



Welcome to Southwest Contemporary Women's Care

- Our office will be happy to answer any questions you may have throughout the duration of your pregnancy. You should bring a list of your questions with you for each prenatal visit. If there is an emergency, you may call us at any time.

Ahwatukee Office (480) 785-2100

Gilbert Office (480) 505-4475

Tempe Office (480) 820-6657

If it is **after hours**, please call our answering service at **(480) 351-5292**.

- Regarding office procedures, please feel free to ask our front office staff any general questions you may have. Please contact the billing department at **(480) 505-4258** for any insurance or financial matters. Our office managers are available for any questions or concerns about the practice. We welcome your feedback!
- You will have monthly routine obstetrical visits until you are 28 weeks along. From 28 weeks until 36 weeks of pregnancy, you will be seen every 2 weeks. Starting at 36 weeks until delivery you will be visiting the office weekly. This enables us to educate you and gives us time to answer any questions you might have during your pregnancy.
- Our providers render services at Banner Desert Medical Center. We have both male and female physicians in our practice, and one of them will be on-site 24 hours a day. If your provider is unable to attend your delivery, the on-call physician will help you through your delivery. The call schedule can be found on our website at <http://www.swcwc.net/doctor-call-schedule/>

Below is a list of our physicians and midwives that cover call and deliver babies at Banner Desert Medical Center:

- Adam Alperin, MD, FACOG
- Cassandra Beienburg, MD
- Lisa Buschmann, MD, FACOG
- Anthony Canestraro, MD
- Tiersa Damore, MD, FACOG
- Christopher Danielson, MD
- Traci N Fitzhugh, MD, FACOG
- Lisa Hollar, MD, FACOG
- James Jew, MD, FACOG
- Aleze Krumholz, MD, FACOG
- Erin Labesky-Scoggin, DO, FACOOG
- Stephanie Mayes, MD, FACOG
- Paul Tamanaha, MD, FACOG
- Donald Toatley, MD, FACOG
- Tanya Gravell, CNM
- Michelle Walker, CNM



Approved OTC Medications during Pregnancy and Breast Feeding*

Symptoms	First Line (Preferred)	Other Options**
Acid Reflux	Tums/Roloids products Pepcid (famotidine) Tagament (cimetidine)	
Allergies	Allegra (fexofenadine) Claritin (loratadine) Zyrtec (cetirizine)	Benadryl (diphenhydramine)
Constipation	Citrucel (methylcellulose) Colace (docusate sodium) Peri-Colace (docusate/senna) FiberCon (polycarbophil) Milk of Magnesia	Dulcolax (bisacodyl) Metamucil (psyllium) MiraLAX (polyethylene glycol)
Cough	Delsym (dextromethorphan) Mucinex (guaifenesin) Robitussin DM (dextromethorphan/guaifenesin) *Sugar-free options are available for diabetic patients!	
Diarrhea	Immodium (loperamide)	
Gas	Maalox/Gelusil/Mylanta (simethicone)	
Headache	Tylenol (acetaminophen) regular or extra strength	
Hemorrhoids	Preparation-H Ointment Anusol Cream	Nupercainal
Nasal Congestion	Ocean Nasal Spray Neti Pot	Afrin (oxymetazoline) – for <u>short term</u> treatment only! Flonase (fluticasone)
Nausea/Vomiting	Emetrol Unisom (doxylamine) Vitamin B6 (50 mg four times daily)	Dramamine
Sore Throat	Chloraseptic Spray Throat lozenges NyQuil (alcohol content less than 15%)	
Vaginitis (yeast infection)	Monistat (miconazole) 3 day or 7 day option	
<u>Medications to AVOID</u> Unless otherwise recommended by your healthcare provider	Ibuprofen/Aleve/Motrin/Naproxen products Aspirin containing products (such as Bayer and Excedrin) Decongestant containing pseudoephedrine and phenylephrine (such as Claritin-D and Sudafed) Kaopectate Pepto Bismol	

*Note: Call or come in to the office if you do not experience relief of symptoms after directed use

**Indicates medications that have not been extensively studied; therefore, their safety is unknown -- use with caution



Frequently Asked Questions

What should I stop and avoid during pregnancy?

Once you are pregnant it is best to completely stop smoking, alcohol, and recreational drugs. These increase the risk of miscarriage, birth defect, and other serious conditions. Do NOT change cat litter while pregnant. Cat excrement may contain toxoplasmosis, a harmful parasite. You should avoid hot dogs, luncheon meats, and cold cuts. They may contain bacteria or parasites that can cause serious food poisoning.

Why am I tired all the time?

Early pregnancy creates general fatigue by the usage of 300 calories of energy per day in the development of the fetus. Be assured after a period of time you will usually begin to feel better.

What type of diet should I be following while I am pregnant?

An average pregnancy diet includes 2000-2200 calories a day. The emphasis is on food groups and increasing certain areas of each. Average daily allowances should include: 6 servings of Proteins (meat, eggs, fish, and poultry), 4 to 5 servings of milk products (milk, cheese, yogurt, etc.), 4 to 6 servings of grains (bread, rice, cereal, and pasta), 6 to 8 glasses of water daily. These are basic guidelines to get you started.

How much weight should I gain?

We usually anticipate an average of 25 to 35 lbs. during pregnancy. Individual situations may be different.

May I continue working during pregnancy?

We encourage women to work if they desire and the pregnancy progresses well. As you get further along, we will be reevaluating your work and its effect on the pregnancy or visa-versa.

I seem to be urinating more frequently, is this normal?

Initially, as the uterus enlarges, more pressure is placed on the bladder thus causing a need to urinate more frequently. As you progress in the pregnancy, the uterus will rise away from the bladder and some of the early symptoms will subside.

What should I do if I see any bleeding or have any cramping?

A small number of abdominal twinges are normal as the uterus enlarges and the fetus grows. Anything equivalent to menstrual cramping occurring on a regular basis should be evaluated by our office. Period-like bleeding is never considered normal and should be reported immediately. Spotting or a few small brown-red drops may occur after intercourse and would be considered normal. If spotting occurs without having had intercourse or is combined with cramping, it should be reported to us.

What should I do if I am exposed to a communicable disease (i.e., chickenpox, measles, mumps, etc)?

Mumps is not of concern during pregnancy. Measles are usually a childhood disease. If transmitted to an adult, measles are mild and cause no problems to the fetus. However, Rubella (the 3-day German measles) is very harmful, especially if contracted during the 1st trimester. Your initial lab work will determine your immune level. If there is no immunity, we will review guidelines for your pregnancy and make sure a vaccine is given after delivery. Fortunately, Rubella is not commonly seen in the general population because of childhood immunizations. If you have previously had chickenpox, you have developed an immunity to the disease and if exposed will not need to worry. If you have never had chickenpox and are exposed to them, contact our office. We will discuss your individual risk factors. Remember, a true exposure is contact with someone who actually has the infection at the time of contact with you. Contact with a parent or family member that has an ill child is **not** exposure.

These are only a few of the most common question asked by our patients. If you have others, please address them at your office visit, or call us prior to your visit and we will assist you.

Take the quiz at <https://www.azdhs.gov/powermea2z/index.php#quiz> to get **free prenatal vitamins** from the state of Arizona.

You Do A Lot

We Help A Little



What is WIC?

- Free nutrition and breastfeeding program
- Experts in nutrition for pregnancy, breastfeeding, infants, toddlers and preschoolers
- Personalized nutrition tips and support for parents and caregivers
- Breastfeeding information, support and resources
- Referrals to other community resources
- Healthy foods

Who is WIC for?

- Infants
- Children up to five years of age
- Pregnant women
- Breastfeeding women, until their infant's first birthday
- Women whose pregnancy ended <6 months ago

Arizona WIC is here for you!

Visit www.azwic.gov or call **1-800-2525-WIC** to find the nearest clinic. Download the AZ WIC Clinic Search App through the Google Play Store on Android or iTunes on Apple devices.

Effective Date:
April 17, 2017

WIC Eligibility is based solely on your gross income, this chart can help determine your eligibility

Number of Family Members	Income Every Two Weeks	Income Monthly
*2	\$1,156	\$2,504
3	\$1,453	\$3,149
4	\$1,751	\$3,793
5	\$2,048	\$4,437
6	\$2,346	\$5,082
7	\$2,643	\$5,726
8	\$2,941	\$6,371
Each Additional Member	\$298	\$645

*A pregnant woman is considered a family of 2

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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Domestic Violence

Domestic violence is a pattern of threatening or controlling behavior imposed on a woman by an intimate partner without regard for her rights, feelings, body, or health. A woman is abused if she has had intentional, often repeated, physical, sexual, or emotional harm done to her by a person with whom she is or has been in an intimate relationship with.

There are several different **types of domestic violence** such as:

- **Battering and Physical Assault:** Throwing objects at the victim, pushing, hitting, slapping, kicking, choking, beating, or attacking with a weapon.
- **Sexual assault:** Forced sexual activity, including vaginal, oral, or anal intercourse.
- **Psychologic abuse:** Forcing the victim to perform degrading acts, threatening to harm a partner or her children, attacking pets, smashing valued objects, or trying to dominate or control a woman's life.

If you are in a situation involving any form of domestic violence, please discuss with your physician or contact any of the following resources.

Domestic Violence Resource	Phone Number
Shelter Line (Maricopa County Only)	(480)890-3039
National 24 hr Domestic Violence	(800)799-7233
A New Leaf	(480)969-4024
National Sexual Assault Hotline – RAINN	(800)656-HOPE (4673)
AZ Coalition to End Sexual & Domestic Violence	(602)279-2900 (800)782-6400 (602)279-7270 (TTY)

In the event of an emergency, call 9-1-1.



FMLA/DISABILITY FORMS

What is the difference between FMLA and Short-term disability?

FMLA is a 12 wk unpaid time away from work, protecting your job while you are away. It is generally available at companies of 50 employees or more, mandated by the federal government. Please see your HR department for specific company policies.

Short-term disability refers to a medical necessity leave secondary to a physician's recommendation that you no longer work. It can be a paid leave depending on the company you work for and whether they offer this type of protection for the patient. Your employer determines the length and amount of payment allowed. Our office only determines the reason you need to be off work.

How much time out of work am I allowed following a delivery?

National standards allow 6 weeks for vaginal delivery and 8 weeks for a C/section delivery. Although rare, if you develop a complication following any delivery in which the physician feels you will need to be off work for a longer period of time, this is assessed on a case-by-case basis with the physician.

What do I need to do when I have forms that I need to fill out?

Our office will assist you with filling out the forms. All companies have their own forms, we do not provide them. We ask that you fill out your portion (name, address, etc). We will fill out the physician's statement portion of the form. Once you have given them to us **it takes 7-10 business days to complete the forms**. If you would like them faxed directly to your work place, you will need to provide us with that information.

Is there a charge for this paper work?

Yes, there is a \$15 fee for each FMLA and disability form completed. If your forms require medical records to be released with them there may be an additional \$10 fee. All fees must be paid prior to the release of the completed forms.

Immunization & Pregnancy

Vaccines help keep a pregnant woman and her growing family healthy.



Vaccine	Before pregnancy	During pregnancy	After pregnancy	Type of Vaccine
Hepatitis A	Yes, if indicated	Yes, if indicated	Yes, if indicated	Inactivated
Hepatitis B	Yes, if indicated	Yes, if indicated	Yes, if indicated	Inactivated
Human Papillomavirus (HPV)	Yes, if indicated, through 26 years of age	No, under study	Yes, if indicated, through 26 years of age	Inactivated
Influenza IIV	Yes	Yes	Yes	Inactivated
Influenza LAIV	Yes, if less than 50 years of age and healthy; avoid conception for 4 weeks	No	Yes, if less than 50 years of age and healthy; avoid conception for 4 weeks	Live
MMR	Yes, if indicated, avoid conception for 4 weeks	No	Yes, if indicated, give immediately postpartum if susceptible to rubella	Live
Meningococcal: • polysaccharide • conjugate	If indicated	If indicated	If indicated	Inactivated Inactivated
Pneumococcal Polysaccharide	If indicated	If indicated	If indicated	Inactivated
Tdap	Yes, if indicated	Yes, vaccinate during each pregnancy ideally between 27 and 36 weeks of gestation	Yes, immediately postpartum, if not received previously	Toxoid/ inactivated
Tetanus/Diphtheria Td	Yes, if indicated	Yes, if indicated, Tdap preferred	Yes, if indicated	Toxoid
Varicella	Yes, if indicated, avoid conception for 4 weeks	No	Yes, if indicated, give immediately postpartum if susceptible	Live

For information on all vaccines, including travel vaccines, use this table with www.cdc.gov/vaccines

Get an answer to your specific question by e-mailing cdcinfo@cdc.gov or calling 800-CDC-INFO (232-4636) • English or Spanish

National Center for Immunization and Respiratory Diseases
Immunization Services Division



Pregnant? You Need a **Flu Shot!**



Information for pregnant people



Because you are pregnant, CDC and your ob-gyn or midwife recommend you get a flu shot to protect yourself and your baby from flu.

You should get vaccinated by the end of October, if possible. Early vaccination can also be considered for people who are in the third trimester of pregnancy, because this can help protect their infants during the first months of life. Talk to your ob-gyn or midwife about getting a flu shot.

Flu can be a serious illness, especially when you are pregnant.

Getting flu can cause serious problems when you are pregnant. Even if you are generally healthy, changes in immune, heart, and lung functions during pregnancy make you more likely to get severely ill from flu. Pregnant people (and people up to two weeks postpartum) who get flu are at higher risk of developing serious illness, including being hospitalized.

Flu shots are the best available protection for you – and your baby.

When you get your flu shot, your body starts to make antibodies that help protect you against flu. Antibodies are also passed on to your developing baby, and help protect them for several months after birth. This is important because babies younger than 6 months old are too young to get a flu vaccine. If you breastfeed your infant, antibodies also can be passed through breast milk. It takes about two weeks for your body to make antibodies after getting a flu vaccine. Talk to your doctor, nurse, or clinic about getting vaccinated by the end of October.

Flu shots are safe for people who are pregnant or breastfeeding.

You can get a flu shot at any time, during any trimester, while you are pregnant. Millions of pregnant people have gotten flu shots. Flu shots have an excellent safety record. There is a lot of evidence that flu vaccines can be given safely during pregnancy, though these data are limited for the first trimester.

If you deliver your baby before getting your flu shot, you should still get vaccinated. Flu is spread from person to person. You, or others who care for your baby, may get sick with flu, and spread it to your baby. It is important that everyone who cares for your baby get a flu vaccine, including other household members, relatives, and babysitters.

Common side effects of a flu vaccine are mild

After getting your flu shot, you may experience some mild side effects. The most common side effects include soreness, tenderness, redness and/or swelling where the shot was given. Sometimes you might have a headache, muscle aches, fever, and nausea or feel tired. The flu is a serious illness, especially when you are pregnant.



If you have flu symptoms, call your doctor immediately.

If you get flu symptoms (e.g., fever, cough, body aches headache, etc.) – even if you have already had a flu shot – call your doctor, nurse, or clinic right away. Doctors can prescribe influenza antiviral medicine to treat flu. Antiviral drugs can shorten your flu illness, make it milder and lessen the chance of developing serious complications. Because pregnant people are at higher risk of developing serious flu complications, CDC recommends that they be treated quickly with antiviral drugs if they get flu symptoms. Oral oseltamivir is the preferred treatment for pregnant people because it has the most data available to suggest that it is safe and beneficial. These medicines work best when started early.

Fever is often a symptom of flu. Having a fever early in pregnancy increases the chances of having a baby with birth defects or other problems. Acetaminophen (Tylenol® or brand store equivalent) can reduce a fever, but you should still call your doctor or nurse and tell them about your illness.

If you have any of the following signs, call 911 and seek emergency medical care right away:

- Difficulty breathing or shortness of breath
- Persistent pain or pressure in the chest or abdomen
- Persistent dizziness, or confusion, or drowsiness.
- Severe or constant vomiting
- Seizures
- Not urinating
- Severe muscle pain
- Severe weakness or unsteadiness
- Fever or cough that improves, but then returns or worsens
- Decreased or no movement of your baby
- High fever that is not responding to Acetaminophen (Tylenol® or brand store equivalent).



For more information about the flu or the vaccine, call: **1-800-CDC-INFO** or visit: www.cdc.gov/flu/



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention



Leadership for a Healthy Arizona



Arizona Department of Health Services
Office of Women's and Children's Health

150 North 18th Avenue
Phoenix, Arizona 85007
Phone: 602-364-1400
Fax: 602-364-1494

Medical information provided by Dr. Jordan Perlow

Umbilical Cord Blood

The State of Arizona recently passed a law requiring pregnant women to receive information about umbilical cord blood banking options. Umbilical cord blood banking is a relatively new procedure that saves lives. Now you have the chance to make a decision that could save the life of a family member, or someone else with a medical emergency. Please read the following information to learn more about the important medical options available to you.

Umbilical Cord Blood

What is cord blood?

After your baby is born, the umbilical cord is clamped and cut. The blood remains in the placenta and umbilical cord. In the past this blood commonly called cord blood was usually thrown away. We now know cord blood contains stem cells that can be used to help people with certain serious diseases. Now, families have three options available: discard the blood, donate it to a public cord bank, or retain it in a family cord blood bank. Cord blood that has been collected for storage at either a public cord blood bank or family cord blood bank is frozen and can be used when needed to help treat many serious diseases.

It is important to discuss questions regarding cord blood banking options with your health care provider as soon as possible during your pregnancy.



Important Information for Parents-To-Be About Umbilical Cord Blood

How can cord blood help?

The stem cells in cord blood are very important because they make many different types of cells in the body, including blood cells that carry oxygen, fight disease, and help stop bleeding. The stem cells in cord blood are primitive or undeveloped and can be transplanted in people to treat a number of life-threatening diseases. If needed, blood-forming cord blood stem cells can sometimes be used in autologous transplants (when a person receives his or her own umbilical cord blood) or more commonly, allogeneic transplants (when a person receives umbilical cord blood donated from someone else). A cord blood transplant does not need to be as perfectly matched to the person who receives it as in most other types of transplants. Because cord blood stem cells are more primitive, they have a lower rate of complications than with other stem cell transplants such as in bone marrow.

What disease can cord blood be used for?

There are more than 60 diseases that can now be helped through cord blood transplantation. These diseases include malignant and non-malignant conditions, such as blood cancers, rare inherited disorders of metabolism; immune diseases, and more. Treatment of these diseases using umbilical cord blood is not experimental. Cord blood transplantation has already helped thousands of people. There is ongoing research to find more diseases that can be helped by cord blood. While the research is still in the experimental stages, scientists are hopeful that one day cord blood transplantation will help in many heart, bone, liver, and brain diseases, even diseases like heart attack and stroke.

How is cord blood collected? Is it safe?

Collecting cord blood is completely safe for babies and mothers. It will not affect your baby's health or your birth experience because the blood is collected after your baby is born. The blood remaining in the umbilical cord is drained into a special collection bag and sent to the public or family cord blood bank you selected.

If you would like your baby's cord blood to be collected and stored for future use, you must make arrangements with either a public or family cord blood bank before the baby is born. When you contact a cord blood bank, they will send you information about cord blood collection and storage, forms to fill out, and a kit to take the hospital for your baby's birth.

What are the ways cord blood can be stored? What is the right decision for my family?

Types of Cord Blood Banks

Cord blood can be donated to a public cord blood bank for use by someone in need or stored at a family cord blood bank for your baby's or family's use. Donating your baby's cord blood or storing it for private use is a personal decision that you must make for yourself after discussion with your healthcare provider and after performing your own research. If you have a family member with leukemia or another disease that may be treatable by stem cell transplant, you should talk to their healthcare provider about the advisability of family cord blood banking, which would typically be performed under these circumstances without cost.

Public Cord Blood Banks

At this time, there is only one public cord blood bank in the United State available to accept cord blood donations from babies born in Arizona. They are Cryobanks International (1-800-869-8608). Public cord blood banks save and use cord blood for transplants to help people with one of the treatable diseases or for scientific research to learn more about the possible uses of cord blood. Transplants are anonymous and no information about you or your baby is given to the person receiving the cord blood. Donated cord blood becomes the property of the public cord blood bank. Before being accepted for donation, you will need to complete a health questionnaire to screen for genetic disorders and infectious diseases.

Family Cord Blood Banks

There are many family cord blood banks available for Arizona families who wish to save their baby's cord blood for potential future use. Using family cord blood banks, the family controls the use of the cord blood. Studies show there is less graft versus host disease complications and better survival rates when cord blood from a related source is transplanted. However, there is no guarantee that the saved cord blood will be able to be used in all situations. When making a decision about family cord blood banks, it is important to ask what the total cost is, how experienced the company is in cord blood banking, how experienced the company is in cord blood transplantation, if the company is financially sound, and what would happen if the company went out of business.

How much does it cost to donate or bank cord blood?

Donating cord blood to a public cord blood bank does not usually cost you any money. Ask your healthcare provider if there will be any charge to collect the blood. Family banking of cord blood for the baby's or family's future use usually costs between \$1,000 and \$2,000 at the time of the baby's birth. There will also be an annual storage fee of approximately \$100 to \$150.



Where can I get more information about umbilical cord blood banking?

The March of Dimes

www.marchofdimes.com

A Parent's Guide to Cord Blood Banks

www.parentsguidecordblood.com

Arizona Department of Health Services

www.azdhs.gov/phs/owch

National Marrow Donor Program

www.marrow.org

