



CONGRATULATIONS! Pregnancy can be one of the most gratifying experiences in your lifetime. We are excited you chose our practice to provide your obstetrical care. In order to help you, we have gathered this information to start you on your way. It will help you answer many common questions that occur throughout pregnancy, so please keep this information handy. Remember, each pregnancy will be different, even for the same person.

A typical pregnancy lasts 40 weeks from the first day of your last menstrual period. Most women go into labor within 2 weeks of their due dates. A baby is considered mature after 37 weeks and premature before that time.

PHONE CALLS

We ask that you make non-urgent calls during business hours (Monday – Thursday 8:30 – 4:30 and Friday 8:30-12). Routine information and prescription refills should be handled during your visits. Calls to the answering service should be for emergencies and labor only. We make every effort to return emergency calls immediately and other calls within a 24 hour period. When calling the answering service you must turn off your caller ID and privacy blocks to receive return calls.

OFFICE VISITS

Patients usually visit every four weeks until 28 weeks; then every two to three weeks until the last month which is weekly. Patients with special problems will be seen as directed by the physician. We encourage you to make lists of questions to be answered, and have your prescriptions refilled during these visits.

WEBSITE

We encourage you to use our website located at www.lakesidewomensobgyn.com. Here, you can obtain a lot of useful information and frequently asked questions. You can also download registration forms and contact our front office via email for non-medical questions.

TESTING

During pregnancy, certain routine lab tests are done on all women. Depending on your health history and the results of your routine tests, your doctor may recommend that you have other tests. These tests may include:

- Urine tests. A urine sample is checked to look for sugar, protein, and bacteria, which can signal diabetes or a bladder or kidney problem.
- Blood tests. Blood samples are checked for anemia and certain infections. Your blood type and Rh factor are also noted.
- Pap test or cervical culture. The cells from the cervix collected during a pelvic exam may be checked for signs of infection, cancer, or conditions that could lead to cancer.
- Glucose screening test. The sugar level in the woman's blood is measured to test for gestational diabetes at approximately 28 weeks.

- Group B streptococcus (GBS) testing is performed at approximately 35 weeks. The cells from the woman's vagina and rectum are tested for the presence of GBS, which can be passed to the baby during delivery and cause infection.
- Human immunodeficiency virus (HIV) test, optional but recommended. If you have HIV, you could pass it to your baby during pregnancy, labor, delivery, and breastfeeding. There are things you can do to help prevent this from happening.

TESTING FOR BIRTH DEFECTS AND GENETIC DISORDERS

Tests can be done to help detect certain birth defects. These tests are done at various times during pregnancy. Some may need to be done in a special center equipped to perform them. Some tests are offered to all women to help assess the risk of certain birth defects. These screening tests do not diagnose birth defects, but they may tell if there is an increased risk for a problem. Types of screening tests include:

- First trimester screening. The results of special ultrasound tests and blood tests are combined to determine your baby's risk for Down syndrome and trisomy 18. These tests are done between 10 and 14 weeks of pregnancy.
- Maternal serum screening. A group of blood tests (also called serum integrated screen, triple or quad screen) that check for abnormal levels of substances linked with certain birth defects, such as Down syndrome and neural tube defects. These tests are done between 15 and 20 weeks of pregnancy.
- Cystic fibrosis testing. A lab test done on a sample of blood to see if a couple is at an increased risk for giving birth to a child who will have these conditions.
- Patients of Ashkenazi Jewish descent will be offered optional testing for Ashkenazi diseases.

Other tests are done if the results of a screening test or other factors raise concerns about your baby. The results of these tests often can show whether the fetus has certain birth defects:

- Ultrasound testing is an important part of medical care during pregnancy, and is considered the safest way to evaluate a fetus in the womb. It can give us certain medical information, but is not a guarantee of a perfect child. Occasionally the sex of the child can be seen, but the results are not guaranteed. A routine ultrasound is usually performed between 16-20 weeks. Follow up ultrasounds are done when medically needed and ordered by the physician. Ultrasounds done at patient request for non-medical reasons can be arranged, but these are not covered by insurance.
- Amniocentesis. A procedure in which a needle is used to withdraw a small amount of amniotic fluid and cells from the sac surrounding the fetus. This fluid and cells are then sent to a lab and tested. This procedure most often is done between 15 and 20 weeks of pregnancy.
- Chronic villus sampling (CVS). A procedure in which a small sample of cells is taken from the placenta and tested. This is done between 10 and 12 weeks of pregnancy.

No test is perfect. A test may not find a birth defect that is present. Or, your baby may have a problem that the test was not meant to find. The tests cannot find all birth defects. If the results show that there is a problem, a counselor can help explain how the baby will be affected. In some cases, it is not known how severe a birth defect will be. Sometimes surgery or treatment is possible. In other cases, there is no treatment for a defect. The counselor and doctor can explain the results and provide guidance in making choices and considering options.

SMOKING, ILLICIT DRUGS, AND ALCOHOL

These increase the risks of miscarriage, bleeding, smaller babies, premature babies, developmental delays, and other serious complications. All of these substances are thought to be dangerous in pregnancy and should be stopped as soon as possible. Talk to one of our providers if you need help.

TRAVEL

In uncomplicated pregnancies, you may travel by any means until the beginning of your last month. High risk patients are generally discouraged from travelling after 24 weeks. If problems have been occurring, check with us before you make your plans. Most pregnant women will require extra rest while on vacation, especially if you are going to a higher altitude. When you travel, be sure to move your legs at least each hour to avoid blood clots.

HAIR TREATMENTS

Because of the lack of scientific studies on the effects of chemical treatments on your hair, we must advise that you do it at your own risk. If you choose to treat your hair, we recommend that you wait until after 12 weeks gestation. At this time there is no reason to believe that treating your hair is associated with and consequences to the baby.

INTERCOURSE

Intercourse is safe during pregnancy. Exceptions to this are vaginal bleeding, ruptured membranes, multiple gestation, placenta previa, or premature labor.

DENTAL CARE

It is very important to continue with routine dental care during pregnancy. You can receive Lidocaine injections without epinephrine, but no gas analgesia. Dental X-rays are permitted after 12 weeks with an abdominal shield.

WATER

Water is an important nutrient in a good diet. However, it cannot be stressed enough that during pregnancy water is essential. The body has increased circulation through blood vessels, and without a large increase in water, pregnant women will be dehydrated. It plays an important role in decreasing constipation, preventing preterm contractions, decreasing swelling, and preventing dizziness. We recommend that you drink 8-10 glasses of water per day.

DIET

Maintaining good health with a proper diet is important and not complicated. A healthy, well-balanced, low fat diet is recommended. Your increased calories will come from an increased appetite, so it is not necessary to eat more. Most weight gain will occur in the second half of pregnancy.

Many women have questions concerning DHA supplements during pregnancy. DHA is a supplement that helps with the brain and eye development. Many prenatal vitamins contain a DHA supplement with them.

Caffeine should be limited during pregnancy. If you like to drink coffee and sodas, we recommend that you use decaffeinated products. Avoid Nutra-sweet or sweet-n-low products. Splenda and sugar are safe alternatives.

WEIGHT GAIN

An average woman needs about 2,000 calories a day. When you are pregnant, you need about 300 calories more each day to stay healthy and help the fetus grow. A woman whose weight is normal before she becomes pregnant should gain 25-35 pounds during



pregnancy. Women who are underweight should gain about 28-40 pounds. Women who are overweight should gain 15-25 pounds. Women who are obese should gain around 15 pounds. Women carrying twins should gain as much as 45 pounds.

If you keep up the good eating habits you began in pregnancy, you'll be close to your normal weight within a few months after giving birth. Combining healthy eating with exercise will help the process.

FISH AND SHELLFISH

Fish and shellfish are an important part of a healthy diet. Fish and shellfish contain high-quality protein and other essential nutrients, are low in saturated fat, and contain omega-3 fatty acids. A well-balanced diet that includes a variety of fish and shellfish can contribute to heart health and children's proper growth and development. So, women and young children in particular should include fish or shellfish in their diets due to the many nutritional benefits. However, nearly all fish and shellfish contain traces of mercury. For most people, the risk from mercury by eating fish and shellfish depends on the amount of fish and shellfish eaten and the levels of mercury in the fish and shellfish. Therefore, pregnant women, nursing mothers, and young children need to avoid some types of fish and shellfish and eat fish and shellfish that are lower in mercury.

Do not eat Shark, Swordfish, King Mackerel, or Tilefish because they contain high levels of mercury.

Eat up to 12 ounces (2 average meals) a week of a variety of fish and shellfish that are lower in mercury.

Five of the most commonly eaten fish that are low in mercury are shrimp, canned tuna, salmon, Pollock, and catfish.

Another commonly eaten fish, albacore ("white") tuna has more mercury than canned light tuna. So when choosing your two meals of fish and shellfish, you may eat up to 6 ounces (one average meal) of albacore tuna per week.

Check local advisories about the safety of fish caught by family and friends in your local lakes, rivers, and coastal areas. If no advice is available, eat up to 6 ounces (one average meal) per week of fish you catch from local waters, but don't consume any other fish during that week.

For more information, please refer to www.epa.gov/ost/fish.

LISTERIA

Listeria is a harmful bacterium that can be found in refrigerated, ready-to-eat foods (meat, poultry, seafood, and dairy unpasteurized milk and milk products or foods made with unpasteurized milk), and soil. When eaten, it may cause listeriosis, an illness to which pregnant women and their unborn children are very susceptible.

Tips on preventing Listeria:

Your refrigerator should register at 40 F (4 C) or below and the freezer at 0 F (-18 C). Place a refrigerator thermometer in the refriger-



erator, and check the temperature periodically.

Refrigerate or freeze perishables, prepared food, and leftovers within two hours of eating or preparation. Follow the 2-Hour Rule: Discard food that's left out at room temperature for longer than two hours. When temperatures are above 90 °F (32 °C), discard food after one hour.

Use ready-to-eat, perishable foods, such as dairy, meat, poultry, seafood, and produce, as soon as possible.

DO NOT EAT:

Hot dogs and luncheon meats unless they're reheated until steaming hot.

Soft cheeses like Feta, Brie, and Camembert, blue-veined cheeses, or queso blanco, queso fresco, or Panela unless they're made with pasteurized milk. Make sure the label says "made with pasteurized milk."

Refrigerated pâtés or meat spreads.

Refrigerated smoked seafood unless it's in a cooked dish, such as a casserole. (Refrigerated smoked seafood, such as salmon, trout, whitefish, cod, tuna, or mackerel is most often labeled as "nova-style," "lox," "kippered," "smoked," or "jerky". These types of fish are found in the refrigerator section or sold at deli counters of grocery stores and delicatessens.)

Raw (unpasteurized) milk or foods that contain unpasteurized milk.

TOXOPLASMOSIS

Toxoplasmosis is a parasite found in raw and undercooked meat; unwashed fruits and vegetables; water; dust; soil; dirty cat-litter boxes; and outdoor places where cat feces can be found. It can cause an illness called toxoplasmosis that can be particularly harmful to you and your unborn baby.

TIPS ON PREVENTING TOXOPLASMOSIS:

Wash your hands with soap and warm water after touching soil, sand, raw meat, cat litter, or unwashed vegetables.

Wash all cutting boards and knives thoroughly with soap and hot water after each use.

Thoroughly wash and/or peel all fruits and vegetables before eating them.

Separate raw meat from other foods in your grocery shopping cart, refrigerator, and while preparing and handling foods at home.

Cook meat thoroughly. The internal temperature of the meat should reach 160 °F (71 °C). Use a food thermometer to check.

Avoid drinking untreated water, particularly when traveling in less-developed countries.

FOR CAT LOVERS

Toxoplasmosis infects essentially all cats that spend any time outdoors. Cats get this parasite by eating small animals or raw meat that's been infected. The parasite is then passed on through the cat's feces. It doesn't make the cat sick, so a pregnant woman may not know her cat has it.

FOLLOW THESE TIPS:

-If possible, have someone else change the litter box. If you have to clean it, wear disposable gloves and wash your hands thoroughly with soap and warm water afterwards.

- Change the litter box daily. The parasite doesn't become infectious until one to five days after it is shed in the feces.

- Wear gloves when gardening in a garden or handling sand from a sandbox because cats may have excreted feces in them. Be sure

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to wash your hands with soap and warm water afterwards.

- Cover outdoor sandboxes to prevent cats from using them as litter boxes.
- Feed your cat commercial dry or canned food. Never feed your cat raw meat because it can be a source of the Toxoplasmosis parasite.
- Keep indoor cats indoors. Be especially cautious if you bring outdoor cats indoors.
- Avoid stray cats, especially kittens.
- Don't get a new cat while you're pregnant.

EXERCISE

If you have not been exercising, the addition of walking, swimming, or some aerobic activity should become part of your routine. It is good for your stamina, circulation, weight control, and decreased feeling of fatigue. If you have been exercising, you may want to continue to do what your body is accustomed to. If you are new to exercising, start off slowly and increase with time. ACOG considers the following conditions to be incompatible with vigorous exercise in pregnancy: history of 3 or more miscarriages, ruptured membranes, preterm labor, incompetent cervix, bleeding or placenta previa, heart disease or multiple gestations. Always speak with a provider if you are unsure about a particular activity. Keep well hydrated with water or Gatorade-like liquids. Avoid the use of hot tubs, saunas, or steam rooms due to the heat.

THE FOLLOWING ARE SEVERAL GUIDELINES TO EXERCISING:

- Start off slowly, and warm up and cool down adequately.
- If you feel breathless, dizzy, or overtired, stop and rest.
- Do not hold your breath during exercising.
- Exercise should be performed slowly and in control. Avoid pushing, pulling, or leaning that will strain muscles or cause you to lose your balance. Remember, your center of gravity is different when you are pregnant.
- Wear supportive footwear and comfortable clothing.
- Keep pulse rate under 140 beats per minute.
- Avoid exercise in hot, humid weather.
- Be sure to drink plenty of water during exercise.

GOOD ACTIVITIES DURING PREGNANCY:

- Low impact aerobics
- Swimming
- Treadmill and walking
- Prenatal yoga

FORBIDDEN ACTIVITIES DURING PREGNANCY:

- Scuba diving
- Skydiving
- Waterskiing
- Downhill skiing
- Rock climbing

WORK

Most of the time, a healthy woman with a low risk pregnancy can keep working if her job poses no more risk than daily life. Discuss with your doctor the type of work you do both at your workplace and at home:

Do you work around chemicals, gas, dust, fumes, or radiation?

Do you have to lift heavy loads, work at heights, or use high-speed machines?

Do you stand for most of you day?

If you think your job may bring you into contact with something harmful, find out by asking your personnel office. Workplace safety hazards and tips can be found on the web sites of the Occupational Safety and Health Administration (www.osha.gov) and the National Institute for Occupational Safety and Health (www.cdc.gov/niosh). Paid maternity-leave policies vary from state to state and employer to employer. The federal Family and Medical Leave Act (FMLA) guarantees some women up to 12 weeks of unpaid leave after giving birth.

ABUSE

Many women are victims of physical, sexual, or emotional abuse. Abuse often begins or increases during pregnancy, putting both the woman and the fetus at risk. During pregnancy, the abuser is more likely to aim blows at the woman's breasts and abdomen. Dangers to the fetus include miscarriage, low birth weight, and direct injury from the blows. If you are being abused, tell your doctor. He or she can help you get in touch with support services, or counseling. Shelters exist for abused women and children. A close friend, counselor, or clergy member also may be able to help.

MEDICATIONS

When you are pregnant, you must approach things differently. Medications are taken only when absolutely necessary, not just for our comfort. If you are taking any medications from another physician, please let us know. It is best to avoid taking any medications, however, there will be times that taking a medication is both safe and helpful. Any prescription medication we give you will be safe in pregnancy. Otherwise, over the counter medications are also considered safe. If at any time you are unsure or what we have suggested is not effective, please feel free to call us for assistance. The following guidelines should be used when choosing medications and should be taken as directed on the label. Ibuprofen and aspirin are not recommended during pregnancy.

NAUSEA: Vitamin B-6 (50mg, 2 times per day), Ginger (in the form of ginger ale, ginger tea, or ginger tablets), seabands (available at the drug store), Emetrol, eat small frequent light meals. If these do not help, notify the office and we can recommend other treatments. Nausea is very common during the 1st trimester.

HEADACHE OR FEVER OVER 100.4: Tylenol, 500mg every 4 hours as needed.

NASAL CONGESTION OR COLD: warm salt water gargles, cold air humidifier, Benadryl 50 mg every 6 hours, Tylenol cold medications, ocean nasal spray, Robitussin DM or CF, Claritin, Zyrtec.

COUGH: Robitussin or Robitussin DM, one teaspoonful every 4-6 hours.

CONSTIPATION: Increase fluids (such as prune or apple juice) and make sure to drink 6-8 glasses of water per day; add bran, fruits, and vegetables in diet; avoid constipating foods such as cheese, chocolate, and rice. Metamucil, Citrucel, senokot, Fibercon, Konsyl or a stool softener.

DIARRHEA: Immodium, Kaopectate.

HEMORRHOIDS: Tucks pads, anusol, or preparation H with cortisone, ointment or suppositories.

HEARTBURN: Tums, Maalox, Mylanta, Pepsid AC, Zantac 75, Tagament HB

SKIN IRRITATION: Alpha Keri, Aveeno, Caladryl, or Benadryl lotion, spray or cream

SLEEP: Tylenol PM (occasionally)

YEAST INFECTION: Monistat or Gynelotrimin

CHEMICAL EXPOSURE

Many patients ask about hair coloring, finger nail polish, cosmetics, topical skin medications, household cleaning agents, paint, and insecticides. We allow you to use such items but encourage you to avoid anything that is unnecessary until the fetus is formed or about 12 weeks of pregnancy. Use them only as directed. Remember, if you are concerned; avoid the use of any unnecessary products. We cannot guarantee their safety.

PREGNANCY SYMPTOMS AND CHANGES

Most pregnancies have some related discomforts which may vary widely from each person and pregnancy. They are caused by your adapting to physical change and changes in your hormone levels. They are not dangerous for you or your baby.

BREAST TENDERNESS

Generally occurs early in pregnancy and gradually disappears.

NAUSEA AND OCCASIONAL VOMITING

Generally the second symptom to appear. It usually improves after 10-12 weeks of pregnancy, but may return in mild form throughout pregnancy. Keep meals small, frequent and simple; avoid fried; greasy foods; try dry toast or crackers.

HEADACHES

Often appear when nausea improves, may occur daily, and usually lessen after 14-16 weeks. Unusually severe headaches should be reported to us.

PREMENSTRUAL-LIKE CRAMPING

Can occur throughout the first 12 weeks, is usually mild and not dangerous.

VAGINAL DISCHARGE

Increases throughout pregnancy, and appears somewhat like nasal mucous. It is usually not bloody, foul smelling, watery, or itchy.

FATIGUE

This occurs throughout the first trimester. It may feel as if you have taken some form of sleeping pill, especially in the afternoon. You may also have some difficulty sleeping at night.

ROUND LIGAMENT PAIN

This appears around the 14th week and peaks at 18-20 weeks with relief around 26 weeks. These are sharp, stabbing pains on the sides of your lower abdomen caused by pulling of uterine ligaments. They are aggravated by physical activity and turning motions and usually resolve by simply resting and taking Tylenol as needed. Pains that are severe or persist should be evaluated by the physician.

BACKACHE

This usually occurs in the second half of pregnancy and can be associated with sciatica (pain radiating down the legs). It is caused by the change in your posture from enlarging abdomen. Avoid high-heeled shoes and prolonged sitting. It is treated with heating pads, massage, and physical therapy.

SWELLING (EDEMA)

This also occurs in the second half of pregnancy, and is mostly limited to the lower legs. It is not associated with problems, unless it progresses to the hands and face, and your blood pressure becomes elevated. Edema will usually resolve with bed rest on your side. Thirty minutes standing or walking in a swimming pool will work very well for leg edema.

LEG CRAMPS

These occur most often at night and usually resolve with increased potassium (have a glass of grape juice daily and eat bananas).

VARICOSE VEINS

These veins will frequently appear on the lower extremities or vulvar area as pregnancy progresses. They can become worse with each pregnancy. The use of support hose and leg elevation is recommended.

SKIN CHANGES

Pregnancy is associated with increased pigmentation, enlargement of existing moles, mild acne, and the appearance of small red spots called hemangiomas. Most lesions will disappear or become smaller after pregnancy ends.

DIZZINESS AND FAINTING

On occasion you may feel weak or faint. This is caused by a combination of low blood pressure and/or low blood sugar. Always stay well hydrated and carry some candy or crackers with you for emergency situations. Notify us if these occur often.

SHORTNESS OF BREATH AND PALPITATIONS

Can occur but usually resolve by resting. Severe, persistent symptoms should be evaluated.

FETAL MOTION

In your first pregnancy, this appears by the 22nd week: earlier in subsequent pregnancies. Consistent motion is established after the 24th week and is most noticeable after meals in the evenings. Motion may decrease slightly in quantity in the last month, but the fetus still should move several times everyday. Please notify us if it does not. A simple test of your baby's well being is a kick count. After 26 weeks, fetal motion of any kind should occur at least 10 times in the hour after a meal.

CONTRACTIONS

By 24-28 weeks you may notice non-painful tightening of the uterus (Braxton-Hicks) about 3 times per hour. These are normal. If you are less than 37 weeks and having painful contractions at 5 times per hour, which do not resolve with rest and fluids over the next hour it may be a sign of premature labor and should be reported. In the last month, increased irregular and sometimes painful contractions are common as the uterus prepares for labor.

PROBLEMS IN PREGNANCY

VAGINAL BLEEDING

In the first third of pregnancy, bleeding that is menstrual-like or heavier can be a sign of a problem. Although it is not uncommon to bleed, first trimester bleeding should be evaluated. Light staining or spotting after sex is common and is generally not a problem.

After the first trimester, bleeding is unusual (except staining after sex) and should be reported. Heavy bleeding can be associated with placenta previa or abruption. These are emergency situations. When you are in the last few weeks of pregnancy, it is not unusual to get a discharge with blood called show. This is usually no heavier than a period.

PREMATURE RUPTURE OF THE MEMBRANES

When this occurs prior to 37 weeks, special precautions must be taken. Notify the provider and we will instruct you what to do. When the water breaks, it is usually obvious or you will have a persistent "trickling" of clear fluid from the vagina. If you are uncertain, walk around for a few minutes: leaking will persist over time. If it continues, notify the physician.

PREECLAMPSIA

This is a combination of high blood pressure, swelling, and protein in the urine. You may also have headaches, nausea and vomiting, abdominal pain, and spots in front of your eyes, all occurring after the 20th week of pregnancy. Again, notify us for an evaluation.

COLDS AND OTHER ILLNESS

When a cold occurs during pregnancy, it may be more severe than at other times. Symptoms usually last 7-10 days and require rest and fluids. Please refer to the list of medicines for your symptoms. If the cold progresses to bronchitis or pneumonia, which consists of fever and persistent cough, see the physician for an examination.

If you are exposed to chickenpox (varicella) during pregnancy and have had the illness already do not worry as you are immune. If you have never contracted the illness, let us know as we can test for immunity. Treatments depend on where you are in the pregnancy and must be individualized.



WHAT PREGNANT WOMEN SHOULD KNOW ABOUT H1N1 (SWINE FLU)

H1N1 (referred to as "swine flu" early on) is an influenza virus causing illness in people. Illness with the H1N1 virus has ranged from mild to severe; however, pregnancy and other previously recognized high risk medical conditions from seasonal influenza appear to be associated with increased risk of complications.

We recommend that all pregnant women receive immunization for the seasonal flu, and strongly recommend that pregnant women also receive immunization for H1N1.

All pregnant patients need to contact us immediately if you are experiencing the symptoms of influenza or if you had close exposure to persons with influenza.

Certain antiviral drugs can be prescribed to fight against the flu by keeping the germs from growing in your body. These medicines can make you feel better faster and make your symptoms milder. These medicines work best when started soon after symptoms begin or within two days.

PREPARING FOR LABOR

By the third trimester of pregnancy you should register at the hospital. Please discuss this with your provider before you register. We strongly advise that you register for a childbirth preparation class which helps you prepare for labor no matter what approach you have chosen. Pain relief in labor is available to all patients unless medically contradicted. In your last month we will supply you with a list of labor instructions which tell you when to contact us and how.

You will also need to become familiar with a pediatrician. He/She will examine your new baby while at the hospital, and after discharge. We will be glad to help you with referrals.

ABOUT DISABILITY

When medically appropriate, we will recommend that a pregnant patient be placed on disability leave from her job. Such leave is rarely required, however, and in the absence of a serious condition that would endanger the health of the mother or baby, medical ethics prevent us from making such a recommendation. We will, however, do what we can to reduce or eliminate pregnancy-related difficulties you may be having at work, by making recommendations to your employer.

INSURANCE

Always have your insurance information with you. Please notify us immediately of any change in your coverage. Failure to do so could leave you responsible for your medical bills. Read your insurance manual to be aware of your responsibility for referrals, copayments, and proper use of the correct hospitals and diagnostic centers. Please investigate your insurer's policy on number of hospital days allowed for maternity care, before you deliver.

Finally, we try very hard to individualize our care with our patients. We hope that you will feel comfortable in our office.