

PRENATAL FOLDER

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ADDITIONAL PACKET CONTENTS

Educational Pamphlets (located in left pocket):

- ❖ Cystic Fibrosis Carrier Testing
- ❖ Car Safety for You and Your Baby
- ❖ 1st Trimester Screening: Is it right for you?
- ❖ Rochester General Hospital’s TWIG Birthing Center
- ❖ Rochester General Hospital Childbirth Education Offerings

Additional Information and Materials (located in right pocket):

- ❖ Why Choose a Group Practice for Your Obstetrical Care?
- ❖ Why Choose Rochester General Hospital for Your Delivery?
- ❖ West Ridge OB/GYN Recommended Reading List
- ❖ Pediatrician and Family Practitioner Listing Accepting New Patients

WELCOME!!!!

We are pleased that you have chosen West Ridge Obstetrics and Gynecology to provide your care during pregnancy. Included in this packet are some general instructions and guidelines for normal pregnancies. If you have any special requirements, we will be happy to discuss them with you. Please feel free to call us during office hours from 8:30 AM to 4:30 PM, Monday through Friday, with any questions or concerns. We can be reached by calling one of our office numbers at:

585-225-1580 - Greece office

585-671-6790 - Webster office

We are available and would like you to call us if you are worried or have any questions. For emergencies, one of our physicians is always available and may be reached by calling one of our offices. If our offices are closed, our answering service can locate the on-call doctor to assist you. If you do not receive an answer at either of the above numbers, you may reach our answering service directly at: **585-723-6516**. For more information regarding our practice and additional educational information, please visit our website at ~ www.wrog.org.

PRENATAL CARE – WHAT TO EXPECT

Comprehensive prenatal care is critical to the birth of a healthy baby. Prenatal care should begin early in your pregnancy, usually in the first trimester, and continue until the baby's birth. During the course of your pregnancy, certain examinations and tests are performed to ensure your health and the health of your baby. Please read through this folder and review the enclosed information so that you can have an understanding of what to expect throughout your pregnancy.

**After your initial visit, you should carefully review the information about cystic fibrosis and the 1st & 2nd Trimester Screening, so that we can better address your individual questions and concerns regarding these optional tests.

Prenatal visit schedule:

- ❖ Every 4 weeks until the 28th week of pregnancy
- ❖ After 28 weeks, every 2 weeks until the 36th week of pregnancy
- ❖ Weekly visits after 36 weeks of pregnancy
- ❖ Postpartum visit approximately 4-6 weeks following delivery

The following are typically performed at the initial visit:

- ❖ Complete health history, including personal and family history
- ❖ Physical examination, including pelvic exam and Pap smear
- ❖ Prenatal blood testing is ordered which includes blood type and Rh factor, complete blood count, syphilis, HIV testing, lead level, rubella, hepatitis B, a urine culture, optional cystic fibrosis gene testing, and any other tests your doctor deems appropriate

At each of the prenatal visits for the rest of the pregnancy, the following are checked:

- ❖ Your weight, blood pressure, and urine tests for sugar and protein
- ❖ Abdominal exam to measure the growth of the uterus and estimate the size and position of your baby
- ❖ Fetal heart rate

Additional routine testing that is done during the course of the pregnancy:

- ❖ At around 11-13 weeks, optional 1st Trimester Screen for Down Syndrome and Trisomy 18
- ❖ At around 15-18 weeks, optional quadruple marker screening for Down Syndrome, Trisomy 18, spinal cord defects (such as spina bifida), and abdominal wall defects
- ❖ At 18-20 weeks, anatomic ultrasound to rule out any fetal anomalies.
- ❖ At 26 weeks, one hour Glucola blood test to screen for gestational diabetes, blood test for anemia, and blood test for Rh antibodies in Rh negative women
- ❖ At 36 weeks, Group B streptococcus vaginal culture to test for carrier status prior to delivery. If your test is positive, you will be treated with antibiotics when you are in labor.

Hospital Registration

At approximately 24 to 28 weeks, you will be given a packet for Rochester General Hospital, which includes the Patient Bill of Rights and the Hospital registration packet to be completed as instructed.

Choosing a Pediatrician

It is important to find a pediatrician for your baby during the pregnancy. We have provided you with a list of pediatricians to help you in your search. It is important to find a doctor or group who will be most able to meet the needs of you and your child. Important things to consider as you choose a doctor for your baby include location, office hours, and having a physician or practice who can be supportive of your decisions about child care (breastfeeding, nutrition, discipline, daycare, etc).

NUTRITION

Healthy Diet

Eating a well balanced diet is an important part of staying healthy throughout your life, but it is especially important during pregnancy for you and your baby. Your diet should include proteins, carbohydrates, fats, vitamins and minerals. Good sources of protein may be obtained from lean meats, poultry, fish, and milk products. The remainder of the diet should be well balanced with vegetables, fruits, breads, and cereal products.

Pregnant women need approximately **300** extra calories per day, which is equivalent to an added one or two healthy snacks. Be cautious of fats and concentrated sugars (candy, soft drinks), which have many empty calories. Aspartame (NutraSweet, Equal) and Splenda have been shown to be safe in pregnancy.

If you have some fluid retention, watch out for very salty foods (canned meats, canned soups,

chips, pretzels, olives, tomato sauces, etc.). Read labels! There is hidden salt in so many prepared foods. Do not eliminate salt from your diet, however.

Vitamins

A daily prenatal vitamin supplement is recommended for every woman in pregnancy to meet the increased dietary needs for a variety of nutrients. **Folic acid** (at least 400 mcg) is a supplement included in the prenatal vitamins that is especially important during and before becoming pregnant to decrease certain types of birth defects. Prenatal vitamins also have a sufficient amount of **iron** needed for most women to prevent iron-deficiency anemia during the pregnancy. You should also be getting approximately 1000 mg of **calcium** daily, which may not be included in your vitamin. Three servings each day of calcium-rich foods such as milk, yogurt, cheese, or dark green leafy vegetables should be adequate. If you are unable to get calcium through your diet, a separate calcium supplement may be taken.

Very large doses of vitamins may be harmful and should be avoided.

If you are a vegetarian, please discuss this with your doctor. You will need to be sure you are getting adequate protein, iron, vitamins B12 and vitamin D.

Caffeine

We advise patients to eliminate or minimize the use of caffeinated beverages in pregnancy. The American College of Obstetricians and Gynecologists recommends consumption of no more than two 8 ounce caffeinated beverages a day.

Alcohol

Drinking alcohol during pregnancy can put the baby at risk for growth restriction, heart defects, abnormal facial features, problems with joints and limbs, and mental and behavioral problems. There is no known safe level of alcohol in pregnancy, and therefore we recommend not drinking during pregnancy. (Many women have had alcoholic drinks prior to finding out they were pregnant. Most of these pregnancies will be uncomplicated if alcohol intake is stopped early in the pregnancy).

Mercury

Fish is a good source of protein and other nutrients, however, some types may contain high levels of mercury which may affect the baby's development. Fish such as shark, king mackerel, swordfish, tile fish, and albacore tuna should be avoided. Also, do not eat fish that came from Lake Ontario. You can eat up to 12 ounces or 2 meals per week, of other types of fish or shellfish that are low in mercury, including shrimp, canned light tuna, salmon, pollock, and catfish. No fish should be eaten raw.

Listeriosis

Listeriosis is a food borne illness caused by the *Listeria* bacteria that in pregnant women can result in preterm delivery, miscarriage, stillbirth, or severe newborn illness.

To avoid Listeriosis, you should avoid hot dogs, luncheon, or deli meats unless they are heated

to a steaming hot temperature. Avoid pate or meat spreads. Do not eat soft cheeses such as feta, blue cheese, Brie, or Mexican-style soft cheeses. Cheeses such as cream cheeses, mozzarella, cottage cheese, and pasteurized cheese slices are examples of cheeses that can be safely eaten. Do not eat refrigerated smoked seafood (includes lox, kippered, jerky, smoked labels) unless it is in a cooked dish. Do not eat or drink products that contain unpasteurized milk.

WEIGHT GAIN

A healthy weight gain for most women is between 25-35 pounds for the entire pregnancy. If you are overweight, you should gain between 15-25 pounds. If you are underweight or pregnant with twins, you may need to gain more. Most of this comes in the last three months when the baby is growing very rapidly. Pregnancy is not the time to attempt weight loss.

EXERCISE

Daily exercise is highly recommended for all women during an uncomplicated pregnancy. Exercise can improve muscle tone and strength and lessen some of the aches and pains during the pregnancy, including back pain. It may improve your mood, help you sleep better, and provide you with more energy. You may also have less swelling, bloating, and constipation. Exercising in pregnancy has been shown to help you cope better with the pain of labor, and to be able to get back into shape more easily after the baby is born.

Almost any exercise activity is allowable as long as there is no discomfort. It does not count as exercising to be at a tiring job, to run after a child all day, or to do lots of housework. These activities certainly can be exhausting, but exercise is a planned aerobic or strength-conditioning activity. If you already exercise regularly, you can continue in moderation. If you would like to start, begin with exercising a few minutes most days of the week and work your way up to about 30 minutes of a day. Be sure to drink plenty of fluids while you exercise.

Very high levels of exercise for long periods of time may be problematic for blood flow through the uterus and are not recommended. Avoid situations that may elevate body temperature such as saunas, steam rooms, and very warm hot tubs. Women who enjoy aerobics usually should switch to low impact in mid-pregnancy. In late pregnancy when many exercises are awkward, lap swimming is especially good. Activities that should be avoided particularly during the second half of your pregnancy include downhill skiing, water skiing, scuba diving, gymnastics, horseback riding, and contact sports such as soccer, basketball, and hockey. In addition, women should avoid exercises that require them lying flat on their back during the second half of the pregnancy.

SEXUAL INTERCOURSE

In general, sexual intercourse may be continued to the end of pregnancy as long as there is no discomfort and the water has not broken. Please inform us if there is any bleeding following intercourse.

TOXOPLASMOSIS

Toxoplasmosis is a rare parasite infection transmitted in two ways: by cats and by handling or eating rare or raw meat. If you develop toxoplasmosis in pregnancy there is some risk to the baby. Cats may carry the infection in their feces, so a pregnant woman should avoid handling cat litter. You should wear a mask and gloves if no one else is able to change the litter. Also, when gardening, wear gloves as soil can be potentially contaminated. Some of the beef and pork that we consume may be affected, but the organism is killed by cooking. Avoid eating undercooked meat and wash your hands thoroughly after handling raw meat.

TRAVEL

Travel by any means is permissible throughout a normal pregnancy. If you plan a trip in the last month of pregnancy, please check with us. If seated during a long trip, take breaks to help your circulation, by walking or stretching your legs for 5-10 minutes every hour or so. You may also want to consider wearing support hose, and be sure to drink plenty of fluids. According to the American College of Obstetricians and Gynecologists, "Although the baby is well protected inside of your body, for the best protection in a vehicle, wear a lap-shoulder belt while you're pregnant every time you travel. The safety belt will not hurt your baby. You and your baby are far more likely to survive a car crash if you are buckled in. The upper part of the belt should cross your shoulder without chafing your neck. Never slip the upper part of the belt off your shoulder. Safety belts worn too loosely or too high on the belly can cause broken ribs or injuries to your belly. But more damage is caused when they aren't used at all."

SMOKING

There is powerful evidence that smoking can harm the developing baby. Smoking during pregnancy increases the risk of miscarriage, preterm delivery, growth restriction, stillbirth, and Sudden Infant Death Syndrome (SIDS). We strongly encourage women not to smoke at all, and especially not while pregnant. If you are a smoker, please ask us for information available on smoking during pregnancy and ask us for assistance to help you quit!

MEDICATIONS

All drugs have potential side effects and should be used only when the risk of taking the drug has been weighed against the benefit to be obtained. Although drugs account for only a very small percentage of problems in newborns, the most sensitive time in the infant's development is the first few weeks when a woman may not even know she is pregnant. Your doctor at West Ridge Obstetrics & Gynecology should be aware of any prescription medications you are taking, or of any herbal or homeopathic substances you are using during pregnancy. It is also important to notify all other health care providers, including dentists, if pregnancy is a possibility. We are available to consult with your other physicians or dentist if prescription drugs are indicated. Please encourage them to call us if they have any questions regarding the safety of medications.

Over-the-Counter Medications (OTC):

Pain - Acetaminophen (Tylenol) appears to be safe for use throughout pregnancy. Please avoid aspirin and ibuprofen (Advil, Motrin, Aleve).

Nausea and Vomiting - Vitamin B6 in doses of 25 mg two or three times a day has no risk and may be effective. Higher doses are not recommended.

Coughs, Colds, and Hay Fever - Sudafed is a decongestant that appears to be safe after the 1st trimester. Saline nasal spray may also alleviate symptoms throughout pregnancy. Afrin nose spray is effective and safe (although your nose can easily become addicted to its use). Plain Robitussin is approved for coughs in pregnancy. Antihistamines such as Claritin and Benadryl are safe to use for seasonal allergy symptoms.

Heartburn - Almost all available antacids, in both tablet and liquid form, are safe. This includes Tums, Mylanta, Maalox, Zantac, and Pepcid AC. Avoid the bubbly ones containing aspirin (Alka-Seltzer), and do not use baking soda as an antacid. Pepto-Bismol should also not be used.

Hemorrhoids - All available medications appear to be safe.

Diarrhea - Imodium may be used, but if the diarrhea persists, you should contact your physician.

Constipation - Bulking agents (Metamucil, FiberCon) do not stimulate bowel function and are not addictive, and so are safe and effective throughout pregnancy. Softeners (Colace) also are safe and may be used daily. Avoid the use of stimulant laxatives such as Milk of Magnesia and Ex-Lax unless directed to use by your doctor.

Skin Preparations - Calamine lotion and hydrocortisone creams appear to be safe.

Vaginal Yeast Medications - The over the counter preparations (such as Monistat) appear to be safe throughout pregnancy.

CHANGES DURING PREGNANCY

Common Sensations in Early Pregnancy

Early pregnancy experiences vary greatly from one woman to another. Some feel wonderful, and others may feel awful. The majority of women do well, but have some unpleasant symptoms from time to time. The most common of these is extreme exhaustion despite adequate rest. Nothing but more rest is helpful for this distressing but non-worrisome symptom.

Breast tenderness and enlargement are common, and a well-fitting bra will usually relieve discomfort.

Nausea, with or without vomiting, is frequently called “morning sickness” but may occur at any

time of the day. Most women feel better eating a little starchy food (such as crackers, and reads) at frequent intervals. Vitamin B6 (25 mg two or three times a day) is helpful for some women. Others may even try sea bands for some relief.

A short sharp pulling or stabbing pain in one or both sides of the lower abdomen is very common as the ligaments that support the uterus stretch, and although it can be quite uncomfortable for short times, it is almost never anything of concern. Mild menstrual-like cramps are very common in early pregnancy, and are reassuring that the uterus is growing as it should.

Frequent minor headaches are common and usually respond to acetaminophen (Tylenol). Please report to us if you have pain that does not resolve quickly.

Common Symptoms as Your Pregnancy Progresses

Backache: Poor posture, the strain of carrying extra weight, and the relaxation of joints and ligaments from the hormones of pregnancy can cause backache. Exercises to stretch and strengthen your back may help, or you may try a maternity support belt, applying heat, sitting in chairs with good back support, and sleeping on your side with pillows between your knees, and below your abdomen for support. Avoid lifting heavy objects, and when doing any lifting, be sure to bend at the knees, not your back. Comfortable shoes are also a must.

Constipation: Pregnancy can slow digestion and cause constipation. Prenatal vitamins also contain iron which may be constipating. To help, you should drink plenty of water, and eat high fiber foods such as whole grains, fruits, and fresh vegetables. Regular exercise also aids your digestion. You may consider using a stool softener such as Colace.

Dizziness/Feeling Faint: It is not unusual to feel lightheaded in pregnancy. This may be caused by changing positions suddenly, being dehydrated, having low blood pressure or low blood sugar, being anemic, or being in a room that is too warm. If you feel dizzy, you should rest or lay down right away. To prevent feeling this way, be sure to drink fluids throughout the day, eat small frequent meals with higher protein, and change positions slowly. Do not hesitate to call your doctor if the dizziness persists, or if you have chest pain or shortness of breath that occur at the same time.

Emotional Changes: Hormonal changes, the adjustment to pregnancy, and anticipation of caring for a new baby can cause normal emotional ups and downs. Communicate your feelings with supportive friends and family, and please be sure to discuss this with your care provider if you are concerned about how you are feeling.

Frequent Urination: Your kidneys are working at a faster rate during pregnancy, so it is normal to go more frequently. As the baby grows, there will be increased pressure on your bladder also giving you an urge to go more often. It is important to continue drinking plenty of fluids. Avoiding caffeine may help you to urinate less often.

Heartburn: Pregnancy hormones slow the emptying of the stomach and relax the muscle

valves between the stomach and esophagus, increasing your chances of having heartburn. To lessen heartburn, you should eat small frequent meals that are not greasy or spicy. You should avoid lying down for 2 hours after eating. You may elevate the head of your bed or prop up with pillows. Antacids such as Tums are usually effective to treat your symptoms as well.

Hemorrhoids: Hemorrhoids are uncomfortable, itchy bulging veins that occur in the rectal area from the increased blood volume and pressure of the uterus in the pelvis during pregnancy. Hard stools and straining with bowel movements may also cause them. You should try to avoid constipation/straining. If they occur, you may use over the counter preparations including Anusol, Tucks, or try sitz baths.

Muscle Cramps: Leg cramps are common especially at night during pregnancy. To try and lessen the cramps, you may try gentle massage, stretching your legs, or taking a calcium supplement. Bananas and oranges may also help provide electrolytes such as potassium that can decrease the cramps.

Nasal Congestion: Increased fluid volume that occurs during pregnancy may make you more congested. Sometimes a saline nasal spray may help you feel better. Sudafed is also safe to use to decrease the congestion when it is very uncomfortable.

Nosebleeds and Bleeding Gums: The mucus membranes can become more vascular and more fragile from the hormones in pregnancy. Saline nasal spray or Vaseline applied at bedtime to the nasal passages can keep the nasal passages moist and decrease nosebleeds. Good dental care should continue including flossing, but you may want to change to a softer toothbrush.

Numbness or Tingling: As a result of tissue swelling and fluid retention, you may develop carpal tunnel syndrome in pregnancy with numbness or tingling of your fingers in one or both hands that usually resolves after delivery. Wrist splints may lessen the symptoms. Nerves may also be compressed by the uterus that can cause pain in the hips or lower legs (such as the sciatic nerve). Rest or a maternity support belt may be helpful, and again, symptoms usually resolve after delivery.

Pain in the Pelvis or Abdomen: As the uterus grows, the muscles that support it are being stretched and pulled and you may feel this as a dull ache or sharp pain on one side of your belly. This is commonly referred to as “round ligament pain” and is often felt between 18-24 weeks. Rest or changing positions may help. Pain may also be caused by gas or bowel cramping.

Poor Sleep: Emotional changes, as well as discomfort or frequently having to urinate can limit your sleep. Try taking a warm bath or shower at bedtime, limiting naps, and going to bed at a regular time. Sleeping on your side with pillows for support may help you become more comfortable.

Shortness of Breath: Changes in your metabolism as well as the enlarging uterus can normally make it harder to breath, especially in the third trimester or with low levels of exertion. Sleeping with your head elevated or on your side may help at night. If your

shortness of breath is severe or not relieved with rest, please call your doctor.

Skin Changes: Hormonal changes can increase pigmentation in the skin. Uneven patches called chloasma may occur on the face and they usually fade away after delivery. You may notice a line down the center of the abdomen called the linea nigra. Also, stretch marks often occur on the abdomen or breast as the skin stretches. They are not preventable, but they will fade after delivery.

Swelling: Some swelling or edema is normal in the hands, face, legs, and feet during your pregnancy, especially towards the end. Continue to drink plenty of fluids, avoid high sodium foods, exercise, and elevate your legs when able. Notify your doctor if you have a sudden increase in the swelling.

Vaginal Discharge: Hormones can increase normal secretions. Changes in hormones can also increase yeast or bacterial infections. Notify your doctor if you have any burning, itching, odor, or bloody discharge.

Varicose Veins: The weight of the uterus and growing baby may compress and slow blood flow from the lower body. This may result in bulging veins in the legs or the vulva. Varicose veins are not preventable but to relieve the soreness and swelling you may try wearing support hose, elevating your legs when possible, exercising regularly, and avoiding crossing your legs. Notify your doctor if a vein becomes suddenly tender or more swollen.

LABOR AND DELIVERY

Preparing for delivery

Educational classes are offered through Rochester General Hospital. A variety of classes are offered on topics such as childbirth, breastfeeding, and baby care. You may call the hospital information number 922-LINK for more information on what is available. An internet web link from our website has also been created to direct you to their class offerings. You may also schedule a tour to familiarize yourself with the birthing center and to help you understand what to expect during your hospital admission.

Going to the hospital

You should call the doctor if you think it may be time to come to the hospital. This is when you are having strong contractions 5 minutes apart or less and lasting longer than an hour, if your “water breaks” even if you are not contracting, or if you are having bleeding, or severe abdominal pain. If you are preterm, you should call if you are having regular contractions even if they are mild.

When you come to the hospital, you may park and enter at the Patient Discharge entrance on the south side of the hospital. If it is after hours, you may need to use an intercom to be allowed in. The Birthing Center is located by the Green elevators on the 3rd floor.

Pain Management

Some patients never require any medication for pain relief, while others do. It is good to understand some of the types of pain relief that are commonly used at the time of delivery.

- ❖ **Narcotics:** Drugs such as morphine or Nubain, may be used in labor when pain relief and/or sedation are needed. They can occasionally cause respiratory depression in the newborn as well as in the mother. Effective antidote drugs exist which may be used if necessary.
- ❖ **Phenergan:** This is the trade name for promethazine, a drug that sedates and relaxes without the risk of respiratory depression. It does not directly provide pain relief, but is often used in combination with a narcotic to enhance the effect while keeping the dose of the narcotic low.
- ❖ **Local Anesthetics:** These are used to numb a local area or in spinal and epidural anesthetics. They rarely have adverse effects.
- ❖ **Epidural:** A commonly used form of pain relief for labor that involves injecting a local anesthetic into the area outside of, but surrounding the nerves of the spinal cord. It numbs and therefore eliminates pain from about the belly button down. Usually, pressure sensation and the urge to push will still be present when it's time for delivery.
- ❖ **General Anesthesia:** This is used for some operative deliveries, especially when there is limited time for performance of a spinal or epidural anesthetic. There is a small risk of respiratory depression for the newborn infant.

Medications used to induce labor:

- ❖ **Cytotec:** A synthetic prostaglandin also called misoprostil, is a pill that can be given by mouth or vaginally to help "ripen" a cervix that is not significantly dilated or soft. It frequently requires more than one dose before the cervix begins to change or labor begins.
- ❖ **Cervidil:** Another type of prostaglandin used to ripen the cervix that is inserted vaginally and removed with a retrieval cord similar to a tampon string.
- ❖ **Pitocin:** This medication is the synthetic version of the natural hormone oxytocin which causes uterine contractions. It is given intravenously (through an IV pump) to induce or improve labor.

**To use the above medications safely and to avoid fetal distress, the fetal heart rate and contractions must be monitored closely while using them.

BREASTFEEDING

There are many benefits to breastfeeding. Human milk has just the right nutrients to nourish your baby. Newborns who are breastfed have fewer infections including upper respiratory infections, ear infections, and gastrointestinal infections. It is also likely that breast feeding

will decrease your child's risk in the future of asthma, obesity, and diabetes.

Nursing also helps you in several ways. In the early postpartum period, the breastfeeding stimulates hormones which help the uterus to contract down faster and decrease the blood loss. It also provides a bonding experience between you and your baby. In the long run, breastfeeding decreases your risk for breast and ovarian cancer. It is also cheaper than formula.

Breastfeeding is natural, but is not always easy, and may or may not be the right choice for you. If you do decide to breastfeed your baby, there will be excellent support provided after delivery during your stay at Rochester General Hospital (RGH). In fact, RGH is the only area hospital designated as "Baby-Friendly" by the World Health Organization for providing an optimal level of care for lactation. If you decide to bottle feed, you may wish to discuss with your pediatrician what the right formula is for your baby.

WHEN TO CALL

A physician from West Ridge Obstetrics and Gynecology is always available to help you around the clock. If the problem is not urgent, call any time from 8:30AM to 4:30 PM, Monday through Friday. We don't want you to sit at home worrying over something when a simple phone call to one of the doctors or one of our nurses would be helpful, so please call even if the concern seems trivial. Also, please call if any of the following occur:

- ❖ **Vaginal bleeding**
- ❖ **Ruptured membranes or any other gush from the vagina**
- ❖ **Persistent dizziness, headache or blurred vision**
- ❖ **Extreme swelling**
- ❖ **Chills and fever**
- ❖ **Severe nausea and vomiting**
- ❖ **Severe abdominal pain**

Finally, call one of our offices **if you suspect you are in labor**. There should always be an answer at either office by calling **585-225-1580** for the Greece office or **585-671-6790** for the Webster office. If there is a problem with the phone, call our answering service directly at **585-723-6516** and ask for the on-call doctor.

ADMINISTRATIVE ISSUES

Patient Responsibility for Payment

Depending on your health insurance coverage, you may be personally responsible for a portion of your obstetric global fee. These payments may be made in a lump sum during your first trimester or divided into several payments collected at the time of your prenatal visits. Regardless of your payment decision, the complete balance should be paid by the time you reach 20 weeks of your pregnancy.

Any medical visits unrelated to your pregnancy (such as sore throat, ear infection, bladder infection, bronchitis, upper respiratory infection, etc.) will require a co-payment, which is expected to be paid at the time of service. Also, if your pregnancy becomes “high risk” there may be required co-payments for the additional necessary visits.

Patients who have their baby circumcised will also be responsible for this charge, which is not included in the obstetrical fee. Circumcision is generally covered by insurance carriers; however, the baby must be added to your insurance policy shortly after birth for the claim to be paid by your insurance. We do not participate with Medicaid, so if the baby will be covered under Medicaid, you will be responsible to pay for the circumcision in full.

Questions regarding your specific type of coverage may be addressed with any member of our Billing Office. You may also obtain additional information from your carrier’s Member Services, whose phone number should be listed on your insurance card.

Changes in Personal Information

Please be sure to advise us of any changes in your personal information such as name, address, phone numbers, marital status or insurance coverage during the course of your pregnancy.

Disability Claim Forms

Routine disability benefits allow coverage for 2 weeks prior to your due date, 6 weeks postpartum for vaginal delivery and 8 weeks postoperatively for Cesarean section delivery, with the return to work date calculated from the actual date of the delivery. According to New York State guidelines, the maximum pregnancy disability coverage is 26 weeks in the case of a serious medical complication. You may want to check with your employer to see what the specific guidelines are for your employer’s insurance carrier. Many workplaces have additional unpaid leave available under the Family and Medical Leave Act.

It is your responsibility to acquire your disability forms from your employer or a copy can be found on our website. You should fully complete both the patient and the employer portions of the form and sign the form. A stamped envelope with the name and address of the organization (your employer or insurance company) or individual who will be receiving the completed forms should accompany this form. You will need to indicate your day of work or last planned day of work, expected due date, expected type of delivery (vaginal delivery, c-section), and if you have any pregnancy complications for which your doctor is recommending early disability.

Insurance Reminder

Please let your health insurance carrier know **BEFORE** you deliver that there will be another member added to your contract. Your insurance company will also require notification **AFTER** the birth of the baby. You must notify your insurance carrier to list the name, sex and date of birth of your baby on your policy to prevent rejection of insurance claims submitted on behalf of your baby (including circumcision). Again, if you change insurance carriers or have any changes to your current policy any time during the course of your pregnancy, please notify us immediately to ensure that all services are covered appropriately.