
Women's Health Specialists

Medical Arts Building • 350 Park Street, Suite 203 • Bowling Green, KY 42101
Phone: (270) 781-0075 • Fax: (270) 781-0143

Welcome to Women's Health Specialists. We would like to take this opportunity to thank you for allowing us to provide care to you during this time and in the future. Here are a few things you need to know:

1. Drs. Nemeč, Kasica, Trevor, Andrews and Leigh Lindsey, CNM only deliver at The Medical Center at Bowling Green.
2. If you are having a problem and need to speak with a physician, call the office. If your physician is out of the office that day, your call will be directed to the doctor "on call." If you are having a problem and it is after regular office hours you still need to call the office — the answering service will direct you call to the physician "on call." Please limit after hour calls for emergencies only. Colds, sore throat, yeast infections, diarrhea, headache, or any other general problems are not considered emergencies. If you are pregnant and are having bleeding, contractions, or back pain that "comes and goes" or think that you are leaking amniotic fluid or have ruptured your bag of water, you will need to report to Labor and Delivery located on the 2nd floor at The Medical Center at Bowling Green.
3. Please fill out the pre-registration packet in your new prenatal bag as soon as possible and mail it to The Medical Center at Bowling Green.
4. If you are interested in a Postpartum Tubal Ligation (Tubes-Tied) and have Kentucky Medicaid as your health insurance, you must sign a consent form at least 30 days prior to your delivery.
5. Unless you have other children who already have a pediatrician and simply plan for them to care for your newborn also, may we recommend that you choose a pediatrician, call that office and schedule an appointment to discuss your interest in having them care for your newborn. A list of pediatricians in the Bowling Green area is attached.

The following will take place during your antepartum care:

1. Your first visit as a prenatal patient will consist of a complete physical exam. A routine gonorrhea/chlamydia culture along with a Pap Smear and prenatal profile, which includes an HIV screening, will be performed. The prenatal profile consists of your blood type and Rh factor, blood count, Rubella screening (German measles), antibody screen, and syphilis screen. You will also receive a prescription for prenatal vitamins and patient education. A urine specimen, weight and blood pressure will be obtained at each visit throughout your antepartum care.
2. Fetal heart tones (the baby's heartbeat) can usually be heard in the 12th week of pregnancy.
3. Serum maternal alpha fetoprotein, a screening for Down Syndrome and open neural tube defects, will be offered at the 15th week through the 20th week of pregnancy.
4. An ultrasound will be performed at the 18th, 19th, or 20th week of pregnancy unless an ultrasound was performed earlier in the pregnancy.
5. A screening for Gestational Diabetes and hemoglobin check will be performed at the 28th week of pregnancy. If your Rh factor is negative, you will also need an antibody screen and an injection of Rhogam.
6. A screening for Group B Strep will be performed at the 36th week of pregnancy. This is a vaginal-rectal culture to determine if you have Group B Strep. Studies are now showing that babies exposed to these bacteria while passing through the vagina may suffer from an upper respiratory infection.

All of the information listed above applies to a pregnancy without problems. If at anytime a problem develops during your pregnancy additional labs, ultrasounds, fetal monitoring and visits may be required.

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OVER THE COUNTER MEDICATIONS SAFE DURING PREGNANCY

PAIN/HEADACHE

- Tylenol (acetaminophen)
- Motrin, Advil (ibuprofen) — safe until 20 weeks (4 ½ months)
- Aleve (naproxen) — safe until 20 weeks (4 ½ months)

HEARTBURN

- Tums
- Rolaids
- Maalox
- Mylanta (aluminum, magnesium, simethicone)
- Tagamet (cimetidine)
- Pepcid (famotidine)
- Zantac (ranitidine)

COLD/FLU/ALLERGY

- Tylenol (acetaminophen)
- Tylenol Allergy Sinus (acetaminophen, diphenhydramine, pseudoephedrine, chlorpheniramine, dextromethorphan)
- Tylenol Cold, Tylenol Cough (acetaminophen, pseudoephedrine, chlorpheniramine, dextromethorphan)
- Sudafed (pseudoephedrine)
- Actifed (pseudoephedrine, tripolidine)
- Benadryl (diphenhydramine)
- Robitussin DM (dextromethorphan)
- Robitussin (guaifenesin)
- Chloroceptic spray or lozenges

CONSTIPATION

- Metamucil (psyllium)
- Ex-lax
- Milk of Magnesia

DIARRHEA

- Immodium (loperamide)

HOW TO FIND A DOCTOR FOR YOUR NEW BABY

The Prenatal visit:

It is important to find a doctor to care for your baby when he or she is born. Most pediatricians or family doctors will see you for a prenatal visit before the baby is born. Some will charge you a fee; some do this as a free service. The prenatal visit is a good way to get to know the doctor, to see if he or she fulfills your expectations and needs. It is important to find out if the doctor or clinic accepts your insurance — otherwise, you will have to pay full price for all services, or find another doctor.

If You Do Not Pick a Doctor

If you do not pick a doctor for your baby before he or she is born, a pediatrician will be assigned to your baby at the hospital. This doctor may or may not accept your insurance. If he or she does not accept your insurance (Medicaid or other), then you may not be able to continue seeing that doctor for the baby's care.

Continuity of Care

It is important to continue to see the same doctor so that the doctor will get to know you and will know the baby's medical history. This is called "continuity of care" or "having a medical home." Having good continuity of care greatly improves your child's medical care and chances for good health. Your medical home is where your child's ever more complex care, including the constantly changing vaccines, can be coordinated.

Call NOW to Find Out Your Choices

If you have Medicaid, your baby is guaranteed to be covered by Medicaid for at least one year. But, you **MUST** sign up for it! Be sure to let your caseworker know as soon as your baby is born. In addition, you should call your caseworker **NOW**, to find out which pediatricians or family doctors are accepting new Medicaid patients. Then you will be able to arrange a prenatal visit with the doctor of your choice. If you have other insurance, it is important to call your insurance company **NOW**, to find out your choices for the baby's doctor. If you wish, you can call for a prenatal visit. Be sure to call your insurance company when the baby is born to add your baby to your insurance coverage.

When You Get to the Hospital

Even if you don't get a prenatal visit to the pediatrician or family doctor, you need to find out your choices, so that you can get the right doctor when you arrive at the hospital to have your baby. All patients are asked which doctor they prefer for their baby, before their baby is born. This is **YOUR CHOICE**.

PEDIATRICIANS

How to choose one that is right for you!

Definition:

The Pediatrician will be your *child's* doctor. He will come to the hospital after the baby is born to examine her and review the maternal records to determine what, if anything, needs to be done for your child.

The Prenatal (having a baby) visit:

Most expectant families are recommended to meet with prospective Pediatricians before the baby arrives. It is especially valuable for the first pregnancies. There are two main reasons to have this visit. First, this is a good time for patients to decide if the Pediatrician is a good fit for the values and beliefs. It is also a good time to ask pertinent questions about the doctor and his office. Secondly, it is a good time for the doctor to educate new parents about what to expect after the birth of their child.

Some questions for parents to ask prospective Pediatricians:

- Office hours – what happens at night and on weekends?
- How are phone calls handled?
- What types of insurance are filed?
- Board Certification.
- Who are the other covering physicians?
- Are there any philosophical differences that would impair the doctor — family relationship (special diets, belief in alternative therapies, etc.)?

Some issues the Pediatrician may raise during the visit:

- The pregnancy and any complications that may be present.
- Family and social history.
- Breast vs. bottle-feeding.
- Circumcision.
- Safety issues—car seats, thermometers, etc.
- Care of the baby after you leave the hospital and well child visits.

Sources of information to help you find a Pediatrician:

- Your obstetrician, nurse midwife or nurse practitioner
- Friends
- Family
- Other physicians (internists, specialists)

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PEDIATRICIANS

PEDIATRIC ASSOCIATES

Dr. Zahid Fraser782-8700
Dr. William Harrell.....782-8700
Dr. Christopher Smith782-8700
Dr. John Smith.....782-8700

GRAVES GILBERT CLINIC

Dr. Christopher Castelli746-5797 or 781-5111
Dr. Patricia Faulkner-Simmons780-2487 or 781-5111
Dr. Mark Lowry781-5111
Dr. Joe Potzick780-2486 or 781-5111
Dr. Pippa Pinckley-Stewart.....780-2485 or 781-5111
Dr. Debra Sowell780-2484 or 781-5111

BG INTERNATIONAL MEDICINE & PEDIATRICS ASSOCIATES

Dr. Kevin Kelly846-4800
Dr. Paul Kniery.....846-4800
Dr. Kelly Kries846-4800
Dr. Augusta Mayfield846-4800

PRIVATE PRACTICE

Dr. Jeffrey Bitterling793-9930
Dr. Rick Voakes782-7577
Dr. George Watson781-1237

GROUP B STREPTOCOCCUS AND PREGNANCY

Group B streptococcus (strep) is a type of bacteria that can be found in up to 40% of pregnant women. A woman with strep can pass it on to her fetus when she is pregnant or to her baby during delivery or after birth. Most babies who get strep from their mothers do not get sick or have any problems. A few, however, will become sick and possibly die from this infection.

What are Strep Infections?

Strep are bacteria that are often found in the mouth or in the vagina and/or rectum of some women. Group B strep is different from the germ that causes strep throat, which is Group A strep. Having Group B strep is not dangerous to a woman's health. If a woman is pregnant, however, she can pass strep to her baby. It can also be passed to the baby after birth, either by the mother or by someone else.

Effects on the Baby

About 15% – 40% of all pregnant women have strep at some point during pregnancy. If strep is passed from a woman to her baby, the baby may develop strep infection. This happens to only a few babies. Most babies (98% – 99%) exposed to strep do not become infected or get sick. Of the few babies who become infected with strep, about 15% will die.

Testing and Treatment for Strep

There are tests that can detect strep, but they are not perfect. Women are usually tested for strep late in pregnancy. If the test is positive for strep, the mother will be offered treatment when she is in labor. Treating the pregnant woman before labor cannot be relied on to prevent infection in the baby. If she is treated during pregnancy, a woman can become positive again even after treatment, before the baby is born.

Risk Factors

A woman in labor may be treated even if she was not tested during pregnancy. Certain risk factors increase the chance that the baby of a mother with strep will become infected. These factors include: having a previous child with strep infection, fever during labor, premature labor, breaking of the bag of water before 37 weeks gestation, or if the bag of water has been broken for longer than 18 hours. If you have any of these risk factors, you should be treated for strep in labor, even if you have not been tested for strep. Treatment during labor and delivery may help prevent infection in your baby.

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AFP TESTING

AFP is a protein made by the baby and can be found in the mother's blood. A blood test called MSAFP can be done to find out the amount of AFP in the mother's blood.

Some birth defects or genetic problems can cause the amount to be abnormal. Higher than normal amounts can be caused by brain, spinal cord, and abdominal or other similar birth defects. Lower than normal amounts can be caused by Down Syndrome.

If the results are abnormal, it does not mean your baby will be born with a problem. It does mean you will need to have more testing done to be sure. You may need testing like a special ultrasound or amniocentesis that are done at clinics in Louisville or Nashville.

It is your choice to have the test or not. If you have questions, please ask a nurse or doctor to help you find the answer.

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SIX STEPS TO HAVING A HEALTHY BABY

STOP DRINKING ALCOHOL

Any type or amount of alcohol can be dangerous to your unborn baby. Fetal alcohol syndrome is the most common known cause of mental retardation. Beginning today, and for the remainder of your pregnancy, choose not to drink. If you need help in quitting, tell your healthcare provider.

NO DRUGS PLEASE

Street drugs such as marijuana, cocaine, crack and others are dangerous and can cause birth defects, premature birth, and even death of your baby. The baby may look normal at birth, but may have mental or physical problems later in life as the result of a mother who used drugs during pregnancy. Many over-the-counter and prescription medications can be harmful to a developing baby. Never use any medication without your healthcare provider's advice during pregnancy. We have attached a list of medications that are safe during pregnancy.

GET PRENATAL CARE

Make an appointment with a clinic, nurse-midwife, or physician that you trust as soon as possible. Ask questions and be honest with your healthcare provider. You are not expected to know everything about pregnancy, but you are expected to act responsibly and follow your healthcare provider's advice.

TAKE FOLIC ACID

Folic acid is a vitamin found in green leafy vegetables, oranges, and peas. Folic acid has been found to help prevent birth defects of the brain and spine. In addition to your diet, folic acid is added to your prenatal vitamins, so it is very important to take them daily!

STOP SMOKING

Cigarette smoke contains many toxic chemicals and is extremely hazardous to your developing baby. Don't let others smoke around you! If you smoke, quit. If you "can't" quit, cut down to 5 or fewer per day.

EAT A WELL-BALANCED DIET

Eat a variety of foods from each food group with emphasis on lots of fresh fruits and vegetables! Your bones and teeth will lose calcium if you don't get enough in your diet so eat four or five servings of the dairy group (milk, yogurt, cheese) each day. If you are concerned about calories, choose low-fat or fat-free dairy products. It is also advisable to avoid caffeine and artificial sweeteners.

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Output for Breastfed Babies

Susan Brown, RN, ICCE, IBCLC

Board Certified Lactation Consultant

270-781-8039 Ext. 181 • 270-651-6534 home

Within 24 hours:

- Meconium stools are black or dark green and very sticky.
- Colostrum acts as a laxative on the gut, so meconium (along with bilirubin) should be excreted within the first 24 hours — otherwise, follow up is required.
- Stools **should not** continue to be dark brown or black for more than 3–4 days.
- At least one wet diaper should occur within the first 24 hours. If not, a reasonable explanation and/or FU is required.
- **Easy to remember:** By one day of age: one wet and one dirty.

By 2–3 days after beginning breastfeeding:

- Transitional stools: meconium mixed with milk curds, greenish-brown to yellowish-brown, pasty and less sticky than meconium.
- Stools **should not** continue to be brown after three days, presuming the mother's milk is in.
- At least 2–3 wet diapers that are straw colored and **do not** smell strongly.
- **Easy to remember:** By 3 days of age: at least 3 wet and 3 dirty.

By 4–7 days after beginning breastfeeding:

- Mature milk stools: milk curds. The mother should have an abundant supply of milk by the 4th day, presuming she does, the milk stools are present by the 4th day. If not, then follow up is required.
- Milk stools from exclusively BF infants are yellow (look like cottage cheese and mustard mixed together).
- If an exclusively BF infant does not have yellow stools by the 4th day, follow up is required. **Color is important!** If the infant has had an ounce or more of formula, however, color is not such a good indicator.
- Ultra-absorbent diapers make it difficult to count the wet diapers. Putting a piece of toilet paper inside the diaper helps to quickly identify a wet diaper.
- **What counts as a stool?** To me, a smudge doesn't count ... unless it is at least the size of a quarter.
- **If stools are not yellow by the 4th day then follow up is required!**
- **Easy to remember:** By 4 days and until 4 weeks, there should be 6–8 wet and 4 dirty diapers daily, minimum.

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POSTPARTUM CLASSES

BREAST FEEDING ASSISTANCE

Experienced registered nurses with expertise in breast feeding techniques will assist the new mother in the privacy of her room. This service is available at any time during her stay.

INFANT CPR

Familiarizes new parents with the procedures needed to perform cardiopulmonary resuscitation (CPR). These important classes are offered during your postpartum stay, or make an appointment to return after your discharge.

NEWBORN CARE (MOMS) CLASS

During your hospital stay, you will want to attend this class which will teach basic newborn care. These classes are offered on the postpartum unit.

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INSURANCE INFORMATION REGARDING ULTRASOUNDS

All OB ultrasounds are performed at The Medical Center in Bowling Green, Kentucky. Below are the estimated costs associated with having an ultrasound.

Typically, insurance companies will allow one routine ultrasound per pregnancy. Normally, insurance companies will not cover the cost of an ultrasound to determine the sex of the baby. Additionally, insurance companies will not cover the cost of a second routine ultrasound. However, all insurance companies are different — so please check with your insurance carrier to determine what, or if, they will cover all or any of the associated cost.

OB ULTRASOUND ESTIMATES ONLY (performed at The Medical Center)

DESCRIPTION	CPT	HOSPITAL CHARGE	RADIOLOGY READING CHARGE	TOTAL COST
Pregnancy Complete greater than 14 weeks	76801	\$609.00	\$125.00	\$734.00
Pregnancy Complete Multiple greater than 14 weeks	76802	\$391.00	\$105.00	\$496.00
Pregnancy Complete less than 14 weeks	76805	\$609.00	\$125.00	\$734.00
Pregnancy Complete Multiple less than 14 weeks	76810	\$391.00	\$127.00	\$518.00
Pregnancy Limited	76815	\$497.00	\$ 81.00	\$578.00
Pregnancy Follow-up	76816	\$274.00	\$100.00	\$374.00
Pregnancy Transvaginal	76817	\$573.00	\$ 95.00	\$668.00
Fetal Biophysical Profile	76818	\$492.00	\$136.00	\$628.00
Fetal Biophysical Profile, without stress	76819	\$513.00	\$ 97.00	\$610.00
Pregnancy Follow-up (4D)	76816	\$238.00	\$100.00	\$338.00

NOTE: When a twin ultrasound is performed — the 76801 and the 76802 **OR** 76805 and 76810 are charged.

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Dear Patient,

You will need to have the following information when you apply for medical assistance:

- Social Security card on each person in household (except newborn)
- Proof of last two (2) months income (before taxes — such as check stubs, SS awards letter, etc.)
- Verification of residence (mail, neighbor's statement)
- Birth verification (if newborn)

If you need any assistance with applying for a medical card, please contact Barren River District Health Department at 781-2490.



Pregnancy & You

Learn more about pregnancy in the early stage. The Medical Center offers “Pregnancy & You,” a class designed for expectant mothers or women anticipating pregnancy and their support person.

The following topics are discussed:

- Nutrition
- Physical changes of pregnancy
- Emotional changes of pregnancy
- Fetal development
- Exercise
- Prenatal care
- Self-care

FOR DATES AND TIMES, CALL 270-796-2495

Pre-registration is required.

For more information, call Connie Dickson,
OB Educator for The Medical Center,
at 270-796-2495

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MEDICAID TUBAL LIGATIONS

After delivery, if you elect to have a tubal ligation performed, your physicians will direct you to:

1. Call our office as soon as possible after your delivery and ask for their medical assistant.
2. The medical assistant will confirm you have a tubal consent on file.
3. Once confirmed, the medical assistant will schedule your tubal surgery. Your surgery needs to be scheduled as soon as possible before surgery slots/times are taken up. This also will help ensure you have a surgery date prior to your Medicaid ending.

Please note: If you choose to have a tubal — this **must** be done prior to your Medicaid running out.

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HPV VACCINE PATIENT NOTICE (Gardasil)

Gardasil is a vaccine indicated in girls and women 9 to 26 years of age for the prevention of the following diseases caused by human papillomavirus (HPV) types 6, 11, 16 and 18: cervical cancer, genital warts, and the following precancerous or dysplastic lesions (CIN 1, 2 and 3; AIS, VIN 2/3 and VaIN 2/3).

Gardasil is not intended to be used for the treatment of genital warts, cervical cancer, CIN, VIN or VaIN.

Vaccination with Gardasil may not result in protection in all vaccine recipients.

Gardasil has not been shown to protect against diseases due to non-vaccine HPV types.

Women still need pap smears yearly or as recommended by their physician.

Women's Health Specialists will administer HPV Vaccines to those patients who request this vaccine. Additionally, our office may also recommend this vaccine.

Because this is a new vaccine, many insurance companies have not yet decided to reimburse for this vaccine. Each insurance company will vary depending on the individual plans provided by that carrier. Thus, each vaccine administered will be administered solely on a self-pay basis. Each vaccine administered will be paid for, prior to a patient receiving the vaccine.

Gardasil will be administered intramuscularly as three separate doses. Vaccines are administered according to the following schedule:

- 1st dose — at the patient's elected date.
- 2nd dose — 2 months after the first dose.
- 3rd dose — 6 months after the first dose.

For the vaccine to be most effective, all three doses should be administered within the aforementioned time frame.