

# PREGNANCY RESOURCE GUIDE



**The Women's Health Group, P.A.**

Obstetrics and Gynecology

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## CONGRATULATIONS!

We are glad that you have selected The Women's Health Group, P.A. as your partner for this pregnancy. This book has been designed to serve as your resource guide. It contains important information, like what you can expect during each trimester and appointment, common pregnancy questions and concerns, and information about our office procedures. This can be an exciting and confusing time. We will do our best to make your experience a great one!

- THE WOMEN'S HEALTH GROUP PROVIDERS & STAFF

THE WOMEN'S HEALTH GROUP, P.A.



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## Meet our Physicians

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*Dr. Mark J. Gros*



*Dr. Steven A. Priddle*



*Dr. Michael L. Newcomer*



*Dr. Katherine Goodpasture*



*Dr. Mackenzie E. Dikeman*



*Dr. Brittani J. Roles*

## Meet our Clinical Staff

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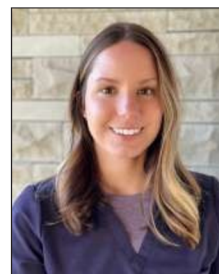
*Diane F. Wendelken,  
APRN-C*



*Kristin Blanding,  
DNP, APRN-C*



*Jennifer Schley,  
RT, RDMS*



*Elizabeth Irwin, RT,  
RDMS*

# Contact Information

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## WEST LOCATION

1620 Charles Place  
Manhattan, KS 66502

### CLINIC HOURS

Monday – Tuesday 8:00 am – 6:00 pm

Wednesday – Friday 8:00 am – 5:00 pm

(Phone lines close at 4:45 M-F)

### LAB HOURS

Monday – Tuesday 8:00 am – 6:00 pm

Wednesday – Friday 8:00 am – 5:00 pm

## EAST LOCATION

8315 Positano Dr.  
Manhattan, KS 66502

### CLINIC HOURS

Monday – Friday 8:00 am – 12:00 pm, 1:00 pm – 4:30 pm

(Phone lines close at 4:45 M-F)

### LAB HOURS

Monday – Friday

8:00 am – 12:00 pm, 1:00 pm – 4:30 pm

## KLARA

Our office uses the text-messaging platform Klara for appointment reminders, office communication & forms, medical questions, statements, and payments. This direct textable number is 785-347-8509. You can also call our office at 785-776-1400 and press 1 to move your conversation to a text message.

## PATIENT PORTAL

Our electronic medical records system, Mod Med, has an App - APPatient - available for both Android and Apple devices for easy access to your patient portal account. You will receive an email inviting you to your patient portal. Please note that all communication (questions/scheduling) should go through Klara and not your patient portal.

O: 785-776-1400 F: 785-776-7392

[www.thewomenshealthgroup.com](http://www.thewomenshealthgroup.com)

Prenatal care will be managed by your assigned physician. While our physicians work hard to attend to their patient's deliveries, there are times when babies are delivered by the doctor on-call. We require payment arrangements and a card on-file prior to your first appointment. Our office will schedule all appointments based on your scheduling preferences. We do our best to accommodate our patients' schedules but cannot make everything work. You will see either a Nurse Practitioner or their assigned physician throughout their prenatal journey. If you need something after hours, you can call our office and leave a voicemail and we'll get back to you the next business day. If you need to speak with a physician urgently after hours, please call 785-776-1400 and follow the prompts.



# Appointments

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First step is to confirm your pregnancy with a blood test. We will schedule a confirmation quantitative HCG lab appointment in our office. We will also accept a pregnancy confirmation from your PCP, the Pregnancy Testing Center, health department, or ER. Please have those records faxed to our office at 785-776-7392.

If you are a transfer patient, we will need your current records BEFORE we can schedule your first appointment with our office. We can provide a Medical Records Release and submit to your former office. Please also call to have these records faxed to our office at 785-776-7392. Once we have confirmed your pregnancy, our billing team will verify your insurance and create a personalized OB payment plan. We will reach out to you via Klara to review and finalized your OB contract.

Payment or payment arrangements are required prior to your first appointment. Payment plans do require a card on-file.

We typically schedule the following routine appointments for your pregnancy:

## INITIAL OB APPOINTMENT

This appointment is with one of our experienced nurses and is conducted around ten weeks gestation at our East location (8315 Positano Dr., Manhattan). Please plan to be at our office for almost two hours. This visit includes:

- An ultrasound to check your due date
- An appointment with our OB Coordinator to review and update your health history
- Prenatal lab appointment.
  - Blood type
  - Antibody Screen
  - Complete blood count
    - Rubella
    - RPR
    - Hepatitis B
    - Hepatitis C
    - HIV
    - Urine Culture
- Other as deemed by your physician

## ELECTIVE TESTING OPTIONS DISCUSSED

- Non-Invasive Prenatal Test (Available after 10-week's gestation)
- Genetic Cancer Screening (Available anytime)
- a-Fetoprotein (AFP) (Only available between 15.5 - 23.9 week's gestation)
- All elective testing options are billed through a third party. More information can be found at <https://www.natera.com/womens-health/>

## ROUTINE OB APPOINTMENTS

Your next appointment will be around 12-week's gestation, then every four weeks until 32-weeks of pregnancy, then every two weeks until 36-weeks of pregnancy, then every week until delivery.

## ANATOMY ULTRASOUND

This is completed based off medical history and scheduled with one of our highly qualified sonographers. This is an important appointment to assess the anatomical development of baby. Videotaping and/or pictures are not allowed during your visit. .

## FLEXIBLE SCHEDULING

Please understand that there may be times when a scheduled appointment has to be rescheduled or altered when a physician has to leave for a delivery or an emergency. Our physicians are dedicated to their patients

We strive to be as accommodating as possible, but in the case of an emergent surgery, an induction may be rescheduled to another date or time. This may occur up to the day of induction. We appreciate your flexibility in scheduling these routine visits.

# Glucose Tolerance Testing

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Due to ACOG recommendations, early screening is now completed at your first appointment. Some patients have an extra lab added to their NOB Labs while others are scheduled for an early 1-hour glucose tolerance test around 16wks.

If indicated, you'll be scheduled for a 3-hour glucose tolerance test.

If early testing is indicated, patients may also repeat testing at 28wks, depending on your results.

Diabetes occurs when there is a problem with the way the body uses insulin. When insulin is not used properly, the level of glucose in the blood becomes too high.

Because the hormones of pregnancy increase the body's resistance to insulin, approximately 3% of pregnant women will develop diabetes during pregnancy.

## 1-HOUR GLUCOSE TOLERANCE TEST

- Typically scheduled around the 28th week of pregnancy.
- Lab appointment will be scheduled at least 30-minutes prior to your 28-week OB appointment.

### Prior to the test:

- THIS IS NOT A FASTING TEST. Please eat a light, high-protein snack if you must eat prior to your appointment.
- Take any medication as prescribed.
- When you wake up in the morning please collect a sample of your first morning's urine and bring it with you that day. We have extra cups available if you forget.
- Please plan on being at our office for up to 1 ½ hours.

### What to expect:

- You will have five minutes to drink the Glucola.
- A lab technician will set a timer for one hour and you will be directed to the lobby to wait until either a nurse takes you back for your appointment or it is time for the next lab test.

- You must stay until your lab testing is completed.
- If your blood glucose exceeds the recommended range for the testing interval, then you will be scheduled for a three hour glucose test to confirm your diabetic status.

## 3-HOUR GLUCOSE TEST (IF INDICATED)

If your 1-hour glucose test fell outside of the normal range, you will be scheduled for a 3-hour test.

### Prior to the test:

- THIS IS A FASTING TEST. Do not drink anything other than water 10-12 hours prior to your appointment.
- If you need to take medication, please take them with water.
- The testing takes up to 3 ½ hours and you need to plan on being at our office for the duration of the test. You will not be allowed to consume anything other than water during the testing.

### What to expect:

- Upon arrival to the lab, a lab technician will draw your blood to determine a fasting blood sugar.
- You will have five minutes to drink the Glucola.
- A lab technician will set a timer for one hour and you will be directed to the lobby to wait.
- You must stay until your lab testing is complete.
- If two of your blood glucose results are higher than normal the testing will be stopped and you will speak with a nurse.

*With both tests, please notify a staff member if at any point during the test you feel nauseated or vomit.*

# Ultrasound

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*Unsupervised children are not allowed at ultrasound appointments in our office. Please make other arrangements when required.*

## **ANATOMY SCAN**

Completed around 20 weeks. We check fetal position, placement of the placenta, and heart rate. Please drink 20-30oz of water and eat a high carb/protein snack 30 minutes prior to your appointment.

## **GROWTH SCAN**

Usually scheduled in the 3rd trimester, this scan assesses baby's development and checks growth, weight, position and movement. These are only scheduled when indicated in pregnancy.

## **BIOPHYSICAL PROFILE**

Referred to as a BPP, takes a look at baby's heart rate, breathing, movement, muscle tone, and amount of amniotic fluid. These are only scheduled when indicated in pregnancy.

## **Ultrasound Orders in Pregnancy**

Our physicians follow ACOG guidance for additional antenatal screenings that includes NST, growth scans and BPPs. When medically indicated, these orders will be placed and the patient will be scheduled as appropriate.



## Weeks 1-13

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### WHAT IS HAPPENING TO ME?

You may be experiencing some of the following signs and symptoms of pregnancy. Please refer to *Common Pregnancy Discomforts* (pg. 23) for helpful suggestions.

- Missed period
- Fatigue
- Heartburn
- Food aversions and/or cravings
- Headaches
- Nausea and/or vomiting
- Breast tenderness and enlargement
- Frequent urination

During these early weeks you may not have even known you were pregnant. At the end of your first month your baby is smaller than a grain of rice! In the second month your baby's major organs and facial features begin to develop. By the end of the third month your baby will weigh around 1 ounce and can open and close its fists and mouth.

### Warning Signs

Please call our office immediately if you experience any of the following:

- Bleeding
- Significant cramping or pain
- Trauma or injury to your abdomen

## Weeks 14-27

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### WHAT IS HAPPENING TO ME?

You may be experiencing some of the following signs and symptoms of pregnancy. Please refer to *Common Pregnancy Discomforts* (pg. 22) for helpful suggestions.

- Mild swelling of hands and feet
- Lower abdominal aches/backaches
- Bleeding gums
- Increased appetite
- Constipation
- Leg cramps
- Increased vaginal discharge
- Nasal congestion/nose bleeds
- At 18-20 weeks you will usually begin to feel “quickenings” or fetal movements

As you enter your second trimester your baby’s heartbeat may be audible with the use of a Doppler. Your baby’s eyelids, eyebrows, and nails are formed. By the end of this trimester your baby will weigh around 2 pounds and is about 12 inches long. Baby will move, kick, sleep, wake, swallow, and hear!

### Warning Signs

Please call our office immediately if you experience any of the following:

- Vaginal bleeding or spotting
- Leaking of watery fluid that is different than your normal vaginal discharge
- Severe or persistent abdominal pain or tenderness
- Trauma to the abdomen
- Visual disturbances such as blurring, dimming, flashing lights, or spots in your vision
- Persistent or severe headache, or a headache accompanied by blurred vision, slurred speech or numbness
- Severe or sudden swelling
- A persistent or severe leg cramp, or one leg that is significantly more swollen than the other
- Difficulty breathing or chest pain

# 28 Week Labs

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## GLUCOSE TESTING

- If you haven't been scheduled for early Glucose Testing, this will be completed at 28 weeks. See Glucose Tolerance (pg. 8).

## TDAP RECOMMENDATIONS

- Tetanus-Diphtheria-Acellular Pertussis.
- We recommend that all pregnant women receive the Tdap vaccination during every pregnancy.
- To maximize passive antibody transfer to baby, we recommend injection between 32-34 weeks.
- If you do not receive the Tdap vaccination during pregnancy, we recommend vaccination immediately postpartum.

## RHOGAM

- If you have an Rh negative blood type we will administer Rhogam at 28-week, and possibly after delivery.
- Vaccine to protect your baby – safe in pregnancy.
- If you have any bleeding during pregnancy please call our office as you may need an early Rhogam injection.

# Weeks 28-40

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## WHAT IS HAPPENING TO ME?

You may be experiencing some of the following signs and symptoms of pregnancy. Please refer to *Common Pregnancy Discomforts* (pg. 22) for helpful suggestions.

- Occasional abdominal pain/Braxton-hicks contractions
- Stronger fetal activity
- Difficulty sleeping
- Swelling of hands and feet
- Itchy abdomen
- Frequent urination
- Colostrum – leaking breasts
- Increasing back and leg aches
- Hemorrhoids
- Increased vaginal discharge
- Navel sticking out

This is the time of extreme growth of your baby! As you enter the third trimester your baby is about 14 inches long. Your baby will continue to develop and prepare for life outside of the womb. By the 9th month your baby will settle into position for birth. At full term your baby will be approximately 18-20 inches long and 6-9 pounds.

## Warning Signs

Please call our office immediately if you experience any of the following:

- Vaginal bleeding or spotting
- Leaking of watery fluid that is different than your normal vaginal discharge
- Decreased fetal movement – after 28 weeks you should feel at least 10 movements in a 2-hour period
- Severe or persistent abdominal pain or tenderness
- Trauma to the abdomen
- Pelvic pressure, lower back pain, menstrual-like cramping or abdominal pain, or more than 5 contractions in an hour before 37 weeks
- Visual disturbances such as blurring, dimming, flashing lights, or spots in your vision
- Persistent or severe headache, or a headache accompanied by blurred vision, slurred speech or numbness
- Severe or sudden swelling
- A persistent or severe leg cramp or one leg that is significantly more swollen than the other
- Difficulty breathing or chest pain

# Additional Testing

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## GROUP B STREP

Group B Streptococcus (GBS) is a bacteria that may be present in up to 40% of women. The most common sites affected are the rectum, vagina, and urinary tract. While GBS is not harmful to the pregnant woman, it may cause infections in newborn infants. The Center for Disease Control (CDC) recommends to screen all pregnant women for detection and treatment of GBS at approximately 35-36 weeks gestation. If you are positive for GBS or have a history of GBS sepsis, you will receive IV antibiotics during labor. If your testing is negative, no intervention is required.

## NON-STRESS TEST (NST)

An NST is when an external electronic fetal monitor is placed to your abdomen and a report of your baby's heart rate fluctuations is produced. This test is usually done during the last 10 weeks of pregnancy. These tests are conducted in our office.

## MATERNAL FETAL MEDICINE

If you should need a higher-level of care for this pregnancy, we offer telehealth appointments through HCA Midwest Maternal Fetal Medicine based in Overland Park, Kansas. These patients are able to complete a majority of their appointments at our office

<https://hcamidwest.com/specialties/high-risk-pregnancy/>

We can also offer referrals to KU Med Maternal Fetal Medicine based in Kansas City, Kansas, or another provider of the patient's choice.

## RSV VACCINE

- The RSV Vaccine will be offered at 32-36 weeks. It protects the baby up to 6 months.
- The RSV vaccine is only recommended during RSV season which is September through January and not year-round.

***Your physician may recommend additional testing if you are experiencing complications such as Preeclampsia, chronic high blood pressure, pregnancy-induced hypertension, decreased fetal movement, Type I or II diabetes, gestational diabetes, or have multiple gestation.***

## BREAST PUMPS

If you are interested in a prescription breast pump please research with your insurance company and local pharmacies prior to your 36-week appointment. Please discuss with our staff if you have any questions.

Please note that requests for additional items, like compression stockings, are denied without medical documentation and necessity. If you are needing additional items, please reach out to our office.

# Preparing for your Third Trimester

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## 24 WEEKS - ALMOST THROUGH 2ND TRIMESTER!

### Maternity Leave

Now is the time to start thinking about FMLA Paperwork. Please contact your employer to determine what documentation you need to have completed. The Women's Health Group, P.A. requires two weeks to process your FMLA request and charges a \$10 processing fee. This fee is payable at the time of your request, and must be paid prior to completion of your request. If you need expedited completion of your documentation, there will be an additional \$10 fee. Physicians at The Women's Health Group, P.A. will recommend what is medically necessary for your recovery post-partum. Typically, this is 6 weeks after a vaginal delivery and 8 weeks after a cesarean delivery.

## 28 WEEKS - WELCOME TO THE THIRD TRIMESTER!

### Childbirth Classes

Riley County Health Department  
785-776-4779  
[www.rileycountyks.gov](http://www.rileycountyks.gov)

Little Apple Doulas  
785-213-8782  
[www.littleappledoulas.com](http://www.littleappledoulas.com)

Birth & Women's Center Unit tours available  
call 785-587-5463 to schedule.

If you think you are in labor, call 785-587-5463  
to let us know you are arriving.

### Kick-Counts

Fetal kickcounts are a way of monitoring and assessing your baby's wellbeing. From 28 weeks until delivery, your baby should move at least 10 times over a 2 hour period. If you are concerned that your baby is not moving as much as he/she usually moves you should empty your bladder, drink something cold, eat a small snack, and lay down somewhere quiet. Any movement by your baby counts as a movement, you don't have to necessarily feel "fetal kicks". If you do not feel at least 10 fetal movements over a 2-hour time-frame you need to go to Labor & Delivery for evaluation.

You can download a free [Count the Kicks app here.](#)

# Preparing for Delivery

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## **BRAXTON-HICKS**

- These contractions are often irregular and do not become closer together.
- They may stop when you walk, rest, hydrate or change positions.
- These usually do not become stronger in intensity.

## **TRUE LABOR**

- Regular contractions that get closer together and more intense. These continue despite movement and/or rest.
- Usually felt in the lower back and radiate to the front of your abdomen.

## **WHEN TO CALL**

- Baby is not moving
- Bright red bleeding
- If you feel leaking or a gush of fluid
- Contractions every 5 minutes for one hour
- 

***You can always skip the phone call to our office and head straight for the hospital if you think you are in labor.***

## **WHAT TO BRING**

- Hygiene items (toothbrush, lip balm, hair brush & ties)
- Infant car seat
- Nursing bra (if planning to breast feed)
- Outfit for baby
- Outfits for you – remember that you will not immediately fit into your pre-pregnancy clothing after delivery – consider an outfit that was comfortable at 6 months of pregnancy.

## **PAIN RELIEF OPTIONS DURING LABOR**

- Unmedicated – no use of medications during labor. Labor pain is managed using a combination of relaxation and breathing techniques.
- Intravenous Narcotics – pain medication that is given intermittently through your IV.
- Epidural – a regional anesthesia that removes pain below the waist. With this option your pain will be decreased but you will still be able to push and take part in the delivery of your baby.

## **INDUCTIONS**

- Can be scheduled at or after 39 weeks.
- Cannot be placed on the schedule until 2 weeks prior or the 37th week of gestation.
- Inductions are subject to the demands and priorities of Ascension Via Christi Hospital and procedures may be rescheduled at any time (including the day of).

## **SCHEDULED CESAREAN SECTION**

- Can be scheduled at or after 39 weeks. Cannot be
- placed on the schedule until 60 days prior or the 32nd week of gestation.
- Scheduled Cesarean Sections are subject to the demands and priorities of Ascension Via Christi Hospital and procedures may be rescheduled at any time (including the day of).

## ***NO VIDEOTAPING POLICY***

Our hospital and your physician have a no videotaping policy during your delivery or surgery. Photographs of your family are allowed with some instructions, which you can receive at the hospital.

# Postpartum

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## WHAT IS HAPPENING TO ME?

You may be experiencing some of the following. Please refer to *Common Postpartum Discomforts* (pg.29) for helpful suggestions.

- Bleeding
- Afterbirth pains
- Swollen breasts
- Constipation
- Hemorrhoids
- Hair loss
- Emotional changes

Congratulations! You made it through the delivery of your beautiful baby! Most women will stay 1-2 nights in the hospital after a vaginal birth or 2-3 nights after a cesarean birth.

## Warning Signs

After discharge from the hospital, please call our office if you experience any of the following:

- Fever over 100.4 degrees
- Recurrent nausea/vomiting
- Pain with urination, burning, or urgency
- Bleeding heavier than a normal period
- Pain, swelling, or tenderness in legs
- Chest pain and cough
- Breasts with red, painful or hot areas, including red streaks on the breast or underarm
- Foul-smelling vaginal or incision drainage
- Worsening pain
- You can usually expect to have a bowel movement by the second or third day after delivery. If you do not, please call our office.

# Postpartum Appointment

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## **VAGINAL DELIVERY RECOVERY**

After a vaginal delivery, exercise may be resumed when you are feeling 100%, usually 3-4 weeks after delivery. The hospital will inform you if they have scheduled your 6-week postpartum appointment or if you will need to call our office to schedule. This information will be included with your discharge instructions.

## **CESAREAN DELIVERY RECOVERY**

After a cesarean delivery, do not lift anything over 10 pounds for 2 weeks. You should wait 4-6 weeks before starting to exercise and at least 6 weeks before any abdominal exercise. The hospital will call our office to schedule a 2-week check via phone call, and a 6-week postpartum appointment. This information will be included with your discharge instructions.

## **POSTPARTUM VISIT**

The provider will answer any questions you may have, perform a pelvic exam and discuss birth control options.

# Pelvic Rehabilitation

## PELVIC REHABILITATION IN THE PREGNANCY AND POSTPARTUM JOURNEY

Pelvic rehabilitation is a specialized physical therapy (PT) service that focuses on pelvic function to optimize a person's quality of life. In addition to the internal organs, the pelvic floor and surrounding areas are made up of muscle, ligaments, tendons, nerves, connective tissue, and joints from the hips and lumbar spine region that can impact pelvic function and pain.

An essential pelvic floor function with OB/GYN conditions is awareness of pelvic floor muscles and purpose. Pelvic PT is about restoring function beyond the kegel.

### What is the pelvic floor?

The pelvic floor is a group of muscles at the base of your pelvis. This group of muscles is the foundation for every movement you do in your day-to-day life. The primary role of the pelvic floor is to support your organs, stabilize the pelvis and spine, bowel and bladder elimination, and sexual function.

### When to seek Pelvic Rehabilitation?

#### a. Prenatal Care

- i. Pelvic Floor Awareness/Education
- ii. Pain management (lumbar, SI, abdomen, groin, pubic symphysis)
- iii. External Support Garments
- iv. Incontinence or Constipation
- v. Preparation for Labor and Delivery

#### b. Postpartum Care

- i. Education on healing
- ii. Bladder/Bowel dysfunction
- iii. Pelvic Pain and Pressure postpartum
- iv. Diastasis Recti
- v. Breastfeeding Postures: neck and thoracic spine associated pain
- vi. Pain with Intimacy
- vii. Scar Management

1. Cesarean, perineal body tearing (Grades 2-4), Vaginal wall

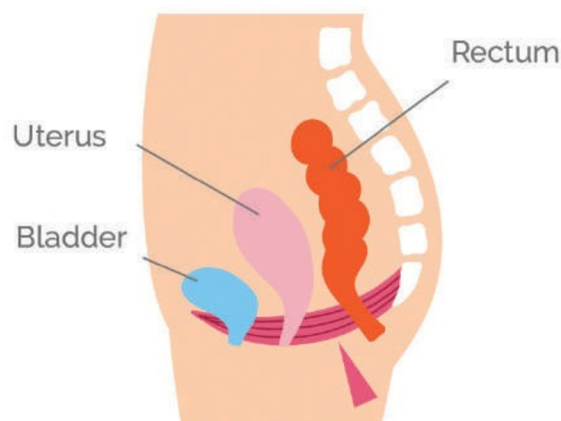
#### viii. Core and Pelvic Floor Strengthening

##### 1. Return to Exercise/Movement/Run Screen ... Performing:

- a. Impact and Load Management
- b. The six-week clearance for activity is more about the preparation of movement vs. immediate return to activity.
- c. Pelvic PT guidance can help with safe and beneficial progressions of return to ..... activity

If you have any of the following symptoms, Ask your doctor if pelvic rehabilitation is the right choice for you:

- Pelvic Pain
- Low back, hip, groin, buttock, or tailbone pain
- Bladder incontinence or pain with urination
- Pelvic pressure or the sensation of pelvic organs slipping down.
- Bowel incontinence or straining/pain with bowel movements
- Pain with sexual activity
- Prolonged sitting or standing that may increase symptoms.



# Billing Information

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## GLOBAL DELIVERY FEES

These approximate global fees include all pregnancy-related office visits, the delivery of your baby, and postpartum care. Delivery fees do not include any Pediatrician, Anesthesia, or Hospital fees.

Vaginal delivery without complications or VBAC \$4,900

Cesarean delivery without complications  
\$5,700

## ADDITIONAL FEES

Lab work (including, but not limited to Prenatal Panel labs, vaginal and cervical cultures, Glucose testing, GBS)  
\$500-\$1000

Pap Smear (billed by Reference Lab)  
\$45

Initial Ultrasound  
\$230

Anatomy Ultrasound  
\$275

Additional Ultrasounds (if appropriate)  
\$200-\$1,000 each

Rhogam Injection (Rh Negative Patients)  
\$170

Non-Stress Test (NST)  
\$85 each

Biophysical Profile (BPP)  
\$175-\$250 each

Family Medical Leave Act (FMLA) Paperwork  
\$25

*The Women's Health Group, P.A. requires two (2) weeks to process your FMLA paperwork. If you need expedited completion of your documentation, there will be an additional \$10 fee.*

## ELECTIVE TESTING

Elective testing options will be discussed at the first visit and more information will be provided.

### Non-Invasive Prenatal Testing

- Tests fetal DNA for risk of Trisomy 13, 18, 21, sex chromosome aneuploidies, and microdeletion 22q11.2
- Can be completed any time after 10 weeks' gestation (no upper limit)
- Billed by Natera

### Genetic Carrier Screening

- Tests patient for carrier status of: Cystic Fibrosis, Spinal Muscular Atrophy, Fragile X, and Duchenne Muscular Dystrophy (DMD)
- Can be completed pre-conceptionally or in the first trimester
- Billed by Natera

### α-Fetoprotein (AFP)

- Tests fetus for risk of Open Neural Tube defects (such as spina bifida)
- Must be completed between gestational age 15.0-23.9, with the optimal range being 16.0-18.9 weeks gestation
- Billed by LabCorp (\$99 to insurance)

For both testing options from Natera, patients will be contacted by Natera if their estimated cost for testing is above the cash price option and patients can elect to switch to cash pay at that time (regardless of insurance coverage).

When you receive a bill for any of the above testing, please contact the billing lab with any questions.

## **PATIENTS WITH HEALTH INSURANCE**

- Please contact your insurance carrier to understand your maternity benefits.
- Please also ensure that The Women’s Health Group, P.A., your physician, and Via Christi Hospital are participating in their provider network.
- It is your responsibility to notify our office immediately if there are any changes to your insurance information.

## **HNFS HEALTH NET FEDERAL SERVICES (TRICARE)**

- Prime beneficiary: you must receive a prior-authorization to be seen in our office. This is your responsibility and we cannot initiate care without an authorization on-file.

## **VETERANS ADMINISTRATION (VA) BENEFICIARY**

- You must contact the VA to determine eligibility. Your prenatal coverage may be provided by TriWest, which will require prior-authorization for each visit with our office.

## **PATIENTS WITHOUT INSURANCE**

- If you do not have insurance you can check eligibility for KanCare on their website – [cssp.kees.ks.gov/apspssp/](https://cssp.kees.ks.gov/apspssp/)
  - You can also shop for insurance through the Healthcare Marketplace at [www.healthcare.gov](http://www.healthcare.gov)
  - Please note that your insurance must be active prior to your first appointment or you will be considered self-pay.
- Patients without verified insurance coverage will be required to make a \$1,000 down payment at their first visit. After this payment you will be offered a pre-payment plan for your care.

## **PAYMENT OPTIONS**

- Before your initial visit, our billing staff will contact your insurance company to obtain benefits for your maternity care. When calling for your benefits, we will ask for your global maternity care benefits. We will base your payment plan on your personal benefits.
- Our billing team will contact you through Klara to review your OB Contract and payment options. Payment arrangements are required prior to your first visit. Payment plans require a card on-file.
- In the event of pregnancy loss, your insurance will be billed for any services rendered. If you have a credit balance remaining on your account after insurance processes your claim, you will be refunded this amount.

## **DISABILITY/FAMILY MEDICAL LEAVE ACT (FMLA) FORMS**

- Maternity Leave is the time a parent takes off from work for the birth or adoption of a child. Our Physicians typically recommend 6-8 weeks for maternity leave.
- Some companies offer paid time off for expecting mothers and their partners, but most working women must rely on a combination of short-term disability, sick leave, vacation, personal days, and FMLA. The FMLA requires larger employers to provide up to 12 weeks of unpaid leave to employees with a serious health condition, including birth of a child, or complications relating to childbirth or pregnancy.
- You can pick-up an FMLA request from our office or from your employer. Please allow 2 weeks for processing. We charge a \$25 processing fee that is payable before the forms are released.

# Safe Medications

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## **THESE MEDICATIONS ARE SAFE DURING PREGNANCY AND BREASTFEEDING**

*For over-the-counter medications listed below, take as needed/directed or call our office. Generics are approved.*

### Cold and Flu Symptoms

Sudafed or Actifed (after 12 weeks)

Tylenol Cold & Sinus

Cough Drops

Robitussin Cough Syrup

Benadryl

Zyrtec (plain; no decongestants)

Claritin (plain; no decongestants)

Mucinex (plain; no decongestants)

### Constipation

Colace 100mg, once or twice daily

Miralax

### Heartburn

Mylanta

Tums

Pepcid

Prilosec

Nexium

Prevacid

### Insomnia

Benadryl

Tylenol PM

Melatonin

### Diarrhea

Imodium AD

### Headache

Tylenol Regular Strength 325mg – 2 tablets every 4 hours

Tylenol Extra Strength 500mg – 2 tablets every 6 hours

Magnesium (for headache prevention)

### Nausea

Vitamin B6 50-100mg, daily

Unisom (Doxylamine) 25mg at bedtime

Dramamine

# Common Pregnancy Discomforts

<i>COMPLAINT:</i>	<i>CAUSE:</i>	<i>RECOMMENDATIONS:</i>
ABDOMINAL (MENSTRUAL-TYPE) CRAMPING	The ligaments that support the growing uterus are stretching. The uterus may contract, as it begins growing and stretching.	FIRST TRIMESTER: Heating pad for 5 minutes and/or Tylenol every 4-6 hours. Call our office if severe pain and/or bleeding occurs. This type of cramping often occurs more in subsequent pregnancies. SECOND OR THIRD TRIMESTER: Rest and increase fluids. Call our office if they become regular and/or intense, or you are 36 weeks or less and are having more than 6 per hour.
ALLERGIES (SEASONAL)	The hormonal changes can increase nasal sensitivity.	Try to avoid the allergen. Claritin and Zyrtec are safe. Try saline nasal drops/spray.
BACKACHE	The increasing uterus size causes a shift in the center of gravity and posture.	Try heat/ice for 15 minutes. Avoid lifting, bending, heeled shoes. Wear a supportive bra, stretch, wear an external abdominal binder, and/or Tylenol. SECOND OR THIRD TRIMESTER: Backache that comes and goes regularly may be associated with contractions. Please call our office if you are less than 36 weeks and having backache that feels different than usual.
BLEEDING AFTER INTERCOURSE	The increase in blood supply to the cervix.	Use a water-based lubricant to reduce friction and discomfort. If bleeding becomes heavier or is accompanied by severe abdominal cramps, you should call our office immediately.
BLEEDING GUMS	The high level of estrogen increases gum sensitivity.	Practice good oral hygiene. Use a soft toothbrush and floss regularly. Try warm saline mouthwashes. If bleeding persists, please contact your dentist.
BRAXTON-HICKS CONTRACTIONS	These are sporadic uterine contractions and probably occur to increase the tone of the uterine muscles.	Empty your bladder frequently. Rest on your left side and/or walk to relax. Call our office if they become regular and/or intense, or if you are 36 weeks along and having more than 6 per hour.

<i>COMPLAINT:</i>	<i>CAUSE:</i>	<i>RECOMMENDATIONS:</i>
BREAST PAIN	The increased hormone levels cause a thickening of the fat layer and stimulate the developing of milk ducts.	Perform a breast exam, avoid caffeine, and try Vitamin E 800mg. Wear a supportive bra constantly.
DIFFICULTY BREATHING	The enlarging uterus presses up against your diaphragm.	Avoid restrictive clothing, use pillows to elevate your back, decrease exercise, and rest. Call our office if it becomes persistent.
CARPAL TUNNEL SYNDROME	The fluid retention causes compression of certain nerves.	Wear a wrist splint while sleeping. This usually resolves post-partum.
SKIN CHANGES	Estrogen and progesterone hormones have melanocyte-stimulating effects.	Avoid prolonged sun exposure and wear sunscreen.
CONSTIPATION	Progesterone relaxes the smooth muscle, decreasing intestinal contractions. This is also a common side effect of iron contained in prenatal vitamins.	Try drinking 8 glasses of water daily and warm liquids in the morning. Eat prunes, a high fiber diet, exercise, Colace 5-200mg per day or Metamucil 4-7g per day.
DIARRHEA	Also caused by hormonal changes affecting intestinal contractions.	Increase fluid intake and drink liquids high in sugar to avoid dehydration, avoid dairy, eat rice, bananas, toast, or try Imodium. Call our office if it becomes persistent/severe.
DIZZINESS	The enlarged uterus compresses the vena cava. Also caused by nausea/vomiting and blood sugar level fluctuations.	Avoid rapid breathing, slowly change positions, lay on your left side, eat regularly throughout the day, and increase you water intake. Call our office if it becomes persistent.
FATIGUE	Caused by a decrease in the metabolic rate, hormone level changes, and sleep disturbances.	Take frequent rest periods, avoid exercise before bed and caffeine. Exercise in the morning.

<i>COMPLAINT:</i>	<i>CAUSE:</i>	<i>RECOMMENDATIONS:</i>
FLATULENCE (GAS)	Occurs from decreased gastric movement and increased intestinal pressure.	Exercise. Avoid gas-producing foods and straws. Try taking Mylicon 40-80mg as directed.
HEADACHES	Caused by stress, increased blood volume, low blood sugar or hormone level changes.	Rest in a dark room, drink fluids, try relaxation techniques, massage, hot/cold compresses. Try Tylenol 325-650mg every 4-6 hours. Please call if your headache is not relieved by Tylenol.
HEARTBURN	Hormonal influence relaxes the cardiac sphincter and decreases gastric motility.	Eat small, frequent meals and limit beverages with meals. Avoid very cold foods and lying down after eating. Try Tums.
HEMORRHOIDS	Straining during bowel movements cause veins in the rectum to become inflamed and swollen.	Eat a high fiber diet, bran, whole grains and fruit. Try sitz baths, sitting on a rubber ring, and Preparation H or Tucks.
INSOMNIA	Caused by anxiety and/or being uncomfortable.	Try a warm bath and relaxation techniques. Use a body pillow, avoid caffeine, and try Tylenol PM or Benadryl.
ITCHING	Changes in the hormone level may cause skin sensitivity.	Try an oatmeal bath, moisturizing lotion, Benadryl cream, Calamine lotion, or drinking fluids. Please call our office if itching is persistent or is localized to just the palms of your hands or the soles of your feet.
LEG CRAMPS	The uterus puts pressure on pelvic blood vessels. Also caused by decreased circulation and/or dehydration.	Straighten the affected leg and point the heel, try leg elevation several times daily, a diet high in calcium and low in phosphate, exercise, and massage. Try adding Vitamin K, Magnesium 122-244mg and increase water intake.

<i>COMPLAINT:</i>	<i>CAUSE:</i>	<i>RECOMMENDATIONS:</i>
LIBIDO CHANGES	Caused by physical discomforts, anxiety and hormonal changes.	Try different positions, more foreplay, going on dates or spending time together alone.
MOOD SWINGS	Occurs from constant fluctuation of hormone levels.	Make time for yourself, rest, exercise, communicate needs, do enjoyable activities. Please call our office if your mood swings are persistent or if they are affecting your normal daily routine.
NASAL CONGESTION	The hormone changes increase nasal mucosa sensitivity.	Use a humidifier, drink fluids, try saline nasal drops/spray and gargle salt water.
NAUSEA/VOMITING	Occurs from changing hormone levels, the enlarging uterus, and a high sensitivity to smells and tastes.	Avoid spicy, greasy foods. Eat small frequent meals, drink liquids between meals, keep crackers, popcorn, or toast at your bedside. Try lemon juice or drops, tea, Vitamin B6 50-100mg per day or Unisom ½ tab.
NOSE BLEEDS	The high estrogen levels increase nasal sensitivity. Also caused by dry air.	Loosen the clothing around your neck. Sit with your head tilted forward and pinch our nostrils for 10-15 minutes. Avoid overheated air, excessive exertion and nasal sprays. Blow your nose gently.
PAIN WITH INTERCOURSE	Occurs from pelvic and vaginal congestion, uterus enlargement or anxiety.	Try changing positions, adding lubrication, longer foreplay and more communication.
ROUND LIGAMENT PAIN (lower abdomen and/or groin cramping and pulling)	The ligaments that support the enlarging uterus are stretching.	Flex your knees to your abdomen. Try warm baths, a heating pad for 10 minutes, exercise and a body pillow. Please call our office in the pain is persistent or becomes increasingly painful.
STRETCH MARKS	The skin stretches to accommodate the enlarging uterus/abdomen.	Apply lotion with Vitamin E and aloe vera daily. These are permanent but will usually fade with time.

# Common Pregnancy Questions

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## NUTRITION

- A pregnant woman needs an additional 300 calories to maintain a healthy weight. One extra snack each day will provide the calories needed.
- We recommend that you avoid saccharine and limit aspartame-containing foods and beverages to one serving per day.
- Avoid undercooked meat and eggs.
- Sushi and common fish are safe in pregnancy at 2-3 servings each week. The most commonly eaten fish are low in mercury; these include salmon, shrimp, pollock, tuna. Large predatory fish, such as swordfish, shark, and king mackerel should be avoided.
- Deli/lunch meat and hot dogs should be limited to one serving per week due to nitrites they contain. Ideally, these meats should be heated to steaming to prevent exposure to Listeria.
- Limit caffeine consumption to 1 can of soda a day, 1 glass of tea, or ½ cup of regular coffee.
- Avoid non-pasteurized cheese (Feta, Brie, Camembert), milk, juice, and eggs.
- Vitamin B9 (Folic Acid) 0.4mg/day is recommended. Folic Acid helps prevent birth defects of the skull and spinal cord. There are many foods that contain folic acid – orange juice, green vegetables, peas, beans, peanuts, and wheat bread.
- Calcium 1,200mg/day either through diet or supplement.

## DRINKING WATER

You should drink 10-12 eight-ounce glasses of water each day. Your body needs more fluids while you are pregnant.

## WEIGHT

Each pregnancy is different and so is weight gain. You will usually gain about 1 pound per month during the first trimester, and then about 1 pound per week during the second and third trimesters. Normal pregnancy weight gain is 25-35 pounds. If you start pregnancy above your ideal body weight, you should gain closer to 15-25 pounds.

## ALCOHOL

Please DO NOT drink alcohol during your pregnancy or use any illicit/'street' drugs such as amphetamines, cocaine, marijuana, or hallucinogenic drugs.

## SMOKING

Smoking while pregnant increases the incidence of low birth weight babies, placental abruptions, miscarriage, and pre-term labor. It also increases your baby's risk for future ear infections, frequent colds and SIDS. Please DO NOT smoke during your pregnancy.

## EXERCISE

- Most women can continue to exercise during pregnancy without complications.
- Recommended exercise include walking, swimming, pregnancy-aimed aerobic classes, and light weight training.
- Make sure that you drink plenty of water, wear loose clothing, supportive shoes, and a supportive bra.
- Stop exercising if you feel fatigued or over-heated.

## KEGEL EXERCISES

These exercises strengthen the pelvic floor muscles, which support the uterus, bladder and bowel. These are helpful before and after delivery, as pregnancy and childbirth can weaken these muscles.

## COVID

We strongly recommend all patients be vaccinated against COVID-19. This includes our pregnant and breastfeeding patients. Please notify our staff if you are diagnosed with COVID-19 during your pregnancy. Please visit our website at [www.thewomenshealthgroup.com](http://www.thewomenshealthgroup.com) for up-to-date information regarding visitor policies, masking information, and more.

# Common Pregnancy Questions

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## DENTAL WORK

- We encourage routine dental care and proper oral hygiene during pregnancy. You may participate in routine cleanings, extractions, root canals, and receive fillings as needed. Local lidocaine may be used for anesthetic. For post-procedure pain management, you may use Tylenol #3 or Norco as prescribed by dentist performing the procedure.
- Please call our office for additional guidance from your physician regarding cleanings.
- If x-rays are required, please practice proper shielding of the pregnancy.

## INFLUENZA VACCINE

We recommend that all pregnant women get the annual flu shot. It is safe to get the flu shot any time while you are pregnant.

## NAILS/MANICURE/PEDICURE

It is safe to get regular manicures and pedicures while you are pregnant, and to have artificial nails. Please make sure you are in a well-ventilated space when getting your nails done.

## TEETH WHITENING

We DO NOT recommend teeth whitening during pregnancy.

## TANNING

We DO NOT recommend spray tanning during pregnancy due to chemicals inhaled during the process. It is also recommended that you avoid tanning beds, which emit UVA and UVB rays, which puts you at risk of skin cancer and overheating.

## HAIR/COLORING HAIR

It is safe to color your hair at any time during pregnancy.

## TRAVEL

- Use seat belts with the lap belt positioned below your belly and the shoulder strap appropriately positioned across you whenever you are in a vehicle.
- If driving, take frequent breaks to walk around/stretch.
- If flying, try to get up and walk the aisle frequently. Drink plenty of water! Some airlines request a doctor note so they should check with airline when booking.
- After 36 weeks, we recommend that you do not travel more than 2 hours from your home.
- Travel restrictions can change if you should develop any pregnancy complications.

## INTIMACY

For healthy pregnant women without complications, sex is safe up to delivery.

## PAINTING/CLEANING

We recommend that you use only latex paint and avoid paint strippers. Keep areas well ventilated where you are cleaning or painting.

## MASSAGES

It is safe to get a full-body massage while you are pregnant. Please notify the masseuse that you are pregnant at time of scheduling your appointment and before the massage begins.

## ACNE

The majority of over-the-counter products are safe to treat acne and we recommend that you stick with spot treatment. Avoid products with Retin-A or Retinol, and discuss any prescription strength medications with your Physician prior to use.

## FETAL MOVEMENT CONCERNS

Refer to Kick Count (pg.15).

# Common Postpartum Discomforts

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## BLEEDING

- Postpartum bleeding is called Lochia and it occurs in 3 stages. The first stage is red, lasting about 3 days. The second is watery-pink, lasting about 1-3 weeks, and the third is yellowish-white lasting invariably.
- Try to change your pads frequently to ensure dryness.
- You may pass a clot that is dark red. This is old blood that was in the uterus and has been expelled as the uterus contracts. If the blood clot the size of an orange or larger, please call our office.

## AFTER BIRTH PAINS

Cramping is due to the uterus contracting as it returns to normal size. This may be increased with breastfeeding. They usually only last a few days. We recommend changing position frequently, emptying your bladder often, using a heating pad, and taking ibuprofen. Pain can be worse with subsequent pregnancies.

## SWOLLEN BREASTS

If you are not breastfeeding, try ice packs, wear a tight-fitting bra 24-hours/day and avoid stimulation.

## SWELLING

Swelling will gradually go away as your body gets rid of excess fluid. As this happens, you may be urinating and sweating more than usual. Postpartum swelling is rarely serious and will go away on its own. Please call our office if it does not resolve within 2 weeks, or if you have persistent headaches, or pain and swelling in your legs.

## CONSTIPATION

This is often worsened if you have had hemorrhoids or an episiotomy. Try increasing your fiber, water, or using stool softeners.

## EPISIOTOMY

- Try using cold packs immediately, then dry heat, sitz baths, a spray bottle, or a rubber ring.
- Sitz bath – a clear, comfortably hot bath over your waist that promotes healing and comfort. This can be done 2-3 times a day for 15-20 minutes at a time.
- Periwash – a spray bottle filled with lukewarm water, which should be used to keep the perineum clean for the first week after delivery. Pat dry.

## HEMORRHOIDS

Try Preparation H, Anusol creams, Tucks pads, dry heat, or a spray bottle.

## HAIR LOSS

Thinning hair is normal postpartum, with the most noticeable change taking place 5-6 months after delivery.

## INTIMACY

You may attempt sex 6 weeks after a C-section or vaginal delivery, although we recommend you wait until after your postpartum visit. You may need lubrication, especially if you are breastfeeding.

## LOSS OF BLADDER FUNCTION OR LEAKAGE OF URINE

This is often caused from decreased perineal muscle tone. Try to do Kegel exercises and avoid ignoring the need to urinate.

# Emotional Changes

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*You are not alone. It is normal to feel overwhelmed, exhausted, and sleep deprived. Your changed lifestyle and fluctuating hormones may cause anxiety and feelings of helplessness. Please contact our office if you are feeling something more than the “baby blues”.*



Please know that postpartum depression is a common occurrence among new mothers, and please do not hesitate to contact our office if you are concerned that you are experiencing postpartum depression.

## **POSTPARTUM BLUES:**

- Transient, develops within 2-3 days of delivery and typically resolves within 2 weeks
- Sadness, tearfulness, irritability, and anxiety
- Insomnia
- Decreased concentration

## **POSTPARTUM DEPRESSION:**

- Can occur anytime in the first 12 months after delivery
- Irritability, anger, feeling inadequate, overwhelmed, or
- unable to care for your baby
- Lack of energy (cannot get out of bed for hours)
- Insomnia (inability to sleep even when your baby sleeps)
- Decreased appetite and/or rapid weight loss accompanied by inability to enjoy the taste of food
- Feeling shame, guilt, or having failed as a mother
- Thoughts about hurting yourself, your baby or your other children

# Birth Control

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## MENSES

Most non-lactating women will resume menses within 6-12 weeks after delivery, and most women will have ovulated by 45 days after delivery. Contraception should be initiated by your 6-week postpartum visit regardless of whether you are breast or formula feeding, since it is possible to become pregnant while breastfeeding.

## BIRTH CONTROL

Withdrawal Method: Removal of the penis from the vagina prior to ejaculation. Success rate is about 72%.

## CONDOM

A rubber sheath worn over the penis during genital contact. It acts as a barrier to transmission of semen and sexually transmitted diseases (non-latex condoms DO NOT act as a barrier for HIV). Success rate is about 88-98%.

## IUD

A small device placed in the uterus by your physician. There are hormonal and non-hormonal IUDs that work in a variety of ways to prevent pregnancy. Success rates about 99% and effective for 5-10 years, depending on the type of IUD.

## IMPLANTABLE CONTRACEPTION - NEXPLANON

A flexible, plastic rod, which is the size of a match stick, that your physician places under the skin of your arm in an office procedure. More than 99% effective and good for 3 years.

## ORAL CONTRACEPTIVES

A combination of estrogen and progestin pill taken in a series. It suppresses ovulation, diminishes growth of the endometrium, and increases the thickness of cervical mucus. Success rate is 98-99%.

### Combination oral contraceptive pills

Estrogen + Progesterone: Can be taken if you are formula feeding. Not recommended while breastfeeding as it may decrease your milk supply.

### Progesterone-only pills

Recommended if you are breastfeeding. It is very important that these pills are taken as recommended – at the same time each day to prevent pregnancy.

## CONTRACEPTIVE INJECTION

A hormonal injection that prevents ovulation. It is given every 12 weeks and it usually takes 7 days – 1 month for it to be effective. Success rate is 99.5%.

## VAGINAL RING

A small ring that you place within the vagina for 3 weeks, then remove for 1 week. Hormonal actions are similar to the oral contraceptive pills. Success rate is 99%.

## TOPICAL PATCH

A small flesh-colored patch that you apply to the skin once weekly for 3 continuous weeks, then remove for 1 week. This method is similar to the oral contraceptive pills. Success rate is 99%.

# Breastfeeding

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## HIGH 5 FOR MOM AND BABY

The Women's Health Group, P.A. has partnered with Via Christi Manhattan in support of the *High 5 for Mom and Baby* program. This is a statewide program that is partnering with hospitals to encourage breastfeeding, and offer support and resources to breastfeeding moms. *High 5* follows these practices:

- Immediate and sustained skin-to-skin contact
  - between mother and baby after birth.
- Give newborn infants no food or drink other than breast milk, unless medically necessary.
- Practice "rooming-in," which allows for mother and infant to remain together for 24 hours a day.
- Give no pacifier or artificial nipples to breastfeeding infants.
- Provide mothers options for breastfeeding support in the community.

## BREASTFEEDING

### TIPS Early Start

- Put baby to the breast as soon as possible after birth.
  - Breastfeed 10-12 times in 24 hours. The more you breastfeed the more milk you will have.
- Frequent breastfeeding stimulates milk production. It is not true that resting the breasts results in more milk.

### Latching On

- Sit back comfortably (don't lean over baby).
  - Baby's face and body should be turned toward mom.
  - Make sure that the large part of the areola is drawn into baby's mouth.
- Engorgement
  - Use cold compresses or cabbage leaves between feedings to reduce swelling.
  - Warm showers or compresses before feeding.
  - Soften breasts by expressing some milk.
- Breastfeed often!

## Colostrum

- Produced in first days.
- Small in quantity (teaspoons, not ounces).
- It protects against infection and clears meconium to help reduce jaundice.
- Satisfies baby's thirst and hunger.

## Enough Milk?

- 6-8 wetdiapers in 24 hours.
  - 2-5 bowel movements in 24 hours.

Breast milk can be stored in the refrigerator for up to 8 days or in a freezer for up to 3-4 months.

## Sore Nipples

- Correct position and latch are important!
- Break suction before taking baby off the breast.
- Offer the least sore breast first.
- Use only plain water for washing.
- Use an ultra pure modified lanolin to speed healing.

## Mastitis

- This is an infection in the breast tissues.
  - Signs include rapid elevation of body temperature, increased pulse rate, chills, malaise, headache, and an area on the breast that is red, tight, and hard.
- Treatment includes antibiotics, rest, frequent breast feeding or pumping, and analgesics for pain. Please call our office if you suspect mastitis.

# Breastfeeding Resources

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Lactation Consultant, Via Christi Hospital  
785-587-5432

Manhattan WIC  
785-776-4779 ext 7661

Pediatric Associates of Manhattan  
Dr. Sonder Crane, Lactation Consultant  
[www.pediatricsmhk.com](http://www.pediatricsmhk.com)  
785-537-9030

Pottawatomie County Health Department  
[www.pottcounty.org](http://www.pottcounty.org)  
785-457-3719

Riley County Health Department  
[www.rileycountyks.gov](http://www.rileycountyks.gov)  
785-776-4779

The Women's Health Group  
[www.thewomenshealthgroup.com](http://www.thewomenshealthgroup.com)  
785-776-1400

# Becoming a Mom

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The Women's Health Group, PA encourages your participation in the *Becoming a Mom Program* (also referred to as 'BaM'). This program is currently offered by Family Connections (Family & Child Resource Center [FCRC]) at Riley County Health Department. Classes are conducted both in-person and via Zoom..

- *Becoming a Mom* offers a series of six classes that focus on pregnancy education and support.
- Classes are FREE and available to everyone.
- Registration is completed by the Riley County Health Department.

## Session 1

Basics of pregnancy and the importance of prenatal care.

## Session 2

How to eat healthy for you and your baby, appropriate exercise while pregnant, and how to manage extra stress.

## Session 3

Information about labor and delivery, and how to recognize signs of pre-term labor.

## Session 4

Options for feeding your baby and what to expect from breastfeeding.

## Session 5

Ways to care for your baby, such as feeding, bathing, and keeping them safe from harm.

## Session 6

How to recover from the physical and emotional changes that happen after giving birth.

# Community Partners

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The Riley County Perinatal Coalition was created in response to a growing need to improve access to healthcare, improve health of women of childbearing age, and to improve outcomes for babies born in our community. Below are some of these community partners, dedicated to this mission.

## **CATHOLIC CHARITIES OF NORTHERN KANSAS SERVICES**

785-323-0644 ext 203

### **Pregnancy Maintenance Initiative (PMI)**

- Available for all pregnant women in local service area
- Strive to help expecting mothers carry pregnancy to full-term
- Counseling
- Assistance finding housing and education
- Parenting/adopting plan guidance
- Rental/Utility payment assistance
- Pregnancy item assistance (diapers, wipes, formula, clothing, car seat, etc.)
- Services at no cost

### **Adoption**

- Licensed adoption child placing agency (authorized by State of Kansas, KDHE)
- Open adoption
- Process paperwork
- Education and support
- Home study services
- Placement & post-placement support

### **Therapy and Counseling**

- For anyone experiencing turmoil and stress
- For individuals, couples, families
- Accepts insurance

## **KANSAS DEPARTMENT OF HEALTH AND EDUCATION, KANCARE ELIGIBILITY**

785-776-4779 ext 7635

- KanCare application assistance

## **NEXT STEP PREGNANCY & FAMILY RESOURCE**

785-539-3338

[www.nextsteppregnancy.com](http://www.nextsteppregnancy.com)

- Free pregnancy test
- Friendship homes
- Clothing and baby supplies
- Facilitate private adoption
- Emotional support
- Education classes – prenatal and child development classes

## **LITTLE APPLE DOULAS**

785-213-8782

[www.littleappledoulas.com](http://www.littleappledoulas.com)

- Prenatal, birth & postnatal support
- Breastfeeding resources
- Childbirth education classes
- Bereavement services
- Placenta services
- Proudly attending births at Via Christi Hospital Manhattan

## **PARENTS AS TEACHERS**

785-587-2058

- Monthly home visits with a certified Parent Educator
- Developmental, social-emotional, hearing, vision, and health screenings
- Group connections with other parents to share experience and discuss topics
- Playgroup 4 days a week, plus one evening and one Saturday per month in Manhattan
- Weekly playgroup in Ogden
- Toy and book lending library
- Special events and connections to resources
- Monthly newsletters with notifications of upcoming events and parenting topics

## PAWNEE MENTAL HEALTH

785-587-4300

[www.pawnee.org](http://www.pawnee.org)

- Providing services in 10 local counties
- Accepts insurance
- Maternal Mental Health Therapy

## POTTAWATOMIE COUNTY HEALTH DEPARTMENT

785-457-3719 [www.pottcounty.org](http://www.pottcounty.org)

- Maternal & child visits (home and clinic)
- Car seat installation
- Safe sleep education
- Immunizations
- Breastfeeding support

## RAISING RILEY RIGHT

785-776-4779 ext 7627

[www.raisingriley.com](http://www.raisingriley.com)

- Provides early childhood facilitators/coaches to provide health, safety, and child development training and consultations for participating providers
- Provides childcare subsidies to help parents pay for quality childcare
- Provides qualified mental health consultants to participating child care providers and families
- Website offers resources for finding quality childcare

## RILEY COUNTY HEALTH DEPARTMENT

785-776-4779

### Becoming-a-Mom (BaM) Classes

- 6 prenatal education classes

### Maternal & Infant Health Program

Available to all pregnant women, free

- Available for pregnant women and infants 0-12 months
- Assistance with obtaining health insurance
- Monthly visits with a registered nurse providing education and resources

### Newborn Home Visit

- Available for infants 0-2 months
  - One or two home visits with a registered nurse
  - Infant receives a nursing assessment including weight check
  - Information about infant care and safety
  - Referral to additional resources

### Home Visiting Program

- Service to provide interested families with a higher level of support
- Available for pregnant women and families with children 0-3 years
- Weekly home visits with a trained registered nurse or licensed social worker
- Education about pregnancy and early childhood development

## KATY TAJCHMAN, LCSW

[iamenough@katytajchman.com](mailto:iamenough@katytajchman.com)

- Specialized in Maternal Mental Health
- Perinatal grief and loss
- Transition to motherhood
- Forming strong foundations while utilizing one's own strengths

## SARAH L. WESCH, PH.D, LICENSED PSYCHOLOGIST

[www.drSarahWesch.com](http://www.drSarahWesch.com)

- Specializing in Reproductive Mental Health
- Postpartum Mood & Anxiety
- Miscarriage & Stillbirth
- Pregnancy Termination

## WOMEN INFANT CHILDREN (WIC)

785-776-4779 ext 7661

- WIC's goal is to help keep pregnant and breastfeeding women, new moms and kids under five healthy
- Personalized nutrition information and support
- Checks to buy healthy foods
- Tips for eating well to improve health
- Breastfeeding support
- Referrals to other services



