us know what medications you have been taking.

Allergies	Claritin, Benadryl
Common Cold	Tylenol, Actifed, Sudafed, Robitussin products, salt water gargle, salt water nasal spray such as Ocean Nasal Mist
Constipation	Metamucil, Citrocil, Effesyllum, Hydrocil, Milk of Magnesia, Dialose Plus, Senakot-S, bran such as Fiber Con or Miller's Bran, Colace
Coughing	Any cough drops, any Robitussin product except Robitussin CF
Diarrhea	Kaopectate, Immodium D or Donnagel PG
Fever	Acetaminophen (Tylenol)*
Headaches	Acetaminophen (Tylenol)*
Hemorrhoids	Preparation H, Nupercainal, Anusol HC, Tucks pads, stool softeners such as Dialose Plus, Senokot-S or Miller's Bran
Indigestion	Riopan Plus, Titalac, Rolaid, Tums, Maalox, Mylanta, Zantac, Pepcid, or any over-the-counter antacid
Leg Cramps	Heat Packs, Calcium tablets such as Os Cal, Posture (one at bedtime), or Benadryl, Tums, Rolaid, Ben Gay
Nasal Congestion	Actifed, Sudafed, Ocean Nasal Mist
Nausea	Emetrol, Dramamine, Vitamin B-6 (25-50 mg 3 times/day), Anti-nausea wrist bands
Pain	Acetaminophen (Tylenol)*
Poison Ivy	Calamine lotion, Hydrocortisone Cream 0.5% or 1%, Aveeno bath soaks
Sinus Congestion	Sinutab, Actifed, Sudafed, Ocean Nasal Mist
Sore Throat	Any throat lozenges, warm salt water gargles, Acetaminophen (Tylenol), Chloraseptic Spray
Sun Burn	Noxzema, Acetaminophen (Tylenol), Aloe, Dermoplast, Solarcaine
Upset Stomach	Maalox, Mylanta

Yeast Infection      Over-the-counter preparations such as Monistat or Gynelotrimin as directed on package. If symptoms do not resolve, call our office for an appointment.

**\*NO ASPIRIN, NO ALEVE, NO ADVIL (IBUPROFIN), NO GOODY POWDER, NO BC POWDER, NO EXCEDRIN**

## **Fetal Movement (After 24 Weeks)**

If you have NOT felt your baby move in 12 hours, please lie down on your left side and have something to drink. Count the number of movements, up to ten movements. If there have been no movements or fewer than ten in a two-hour span, call our office. Please call before 2:00 p.m., if possible.

## **Preterm Labor**

Preterm labor is labor before the 37<sup>th</sup> week of pregnancy. Babies born before 37 weeks may have difficulty breathing and may need to stay in the hospital for extra days or weeks. The earlier your baby is born, the more problems he/she may have.

If preterm labor is recognized in time, it may be stopped.

It is important for you to be able to recognize these signs of preterm labor. These signs are only significant after 20 weeks gestation. Some symptoms may be normal during the early weeks of pregnancy.

## **Signs of Preterm Labor**

1. **Menstrual-like cramps** (constant or come-and-go; above pubic bone)
2. **Low, dull backache** (constant or come-and-go)
3. **Pressure** (feels like the baby is pushing down; feels heavy)
4. **Abdominal cramping** (with or without diarrhea)
5. **Increase or change in vaginal discharge** (mucousy, watery, light blood discharge)
6. **Fluid leaking from vagina – Call us if this occurs at any time during your pregnancy.**
7. **Feeling badly**
8. **Uterine contractions** that are ten minutes apart or closer (MAY BE PAINLESS). Contractions may feel like the baby is “balling-up” inside you.

## **How to Feel for Contractions**

1. When you are lying down, place your fingers on top of your uterus (womb).

2. A contracting uterus gets hard (tight) and then soft (relaxed).
3. If your uterus is getting hard and then soft: write down the time the contraction starts, how long it lasts, and what time the next contraction begins.

### **What To Do If You Have Contractions Or Other Signs Of Preterm Labor**

1. Lie down on your left side, for ONE hour. Many times the signs of preterm labor will go away.
2. Drink two or three large glasses of water or juice.
3. If the signs do not go away IN ONE HOUR:
  - a. Call our office at 828-322-4140. *If at night or on the weekend, our office number will direct you to the number for our answering service.*
  - b. Tell the nurse or physician:
    - Your name
    - When your baby is due
    - What signs/symptoms you are having
    - How often you are having contractions (if you are having them)
  - c. You may be asked to come to the office or hospital

### **Reducing The Risk Of Preterm Labor**

If you have had symptoms of preterm labor or are at increased risk of preterm labor, your physician, midwife, or nurse may suggest some or all of the following:

1. **Rest.** Increase your rest time. Rest on your side at least twice a day, morning and afternoon. Your physician or nurse will tell you how long each rest period should be.
2. **Work or school.** You may need to decrease, modify your schedule or stop work or school activities so that you can rest more. The type of job you have, the distance you travel to work or school and the course of your pregnancy are all important in the decision about how you should modify your schedule.
3. **Activities.** You should eliminate heavy physical activities. **STOP:**
  - a. Sports such as jogging, running, tennis
  - b. Frequent trips up and down stairs

- c. Heavy lifting (including children, grocery bags)
  - d. Heavy cleaning (including moving furniture, scrubbing floors, hanging curtains)
4. **Smoking.** Smoking is the number one preventable risk factor for having a baby who is small for age. Smoking during pregnancy increases the incidence of preterm birth and is associated with Sudden Infant Death Syndrome (SIDS) in newborns. **STOP SMOKING!**
  5. **Travel.** Eliminate trips of more than one hour.
  6. **Sexual Activity.** Sexual intercourse may be limited or stopped. Check with your physician, midwife or nurse about what is appropriate for you. Sexual partners need to share their feelings about these limitations with each other.
  7. **Nipple Stimulation Should Be Avoided.**
  8. **Childbirth Classes.** Avoid physical exercises in childbirth classes. Some mothers at risk for preterm labor choose to attend childbirth classes earlier in pregnancy than usual.
  9. **Weekly Check-Ups.** Mothers at risk of preterm labor will be scheduled to visit their doctor or clinic weekly after 26 weeks of pregnancy. **It is important to keep every appointment.**
  10. **Feelings.** Mothers at high risk for preterm labor often feel anxious about their baby, concerned about finances, and/or bored with bed rest. Sometimes they feel angry or “blue.” It is important to talk about your feelings – with a physician, nurse or social worker, with your partner, with a good friend or a pastor.

### **If You Are Hospitalized For Preterm Labor** (Labor Before 37 Weeks Of Pregnancy)

If you have one or more signs of preterm labor and have called your office, clinic, or hospital, you may be asked to come to the hospital.

#### **What Will Happen In The Hospital?**

1. You will go to bed and will be asked to rest on your side. Resting on your side often reduces contractions and keeps the baby from pressing on your cervix (the mouth of your womb).
2. A nurse will place a belt around your abdomen and attach it to a fetal monitor to see if you are having contractions, and if they stop when you are lying down. Your baby’s heartbeat may also be recorded.
3. You may receive fluids through a vein (IV fluids). Fluids may slow or stop contractions.

4. You may receive medication to stop contractions. This medication may be given in IV fluids, by injection, or by mouth. Once uterine contractions have stopped, you will be able to be out of bed in the hospital. Soon afterward, if there are no more contractions, you will be able to go home.
5. At home, you may also need to plan for additional rest periods.

## **Exercise During Pregnancy**

There are certain activities and endeavors that have an inherent high risk of trauma or falling. We would recommend avoiding those activities after approximately 4 months of pregnancy to decrease the risk of any potential trauma. These activities would include but not be limited to bicycle riding, horseback riding, inline skating, roller skating, ice skating, skateboarding, water skiing, snow skiing, snowboarding, sledding, and rock climbing. Please discuss any concerns regarding this with your provider. Other low impact or water type exercise programs are definitely recommended. Remember to drink plenty of water to stay hydrated and avoid overheating.

## **Disability**

The inability to work during your pregnancy and after delivery is one of the most difficult nonmedical problems that we face in our practice. It has been shown that, barring complications, most women can continue to work until time for delivery. However, many patients do not feel well late in their pregnancies and would rather not be working.

Questions often arise about medical disability. The ultimate decision to approve or disapprove the awarding of your disability benefits is up to the insurance company that writes your employer's disability insurance. In most incidents, disability is not questioned if a person leaves work within a couple of weeks of her due date. Prior to that time, a legitimate medical complication is usually required (such as preterm labor, blood pressure complications, or other serious pregnancy complication).

Be sure to discuss leaving work with one of your physicians prior to doing so. Medical leave can only be approved with a documented medical necessity. Our receptionists or insurance office will be happy to help you with disability problems that may arise. Since the processing of disability forms is not part of your medical care and requires a great deal of time on the part of our insurance office, an additional fee is charged for processing those forms.

## **Fees**

Our routine professional fee covers all of your usual professional care related to your initial evaluation, subsequent office visits, routine delivery and hospital care by our providers, and your postpartum checkup. Special procedures such as Cesarean delivery, tubal ligation, ultrasound, antenatal fetal testing, and additional hospitalization due to complications will result in an

additional fee. If epidural anesthesia is administered during your delivery, you will be billed separately by the anesthesia group. Other special anesthesia fees and procedures will be charged for by the hospital staff.

At your OB Interview, our fees will be explained to you and your insurance coverage will be verified. Most insurance carriers do not completely cover your obstetrical care. We will estimate the amount covered by your policy or policies and you will be asked to pay the difference. This estimated difference must be paid in full by the seventh month of pregnancy. We will be happy to work out a payment schedule during your first visit.

We will submit your insurance claims for prenatal care. Labs, sonograms, and additional tests or procedures will be submitted at the time of service. If you should leave our care before delivery, you will be charged only for office visits, laboratory procedures, and other services performed.

If you have any questions about our fees, please feel free to discuss them with our administrative staff at any time.