



PREGNANCY RESOURCE GUIDE



MARK J. GROS, MD

STEVEN A. PRIDDLE, MD

MICHAEL L. NEWCOMER, MD

KATHERINE A. GOODPASTURE, DO

REBEKA L. WEBER, MD

BRITTANI J. ROLES, MD





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.

WEST LOCATION

1620 Charles Place
Manhattan, KS 66502

EAST LOCATION

8315 Positano Dr.
Manhattan, KS 66502

CLINIC HOURS

Monday – Tuesday 8:00 am – 6:00 pm
Wednesday – Friday 8:00 am – 5:00 pm
(Phone lines close 15 minutes
prior to close of clinic)

CLINIC HOURS

Monday – Friday
8:00 am – 12:00 pm, 1:00 pm – 4:30 pm
(Phone lines close 15 minutes
prior to close of clinic)

LAB HOURS

Monday – Tuesday 8:00 am – 6:00 pm
Wednesday – Friday 8:00 am – 5:00 pm

LAB HOURS

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

O: 785.776.1400

F: 785.776.7392

www.thewomenshealthgroup.com







TABLE OF CONTENTS



THE WOMEN'S HEALTH GROUP, P.A.

Meet our Physicians	4
Meet our Clinical Staff	6
Appointment Overview	7

YOUR FIRST TRIMESTER (WEEKS 1-13)

What is happening to me?	8
Warning Signs	8
Initial OB Appointment – 10 Weeks	9

YOUR SECOND TRIMESTER (WEEKS 14-27)

What is happening to me?	10
Warning Signs	10
Ultrasound	11
28 Week Labs & Tdap Recommendations	12

YOUR THIRD TRIMESTER (WEEKS 28-42)

What is happening to me?	13
Warning Signs	13
Additional Testing	14

PREPARING FOR DELIVERY

When to Call our Office	15
What to Bring	15
Pain Relief Options During Labor	15

POSTPARTUM

What is happening to me?	16
Warning Signs	16
Postpartum Appointment	17
Pelvic Rehabilitation	17

FINANCIAL

Billing & Delivery Fees	19
Patients with Insurance	20
Patients without Insurance	20
Disability Forms	20

GENERAL PREGNANCY INFORMATION

Safe Medications	21
Common Pregnancy Discomforts	22
Common Pregnancy Questions	26
Common Postpartum Discomforts	28
Emotional Changes	29
Birth Control Options	30
Breastfeeding Support Options	32

EDUCATION & COMMUNITY RESOURCES

Becoming a Mom (BaM)	34
Childbirth Education	35
Delivering Change Partners	36



MEET OUR PHYSICIANS



DR. MARK J. GROS

is from Wichita, Kansas and earned a Bachelor of Science in Life Sciences from Kansas State University. He completed post-graduate work at Plymouth Polytechnic Institute in England and earned his Doctor of Medicine from the University of Kansas – School

of Medicine in 1994. He completed his residency at Texas Tech University where he researched thyroid function in pregnancy. Dr. Gros is active in the local community; volunteering with the local hospital and health department, and has been practicing at The Women's Health Group since 1998. He and his wife are marathon runners and enjoy activities with their three children.



DR. STEVEN A. PRIDDLE

grew up in Wichita, Kansas and earned a Bachelor of Science in Life Sciences from Kansas State University. He earned his Doctor of Medicine from the University of Kansas – Wichita in 1995 and completed residency at the Wichita Center for Graduate

Medical Education. Dr. Priddle and his wife were thrilled to return to her hometown and has been practicing at The Women's Health Group since 1999. They are actively involved with activities for their four children and volunteer in the Manhattan community.



DR. MICHAEL L. NEWCOMER

grew up in Salina, Kansas and graduated from Kansas State University with a Bachelor of Science in Life Sciences. He earned his Doctorate of Medicine from the University of Kansas – School of Medicine and completed his residency at the University of Missouri

at Kansas City. Dr. Newcomer has been practicing at The Women's Health Group since 2010. He is married with three children. He and his family are avid K-State supporters and enjoy spending time together as a family.



DR. KATHERINE GOODPASTURE

grew up in Leavenworth, Kansas and attended Kansas State University where she received a degree in Biology with a minor in Business. Dr. Goodpasture graduated from Kansas City University of Medicine & Biosciences

and completed her OB/GYN residency at the University of Missouri - Kansas City. She has been practicing at The Women's Health Group since 2013. Dr. Goodpasture is married with three children. Outside of work, she enjoys reading, tennis, snow skiing, wine tasting, and K-State sports.



DR. REBEKA L. WEBER

is from Claflin, Kansas and received her Bachelor of Science degree in Biology from Kansas State University in 2004. She earned her Doctor of Medicine from the University of Kansas – School of Medicine in 2009 and completed her OB/GYN training at Exempla

Saint Joseph Hospital in Denver, Colorado. Dr. Weber has been a practicing OB/GYN in Hays, Kansas since 2013 and was excited to make Manhattan her home. She has been practicing at The Women's Health Group since 2016.

Dr. Weber enjoys running, spending time with her family and friends, and all things K-State.



DR. BRITTANI J. ROLES

is from Iowa and received her Bachelor of Arts degree in Biology from Coe College. She earned her Doctor of Medicine from the University of Iowa College of Medicine in 1996 and completed her residency at the University of Nebraska Medical Center.

Dr. Roles has been practicing at The Women's Health Group since 2004. She is the wife of a local farmer and they are very involved with their four children and the local community.



MEET OUR CLINICAL STAFF



DIANE F. WENDELKEN, APRN-C is originally from Wakefield, Kansas. She graduated from Washburn University in 1995 with a Bachelor's Degree in Nursing. She received her Women's Health Nurse Practitioner Degree from the University of Texas Southwestern in Dallas, Texas and her Master's of Science in Nursing from Drexel University. Diane was a

labor and delivery nurse in Manhattan for 7 years. She has been practicing at The Women's Health Group since 2002. Diane loves all things K-State and spending time with her nieces and nephews.



JENNIFER SCHLEY, RT, RDMS is from Wakefield, Kansas. She earned her Associate's Degree in Radiology Technology in 1993 from Hutchinson Junior College. She completed her OB/GYN certification in 1997. Jen spent 10 years working for both Memorial and Mercy Hospitals in Manhattan. She has been with The Women's Health

Group since 2004 and is ARDMS certified. Jen is married with three boys. She enjoys attending her boys' sporting events and spending time with her family.



KRISTIN BLANDING, DNP, APRN-C is originally from Hanover, Kansas. She graduated in 2010 with her Bachelor's Degree in Nursing from MidAmerica Nazarene University in Olathe, KS, and earned her Doctor of Nursing Practice Degree in 2017 from the University of Kansas in Kansas City, MO. Prior to obtaining her Nurse Practitioner certificate,

Kristin spent ten years as a registered nurse on a women's surgical unit in Kansas City. She lives in Manhattan with her husband and daughter. She enjoys walking their dog, traveling, attending K-State games, and spending time with family.



JULIE VOGELSANG-SWITZER, RT, RDMS is from Junction City, Kansas. She earned an Associate's Degree in Radiology Technology from Washburn University and an Associate's Degree of Ultrasound Technology from Kansas Newman University and has been working in the field since 1989. Julie has been with The Women's Health Group since 2011. Julie loves

cooking, baking, and being active outside with her two children.



SARAH HOUGLAND, APRN-C is from Wamego, KS. After she graduated from Washburn University with her Bachelor's Degree in Nursing, she worked as a nurse for 8 years, 5 of which were spent at Via Christi Manhattan's Birth and Women's unit. She obtained her Masters in Nursing and Family Nurse Practitioner Degree from Walden University. Sarah is married

with kids. She enjoys spending time with her family, reading, staying active, and can appreciate a good cup of coffee.



FAYE KIRBY, RDMS is from Bloomington, Indiana. She earned her Bachelor's Degree in Kinesiology in 2009 from Indiana University. She received her Associate's Degree in General Sonography and completed her Abdomen and OB/GYN certifications in 2020. She has spent time working in military and civilian hospitals and joined The Women's Health

Group in 2021. Faye is married with two boys. She enjoys outdoor sports, interior decorating and cooking for friends and family.



BREANNE SIMONSSON, RT, RDMS earned a Bachelor's degree in Medical Diagnostic Imaging from Fort Hays State University and completed the Diagnostic Medical Ultrasound program at the University of Kansas Medical Center. Breanne has worked in multiple general ultrasound and MFM locations. Her hobbies include spending time with her

husband and family, being outside, cooking, and staying active.



APPOINTMENT OVERVIEW



DO YOU THINK THAT YOU MAY BE PREGNANT?

Please call our office as soon as you suspect that you are pregnant (either a missed period or positive home test). You can be scheduled to have a blood pregnancy test at our office or we will need a copy of a positive test from another clinic. Once we have this information, we will schedule your first appointment in our office.

If you are a transfer patient we will need your records before we can schedule your appointments with our office. You must contact your current clinic and complete a Records Release Request. Please check with your insurance to see if an authorization is required for this pregnancy, as we will need that on-file before your first appointment.



Initial OB Appointment

This appointment is with one of our experienced nurses and is conducted around ten weeks gestation. Please plan to be at our office for almost two hours, as we will perform an ultrasound to confirm dating and viability, conduct a complete history, discuss your billing plan, draw labs, and collect a urine sample.

Routine OB Appointments

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 between 20-22 weeks gestation 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. If you would like to record an ultrasound, you may request another elective sonogram, at another time. Please refer to pg. 11 for options.

Glucose Tolerance Testing

This is completed between 26-28 weeks gestation and will be scheduled 30-minutes prior to your OB appointment.

We appreciate your flexibility in scheduling these routine visits.

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.



YOUR FIRST TRIMESTER WEEKS 1-13



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.

- 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



INITIAL OB APPOINTMENT 10 WEEKS



This will be your longest appointment in our office. Please plan to be here for close to 2 hours! This visit has four separate parts:

1. ULTRASOUND

- Measurements
- Estimate your delivery date
- Look and listen to baby

2. APPOINTMENT

- Scheduled with our OB Coordinator
- Complete health history
- Pregnancy education

3. BILLING

- Review customized billing information

4. LAB

We include the following ACOG and CDC recommended labs in our Prenatal Panel:

- Blood Type
- Antibody Screen
- Complete Blood Count
- Rubella
- RPR
- Hepatitis B
- Hepatitis C
- HIV
- Urine Culture
- Others as deemed necessary by your physician

12-WEEK APPOINTMENT

- Physician will discuss your labs and ultrasound results from the initial appointment.
- Full physical to include pelvic exam.
- Answer questions you may have.

We will discuss the following elective tests. Please ask your physician if you are interested or have additional questions.

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.



YOUR SECOND TRIMESTER WEEKS 14-27



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 “quickening” 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



ULTRASOUND



Children are not allowed at ultrasound appointments in our office. Please make other arrangements;

ANATOMY ULTRASOUND

You will be scheduled for an anatomy scan around your 20th week of pregnancy. This 30-minute appointment will be conducted in our office with one of our skilled technologist. You do not have to have a full bladder for this.

This is an important step to check-up on baby. During this appointment we measure baby to check the rate of growth, we look at fetal position, placement of the placenta, movement and heart rate. It may be possible to determine the gender of your baby, although not every baby cooperates. Please make sure that you inform your ultrasound technologist if you DO NOT want to know your baby's gender. We can provide the gender in a sealed envelope upon request.

Videotaping and/or pictures are not allowed during your visit. Please request an additional elective ultrasound to receive video or pictures of your sonogram.

Please drink 20-30 ounces of water and eat a high carb and/or protein snack (cheese stick, handful of nuts, peanut butter & jelly sandwich, cheese crackers, etc.) about 30-45 minutes prior to your appointment time. *While you do not have to have a full bladder it is imperative that you and your baby are well hydrated and nourished. Hydration and nourishment ensure an active baby which is easier to scan than a tired, sleeping baby.*

ELECTIVE ULTRASOUND

The Women's Health Group, P.A. offers elective 2D and 3D ultrasounds. These are for entertainment purposes only and will not provide any diagnostic information to the provider or the patient.

Unfortunately, we do not offer reschedules or refunds if your baby is not cooperating during your visit. We also do not guarantee gender determination. We strongly encourage cold water and a light snack prior to your appointment. We will do our very best to get a great picture!



2D Package - \$75

- Package includes 10-20 2D, black and white images that can be texted or emailed to you.
- We can provide an ultrasound as early as ten weeks.
- We can provide gender determination (depending on baby's cooperation) after 18 weeks of pregnancy.



3D Package - \$175

- Package includes 15-20 digital color images that can be texted or emailed to you, and a 10-minute recording of baby.
- We recommend 3D between 26-31 weeks of pregnancy for the best picture.
- 3D scans are not scheduled in conjunction with glucose testing in our office.



28-WEEK LABS



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

- 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.

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.



YOUR THIRD TRIMESTER WEEKS 28-40



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



OBSTETRICAL TESTING PREPARATION (SONOGRAM, BPP &/OR NST'S)

Please drink 20-30 ounces of water and eat a high carb and/or protein snack (cheese stick, handful of nuts, peanut butter & jelly sandwich, cheese crackers, etc.) about 30-45 minutes prior to your appointment time. *While you do not have to have a full bladder it is imperative that you and your baby are well hydrated and nourished. Hydration and nourishment ensure an active baby which is easier to scan than a tired, sleeping baby.*

NO smoking at least 1 hour prior to your appointment time – The Women's Health Group Physicians strongly discourage tobacco use during pregnancy.

'BPP' is a Biophysical Profile. It and a sonogram are tests that extensively measure the health of your baby during your pregnancy. An NST (Non-Stress Test) is when an external electronic fetal monitor is placed to your abdomen and a report of your baby's heart rate fluctuations is produced.

Please call our office if you have any questions (785) 776-1400.

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.

ULTRASOUND

When medically indicated, additional ultrasounds may be recommended to give a more detailed view of baby, while paying special attention to organ development and function. These tests may be conducted in our office, or you may receive a referral to a Perinatologist.

BIOPHYSICAL PROFILE (BPP)

A BPP is a sonogram to evaluate fetal movement, fetal tone, fetal breathing and the amount of amniotic fluid. It may be combined with an NST.

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.



PREPARING FOR DELIVERY



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



WHAT IS HAPPENING TO ME?

You may be experiencing some of the following. Please refer to *Common Postpartum Discomforts* (pg.28) 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



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 incision check 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

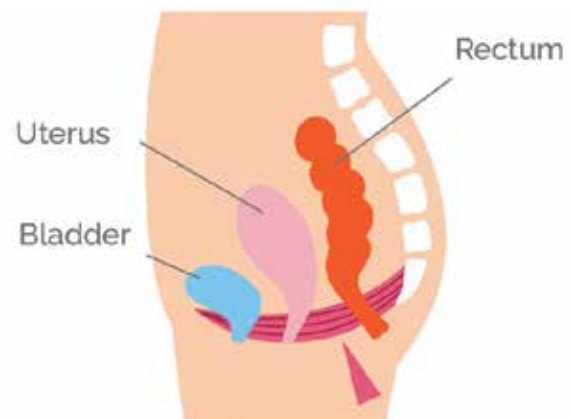
1. Cesarean, perineal body tearing (Grades 2-4), Vaginal wall

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 of straining/pain with bowel movements
- Pain with sexual activity
- Prolonged sitting or standing that may increase symptoms.





BILLING INFORMATION



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 - \$4,600

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

\$260

Additional Ultrasounds (if appropriate)

\$200-\$500 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

\$10

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/
- You can also shop for insurance through the Healthcare Marketplace at www.healthcare.gov
- Please note that your insurance must be active prior to your first appointment of 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.
- Your payment plan will be emailed to you via the email address you provide prior to your first visit.
- This amount is due in full by 36 weeks.
- 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 \$10 processing fee that is payable before the forms are released.



SAFE MEDICATIONS



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

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)

Constipation

Colace 100mg, once or twice daily

Heartburn

Mylanta
Tums
Pepcid
Prilosec

Insomnia

Benadryl
Tylenol PM

Diarrhea

Imodium AD

Headache

Tylenol Regular Strength 325mg –
2 tablets every 4 hours
Tylenol Extra Strength 500mg –
2 tablets every 6 hours

Nausea

Vitamin B6 50-100mg, daily
Unisom (Doxylamine) 25mg at
bedtime



COMMON PREGNANCY DISCOMFORTS



COMPLAINT:	CAUSE:	RECOMMENDATIONS:
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.

COMPLAINT:	CAUSE:	RECOMMENDATIONS:
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.

COMPLAINT:	CAUSE:	RECOMMENDATIONS:
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.

COMPLAINT:	CAUSE:	RECOMMENDATIONS:
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



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 patient 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 for up-to-date information regarding visitor policies, masking information, and more.



COMMON PREGNANCY QUESTIONS



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!
- 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.13).



COMMON POSTPARTUM DISCOMFORTS



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

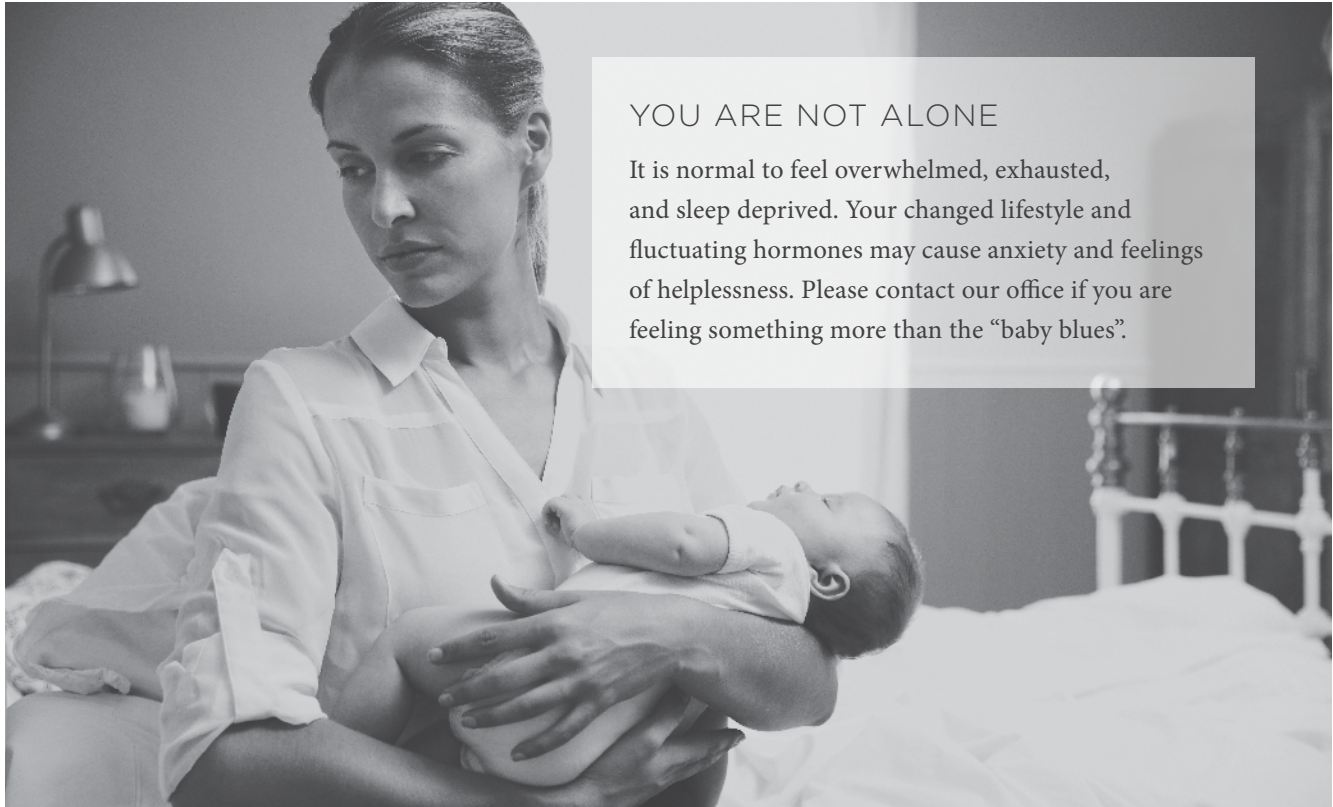
You may attempt sex 6 weeks after a C-section or vaginal delivery, although we recommend you wait until after your postpartum visit. You may need lubrication, especially if you are breastfeeding.

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



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



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



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 wet diapers 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

LA LECHE LEAGUE OF MANHATTAN,
FT. RILEY, & JUNCTION CITY

www.lllmanhattan.org
lllmanhattan@gmail.com
785.370.4356

•
LACTATION CONSULTANT,
VIA CHRISTI HOSPITAL

785.587.5432

•
MANHATTAN WIC
785.776.4779 ext 7661

POTTAWATOMIE COUNTY HEALTH
DEPARTMENT

www.pottcounty.org
785.457.3719

•
RILEY COUNTY HEALTH DEPARTMENT

www.rileycountyks.gov
785.776.4779

•
THE WOMEN'S HEALTH GROUP

www.thewomenshealthgroup.com
785.776.1400



BECOMING A MOM



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.



CHILDBIRTH EDUCATION



MORE INFORMATION AND THE CLASS SCHEDULE CAN BE FOUND AT:

www.viachristi.org/event/childbirth-education

To register, complete the Prenatal Education Registration form (located on the website).

Submit the form and payment to Educational Services.

If you have questions regarding these classes, please call Educational Services at 785-587-5413.



HAVE YOU SELECTED A PHYSICIAN OR PEDIATRICIAN FOR YOUR
BABY YET?

Now is the perfect time!



COMMUNITY PARTNERS



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

LIFE CHOICE MINISTRIES

785.776.9406 • www.lifechoiceks.org

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

LITTLE APPLE DOULAS

www.littleappledoulas.com • 785.213.8782

- 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

www.pawnee.org • 785.587.4300

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

POTTAWATOMIE COUNTY HEALTH DEPARTMENT

785.457.3719 • 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

- 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
- Available to all pregnant women, free

Maternal & Infant Health Program

- 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

- Services 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, LSCSW

iamenough@katytajchman.com

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

SARAH L. WESCH, PH.D, LICENSED PSYCHOLOGIST

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



WEST LOCATION
1620 Charles Place
Manhattan, KS 66502

EAST LOCATION
8315 Positano Dr.
Manhattan, KS 66502

O: 785.776.1400

F: 785.776.7392

www.thewomenshealthgroup.com