



Welcome to **The Women's Medical Center**

Congratulations! We are delighted that you have chosen The Women's Medical Center to deliver your baby. We have proudly delivered babies on the Westbank since 1962, and we look forward to delivering your baby, too.

We have prepared an informative folder for your use as a resource throughout the pregnancy. We have nine OB/GYNs who will work together to care for you during your pregnancy.

You may schedule an appointment with the same physician for every visit, or you may choose to meet all our physicians.

Mark Allen, MD
Jennifer Bigelow, MD
Elizabeth Blanton, MD
Maggie Cahill, MD
Stacey Clasen, MD

Geoffrey Gillen, MD
Jeanne Hutchinson, MD
Ilsa Leon, MD
Leigh Mahlum, MD

We have proudly partnered with LCMC Health and use West Jefferson Medical Center as our **only** hospital. Our physicians are available for deliveries and emergencies 24 hours a day. We ask that you call the office at 504.366.7233 with questions or concerns **before** 4 pm.

If you are in labor or need emergency care, we ask that you proceed directly to the Labor and Delivery Unit or to the Emergency Department at
West Jefferson Medical Center
1101 Medical Center Blvd.
Marrero, LA 70072

Hospital tours and prenatal classes are available and can be scheduled online at wjmc.org/familybirthplace.

If you choose to have your son circumcised, we will perform the circumcision after your baby has had the newborn exam by your pediatrician. Circumcision is an elective procedure and is completely your choice. We would be happy to discuss circumcision at any office visit or provide a pamphlet for your review.

Within this folder you will find information on the following:

- Routinely performed tests in pregnancy and optional screenings for birth defects
- Over the counter medications safe to take in pregnancy and those to avoid
- Information on vaccines recommended in pregnancy



Scan the QR code to access our website!

Routinely performed tests in pregnancy

Blood tests:

Complete Blood Count (CBC): This looks for anemia and several blood cell abnormalities. If you are anemic, you may need to start taking iron supplements.

Hemoglobin electrophoresis: This screens for sickle cell trait or anemia, or other anemias.

Blood type and antibody screen: This determines your blood type (A, B, or O) and Rh factor (+ or -) and looks for any antibodies present. If you are Rh negative, you will be given a RhoGAM injection during and after the pregnancy.

Human Immunodeficiency Virus (HIV): This screens for the presence of HIV infection. This will be either reactive, which means positive, or non-reactive (NR), which means negative.

Rubella antibody (German measles): This determines if you have antibodies against the rubella virus through prior vaccination. This result will show a number. If your result is consistent with non-immunity or is equivocal, you can receive a vaccine after delivery.

T. pallidum antibody: This tests for the presence of syphilis, which is a sexually transmitted disease (STD). Results will be either non-reactive (negative) or reactive (positive). If positive, you may be treated during your pregnancy if this is a new infection. If you were treated in the past, you may still have a positive result and further testing may be done.

Hepatitis B surface antigen (HBsAG): This tests for the presence of Hepatitis B infection of the liver. This is transmitted through blood or bodily fluids through sexual contact. Results are non-reactive (NR) which means negative, or reactive, which means positive. Most individuals have been vaccinated against Hepatitis B.

Hepatitis C virus antibody: This screens for the presence of Hepatitis C infection of the liver. This is transmitted through blood or bodily fluids through sexual contact. Results are non-reactive (NR) which means negative, or reactive, which means positive.

Screen for gestational diabetes: Between 24–28 weeks of pregnancy, you will be required to do a glucose test, where you will drink a sugary drink and have your blood drawn one hour after finishing the drink. If this result is high, you will be required to do a follow up three-hour glucose tolerance test. You will get your fasting blood sugar tested, then drink a sugary drink and have your blood drawn at one hour, 2 hours and 3 hours after. If those results are high, you will be treated for gestational diabetes.

Vaginal or urine tests:

POCT Urinalysis: A urine sample will be taken each visit to screen for protein, infection, and glucose (sugar). If abnormal, the urine will be sent for a culture to see if you need to be treated. A urinary infection may or may not have symptoms. You will have a routine urine culture on your first OB visit.

Group Beta Streptococcus (GBS): At 36 weeks, a swab is done to detect the presence of GBS. Results are either negative or positive. If positive, you will receive antibiotics during labor. If GBS is found in your urine culture early in pregnancy, then a repeat swab will not be done. This is not an infection but can cause infection in the baby.

Pap Smear: This is done to look for pre-cancer or cancerous cells of the cervix.

Screenings: A swab will be done to look for the presence of STDs (Gonorrhea, Chlamydia, or Trichomonas). Positive results will be treated and require sexual partners to be tested and treated. Gardnerella (bacterial vaginosis) and Candida (yeast) are not STDs and usually do not require treatment unless you have symptoms of vaginal itching, discharge and/or odor.

Optional blood tests:

Cell-free DNA(Qnatal): This is a screening for Down Syndrome (Trisomy 21), Trisomy 18, Trisomy 13, and select other chromosomal abnormalities. This test can also detect the gender of the baby. This may not be covered by insurance and there may be additional costs associated. Go to myniptcost.com and get an estimate of the cost or you can check with your insurance carrier.

Sequential screening for Down syndrome, Trisomy 18 and Spina Bifida: There are two parts to this screening, one done in the 1st trimester, and one done in the 2nd trimester. This is offered if the Qnatal test is not done.

Cystic Fibrosis carrier screen: This screens for Cystic Fibrosis (CF), which is a genetic disorder that causes breathing and digestive issues. Additionally, if you or anyone in your family or the father's family has CF, you should notify the doctor.

Over-the-counter medications in pregnancy

Headache or fever:

- Acetaminophen (Tylenol) regular or extra-strength.
- **You should not use aspirin, Aleve, or ibuprofen (Motrin)** unless directed by your doctor.

Cold/Cough/Allergies:

- Robitussin, Mucinex, Saline nose drops
- Cough drops or anesthetic throat sprays or gargles
- Antihistamines like Claritin, Allegra, or Benadryl
- Pseudoephedrine (Sudafed) - Use ONLY in 2nd and 3rd trimesters; however, phenylephrine (Sudafed PE) is safe in any trimester. Check with your doctor before taking if you have high blood pressure.
- Nasal steroid sprays like Flonase or Rhinocort are very safe during pregnancy and are effective for allergies and congestion due to colds

Indigestion:

- Tums, Maalox, Mylanta, Pepcid or Prilosec
- **Do not take Pepto Bismol**

Constipation:

- Colace (stool softener), Citrucel, Fibercon, Metamucil, Miralax, Surfak
- Prune juice or stewed prunes (also a great iron source)

Nausea/vomiting (If nausea is severe, please contact us):

- Vitamin B6 25 mg three times a day; this can be taken with ½ tablet of Unisom 1-2 times a day (this antihistamine/doxylamine has anti-nausea properties but may make you sleepy, so try it first at night or on a weekend)
- Ginger tea, ginger ale, ginger capsules, or a very thin slice of ginger under the tongue
- Peppermint oil aromatherapy
- Sea Bands (wear over acupressure points on wrists all day), or acupuncture
- Emetrol

Diarrhea:

- Kaopectate, Imodium

Hemorrhoids:

- Preparation H, Tucks pads, or cold witch hazel compresses
- Topical lidocaine (for example, Recticare)

Yeast infection:

- Monistat