

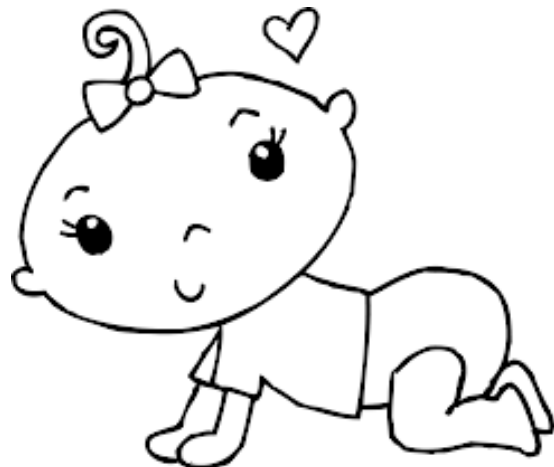


OB

Info Pack

Women First Health Center

An Axia Womens Health Care Center



Congratulations on your pregnancy !!!

We are honored to be your healthcare providers at this very special time in your life. We want you to know we are committed to providing you the highest standard of care. Our goal is to optimize your health and the health of your baby. This packet is designed to guide you through some of the most commonly asked questions of pregnancy. We have included information on routine screening tests for all obstetrical patients, genetic testing, medications and general nutritional guidelines, as well as some general information about our practice policies and procedures. Feel free to ask us questions along the way if something is unclear or not contained within the packet.

Your Healthcare Team

We have two doctors, Dr. Claudine Sylvester and Dr. Vivian Lo, and a physician assistant, Jessica Morris. Amongst all of us we have more than fifty years of experience in the obstetrical field. We also have two amazing nurses: Renee and Tracey. They are available by phone call Monday through Thursday 8am-4pm. Tracey was actually an L&D nurse when Dr. Sylvester and Dr. Lo trained at Saint Barnabas. As your pregnancy progresses, we are sure you will agree that they are an essential part of our team!

At every visit, you will be greeted by patient representatives (our front desk receptionists). They will also sign you out after every visit and book your next appointment. They will assist you as best as possible but there may be occasions when your preferred provider is unavailable for an appointment due to vacations, conferences or call schedules.

Then our medical assistants will call you in for your visit. They will ask you to provide a urine sample at every visit. They will also weigh you and take your blood pressure. However, they are not qualified to answer all of your medical questions. Please discuss any questions or concerns with the physicians or the nurses.

You may have an occasion to speak to our office manager Letty regarding your disability or FMLA paperwork. You may also be greeted by some members of our billing department to help you understand your benefits. We also have OR/office coordinators if you find you need to have a scheduled cesarean section or after birth if you are planning for an IUD or a tubal ligation.

At the hospital our team extends to nurses, residents and medical students. We rely upon the whole team to care for you and your baby! We have been practicing this way for the last two decades and again, we are honored to have the privilege to care for you and your family.

<p>We want you to know that every member of our healthcare team is committed to making this pregnancy a positive experience!</p>

Availability

Although it is not a requirement, we strongly encourage you to meet and feel comfortable with all the providers. Dr. Sylvester and Dr. Lo share on call duties equally and either one may be the doctor to perform your delivery. We realize you may see one provider more than the others, and we assure you that we do perform chart reviews regularly and we will do our best to be familiar with your file and pregnancy. On weekdays, our healthcare team is always available for questions/emergencies. We deliver our patients at St. Barnabas Medical Center in Livingston, NJ.

We are available after hours **for emergencies**. Labor related questions are considered emergencies. You can reach us by calling the office phone number and the answering service will take your call. They will ask for your name, your reason for calling, and your callback number. *If you have call blocking services on your phone line, please disable them as soon as you have us paged so that we may quickly and efficiently return your call.* The answering service will then page the doctor on call for your emergency or if you are in labor.

We do participate in a weeknight and weekend cross coverage system, as do all of the obstetricians at St. Barnabas. We **ONLY** cover with obstetricians whom we know very well and trust to care for our family, friends, and patients. Most of them either trained us or were trained by us over the years. We will make *every effort* to be the ones who deliver your baby! However, we do have family and professional obligations that will sometimes make this not possible. We do a regular evaluation of our deliveries. This system has consistently allowed us to be available to deliver approximately 85-90% percent of our patients over time. We appreciate your understanding in this matter as we have our own families to care for and other responsibilities to fulfill.

Birth Plans

We encourage you to consider birth plans. These are not a requirement however. Saint Barnabas has a nice general birth plan on the maternity section of their website that you can print and check off your preferences.

It is important for you to understand that from a medical liability standpoint, we cannot strictly adhere to birth plans. We are open to discuss your birthing process with you and will address any of your concerns. However, we cannot promise that everything will happen as you imagine it. Our primary goal is your health and the health of the baby. There may be unforeseen situations that may prevent you from having the “plan” go exactly as scripted. Having said that, we will make every effort to give you the experience you desire. We hope you appreciate our honest approach to this situation.

If you are going to make a birth plan, we would like you to bring it to your appointment with one of the physicians, so we can review it and discuss it with you. It will be YOUR responsibility to bring the birth plan to the hospital with you to give to the admitting nurse. They will put a copy on your chart for the entire healthcare team to see.

Routine Screening for all Obstetrical Patients

Blood Pressure/Urine/Weight/Fetal Heart Rate

At each visit we will check all of the above. Any abnormalities will be addressed at the visit. For a routine pregnancy you will be seen about every 4 weeks until you are 30 weeks of gestation. Then you will be seen every 2 weeks until 36 weeks. Thereafter, you will come in weekly until you deliver.

First Trimester Ultrasonography

This ultrasound is usually done at your first visit. It helps us confirm or establish your estimated due date. This is important because most of the tests done in your pregnancy are dependent upon an accurate due date.

Routine Lab Work

At your first visit we will draw blood checking for a variety of conditions – these are considered required and routine labs and they include, blood type and Rh factor, Rubella immunity status, anemia, HIV, Hepatitis B & C, Syphilis, and Hemoglobinopathies. If not already done at your confirmation visit, we will collect vaginal and urine cultures. If there are any abnormalities, someone from the healthcare team will discuss this with you and treat accordingly.

Genetic Testing

Please understand that we are not genetic counselors. We will offer the routine testing recommended by the American College of Obstetricians and Gynecologists. We suggest that if there are any family history concerns related to genetic syndromes that you seek the expertise of a genetic counselor. You may contact your insurance company to ensure if this is a covered benefit. New Jersey Perinatal Associates offers this counseling at (973) 322-5287.

Extended Genetic Screening: This panel test identifies couples who are at elevated risk of passing inherited conditions to their children. It screens for an extensive amount of diseases, including SMA (Spinal Muscular Atrophy), Cystic Fibrosis, and Fragile X Syndrome. If you happen to be a carrier, genetic counseling is recommended. For most of these conditions it is offered for free directly from the company via phone. If your screen is positive, it is often recommended to test the father of your baby. In many cases the father is not a carrier and there is minimal risk. If both biological parents happen to be carriers of a certain disease or condition, then we will send you to NJ Perinatal at St. Barnabas for more genetic counseling and available testing.

You may choose not to have this full panel of conditions. If you do not ACOG requires us, at the very least, to test for Cystic Fibrosis, Spinal Muscular Atrophy, and Fragile X Syndrome. The medical assistants will provide you with a sheet to sign regarding which testing you prefer.

First Trimester Screening blood work /Nuchal Translucency/Instant Risk Assessment

This is the routine first trimester screening for women under the age of thirty-five. This is a *non-invasive* screening program which allows us to give you information on *your risk* of having a baby with Downs syndrome (trisomy 21), trisomy 13 and 18.

The test has two parts:

- blood work (usually done at 9-11 weeks of gestation)
- an NT ultrasound (done between 11-13weeks 6 days).

The bloodwork measures proteins (free beta HCG, AFP and PAPP-A). The free beta and PAPP-A levels provide additional info regarding if third trimester increased surveillance is necessary. The NT ultrasound measures the nuchal translucency (amount of fluid behind the fetal neck). Increased NT's correlate with an increased risk for certain genetic syndromes as well as other chromosomal abnormalities not identified by either first trimester blood tests. These combined values are used to calculate your individual risk. The test cannot identify 100% of affected babies. However, the detection rate is approximately 93% for Downs syndrome and 95% for trisomy 13/18. The false positive rate for the test is 5%.

All pregnant patients whose first trimester screen indicates an increased risk will then be offered NIPT (see below), an amniocentesis or chorionic villus sampling (CVS). These tests will be done at the maternal fetal medicine specialists.

NIPT – Non- invasive prenatal testing

ACOG does not recommend the concurrent use of multiple **serum** first trimester screens. If you are > 35 years old or have a family/personal of chromosomal defects, you may opt for the NIPT. The sensitivity and specificity have been proven to be higher than other screening tests. The technology is based on circulating cell free DNA in maternal blood. It is a blood test that is routinely performed after 10 weeks.

Please note this test can be done on women of any age. You may opt to have the NIPT instead of the FTS bloodwork. Your insurance however may not cover the expense of this test if you are under the age of 35 and therefore it would be your personal decision to have this done. It may be covered however. Each person's insurance policy is different. It is important for you to call your insurance company prior to your first OB visit if you are less than 35 and are opting for this test to know your coverage.

This test does inform you of the baby's gender at the earliest possible time IF you want to know that. If not, you will have an opportunity to discover the gender of the baby at a later ultrasound (or at birth!) In rare instances this test may need to be repeated. The companies look at something called fetal fractionation (how much of the fetal cells were found circulating in the maternal blood sample). If it is too low, the test will need to be repeated.

If you have NIPT, an NT ultrasound is still recommended.

Advanced Maternal Age

Obstetrical patients at age 35 years or older at the time of giving birth are referred to as having advanced maternal age. Although the standard now is to offer NIPT, these women may also wish to consider a CVS or an amniocentesis as they have increased risks for chromosomal abnormalities than younger women. Patients with a twin/triplet pregnancy are offered these tests at an earlier age (32 years).

CVS

This is an invasive test that will determine the fetal chromosomes. This test is performed by a maternal fetal medicine specialist. During this test, a spinal needle is inserted into uterus to remove tissue called chorionic villi (via either the patient's abdomen or vagina depending on the position of the placenta). This test is usually performed between 10-12 weeks gestational age. The estimated risk of losing a pregnancy secondary to this procedure ranges from 1:100 to 1:200. Individual facilities and doctors will quote their own rates. Results return in approximately two weeks. This test is usually reserved for those who have a history of a chromosomal abnormality in their previous pregnancy or who have been determined to be at high risk for a chromosome abnormality in this pregnancy.

It does not provide any information on the open neural tube defect risk thus necessitating the AFP-1 blood test later in the pregnancy (approximately 4 weeks after the CVS).

Amniocentesis

This is a test to determine the fetal chromosomes. A spinal needle is inserted into the uterus (via the patient's abdomen) and amniotic fluid is removed. This test is offered to all obstetrical patients giving birth at age 35 or older as well to patients with abnormal first trimester screening. It is usually performed at 16-18 weeks but can be done later in the pregnancy. The estimated risk of losing a pregnancy secondary to this procedure is 1:250-300. More recent studies suggest the risk of loss is 1:700 when done with ultrasound guidance. This test is typically done with the maternal fetal medicine specialists. Results return in approximately two weeks.

Of note, AFP levels are also measured via the amniotic fluid to test for open neural defects. Thus, an AFP-1 test does NOT need to be performed after this test has been done.

AFP-1

This test measures the maternal blood level of a protein called AFP. This is used to screen for the risk of open neural tube defects. The test is performed between 15-17 weeks. If this test is abnormally high, a perinatology consult is necessary.

Quad/Tetra Screen

This is a blood test that is typically done between 16-20 weeks *IF* you have not had *any* other First Trimester Screen for chromosomal risk. It is less specific and sensitive for chromosomal abnormalities than the tests mentioned above. This test is usually reserved for those who have had prenatal care starting after 14 weeks.

Anatomy Scan /Ultrasound

A routine ultrasound is done at approximately 20 weeks to assess fetal anatomy as well as placental location and amniotic fluid levels. In most pregnancies this is your last official ultrasound. If there are medical indications, there may be additional ultrasounds required. This specialized ultrasound is done at an outside facility.

Glucose Tolerance Test (GTT)

Between 24-28 weeks gestational age you will be asked to perform a one-hour glucose tolerance test. This is a screening test for gestational diabetes. If you “fail” this test, we will order a diagnostic three-hour glucose tolerance test. There are some instances (i.e. a history of gestational diabetes or polycystic ovarian syndrome) where an earlier gtt will be ordered and may need to be repeated.

Rhogam

At your first visit we will test your blood type. If you have a “negative” Rh blood type, you will be given an intramuscular injection of Rhogam at approximately 28 weeks of gestation. If you have this blood type it is very important to get this medication earlier if you have any bleeding during your pregnancy. After the birth of your baby, the hospital will check your baby’s blood type and see if you need another dose of Rhogam within 72 hours of birth. If your baby is also Rh negative, then you will not need this medication after birth.

Group B Streptococcus (GBS)

This is a bacterium that normally inhabits the vagina of approximately 30% of women. We will perform a culture at about 36 weeks to determine if you are a carrier. If you are we will discuss in detail how it may impact your labor and deliver course. Please note that we usually perform an internal exam at 36 weeks (checking your cervix to determine if there is any dilation or thinning/effacing) and again at 39 weeks. If you would like to be checked at 37 or 38 weeks you may, but you need to request this.

Medications

Below is a list of over the counter medicines that the doctors at Women First Health Center approve for use in your pregnancy for the following symptoms/conditions.

Take as directed and if you are unsure, please check with us first.

Allergies: **Benadryl (diphenhydramine) is OK**
Claritin (loratadine) is OK
Zyrtec (Cetirizine) is OK
Saline nose sprays/ Neti pots/rinses are OK

Allegra (fexofenadine) Is NOT ADVISED Sudafed (pseudoephedrine) is NOT ADVISED Sudafed PE (phenylephrine) is NOT ADVISED

Headaches/Pain: **Tylenol (Acetaminophen) is OK**

Motrin or Advil (Ibuprofen) is NOT ADVISED NO Aspirin products including Bayer or Excedrin Aleve (Naproxen) is NOT ADVISED

A NOTE ABOUT MULTI-SYMPTOM FORMULAS

Multi-Symptom cold and allergy medications typically contain ingredients from the “off limits” list. For example, while Tylenol pain reliever (Acetaminophen) is relatively safe during pregnancy, Tylenol Sinus Congestion & Pain and Tylenol Cold Multi-Symptom liquid contain the decongestant phenylephrine which is not ok during pregnancy.

Read labels.

Ingredients such as alcohol and caffeine turn up in surprising places.

For example, Vicks Nyquil Cold and Flu contains alcohol and CVS Aspirin Free Headache is free of Aspirin but does contain caffeine.

Caffeine in small doses may be okay (please discuss with your healthcare provider), but as a rule avoid what you do not need.

Cold/Flu: **Vicks Vapor Rub, Chloraseptic Spray, Theraflu, Robitussin/Mucinex (Dextromethorphan), Cough Drops, Vit C drops, Zinc sprays or lollipops**

All of the above are **OK**

Call for consistent temperatures over 101.0 degrees F.

If you think you may have strep throat or an upper respiratory infection do not hesitate to go to your primary care center. Most physicians are educated with what is safe in pregnancy. If you have any questions regarding the safety of a medication you have been prescribed, please call us.

Nausea: **Vitamin B6 50 mg (1-3 times per day)**
½ Unisom tablet (Doxylamine Succinate) at night

Wrist Bands/Sea Bands

Ginger Tea, Ginger chews or lozenges

All of the above are **OK**

If you have persistent vomiting, are unable to keep liquids down for more than 12 hours or your nausea is interfering with your quality of life, please call the office as there are prescription medications that may be appropriate in this setting.

Constipation: **Colace (Docusate sodium) 100 mg 1-3 times per day**

Metamucil, Citrucel, Fibercon, Prune Juice

Increase your water intake to 64-80 ounces/day

All of the above are **OK**

Gas: **Mylicon (Simethicone) & Gas-X are OK**

Indigestion: **Mylanta, Tums, Maalox, Pepcid & Zantac are OK**

Diarrhea: **Imodium (loperamide) is OK**

Pepto Bismol is NOT ADVISED

Itching: **Benadryl (oral tablets, creams, or sprays), most Hydrocortisone creams, Aveeno lotion or baths, Oatmeal baths** are all **OK**

Notify us of any rashes

Vaginal Yeast Infection: **Monistat (Miconazole) & Gyne-Lotrimin (Clotrimazole)** are **OK**

Although it is common to have a natural increase in discharge while pregnant, some discharges may be indicative of infections. Please notify us of any unusual and/or persistent vaginal discharge.

Dentist Visits: **Lidocaine/Novocaine WITHOUT Epinephrine** is **OK**

Epinephrine and “laughing gas” are NOT OK

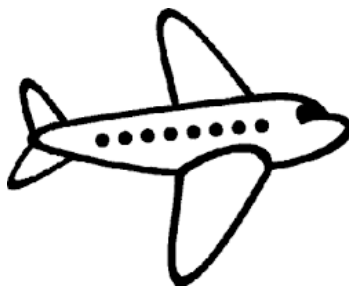
Necessary dental x-rays are OK

Routine dental x-rays can be delayed until after pregnancy.

TRAVELLING IN PREGNANCY:

It is your responsibility to check the CDC website for the most updated travel information regarding diseases that could be present in areas you intend to travel. We strongly recommend avoiding any areas that have been listed as active Zika virus territories.

If you have travelled to any of these areas, most especially Zika territories within 6 months of conception (for men) and within 8 weeks of conception (for women); please notify your healthcare provider as you will need extra surveillance.



Nutrition in Pregnancy



Hot Dogs and Cold Cuts

The intake of these items during pregnancy is controversial. Both may contain nitrates. Nitrates are not toxic but can be converted to nitrites, which can be. Nitrites in high levels can damage hemoglobin and that can lead to anemia in both the mother and fetus. The other concern with nitrates and nitrites is that there may be an increased risk for developing cancers with consumption of these items. The reason that these compounds are added to cured and smoked meats is to reduce the risk of botulism. The concentrations of these compounds are drastically lower than in the past, and some products even have anti-oxidants added to counteract the potential damage. Infections with Listeria and Toxoplasmosis have also been reported from eating tainted cold cuts. Therefore, we recommended you limit your intake of these items and make sure that you are eating food from quality sources.



Toxoplasmosis

Toxoplasmosis is an infection caused by the parasite *Toxoplasma gondii*. Most people who have been infected with Toxo have very few symptoms because a healthy person's immune system usually keeps the parasite from causing illness. However, for pregnant women a Toxo infection could result in a baby with serious eye and brain damage.

A Toxo infection can occur by:

- accidentally swallowing or breathing in cat feces from a Toxo infected cat that is shedding the organism in its feces/litter box. Thus, we recommend you do not change or touch your cats litter box. Or at minimum, use gloves and a mask. Also use gloves while gardening, as Toxo can be found in soil.
- Eating contaminated raw or partly cooked meat (especially pork and lamb) or by touching your hands to your mouth after handling the tainted meat. Some patients may have no symptoms at all, some patients may develop flu like symptoms of swollen glands. This can be easily avoided by thoroughly cooking all meat and washing your hands whenever you touch raw meat.

Listeria

Listeriosis or infection caused by the bacterium *Listeria Monocytogenes* can particularly dangerous for pregnant women. Listeriosis can be transmitted to the fetus even if the mother is showing no symptoms and can cause premature delivery or miscarriage. Symptoms are flu-like with sudden onset of fever, chills, muscle aches, sometimes nausea, vomiting, and diarrhea. The best way to prevent infection with Listeria is to avoid high risk food such as deli meats, soft cheeses such as Brie/Camembert, Feta, Blue Cheese and Mexican style Queso Blanco. Thoroughly cook or reheat all meat. Do not drink or eat milk products that are not pasteurized.



Fish

Fish is a very healthy lean protein source for pregnant women. It also has omega-3 fatty acids which are great for maternal health and fetal neurodevelopment. However, diets high in mercury-containing fish can cause birth defects. Older, larger fish have high levels of mercury. So the simple rules are as follows:

DO NOT eat Shark, Tilefish, King Mackerel, Swordfish, and Marlin.

DO NOT eat the *green* part of the Lobster

You may eat up to 12 ounces/week of other cooked fish and seafood.

Commonly consumed fish with **lower mercury levels** are **shrimp, canned light tuna, salmon, pollack, and catfish.**

Limit Albacore (white) tuna to 6 ounces/week.

Be careful of and avoid the large tuna often used in sushi or tuna steaks.

Avoid refrigerated seafood products unless they are cooked before eating

Avoid raw fish and seafood.

Specific information on food borne pathogens and contaminants can be found at www.fda.gov/Food/FoodSafety/Product-SpecificInformation/Seafood.

Artificial Sweeteners

To date there is no known association with the use of these products and birth defects. Use in moderation. We recommend avoiding Sweet & Low/Saccharin.

Anemia

We will check your hemoglobin and hematocrit at least twice during the pregnancy. This is a measure of iron stores and alerts us to if you may be anemic. We may suggest iron rich foods and sometimes the over the counter iron supplements. Your body will absorb the iron from a food source more easily than a supplement. Good sources of iron rich foods are below.

Molasses, some cereals such as NutriGrain and Bran Flakes, prune juice, pork, beans, walnuts, almonds, red meat, raisins, shrimp, sardines, watermelon, asparagus, spinach and kale.



Cord Blood Banking

Cord blood banking or preservation takes place at the time of delivery. It is completely painless for you and the baby. In this process, immediately following birth, the physician collects blood from the umbilical cord. This is for cord blood banking. Cord tissue can then be collected by collecting all or part of the umbilical cord. The placenta can then be collected as well if you are collecting the placenta (the only bank currently with a patent to do the placenta is Lifebank).

Umbilical cord blood and tissue are rich sources of stem cells, which are the building blocks of our blood and immune systems. Research has shown that stem cells can be stored and used in the future treatment of diseases such as blood disorders, cancer, and bone marrow deficiencies. There is current investigation on whether these harvested stem cells can be used to treat conditions such as cerebral palsy, diabetes heart disease, stroke, and autism. The decision to bank cord blood is personal and requires some research of your own.

Here are a few cord blood banks we recommend: Viacord, Family Cord, and Lifebank and Cryocell.

N.J. law requires that we inform you about cord blood banking and that it is your option to do. You will be reminded again about cord blood with a handout sheet we provide around 28 weeks when we inform you about Kick Counts. It is important to inform us if you intend to collect cord blood. YOU must bring the cord blood kit from whichever company you decide to bank with TO THE HOSPITAL with you when you are in labor. Upon admission it is your responsibility to let the healthcare team know your intentions to bank cord blood. There is only one possible time for us to collect this for you and we do not want you to miss out on that opportunity.

Vaccines



Flu vaccine

ACOG and the CDC recommend all women pregnant or delivering during the flu season receive the flu vaccine. We recognize the choice to vaccinate is a personal one. However, pregnant women are more likely to become seriously ill from the flu than from the vaccine. Unfortunately, there are maternal deaths reported every year from the flu. For that reason, we do support the recommendations to vaccinate. If you choose NOT to vaccinate against the flu, then we urge you to use flu precautions and avoid contact with anyone who is ill.

Tdap vaccine

This is a vaccine that protects against Tetanus, Diphtheria, and Pertussis. In the United States it comes in one vaccine preparation.

The CDC recommends all pregnant women between the gestational age of 27 weeks until 36 weeks receive the Tdap vaccine in order to help the baby get immunity against pertussis. Pertussis is a serious illness for the newborn baby with whooping cough and fever. If you receive the vaccine during this time period, there is data to show clear benefit to the baby in its first year of life.

If you choose NOT to vaccinate yourself during the pregnancy, we strongly urge you avoid all sick contacts and anyone with a fever or a cough should not be in contact with you, your baby or your partner.

We also support the recommendation that all adults who will be in contact with the baby get the flu and Tdap vaccine. In general, if an adult receives the Tdap vaccine in adulthood the adult is protected against pertussis. Pregnant women are asked to revaccinate during pregnancy for the reasons stated above (it is like providing a vaccination to your baby prior to its birth).

Our responsibility is to provide you with the most up to date medical recommendations. We support whatever decision you make regarding your personal healthcare and that of your baby's.

In General...

You may have 1 - 2 cup of a caffeinated beverage per day. Or switch to decaf and add lots of milk. It is good for you! Please avoid high caffeinated beverages.

You may highlight your hair at any time throughout the pregnancy. You may even color your hair any time as well (although you will get better results once you are in your second trimester). Although there are no studies specifically on hair color, there has never been any adverse effect on babies reported.

It is perfectly safe to use nail polish and nail polish remover.

You may and should exercise throughout pregnancy. Talk to us about your specific routines as guidelines about exercise vary greatly depending on your state of fitness prior to pregnancy. After 20 weeks you should not lie flat on your back during exercise. You should also avoid heavy lifting above 25-30 pounds.

After 20 weeks you should sleep on your left or right side, not flat on your back. If you find you keep waking up on your back, we suggest using a wedge behind you. Or simply roll over to your side when you wake up!

It is safe to use cleaning products. Just keep the area well ventilated (same goes for painting rooms or furniture). Avoid lead paint (or the sanding of old lead paint).

Do not consume raw meat or unpasteurized cheeses.

Eat healthy well-balanced meals. Limit high-fat foods and concentrated sweets and refined sugar.

Avoid skipping meals. It is better to have 5-6 small meals then 3 large ones.

Use common sense in all things including eating.

Many patients ask us about reading material in pregnancy. Please check out our website as this packet is on the website. We also have a pdf of a small pregnancy booklet also on the website. If you feel you need a larger resource, or like having one on hand, we do recommend *Planning Your Pregnancy and Birth*. This is published by The American College of Obstetricians & Gynecologists. You can order it online at www.ACOG.org.

*On behalf of the entire healthcare team here at Women First Health Center,
we wish you a safe and healthy pregnancy and look forward to caring for you!*

I have received the Obstetrical Handout from Women First Health Center, LLC. I understand that I am responsible for reading the information within this packet. I also understand the physicians are available to answers any additional questions I may have.

Signature of Patient

Date

Signature of Witness

Date