PRENATAL VISIT CALENDAR (Family members are welcome and encouraged)

Every prenatal appointment will include the following: urine sample, blood pressure check, weight check, checking for fetal growth and fetal heartbeat (when applicable).

VISITS ARE EVERY 4 WEEKS UNTIL 28 WEEKS.
EVERY 2 WEEKS UNTIL 36 WEEKS.
EVERY WEEK FROM 36 WEEKS AND BEYOND.

6-8 WEEKS

Confirmation of pregnancy (with ultrasound).
Review your personal health and pregnancy risk factors
Order prenatal labs.
Review medications.
Discuss first trimester screening, Cystic Fibrosis screening, and non-invasive prenatal testing options.
Discuss referral to Maternal Fetal Medicine specialist (MFM).

8-12 WEEKS

New obstetric examination (may or may not include an ultrasound).
A complete history and physical examination.
This includes a PAP and vaginal culture as necessary.
Review prenatal panel results.
Review results of MFM visit.

16-20 WEEKS

COMPLETE OBSTETRIC ULTRASOUND TO BE DONE AT OUR OFFICE AT 18-20 WEEKS UNLESS OTHERWISE SCHEDULED WITH THE MFM.
Review additional lab studies.

24-28 WEEKS

Review lab results.
Review ultrasound results.
Order Gestational diabetes screening test and receive instructions (please have this lab drawn 1 week prior to your next visit).Order Tdap vaccination (to be given at your primary MD or pharmacy at between 28-26 weeks).

Kick count sheet given at 28 weeks.
Register for prenatal classes.
Register for the hospital.
Begin researching pediatricians.
Give Rhogam injection at 28 weeks if RH negative.

28-32 WEEKS

KICK COUNT SHEET REVIEWED EVERY VISIT
Do Tdap.
Review 28 week lab results.
Give Rhogam injection at 28 weeks if RH negative.
Appointments are now every 2 weeks.
This is a good time to start making appointments to interview for a pediatrician.
Tour hospital.
Register for the hospital if you have not done so already.
Prenatal classes if desired.
Discuss preterm labor signs and symptoms.
Review diabetes screening results.

32-34 WEEKS

REVIEW KICK COUNT SHEET
Discuss signs of preterm labor.
Visits every 2 weeks.
Schedule repeat cesarean section if needed.

35-37 WEEKS

REVIEW KICK COUNT SHEET
GBS CULTURE
Discuss GBS culture results.
CERVICAL EXAMINATION, if desired.
Discuss signs of preterm labor.
Weekly visits.

37-40 WEEKS AND BEYOND

REVIEW KICK COUNT SHEET
CERVICAL EXAMINATION, if desired
Signs of labor reviewed.
Make a plan for induction if needed (if patient is greater than 41 weeks).

All prenatal visits are subject to change due to Dr. Hernandez and Dr. Ashley's call schedule and any problems that may arise during your pregnancy. There may be additional ultrasounds and lab testing done based upon patient needs.

TOLAC/VBAC: Our call group does allow TOLAC/VBAC in certain cases. If you have a history of a prior cesarean delivery and desires a trial of labor after cesarean delivery/vaginal birth after cesarean (TOLAC/VBAC), we will obtain your operative report from your previous delivery and discuss with you if a TOLAC/VBAC is an option for you.

AFTER DELIVERY (POSTPARTUM)

VAGINAL DELIVERY – please call our office to schedule your postpartum visit for 5-6 weeks after delivery. This appointment includes a physical examination, review of birth control options, discussion of breast feeding, and review of symptoms of postpartum depression.

CESAREAN DELIVERY – please call our office to schedule your incision check to be performed 1-2 weeks after delivery as well as your postpartum visit to be scheduled at 5-6 weeks after delivery (4 weeks from your incision check appointment). This appointment includes a physical examination, review of birth control options (if indicated), discussion of breast feeding, and review of symptoms of postpartum depression.

All postpartum visits are subject to change due to any problems.

OVER THE COUNTER AND RX MEDICATIONS THAT ARE SAFE IN PREGNANCY AND MEDICATION USE IN PREGNANCY

Take your prenatal vitamin with DHA daily as directed.

CALL THE OFFICE IF YOU HAVE A FEVER OVER 100.4

If you are having severe nausea, please call our office to discuss this with your obstetrician. Please take your vitamins with water.

Do NOT take medications of ANY kind unless they are approved by Dr. Hernandez and/or Dr. Ashley (including over-the-counter medications) which includes skin care products, supplements, tanning lotions, and hair dyes. Do not use tanning booths, hot tubs, or saunas.

THE FOLLOWING **OVER-THE-COUNTER MEDICATIONS** MAY BE SAFELY USED IN PREGNANCY. PLEASE FOLLOW ALL THE DIRECTIONS OF THE MEDICATION LABEL FOR THE SAFE ADULT DOSAGE.

Mild Headache or "aches and pains" ***NARCOTICS ARE NOT SAFE IN PREGNANCY***

- Tylenol (acetaminophen). Maximum dose 4 grams in 24 hours.
- Excedrin Migraine (acetaminophen, aspirin, caffeine).
- Caution – call the office if you have a severe or long-lasting pain or headache or
- You may need to be seen at the ER if you have "worst headache of your life" type pain neurologist if your headache symptoms worsen.

INSOMNIA

- Unisom
- Benadryl
- Vistaril
- Tylenol PM
- Warm bath, calming tea
- Ambien is not safe in pregnancy.

HEARTBURN

- Tums
- Maalox
- Mylanta
- Zantac
- Pepcid
- Avoid spicy foods, citrus, tomato sauce, garlic, or other acidic foods.
- Avoid eating close to bedtime.

NASAL CONGESTION FROM ALLERGIES OR A COLD

- Ocean Nasal Spray
- Benadryl (diphenhydramine)

- Claritin (loratidine)
- Cool mist humidifier
- Neti pot with saline nasal wash
- Sudafed/decongestant (after 14 weeks pregnancy). Ok to take plain Sudafed, found behind the pharmacy counter. 1-2 tablets every 4-6 hours as needed (unless you have high blood pressure).
- Call the office if you have a fever over 100.4 or if you have shortness of breath or ear pain

SORE THROAT

- Gargle with warm salt water 3-4 times per day.
- Lozenges that are alcohol free such as Cloraseptic.
- Call the office if the pain is severe or long-lasting or if you have a fever over 100.4
- Hot lemon tea (no honey)

COUGH

- Robitussin or guaifenesin – choose capsules or alcohol free syrups.
- Call the office if the cough is long-lasting or if you have a fever over 100.4

NAUSEA

- Diclegis – need a RX from your obstetrician.
- Reglan – need a RX
- Phenergan – need a RX
- Zofran – need a RX
- OTC Unisom
- OTC vitamin B6
- Dry toast or cracker before getting out of bed.
- Call the office if you have persistent nausea and vomiting.

CONSTIPATION

- METAMUCIL
- SENNA-S
- COLACE
- MILK OF MAGNESIA
- MAGNESIUM CITRATE
- MIRALAX
- INCREASE WATER AND FIBER IN YOUR DIET (FRESH FRUITS, VEGETABLES, AND WHOLE GRAINS)
- AVOID SEVERE STRANING WITH BOWEL MOVEMENTS

GAS PAIN

- Gas-X (simethicone) – up to four times per day.

HEMORRHOIDS

- Preparation-H (cream, ointment, or suppositories)
- Chilled Witch Hazel pads (Tucks pads)

- Proctofoam
- Anusol-HC
- Warm bath (sitz bath) – soak your bottom in warm water.
- Avoid straining with bowel movements
- Call the office if you have excessive bleeding or pain from hemorrhoids

MILD TO MODERATE DIARRHEA

- Imodium for no more than 48 hours
- Drink lots of fluids
- Call the office if the diarrhea lasts for more than 2 days, or if you have a fever greater than 100.4, or if the diarrhea is bloody or has mucus.

VAGINAL YEAST INFECTIONS

- Mycolog-II ointment/cream
- Terazol-3 vaginal treatment
- Monistat-7 as directed on the label.
- DIFLUCAN IS NOT SAFE IN PREGNANCY
- CALL THE OFFICE IF THERE IS VAGINAL DISCHARGE WITH AN ODOR OR BLOODY DISCHARGE.

BACTERIAL VAGINOSIS INFECTIONS

- FLAGYL

HERPES GENITALIS INFECTIONS

- Acyclovir
- Valtrex

URINARY TRACT INFECTIONS

- MACROBID
- AMPICILLIN
- AMOXICILLIN

Follow the directions on the bottle/package on how often to take the medication. Do not take more than the amount recommended and do not take more frequently than recommended. It is better to take the full dose of the medication but take it less often than to take only a partial dose as it may not work as well.

If constipation is problem, try to increase your fluid intake of water. Increase raw/whole fruits and vegetables, and eat more bran (cereals), raisins, prunes, figs, etc.

An increase in vaginal discharge during pregnancy is normal. **DO NOT DOUCHE!** If itching, burning, or a foul odor occurs, please call our office.

DENTAL CARE WHILE YOU ARE PREGNANT

1. If dental x-rays are absolutely necessary, they may be taken but only if a double abdominal shield is provided to protect the developing fetus from x-ray exposure.

2. Local anesthetic with preferably lidocaine without epinephrine may be used for anesthetic. No nitrous oxide or "twilight anesthesia".

3. If antibiotics are necessary, Penicillins may be prescribed (Penicillin G, Amoxicillin, or Ampicillin) may be prescribed, unless the patient is allergic. If allergic, use Erythromycin. No Sulfa or Tetracycline type antibiotics.

4. If pain medication is necessary, Vicodin or Percocet may be prescribed, unless the patient is allergic. No Ibuprofen.

5. Our office recommends that you continue your six month dental cleaning appointments to maintain your dental health.

6. Please have your dental office contact us with further questions.

CHOOSING THE HOSPITAL THAT IS RIGHT FOR YOU

&

HOW TO PRE-REGISTER FOR CHILDBIRTH

Often your insurance will dictate the hospital where you must deliver your baby. Only two hospitals in Reno have maternity and childbirth services, Renown Regional Medical Center and Saint Mary's Regional Medical Center. Renown South Meadows and Northern Nevada Medical Center do not have a labor and delivery departments and neither hospital has obstetricians on call. Please do not go to South Meadows or Northern Nevada FOR ANY REASON DURING YOUR PREGNANCY.

We ask that you have picked your hospital by 24 weeks gestation. It is at this time that we will begin sending copies of your prenatal record to the specific hospital. Please do not go back and forth between hospitals as only one hospital will have your prenatal record and to switch between the two may cause a delay in your care.

We enjoy working at both hospitals and truly do not have a preference. Obviously, Saint Mary's is much closer in proximity to our office but we have call partners that have their office close to Renown and so you can be assured that we (or our call partners Dr. Najima and Dr. Farringer) can quickly attend to your needs at either hospital.

If you have a choice in where you can deliver, please take a tour of both hospitals and then make a decision by 24 weeks.

To take a tour at Renown – call 775-982-4352.

To take a tour at Saint Mary's – call 775-342-5663 (lactation number) or 775-770-3751.

Important numbers to remember – Renown Labor and Delivery – 775-982-5759.
Saint Mary's Labor and Delivery – 775-770-3062.

HOW TO PRE-REGISTER FOR CHILDBIRTH

AT RENOWN: go to www.renown.org. Type in pre-register for childbirth in the search box. Continue from there and fill out the form.

AT SAINT MARY'S: come to the admitting desk off of the Arlington entrance. Bring your ID and insurance card. You will receive an admission packet and can fill it out before you leave.

ANY QUESTIONS, PLEASE CONTACT OUR OFFICE.

IS THIS AN EMERGENCY?

If you think that it may be an emergency but are not sure – please call our office at 775-337-8400.

(If possible, please call during office hours – 8:30-4:30. Instead of waiting until after 5:00 to call.) Our staff want to talk to you directly.

This is also our after-hours number and you will be directed to the nurse hot line. This medical provider will triage your call and reach the on-call obstetrician/gynecologist.

When you are pregnant, if it is an emergency and you are less than 20 weeks, you will be sent to the Emergency Room and if you are greater than 20 weeks, you will likely be sent to labor and delivery.

We do not have obstetric services at Renown – South Meadows or Northern Nevada Medical Center. Please do not go to either of these hospitals.

Please go to the hospital that you have chosen. Your prenatal chart is there and it causes confusion and a possible delay in care if you go to the other hospital.

SYMPTOMS TO REPORT IMMEDIATELY:

***PAIN WITH URINATION**
***LEAKING FLUID/WATER FROM THE VAGINA**
***CONTINUOUS VOMITING OR DIARRHEA**
***VAGINAL BLEEDING**
***TEMPERATURE GREATER THAN 100.4**
***SUDDEN SWELLING OF THE FACE AND HANDS**
***SEVERE AND CONTINUOUS HEADACHE THAT IS NOT RELIEVED BY TYLENOL**
***MENSTRUAL-TYPE CRAMPS OCCURRING MORE THAN 4-5 TIMES PER HOUR FOR 2+ HOURS**
***ABSENT OR DECREASED FETAL MOVEMENT - WHEN YOU ARE 28 WEEKS OR MORE OF PREGNANCY, AND YOU DO NOT FEEL THE BABY MOVING AFTER 2 HOURS OF RESTING, AND DRINKING A TALL GLASS OF COLD WATER**
***SEVERE ITCHING (ESPECIALLY ITCHING IN THE PALMS, FEET, AND ENTIRE BODY THAT IS NOT ASSOCIATED WITH A RASH).**
***A FALL OR TRAUMA TO THE ABDOMEN**
***IF YOU HAVE BEEN A VICTIM OF INTIMATE PARTNER VIOLENCE/DOMESTIC VIOLENCE OR ARE BEING THREATENED OR ARE FEELING UNSAFE AT HOME**

INTIMATE PARTNER VIOLENCE/DOMESTIC VIOLENCE…YOU ARE NOT ALONE…WE ARE HERE TO HELP!

NO ONE HAS TO LIVE WITH VIOLENCE. YOU DO NOT DESERVE TO BE TREATED THIS WAY. YOU ARE NOT TO BLAME. HELP IS AVAILABLE TO YOU. This is about power and control. Not about love.

Because abuse is so common, we want to provide you with some information on intimate partner violence (domestic violence).

Are you in a relationship in which you have been emotionally hurt or threatened?

Have you ever been hit, kicked, or punched by your partner?

Do you feel safe at home?

Are there weapons in your home?

Has your partner ever choked you?

CYCLE OF VIOLENCE – STAGE 1 – TENSION BULIDING – you feel as if you are "walking on eggshells" or "waiting for the other shoe to drop". Your partner may be edgy, moody, easily agitated, "unpredictable." There is an air of heightened anxiety.

STAGE 2 – ACUTE OR ABUSIVE – THIS IS THE MOST VIOLENT STAGE – Concentrated, intense emotional and verbal abuse, actual physical abuse; an explosion or eruption of the tension previously described.

STAGE 3 – HONEYMOON – Your partner says, "I'm sorry. I'll never do it again." You may be blamed for your partner's actions with "If you wouldn't…I wouldn't get angry." Your partner wants to make up with "hearts and flowers" or sex. You may experience many feelings from anger to love to confusion. You may believe your partner and the cycle continues.

The most dangerous time for an abused person is during pregnancy or when the person tries to leave the relationship. Please have a safety plan and contact CAAW or our office for assistance

IMPORTANT NUMBERS

CAAW – COMMITTEE TO AID ABUSED WOMEN

24-HOUR CRISIS LINE (775) 329-4150
Protection Order Office (775) 328-3469
1735 VASSAR STREET
RENO, NV 89502
info@caaw.org
www.caaw.org

1-800-799-SAFE National Domestic Violence Hotline www.thehotline.org

1-800-656-HOPE National Sexual Assault Hotline www.rainn.org

1-866-331-9474 National Dating Abuse Helpline www.loveisrespect.org

POSTPARTUM INSTRUCTIONS

VAGINAL DELIVERY:

Use the Peri bottle supplied to you by your delivering hospital, with as warm of water as you can tolerate to the genital area with every pad change or urination. Dry the genital/perineum area with a blow dryer on the cool setting. You will want to keep the area as clean and dry as possible. Wash your perineum with mild soap and water 1-2 times per day. Perform a sitz bath as needed. Nothing to be placed into the vagina for 6 weeks. No tampons, douching, or vaginal sexual intercourse.

Do no use pads with perfumes or deodorants.

If you have sustained a 3rd or 4th degree perineal laceration, please use stool softeners and laxatives. Also, if you have severe perineal pain from this type of laceration or severe hemorrhoid pain, we recommend purchasing a donut device to sit upon. This can be purchased at your local pharmacy.

If your perineal laceration repair is sore, you may perform a sitz bath. This consists of a tub filled with 1-2 inches of hot water to sit in several times per day to soothe the area. Again, pat the area dry and then dry the area when finished on a cool setting.

For pain or discomfort, you may use Ibuprofen - 800 mg every 8 hours or Ibuprofen - 600 mg every 6 hours.

Please contact our office with the following concerns:

1. Any foul smelling vaginal discharge or vaginal odor.
2. Abnormally colored discharge (yellow or green).
3. A fever of 100.4 F or more.
4. If you are bleeding heavily and soaking greater than one pad in one hour or passing large (golf ball sized or greater) clots in one hour.
5. Severe mood changes with depression as postpartum depression is common.
6. Leg swelling, redness, and/ or tenderness in one leg or shortness of breath (which could be concerning for a blood clot).

It is normal to have your bleeding subside after delivery and then return again, you may have intermittent bleeding for the time leading up to your postpartum visit. If you are bleeding on the day of your appointment, we may still need to perform a pelvic examination.

You need a postpartum examination in 5-6 weeks after your delivery which includes a physical examination with a breast examination and a pelvic examination. We will discuss birth control options in more detail at that time.

CESAREAN SECTION DELIVERY:

Same applies as a vaginal delivery along with the following instructions: you must follow up within 1-2 weeks for your incision check appointment. Wash your incision with mild soap and water daily and pat the area dry. If you wish, you may dry your incision site with a blow dryer on the cool setting. It is normal to have a little pinkish drainage for the first few days after delivery. It is also normal to have your incision feel numb and slightly hard. You may also have intermittent vaginal bleeding until you postpartum appointment although you had a vaginal delivery.

You may use Ibuprofen and oral narcotics as needed for severe pain. You may also use a stool softener with your pain medications to help relieve/treat constipation.

Again, nothing to be inserted into the vagina for at least 6 weeks.

BREASTFEEDING:

If you are breastfeeding, please increase your calories by at least 500 in addition to your normal intake and increase your water intake. In order to maintain your hydration, you may drink a glass of water with every feeding. If you develop a fever of 100.4 or greater, feel like you are developing the flu (fevers, chills, body aches), or develop pain in your breasts or redness and swelling in the breasts, please call our office.

Any questions regarding safety of medications in breast feeding, please contact your pediatrician.

BREAST FEEDING ASSISTANCE

Lactation specialists are available to you in the area. Renown and the Nurturing Nest offer breast feeding support groups.

The Nurturing Nest offers some lactation assistance and classes.

5301 Longley Lane, Suite A8
Reno, NV 89511
775-825-0800
info@nurturingnestreno.com
nurturingnestreno.com

Renown Breastfeeding Forum is led by a board-certified lactation consultant and the group meets each Tuesday from 4-5 pm and each Thursday from 11-12 pm.

Please contact The Lactation Connection at Renown Regional Medical Center for a private consultation.

The Lactation Connection.
Renown Regional Medical Center
Business hours -Monday to Friday – 9-5 PM
1155 Mill Street.
Reno, NV
775-982-5210
www.renown.org/TheLactationConnection.

BREAST PUMP RENTALS

At RENOWN: Breast pump rentals are available at Renown in The Lactation Connection. Weekly or monthly rentals are available. A deposit is required and a contract must be signed. They do require a debit or credit card to be on file. The rentals average <$20/week. The hospital grade electric breast pump options include both Ameda Platinum or Elite and the Medela Symphony.

At SAINT MARY'S: Breast pump rentals are available at Renown through Lori's Gifts. The Gift shop is located on the first floor of the hospital near the cafeteria. They require a contract to be signed. The rentals are either one month or three month rentals and the prices are as follows:

1 month rental: $105 with tax
3 month rental: $385 with tax

Saint Mary's Lori's Gifts
775-770-3109
Hours Monday-Friday: 8-8 PM
Saturday and Sunday: 9-7 PM

TDAP VACCINATION INFORMATION FOR PREGNANT PATIENTS AND FAMILIES

TDAP VACCINATION IS TO BE GIVEN DURING PREGNANCY BETWEEN 28-36 WEEKS PREGNANT. IT CAN BE OBTAINED AT YOUR PHARMACY OR PRIMARY CARE OFFICE.

WE DO NOT HAVE THE TDAP VACCINATION AT OUR OFFICE.

Why the Tdap vaccine? To prevent the spread of pertussis (whooping cough). Pertussis (whooping cough) is a highly contagious disease that causes severe coughing. People with pertussis may make a "whooping" sound when they try to breathe. In newborns, pertussis can be a life-threatening illness. It can be prevented with a vaccine called the tetanus toxoid, reduced diphtheria toxoid and acellular pertussis (TDAP) vaccine.

Why do you need the Tdap during pregnancy: If you have never received the Tdap vaccine before, you should receive it late in your second trimester (after 20 weeks of gestation) or the third trimester of pregnancy. We recommend that you get the vaccination between 28-36 weeks pregnant.

The Tdap is a safe way to protect you and your baby from serious illness and complications of pertussis.

Newborns do not become vaccinated against pertussis until they are vaccinated at 2 months of life.

To protect your baby against pertussis (whooping cough) get your Tdap vaccination. It is important to make sure that all family members and care givers are up to date with their vaccines and, if necessary, that they receive the Tdap vaccination at least 2 weeks before having contact with your baby. This creates a safety "cocoon" of vaccinated caregivers for your baby.

A Tdap shot can be safely given to breastfeeding mothers if they did not get the vaccine while they were pregnant.

If you needed the vaccine and are unable to receive the Tdap vaccination during pregnancy you will need to be vaccinated immediately after the baby is born.

RESOURCES:

The American College of Obstetricians and Gynecologists Immunization for Women
www.immunizationforwomen.org/immunization_facts/vaccine-preventable_disease/pertussis

Centers for Disease Control and Prevention
www.cdc.gov/vaccines/vpd-vac/pertussis/default.htm

FLU SHOT FOR PREGNANT PATIENTS: FREQUENTY ASKED QUESTIONS

I am pregnant. Is it recommended to receive the inactivated influenza vaccine (flu shot)?

Yes. Flu shots are an effective and safe way to protect you and your baby from serious illness and complications of the flu. The flu shot given during pregnancy helps protect infants younger than 6 months you are too young to be vaccinated and have no other way of receiving influenza antibodies. The flu shot has been given to millions of pregnant women over many years, and flu shots have been shown to be safe for pregnant women and their babies.

During which trimester is it safe to have a flu shot?

The flu shot is recommended for pregnant women and can be given at any time during pregnancy. Pregnant women are advised to get vaccinated as soon as possible and to speak to their health care providers about being immunized.

Which flu vaccine should pregnant women receive?

Pregnant women should receive the flu shot, which is given with a needle, usually in the arm. The Advisory Committee on Immunization Practices and the American College of Obstetricians and Gynecologists (the College) recommend that pregnant women should receive this vaccine.

Will the flu shot give me the flu?

No, you cannot get the flu from receiving the flu vaccination.

Is there a flu vaccine that pregnant women should not receive?

Yes. Pregnant women should not receive the nasal spray vaccine, which is made with the live flu virus. The nasal spray vaccine is safe for women after they have given birth, even if they are breastfeeding, and for family members.

Are preservatives in influenza vaccines safe for my baby?

Yes. The type of preservative (eg, thimerosal) used in trace amounts in some vaccines has not been shown to be harmful to a pregnant woman or her baby. Some women may be concerned about exposure to preservatives during pregnancy. Single-dose influenza vaccines that contain a mercury-free preservative are available through some manufactures. The Centers for Disease Control and Prevention and the College recommend that pregnant women may receive the inactivated influenza vaccine with or without thimerosal.

What else can I do to protect my baby against the flu?

Getting your flu shot is the most important step in protecting yourself and your baby against the flu. In addition, breastfeeding your baby and making sure other family members and caregivers receive the flu vaccine will further protect your baby.

I am breastfeeding my baby. Is it safe to get vaccinated?
Yes. Influenza vaccines can be given to breastfeeding mothers if they were not immunized when they were pregnant. Breastfeeding women can receive either the flu shot or the nasal spray. Breastfeeding mothers pass antibodies through breast milk, which may also reduce the infant's chance of getting sick with the flu.

RESOURCES

American College of Obstetricians and Gynecologists. Immunization for women: seasonal influenza (flu) for ob-gyns. Available at: www.immunizationforwomen.org/immunization_facts/seasonal_influenza.

Centers for Disease Control and Prevention. Seasonal influenza: pregnant women and influenza (flu). Available at: www.cdc.gov/flu/protect/vaccine/pregnant.htm.

Department of Health and Human Services. What pregnant women should know about flu. Available at: http://www.flu.gov/individualfamily/parents/pregnant/index.html.

FINDING THE RIGHT PHYSICIAN FOR YOUR NEW BABY - QUESTIONS TO THINK ABOUT WHEN CHOOSING YOUR PEDIATRICIAN.

Once you have found one (or a few) possible doctors. Call the office(s) to see if it is possible to schedule a prenatal or "meet the doctor" visit. You might want to ask if the visit is offered free of charge (because some offices do charge) or see if it is covered by your insurance. Most important in your decision-making process is the physician's personal style and whether you feel that you have clicked. Here are some points to consider.

ASK ABOUT INSURANCE.

Does your office accept my insurance?

As you plan for the arrival of your newborn, don't forget to check with your insurance company to find out what you need to do or submit to have your baby added to your insurance policy. Then just be very sure to have any and all necessary forms submitted within the required number of days after your baby is born (usually 30 but double check and then follow up) – a crucial task you will not want lost in the shuffle of new parenthood.

ASK ABOUT AVAILABILITY.

Is your office taking new patients (babies)?

What are your office hours and availability?

How difficult is it to get an appointment for a sick visit? Do you have same day appointments?
How difficult is it to get an appointment for a routine check-up?
What is the wait time for a routine check-up?
Does your office have a convenient location and hours of operation?
Does your office have a time for well child/baby appointments so that the baby is not exposed to other children's illnesses?
Does my baby see the pediatrician at every visit? Will other physicians/providers see my baby?
How does your office handle scheduling appointments, answering patient phone calls, and after-hours emergencies?

ASK ABOUT TRAINING AND EXPERIENCE.

What is your training background and level of experience?

ASK ABOUT PRACTICE PHILOSOPHY.

What is your philosophy about particular medical treatments or parenting strategies such as circumcision, the use of antibiotics, spanking, or potty training?
What type of circumcision do you perform?
What is your philosophy on vaccinations?
Does the pediatrician accept your philosophies and personal choices?

What is your approach to breast feeding? Formula feeding? Do you have breast feeding support at the office?
How do you help with infant sleep problems? Infant colic?
Do you feel comfortable talking to the pediatrician and did you click with the pediatrician?

PEDIATRICIAN LIST

Here is a comprehensive list of pediatricians in our area. Please make a consultation or "meet and greet" appointment with several pediatricians from your insurance provider list. Write down a list of questions that are important to you and your family. You do not have to have a pediatrician for your new baby, if this is the case, you will be given the on-call pediatrician to take care of your baby. Once you leave the hospital, you will need to establish care with your chosen pediatrician.

PEDIATRIC ASSOCIATES

DAVID ZUCKER, MD
STEWART TATEM, MD
STEVEN ALTHOFF, MD
H. DONALD CLARK, MD
MEGAN DORY, MD

645 N. Arlington, Suite 620
Reno, NV 89503
(775) 329-2525

SIERRA PEDIATRICS

DANIEL COLOMBO, MD
LARI FRAZEE, DO

10581 Double R Blvd
Reno, NV 89521
(775) 324-0766
www.sierrapeds.com

NORTHERN NEVADA PEDIATRICS

KATHLEEN CHRISTOPHERSON, MD
DEBRA HENDRICKSON, MD
JOEL SPEICHER, MD
SHERYL COHEN, MD

Suite #301
Reno, NV 89502
(775) 686-4300

PINECONE PEDIATRICS

TAMMY ROESLER, MD
KIMIKO ISHIBASHI, MD
SUSAN SORENSON, MD

6512 S. McCarran Blvd.
Suite E
Reno, NV 89509
(775) 737-4707
www.pineconepediatrics.com

SUMMIT PEDIATRICS

SHAJI MATHEW, MD
CHRISTINA RAMAN, MD
TARA PROKOP, MD

3639 Warren Way, Suite 100
Reno, NV 89509
(775) 827-3639

6350 Mae Ann Ave., Suite 3
Reno, NV 89523
(775) 624-6350
www.summitpedsnv.com

THE MEDICAL PROFESSION PEDIATRICS

ROBIN WHITE, MD
KAREN ARMS, NP

5301 Reno Corporate Drive
Reno, NV 89511
(775) 329-5555
www.drrobinwhite.com

PEDIATRICIAN LIST

ASPEN PEDIATRICS

PATRICK COLLETTI, MD
KRISTA COLLETTI, MD
FANNIE FANG, MD
PATRICIA LANDON, APRN

1001 Jones Street
Reno, NV 89503
(775) 322-1880
http://aspenpediatrics.net/

RENOWN PEDIATRICS

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SELF-CARE STRATEGIES AFTER THE BIRTH OF A BABY

Rest as much as you can.

Sleep while the baby naps. Turn off your phone and put a sign on your front door and bedroom door while you are napping.

If family and friends visit, try not to let them keep you from getting the rest you need.

Take good care of your body. Try to do some gentle exercises, eat healthy foods, and drink plenty of fluids.

Try to spend some time outdoors. Take the baby out for a walk or sit outside.

Consider joining an exercise/social group such as BABY BOOT CAMP.

Check out the website - babybootcamp-renosparks.frontdeskhq.com or call – 775-287-3180.

Talk with friends, especially other new parents about your experiences.

Attend the Breast feeding support groups at Renown: call The Lactation Connection at Renown for more information – 775-982-5210.

Be easy on yourself. Don't expect too much too soon, set simple goals like making time to read a few pages of a magazine or fix a cup of tea or take a walk outside. Give yourself credit for each and every thing that you are able to do.

Go to a support group for new parents. Create a baby group of parents and babies to meet once a month to talk about life, parenting, and to socialize.

Stay active. Make time every day to do some physical activity such as walking for 10-20 minutes or dancing to your favorite song.

Spend time with people who help or support you. If people ask how they can help you, you can say, empty the dishwasher, bring over an easy to reheat meal, wash my clothes, or watch the baby for an hour for me so that I can go shopping or go out for a few hours to a movie with your partner.

Make time for yourself.

TIPS FOR FAMILY AND FRIENDS

All mothers need help and support after the birth of a baby. Here are some ways you can ask your partner, family, and friends to help:

- **Listen when you need to talk**
- **Help with cooking, shopping, cleaning, and other household chores and errands**
- **Help in caring for the baby.**
- **Help to give you time alone each day to sleep, bathe, exercise, read, relax, and shop.**

POSTPARTUM DEPRESSION

What are the postpartum blues? About 2-3 days after childbirth, some women begin to feel depressed, anxious, and upset. They may feel angry with the new baby, their partners, or their other children. They may also

- Cry for no clear reason
- Have trouble sleeping, eating, and making choices
- Question whether they can handle caring for a baby

These feelings, often called the ***postpartum blues,*** may come and go in the first few days after childbirth.

How long do the postpartum blues usually last?

The postpartum blues usually get better within a few days or 1-2 weeks without any treatment.

What is postpartum depression?

Women with ***postpartum depression*** have intense feelings of sadness, anxiety, or despair that prevent them from being able to do their daily tasks.

When does postpartum depression occur?

Postpartum depression can occur up to 1 year after having a baby, but it most commonly starts about 1-3 weeks after childbirth.

What causes postpartum depression?

Postpartum depression probably is caused by a combination of factors. These factors include the following:

- Changes in ***hormone*** levels – Levels of ***estrogen*** and ***progesterone*** decrease sharply in the hours after childbirth. These changes may trigger depression in the same way that smaller changes in hormone levels trigger mood swings and tension before menstrual cycles.
- History of depression – women who have had depression at any time – before, during, or after pregnancy – or who currently are being treated for depression have an increased risk of developing postpartum depression.
- Emotional factors – Feelings of doubt about pregnancy are common. If the pregnancy is not planned or is not wanted, this can affect the way a woman feels about her pregnancy and her unborn baby. Even when a pregnancy is planned, it can take a long time to adjust to the idea of having a new baby. Parents of babies who are sick or who need to stay in the hospital may feel sad, angry, or guilty. These emotions can affect a woman's self-esteem and how she deals with stress.
- Fatigue – Many women feel very tired after giving birth. It can take weeks for a woman to regain her normal strength and energy. For women who have had their babies by ***cesarean birth***, it may take even longer.

- Lifestyle factors – lack of support from others and stressful life events, such as a recent death of a loved one, a family illness, or moving to a new city, can greatly increase the risk of postpartum depression.

If I think I have postpartum depression, when should I see my health care provider?

If you think that you may have postpartum depression, or if your partner or family members are concerned that you do, it is important to see your health care provider as soon as possible.

DO NOT WAIT UNTIL YOUR POSTPARTUM CHECK UP.

How is postpartum depression treated?

Postpartum depression can be treated with medications called ***antidepressants***. Talk therapy also is used to treat depression, often in combination with medications.

What are antidepressants?

Antidepressants are medications that work to balance the chemicals in the brain that control moods. There are many types of antidepressants. Drugs sometimes are combined when needed to get the best results. It may take 3-4 weeks of taking the medication before you start to feel better.

Can antidepressants be passed to my baby through my breast milk?

If a woman takes antidepressants, they can be transferred to her baby during breastfeeding. The levels found in breast milk generally are very low. Breastfeeding has many benefits for both you and your baby. Deciding to take an antidepressant while breastfeeding involves weighting these benefits against the potential risks of your baby being exposed to the medication in your breast milk. It is best to discuss this decision with your health care provider.

What happens in talk therapy?

In talk therapy (also called psychotherapy), you and a mental health professional talk about your feelings and discuss how to manage them. Sometimes, therapy is needed only for a few weeks, but it may be needed for a few months or longer.

What are the types of talk therapy?

You may have one-on-one therapy with just you and the therapist or group therapy when you meet with a therapist and other people with problems similar to yours. Another option is family or couples therapy, in which you and your family members or your partner may work with a therapist.

What can be done to help prevent postpartum depression in women with a history of depression?

If you have a history of depression at any time in your life or if you are taking an antidepressant, tell your physician early in your prenatal care. Ideally, you should tell your doctor before you become pregnant. Your obstetrician may suggest that you begin treatment right after you give birth to prevent postpartum depression. If you were taking antidepressants before pregnancy, Dr. Hernandez and Dr. Ashley can assess your situation and help you decide whether to continue taking medication during your pregnancy.

What support is available to help me cope with postpartum depression?

Support groups can be found at local hospitals, family planning clinics, or community centers. The hospital where you gave birth or your physician may be able to assist you in finding a support group. Useful information about postpartum depression can be found on the following websites:

- National Women's Health Information Center
  http://www.womenshealth.gove/mental-health/illnesses/postpartum-depression.html
- Postpartum Support International
  www.postpartumsupport.net

IF YOU HAVE FURTHER QUESTIONS, PLEASE DO NOT HESITATE TO CONTACT DR. HERNANDEZ OR DR. ASHLEY.

TOLAC/VBAC CONSENT FORM

TRIAL OF LABOR AFTER CESAREAN SECTION CONSENT – DR. Hernandez/DR. Ashley

NOTE TO PATIENT: as you may know, there are risks in any medical/surgical procedures or treatment. Just being pregnant carries some risks as there are risks in everyday activities such as driving. The following check list is designed to help you make an informed decision as to attempt to labor and deliver vaginally after you have had a prior cesarean section. This procedure medically is called a Trial of Labor After a Cesarean Section, abbreviated as "TOLAC", and is also knowns as a Vaginal Birth After Cesarean Section, abbreviated as "VBAC." Your other option is to have a repeat cesarean section. Please discuss the contents of this form with your physician. Initial off on each section and choose your option of attempting a TOLAC, also known as VBAC, or a repeat cesarean section to deliver your baby.

PATIENT'S INITIALS

1. I understand that I have had one or more prior cesarean sections. _____

2. I understand that I have the options of an elective repeat cesarean section or Attempt a vaginal birth after a cesarean section (VBAC) by a trial of labor after a Cesarean Section (TOLAC). _____

3. I understand that approximately 70% of women who undergo a TOLAC will be successful In a VBAC. _____

4. I understand that a TOLAC carries a lower risk to me than a cesarean delivery. The benefits of a Successful TOLAC and VBAC include decreased blood loss, a shorter recovery period, and decreased Post-delivery complications such as wound infections. _____

5. I understand that the risk of a uterine rupture during a TOLAC in someone like me Who has had a prior incision in the non-contracting part (lower uterine segment) of my uterus is 1% _____

6. I understand that a TOLAC/VBAC is associated with a higher risk of harm to my baby than me. _____

7. If my uterus ruptures during my TOLAC, I understand that there may not be sufficient time to Operate and prevent the death or permanent brain injury to my baby. _____
8. The exact frequency of death or permanent neurologic injury to the baby when the uterus Ruptures is uncertain, but has been reported to be as high as 50%. _____
9. The risks to me after rupture of the uterus include but are not limited to hysterectomy (loss of The uterus), blood transfusion, infection, injury to internal organs (bowel, bladder, ureter), blood Clot in the leg or lung, or even death. _____

10. Contraindications to a TOLAC/VBAC include previous classical uterine incision, breech Presentation Of the baby, placenta previa or any contraindications to a vaginal delivery, And any other contraindication to a TOLAC/VBAC as your physician has determined. _____

11. Also excluded from considerations for TOLAC/VBAC are patients unwilling to assume the Added risk associated with the TOLAC for themselves and their baby. _____

12. I understand that during my TOLAC, the use of oxytocin, a synthetic hormone, to make the uterus Contract may be necessary to assist me in my labor progress. There may be increased risks with The use of oxytocin during TOLAC. _____

13. I understand that if I choose to have a TOLAC and end up having a cesarean section during labor, I have a greater risk of problems than if I had an elective repeat cesarean section. _____

14. I understand that if I have not gone into labor by my due date, I will need a repeat cesarean delivery. _____

15. I understand that the obstetrician will recommend continuous fetal monitoring with the help of a fetal scalp electrode (FSE) and continuous uterine contraction monitoring through the help of an intrauterine pressure catheter (IUPC). I accept the use of these internal monitors. _____

16. I understand that my physician must be available to me during the course of my TOLAC/VBAC. _____

17. If my physician or my physician call partners are not available to me, I accept that even if I am a good candidate for a TOLAC/VBAC, that I will have to have a repeat cesarean delivery as it is not safe for me to be attempting the TOLAC/VBAC with my physician needing to leave to go to another hospital or for another emergency. _____

18. I have read or have had read to me the above information and I understand it. I have had all of my Questions answered and I have received all the information I need to make an informed choice after An informed discussion of my options with my physician. _____

I want to attempt a TOLAC/VBAC _____
Patient's signature date/time

OR

I want a Repeat Cesarean Section _____
Patient's signature date/time

I have provided the above informed consent to the patient to include the risk, benefits, and alternatives of a TOLAC/VBAC procedure and acknowledge the patient's choice as indicated above for the plan of care.

Physician Signature _____

Date_____

Time _____