



Women's Clinic of Johnson County

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Welcome to Women's Clinic of Johnson County!

Congratulations! We know that the birth of a child is one of life's most treasured experiences and we are truly pleased to have the opportunity to care for you during this time.

Women's Clinic of Johnson County is a division of Mid America Physician Services (MAPS) who specialize in Obstetrics and Gynecology. During the course of your pregnancy, in addition to providing quality personalized medical care, we want to answer your questions in a timely manner. This folder outlines many aspects of routine prenatal care and will provide a reference for you on many common questions. Please ask questions concerning your pregnancy at any of your regularly scheduled visits. If you should have urgent questions between appointments, our telephone nurses will ensure that your questions are answered. Call **(913) 491-4020** and select option #3 to speak with a nurse. Calls are answered between 8:00 am and 5:00 pm. If we are experiencing a high call volume, you will have the option to leave a message for the nurse.

For after-hours emergencies, please call our answering service directly at (913) 338-8208. The physician on call will return your call as soon as possible; however this may take up to an hour if they are occupied with a delivery or a surgery. If you believe your problem is emergent, please do not wait for a return phone call but head directly to the Emergency Department or Labor and Delivery.

Our Commitment to You

We are pleased to announce a new initiative that began in the spring of 2017 at Shawnee Mission Medical Center. In order to continue to provide our patients with the highest quality of care, we began a 24-hour call program at this location only. We believe, and medical evidence supports, that providing obstetric care in the most seamless fashion possible will improve delivery outcomes. While you are in labor, you will be cared for by our on-call physician who will review your medical history and delivery plan, and be available for face-to-face updates regarding your labor progress. In the office, this change will allow for more timely office visits and fewer rescheduled appointments with your physician. During the course of your pregnancy you will be seen in the office primarily by your selected physician. At times, if your physician is unavailable, you may see one of our nurse practitioners or partner physicians. We will make plans to expand this coverage system to our other delivery locations in the future.

■ MENORAH CAMPUS 5525 West 119th Street, Suite 200, Overland Park, Kansas 66209
■ SHAWNEE MISSION CAMPUS 9119 West 74th Street, Suite 268, Shawnee Mission, Kansas 66204
■ OLATHE HEALTH PAVILION 21120 West 152nd Street, Suite 201, Olathe, Kansas 66061

■ P 913.491.4020
■ F 913.491.4725
■ www.wcjcobgyn.com

General Hospital Information

Our group currently provides obstetric care at Shawnee Mission Medical Center and Olathe Medical Center. Both of these hospitals offer up to date labor and delivery suites, 24-hour anesthesia services, and 24-hour neonatal nurse practitioner services. All of our physicians attend deliveries at both Advent Health Shawnee Mission and Olathe Medical Center. Please let your provider know your preferred delivery location.

The following are the contact numbers for labor and delivery, childbirth education classes, breastfeeding support and maternity care coordination services to pre-register for your hospital admission.

	<u>Shawnee Mission</u>	<u>Olathe</u>
Labor & Delivery	913-632-4230	913-791-4235
Childbirth Education	913-676-7777	913-791-4312
Breastfeeding Support Services	913-632-6330	913-791-4312
Maternity Care Coordinator	913-632-4230	913-791-4395

Pre-Admission packages and hospital information are available at all of our offices. Please ask for a Pre-Admission package once you have selected your delivery location.

We only provide care for your baby during the time they are in your belly. We are happy to assist you in choosing a pediatrician or family practitioner to provide care for your infant after birth. If you already have an infant care provider, please make sure they have privileges to care for your infant at the facility where you will be delivering. Also, verify that the care provider you select is on your insurance plan.

Operations and Billing

If you have any questions regarding the operations of the practice, please direct them to our Practice Administrator. For questions regarding insurance or billing, these may be directed to our billing department. You can dial our main phone number 913-491-4020 and select option 6 for Billing or call 913-318-1076 to reach the Central Billing Office.

Lastly, please see the enclosed important information regarding the course of your prenatal care, recommended and optional prenatal testing, recommended immunizations and more. Don't forget to visit our website at www.wcjcobgyn.com and follow us on Facebook for more information.

Congratulations again and we look forward to caring for you in the upcoming months!

The Physicians of Women's Clinic of Johnson County

References:

1) Patient safety in obstetrics and gynecology. ACOG Committee Opinion No. 447. American College of Obstetricians and Gynecologists. Obstet Gynecol 2009;114:1424-7.

Obstetrical Patient Information

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Prenatal Care Checklist

Name: _____

Blood Type: _____

Please refer to this list for your office visits, and check off each scheduled item as it is completed.

- ☐ 8 weeks
 - ☐ First Obstetric Visit
 - ☐ Obstetric Ultrasound
 - ☐ Determination of Due Date
 - ☐ Obstetric Lab Panel
 - ☐ Notes _____
- ☐ 10-12 weeks
 - ☐ Optional Non-Invasive Prenatal Screening (NIPS) in our office
 - ☐ Optional Genetic Counseling and Nuchal Translucency Ultrasound with High Risk Obstetrician Office
 - ☐ Review of Obstetric Labs
 - ☐ Notes _____
- ☐ 15-19 weeks
 - ☐ Optional Quadruple Screen
 - ☐ Optional AFP screening if NIPS done
- ☐ 20 weeks
 - ☐ Screening Sonogram
 - ☐ Detailed Sonogram with High Risk Obstetrician if Necessary
- ☐ 24-28 weeks
 - ☐ Glucola testing for Gestational Diabetes (Diabetes of Pregnancy)
 - ☐ CBC to screen for anemia
- ☐ 28 weeks
 - ☐ Rhophylac (Rhogam™) injection if needed (for negative blood type patients only)
 - ☐ Antibody Screen (for negative blood type patients only)
 - ☐ Breast Pump Order
 - ☐ Notes _____
 - ☐ Enroll in childbirth classes
- ☐ 30-32 weeks
 - ☐ TDAP booster
 - ☐ Notes _____
 - ☐ Complete hospital registration
 - ☐ Choose pediatrician
- ☐ 35-37 weeks
 - ☐ Group Beta Strep (GBS) screening
 - ☐ Nurse navigator visit and/or hospital tour
- ☐ 38 weeks
 - ☐ Review of GBS result
 - ☐ Notes _____
- ☐ 40+ weeks
 - ☐ Ultrasound for fetal well-being
- ☐ Other Items
 - ☐ Flu shot when indicated
 - ☐ Notes _____

Genetic Screening for Chromosome Abnormalities

American College of Obstetricians and Gynecologist (ACOG) recommends offering genetic testing to every pregnant woman regardless of her risk. Screening is optional and is designed to determine whether or not you are at increased risk for having a child with an abnormal number of chromosomes, such as Down Syndrome.

This information can be used to:

- 1) Determine if you would like confirmatory testing with an invasive procedure such as an amniocentesis (using a needle to access the amniotic fluid in your uterus to do direct genetic testing).
- 2) Determine if you would like to continue the pregnancy.
- 3) Learn about the condition that affects your baby and plan ahead for their special health needs.
- 4) Determine your need for increased surveillance for high risk pregnancies.

Table 1. Risk of Chromosomal Abnormalities Based on Maternal Age at Term [Ⓐ]

Age at Term	Risk of Trisomy 21*	Risk of Any Chromosome Abnormality [†]
15 [‡]	1:1,578	1:454
16 [‡]	1:1,572	1:475
17 [‡]	1:1,565	1:499
18 [‡]	1:1,556	1:525
19 [‡]	1:1,544	1:555
20	1:1,480	1:525
21	1:1,460	1:525
22	1:1,440	1:499
23	1:1,420	1:499
24	1:1,380	1:475
25	1:1,340	1:475
26	1:1,290	1:475
27	1:1,220	1:454
28	1:1,140	1:434
29	1:1,050	1:416
30	1:940	1:384
31	1:820	1:384
32	1:700	1:322
33	1:570	1:285
34	1:456	1:243
35	1:353	1:178
36	1:267	1:148
37	1:199	1:122
38	1:148	1:104
39	1:111	1:80
40	1:85	1:62
41	1:67	1:48
42	1:54	1:38
43	1:45	1:30
44	1:39	1:23
45	1:35	1:18
46	1:31	1:14
47	1:29	1:10
48	1:27	1:8
49	1:26	1:6
50	1:25	§

Maternal age at birth is one important risk factor used to determine if your baby is at risk for chromosome abnormalities. If you have no other risks, like family members with chromosome abnormalities, your age-based risk is shown in Table 1.

No screening test is perfect. Genetic screening tells us about your risk. No matter which non-invasive test you choose, the results indicate your risk and must be validated with invasive testing to know for sure whether or not your baby has an abnormal number of chromosomes. There are many factors to consider when choosing genetic testing. Table 2 lists the pros and cons of different genetic testing options. Please ask your doctor if you have further questions.

Sources:

- 1) Screening for fetal aneuploidy. Practice Bulletin No. 163. American College of Obstetricians and Gynecologists. Obstet Gynecol 2016; 127:e123-37.

Screening Test	Weeks Gestation	Detection Rate (Down Syndrome, T21)	Screen Positive Rate (%)	Method	Advantages	Disadvantages	Cost	Insurance Coverage
First Trimester	11-13 6/7	82-87	5	Ultrasound plus measurement of maternal hormones with blood test	1. Early Screening 2. Single Test 3. Gives info about risk of other problems like growth restriction	1. Lower detection rate 2. Limited data on risk of neural tube defects	\$\$\$	Varies
Cell-free DNA (NIPT)	10+	99 (in patients who receive results)	0.5	Blood test	1. Early Screening 2. Highest detection rate 3. Low false positive rate in high risk women	1. Cost 2. Higher false positive rate in low risk women 3. Limited data on 3 trisomies and fetal sex only 4. No result, or re-draws required	\$\$\$\$	Varies
Sequential Screen	11-13, then 15-19	95	5	Ultrasound plus blood test, followed by second blood test	1. 1 st trimester result provided 2. 2 nd trimester risk increases detection rate 3. Screens for open fetal defects and other problems	Two samples needed	\$\$\$	Varies
Quad Screen	15-19	81	5	Blood test	1. Single test 2. Screens for open fetal defects and other problems 3. Inexpensive	Lower detection rate	\$	Usually Covered
Integrated Screen	11-13 6/7, then 15-19	96	5	Ultrasound plus blood test, followed by second blood test	1. Highest detection rate of combined tests 2. Screens for open fetal defects and other problems Inexpensive	Don't get results until second trimester	\$\$\$	Varies
Screening Sonogram Only	19-22	50-60	--	Ultrasound only	Already a part of your care	Lowest detection rate	\$\$	Usually Covered

Table 2. Pros and Cons of Genetic Screening Options

You can start protecting your baby from whooping cough before birth



Information for pregnant woman



Whooping cough (sometimes called pertussis) is a serious disease that can cause babies to stop breathing. Unfortunately, babies must be 2 months old before they can start getting their whooping cough vaccine. The good news is you can avoid this gap in protection by getting a whooping cough vaccine called Tdap during your pregnancy. The recommended time to get the shot is your 27th through 36th week of pregnancy, preferably during the earlier part of this time period. By getting vaccinated, you will pass antibodies to your baby so she is born with protection against whooping cough.

When you get Tdap vaccine during your 3rd trimester, your baby will be born with protection against whooping cough.

Why do I need to get Tdap vaccine while I am pregnant?

CDC recommends Tdap vaccine during your third trimester so that your body can create antibodies and pass them to your baby before birth. These antibodies will help protect your newborn right after birth and until your baby gets his own first whooping cough vaccine at 2 months of age. During the first few months of life, your baby is most vulnerable to serious complications from this disease.

Is this vaccine safe for me and my baby?

Yes, Tdap vaccine is very safe for you and your baby. The most common side effects are mild, like redness, swelling or pain where the shot is given in the arm. This should go away within a few days. You cannot get whooping cough from the vaccine. The vaccine does not contain any live bacteria.

Doctors and midwives who specialize in caring for pregnant women agree that Tdap vaccine is safe and important to get during the third trimester of each pregnancy. Getting the vaccine during pregnancy does not put you at increased risk for pregnancy complications like low birth weight or preterm delivery.

If I recently got this vaccine, why do I need to get it again?

The amount of antibodies in your body is highest about 2 weeks after getting the vaccine, but then starts to decrease over time. That is why the vaccine is recommended during every pregnancy—so that each of your babies gets the greatest number of protective antibodies from you and the best protection possible against this disease.

Are babies even getting whooping cough anymore in the United States?

Yes. In fact, babies are at greatest risk for getting whooping cough. We used to think of this as a disease of the past, but it's still common in the United States. Recently, we saw the most cases we had seen in 60 years. Cases, which include people of all ages, are reported in every state. Typically more than 1,000 babies younger than 2 months old are diagnosed with whooping cough each year in the United States.



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

www.cdc.gov/whoopingcough

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Mom, only you can provide your newborn baby with the best protection possible against whooping cough.

You may have heard that your baby's father, grandparents, and others who will be in contact with your baby will need to get their whooping cough vaccine as well. This strategy of surrounding babies with protection against whooping cough is called "cocooning." However, cocooning might not be enough to prevent whooping cough illness and death. This is because cocooning does not provide any direct protection (antibodies) to your baby, and it can be difficult to make sure everyone who is around your baby has gotten their whooping cough vaccine. Since cocooning does not completely protect babies from whooping cough, it is even more important that you get the vaccine while you are pregnant.

How dangerous is whooping cough for babies?

Whooping cough is very serious for babies. Many babies with whooping cough don't cough at all. Instead it can cause them to stop breathing. In the United States, about half of babies younger than 1 year old who get whooping cough are hospitalized. About 7 in 10 deaths from whooping cough are among babies younger than 2 months old. These babies are too young to be protected by their own vaccination.

How could my baby be exposed to whooping cough?

Whooping cough spreads from person to person when coughing or sneezing. It also spreads when people spend a lot of time together or share breathing space, like when you hold your newborn on your chest. Some people with whooping cough may just have a mild cough or what seems like a common cold. Since symptoms can vary, children and adults may not know they have whooping cough and can end up spreading it to babies they are in close contact with.

Why is the vaccine recommended during pregnancy instead of in the hospital after my baby is born?

When you get Tdap vaccine during pregnancy, you will pass protective antibodies to your baby before birth, so both you and your baby have protection. Tdap vaccine used to be recommended for women to get in the hospital after giving birth. This helped protect moms from getting whooping cough, but did not directly protect babies.

Is it safe to breastfeed after getting Tdap vaccine?

Yes, in fact you can pass some whooping cough protection to your baby by breastfeeding. When you get Tdap vaccine during pregnancy, you will have protective antibodies in your breast milk that you can share with your baby as soon as your milk comes in. However, your baby will not get protective antibodies immediately if you wait to get Tdap until after you give birth. This is because it takes about 2 weeks after getting vaccinated before your body develops antibodies.

Where can I go for more information?

Pregnancy and Whooping Cough website:
www.cdc.gov/pertussis/pregnant

Immunization for Women website:
www.immunizationforwomen.org/patients/diseases-vaccines/tetanus-diphtheria-pertussis/faqs.php

Vaccines and Pregnancy Quiz:
www.cdc.gov/vaccines/pregnancy/vaccine-quiz.html

American Academy of Family Physicians website:
www.aafp.org/patient-care/immunizations/disease-population.html

Tdap Vaccine Information Statement (VIS):
www.cdc.gov/vaccines/hcp/vis/vis-statements/tdap.html

Ask your doctor or midwife about getting Tdap vaccine during your 3rd trimester.

To learn more about vaccines recommended during pregnancy, visit
www.cdc.gov/vaccines/pregnancy

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



Information for Pregnant Women



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. This timing can help ensure that you are protected before flu activity begins to increase. Talk to your ob-gyn or midwife about getting a flu shot.

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

Getting sick with flu can cause serious problems when you are pregnant. Even if you are generally healthy, changes in the immune system, heart, and lungs during pregnancy make you more likely to get severely ill from flu. Pregnant women who get flu are at high risk of developing serious illness, including being hospitalized.

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

Getting a flu vaccine is the first and most important step in protecting against flu. Pregnant women should get a flu shot and not the live attenuated influenza vaccine (LAIV), also known as nasal spray flu vaccine. When you get your flu shot, your body starts to make antibodies that help protect you against flu. It takes about two weeks after vaccination for antibodies that protect against flu to develop in the body. In addition to protecting you, a flu shot given during pregnancy has been shown to help protect your baby from flu infection for several months after birth, when they are too young to get vaccinated. If you breastfeed your infant, antibodies also can be passed through breast milk. You should get a flu vaccine by the end of October. However as long as flu viruses are circulating, vaccination should continue throughout the flu season, even in January or later.

If you have additional questions, talk to your doctor or health care provider about flu vaccination during pregnancy.

Flu shots have a long safety record.

Flu shots are recommended at any time, during any trimester, while you are pregnant. Millions of flu vaccines have been given for decades, including to pregnant women, with a good 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 still need to 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 and may 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.



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 illness, make it milder and lessen the chance of developing serious complications. Because pregnant women are at high risk of serious flu complications, CDC recommends that they be treated quickly with flu antiviral drugs if they get flu symptoms. Oseltamivir (generic or brand name Tamiflu®) is the preferred treatment for pregnant women because it has the most studies available to suggest that it is safe and beneficial. Flu antiviral medications 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 (brand name Tylenol®) 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
- Pain or pressure in the chest or abdomen
- Sudden dizziness or confusion
- Severe or persistent vomiting
- High fever that is not responding to Tylenol® (or store brand acetaminophen equivalent)
- Decreased or no movement of your baby

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





Food Safety At-A-Glance

H A N D O U T

How to Protect Yourself and Your Baby

What is foodborne illness?

- It's a sickness that occurs when people eat or drink harmful microorganisms (bacteria, parasites, viruses) or chemical contaminants found in some foods or drinking water.
- Symptoms vary, but in general can include: stomach cramps, vomiting, diarrhea, fever, headache, or body aches. Sometimes you may not feel sick, but whether you feel sick or not, you can still pass the illness to your unborn child without even knowing it.

Why are pregnant women at high risk?

- You *and* your growing fetus are at high risk from some foodborne illnesses because during pregnancy your immune system is weakened, which makes it harder for your body to fight off harmful foodborne microorganisms.
- Your unborn baby's immune system is not developed enough to fight off harmful foodborne microorganisms.
- For both mother and baby, foodborne illness can cause serious health problems — or even death.



Tips for a Lifetime

There are many bacteria that can cause foodborne illness, such as *E. coli* O157:H7 and *Salmonella*. Here are 4 Simple Steps you should follow to keep yourself and your baby healthy during pregnancy and beyond!



1. CLEAN

- Wash hands thoroughly with warm water and soap.
- Wash hands *before* and *after* handling food, and *after* using the bathroom, changing diapers, or handling pets.
- Wash cutting boards, dishes, utensils, and countertops with hot water and soap.
- Rinse raw fruits and vegetables thoroughly under running water.



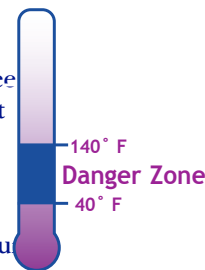
2. SEPARATE

- Separate raw meat, poultry, and seafood from ready-to-eat foods.
- If possible, use one cutting board for raw meat, poultry, and seafood and another one for fresh fruits and vegetables.
- Place cooked food on a clean plate. If cooked food is placed on an unwashed plate that held raw meat, poultry, or seafood, bacteria from the raw food could contaminate the cooked food.



3. COOK

- Cook foods thoroughly. Use a food thermometer to check the temperature. See the "Lifelong Food Safety" section of the Web site for the "Apply the Heat" chart of recommended cooking times for foods. Click on "Cook."
- Keep foods out of the Danger Zone : The range of temperatures at which bacteria can grow — usually between 40° F and 140° F (4° C and 60° C).
- 2-Hour Rule : Discard foods left out at room temperature for more than two hours.



4. CHILL

- Your refrigerator should register at 40° F (4° C) or below and the freezer at 0° F (-18° C). Place an appliance thermometer in the refrigerator, and check the temperature periodically.
- Refrigerate or freeze perishables (foods that can spoil or become contaminated by bacteria if left unrefrigerated).
- Use ready-to-eat, perishable foods (dairy, meat, poultry, seafood) as soon as possible.

3 Foodborne Risks for Pregnant Women

As a mom-to-be, there are **3 specific foodborne risks** you need to be aware of. These risks can cause serious illness or death to you or your unborn child. Follow these steps to help ensure a healthy pregnancy.

	What it is	Where it's found	How to prevent illness
1 Listeria	A harmful bacterium that can grow at refrigerator temperatures where most other foodborne bacteria do not. It causes an illness called listeriosis.	Refrigerated, ready-to-eat foods and unpasteurized milk and milk products.	<ul style="list-style-type: none"> Follow the 4 Simple Steps on previous page. Do not eat hot dogs and luncheon meats — <i>unless they're reheated until steaming hot.</i> Do not eat soft cheese, such as Feta, Brie, Camembert, "blue-veined cheeses," "queso blanco," "queso fresco," and Panela — <i>unless they're labeled as made with pasteurized milk. Check the label.</i> Do not eat refrigerated pâtés or meat spreads. Do not eat refrigerated smoked seafood — <i>unless it's in a cooked dish, such as a casserole.</i> (Refrigerated smoked seafood, such as salmon, trout, whitefish, cod, tuna, or mackerel, is most often labeled as "nova-style," "lox," "kippered," "smoked," or "jerky." These types of fish are found in the refrigerator section or sold at deli counters of grocery stores and delicatessens.) Do not drink raw (unpasteurized) milk or eat foods that contain unpasteurized milk.
2 Methylmercury	A metal that can be found in certain fish. At high levels, it can be harmful to an unborn baby's or young child's developing nervous system.	Large, long-lived fish, such as shark, tilefish, king mackerel, and swordfish.	<ul style="list-style-type: none"> Don't eat shark, tilefish, king mackerel, and swordfish. These fish can contain high levels of methylmercury. It's okay to eat other cooked fish/seafood, as long as a variety of other kinds are selected during pregnancy or while a woman is trying to become pregnant. She can eat up to 12 ounces (2 average meals) a week of a variety of fish and shellfish that are lower in mercury. <ul style="list-style-type: none"> Five of the most commonly eaten fish that are low in mercury are shrimp, canned light tuna, salmon, pollock, and catfish. Another commonly eaten fish, albacore ("white") tuna has more mercury than canned light tuna. So, when choosing your two meals of fish and shellfish, you may eat up to 6 ounces (one average meal) of albacore tuna per week.
3 Toxoplasma	A harmful parasite. It causes an illness called toxoplasmosis, which can be difficult to detect.	Raw and under-cooked meat; unwashed fruits and vegetables; soil; dirty cat-litter boxes; and outdoor places where cat feces can be found.	<ul style="list-style-type: none"> Follow the 4 Simple Steps on previous page. If possible, have someone else change the litter box. If you have to clean it, wash your hands with soap and warm water afterwards. Wear gloves when gardening or handling sand from a sandbox. Don't get a new cat while pregnant. Cook meat thoroughly, see the "Apply the Heat" chart for the proper temperatures.

for more information

- See your doctor or health-care provider if you have questions about foodborne illness.
- FDA Food Information line: **1-888-SAFE FOOD**
- FDA Center for Food Safety and Applied Nutrition: **www.cfsan.fda.gov**
- Gateway to Government Food Safety Information: **www.foodsafety.gov**
- U.S. Partnership for Food Safety Education: **www.fightbac.org**

This fact sheet is a condensed guide to food safety. For more in-depth information, be sure to check out:

Food Safety for Moms-to-Be
www.cfsan.fda.gov/pregnancy.html



Advice About Eating Fish

What Pregnant Women & Parents Should Know

Fish and other protein-rich foods have nutrients that can help your child's growth and development.

For women of childbearing age (about 16-49 years old), especially pregnant and breastfeeding women, and for parents and caregivers of young children.

- Eat 2 to 3 servings of fish a week from the "Best Choices" list OR 1 serving from the "Good Choices" list.
- Eat a variety of fish.
- Serve 1 to 2 servings of fish a week to children, starting at age 2.
- If you eat fish caught by family or friends, check for fish advisories. If there is no advisory, eat only one serving and no other fish that week.*

Use this chart!

You can use this chart to help you choose which fish to eat, and how often to eat them, based on their mercury levels. The "Best Choices" have the lowest levels of mercury.



What is a serving?

For an adult
4 ounces



To find out, use the palm of your hand!

For children, ages 4 to 7
2 ounces

Best Choices

EAT 2 TO 3 SERVINGS A WEEK

Anchovy	Herring	Scallop
Atlantic croaker	Lobster,	Shad
Atlantic mackerel	American and spiny	Shrimp
Black sea bass	Mullet	Skate
Butterfish	Oyster	Smelt
Catfish	Pacific chub	Sole
Clam	mackerel	Squid
Cod	Perch, freshwater	Tilapia
Crab	and ocean	Trout, freshwater
Crawfish	Pickrel	Tuna, canned light
Flounder	Plaice	(includes skipjack)
Haddock	Pollock	Whitefish
Hake	Salmon	Whiting
	Sardine	

OR

Good Choices

EAT 1 SERVING A WEEK

Bluefish	Monkfish	Tilefish (Atlantic Ocean)
Buffalofish	Rockfish	Tuna, albacore/white tuna, canned and fresh/frozen
Carp	Sablefish	Tuna, yellowfin
Chilean sea bass/Patagonian toothfish	Sheepshead	Weakfish/seatrout
Grouper	Snapper	White croaker/Pacific croaker
Halibut	Spanish mackerel	
Mahi mahi/dolphinfish	Striped bass (ocean)	

Choices to Avoid

HIGHEST MERCURY LEVELS

King mackerel	Shark	Tilefish (Gulf of Mexico)
Marlin	Swordfish	Tuna, bigeye
Orange roughy		

*Some fish caught by family and friends, such as larger carp, catfish, trout and perch, are more likely to have fish advisories due to mercury or other contaminants. State advisories will tell you how often you can safely eat those fish.

www.FDA.gov/fishadvice
www.EPA.gov/fishadvice



Activity Recommendations

Exercise

A regular exercise program during pregnancy is beneficial and recommended for most women. It is recommended to exercise 150 minutes of moderate activity a week. Five 30minute sessions is ideal. Health benefits of exercise in pregnancy include: healthier weight gain, decreased risk of pregnancy induced diabetes, healthier birth weight babies, and achieving your pre-pregnancy weight sooner after delivery. If you exercised before pregnancy, you can probably continue your exercise routine throughout the pregnancy. Some modifications may have to be made. Ask your doctor what is appropriate for you.

The following are some general guidelines:

- ☐ Warm up and cool down slowly
- ☐ Wear comfortable clothing and shoes.
- ☐ A supportive bra will make exercising more comfortable.
- ☐ Use the “talk test” to measure intensity. If you can’t speak in full sentences, you should decrease your intensity
- ☐ Don’t lie flat on your back after 20 weeks.
- ☐ Avoid contact sports or activities with increased risk of falling.
- ☐ Avoid over-heating, exercising in warm rooms such as hot yoga, or outdoors during very hot days.
- ☐ Gradually rise from lying on the floor. This helps avoid dizziness.
- ☐ Drink plenty of fluids before, during and after exercise.
- ☐ Don’t overdo it – listen to your body

<https://www.acog.org/Patients/FAQs/Exercise-During-Pregnancy>

<https://www.acog.org/Patients/FAQs/Back-Pain-During-Pregnancy>

Sex

In most cases, it is safe to have sexual intercourse as long as it is comfortable for you. Ask your doctor if you have specific concerns.

Work

Women with no pregnancy complications may continue to work until labor. If your job is physical or you have concerns regarding particular exposures or dangers, please talk with your physician.

Pregnant Travelers

Pregnant women can generally travel safely with a little preparation. But they should avoid some destinations, including those with Zika and malaria risk. Learn about steps you can take if you're pregnant and planning an international trip, especially to a developing country. Follow these tips to keep you and your baby safe and healthy.

Zika and Malaria

The Zika virus is spread through mosquito bites and sex. Because Zika infection in a pregnant woman can cause severe birth defects, pregnant women should not travel to any [area with risk of Zika](#). If you must travel to an area with Zika risk, take strict precautions to [prevent mosquito bites](#) and [avoid sexual transmission](#). If you have a sex partner who lives in or has traveled to an area with Zika, you should use condoms for the rest of your pregnancy. Find out more at CDC's [Zika Travel Information](#) page or CDC's page about Zika and [pregnancy](#).

Pregnant women also should avoid travel to areas with malaria. [Malaria in pregnant women](#) can be more severe than in women who are not pregnant. Malaria can increase the risk for serious pregnancy problems, including premature birth, miscarriage, and stillbirth. If you must go to an area with malaria while you are pregnant, talk to your doctor about taking a drug to prevent malaria. Malaria is spread by mosquitoes, so you should also wear [effective insect repellent](#) and take other precautions to avoid mosquito bites.

Pre-travel Care and Travel Health Insurance

The first thing you should do when planning an international trip is to make an appointment with a healthcare provider who specializes in travel medicine. You should ideally visit the travel clinic at least 4–6 weeks before you leave. A travel medicine specialist can review your itinerary, make recommendations based on the health risks at your destination, and give you any vaccines you may need. You should also talk to your obstetrician (OB/GYN) about your trip for advice on whether it's safe for you to travel. Your travel medicine doctor and your obstetrician may need to talk to each other about your care.

Next, consider how you are going to [get care overseas](#), if you need it. Your health insurance in the United States might not pay for medical care in another country, so check with your insurance company. Consider getting [supplemental travel health insurance](#), and make sure the policy will also cover the baby if you give birth during your trip. If you are traveling to a remote area, an insurance policy that covers medical evacuation will pay for your transportation to a high-quality hospital in case of emergency.

Transportation Issues

Before you book a flight, check how late in your pregnancy the airline will allow you to fly. Most will allow you to fly until 36 weeks, but some have an earlier cutoff. Your feet may become swollen on a long flight, so wear comfortable shoes and loose clothing and try to walk around every hour or so. Pregnancy makes [blood clots during travel](#) much more likely. To reduce your risk of a blood clot, your doctor may recommend compression stockings or leg exercises you can do in your seat.

If you are going on a cruise, check with the cruise line to find out if it has specific guidance for pregnant women. Most will not allow you to travel after 24–28 weeks of pregnancy, and you may need to have a note from your doctor stating you are fit to travel.

[Car crashes](#) are a leading cause of injury for healthy US travelers abroad. At your destination, always wear a seatbelt on a car or bus. A lap belt with shoulder strap is best, and the straps should be placed carefully above and below your stomach.

Food and Water Safety

[Travelers' diarrhea](#) is caused by eating or drinking contaminated food or water. The dehydration caused by diarrhea can be more of a problem for pregnant women than for others. In addition, other bacteria and viruses spread by food or water can lead to more severe illnesses that can cause problems for a pregnant woman and her baby. Therefore, if you are traveling in a developing country, you should carefully follow [food and water safety measures](#):

- Eat only food that is cooked and served piping hot.
 - Do not eat cold food or food that has been sitting at room temperature (such as a buffet).
 - Do not eat raw or undercooked meat or fish.
 - Eat fresh fruits and vegetables only if you can peel them or wash them in clean water.
 - Do not eat unpasteurized dairy products.
 - Drink only water, sodas, or sports drinks that are canned or bottled and sealed (carbonated is safer because the bubbles indicate that it was sealed at the factory).
 - Do not drink anything with ice in it—ice may be made with contaminated water.
- If you get travelers' diarrhea, the best thing to do is drink plenty of safe liquids while you wait for it to go away on its own. However, your doctor may give you an antibiotic you can take in case diarrhea is moderate or severe. Diarrhea is considered "moderate" when it is distressing or interferes with planned activities, and "severe" when it is disabling or completely prevents planned activities.

Page last reviewed: October 31, 2017

Content source: [National Center for Emerging and Zoonotic Infectious Diseases \(NCEZID\)](#)

[Division of Global Migration and Quarantine \(DGMQ\)](#)

<https://wwwnc.cdc.gov/travel/page/pregnant-travelers>

<https://www.acog.org/Patients/FAQs/Travel-During-Pregnancy>

SAFE OVER-THE-COUNTER MEDICATIONS IN PREGNANCY

Many commonly used over-the-counter medications can pass directly through the placenta and harm the baby. Below is a list of some over-the-counter medications that can be taken without consulting your doctor. Caution should be exercised when using herbs and homeopathic remedies. For example, many cough and cold medications contain alcohol that should be avoided in pregnancy. If you have a question about any medication, please call if the medication is not found in the following list:

Cold or Sinus

- Tylenol (regular or extra-strength)
- Claritin
- Zyrtec
- Mucinex
- Benadryl
- Vicks Vapor Rub
- Tylenol Cold
- Non-drug alternative:

- Normal saline nasal spray
- Breathe Right Adhesive nasal strips
- Nettie Pot
- Afrin (discontinue after 48 hours)

Constipation

- Surfak
- Colace – generic (sodium docusate)
- Metamucil (effervescent)
- Citrucel
- Miralax

Cough

- Dextromethrophan
- Robitussin plain or DM
- Mucinex plain or DM

Sore Throat

- Chloraseptic Spray
- Cepacol Lozenges
- Sucrets

Headache/Pain

- Tylenol (regular or extra-strength)

Hemorrhoids

- Preparation H (ointment and/or wipes)
- Annusol
- Tucks

Diarrhea

- Kaopectate
- Immodium AD

Indigestion

- Mylicon/Gas-X
- Mylanta
- Gelusil
- Maalox
- Tums/Rolaids
- Gaviscon
- Pepcid AC
- Prilosec
- Prevacid

Nausea

- Vitamin B-6 (Up to 100 mg 3 times/per day)
- Emetrol
- Nestrex
- Unisom ½ to 1 tab at night (also works well to help sleep)

Women's Clinic of Johnson County

We are very excited to be caring for you and your baby. We know how special this time is and are pleased to be a part of your journey.

The Women's Clinic of Johnson County takes great pride in providing you with excellent care. One of our many benefits is our in office ultrasound department. The sonographers are highly trained in providing your physician with a detailed diagnostic ultrasound. This includes assessing and evaluating your baby. Upon request we will do our best to determine gender during your screening ultrasound. In order to achieve the optimum level of imaging and give you a memorable experience, we ask that you please read the information below before making your ultrasound appointments.

1. Arrive at least 10 minutes before your scheduled ultrasound appointment at the correct office.
2. Your appointment may be rescheduled if you are 10 minutes late for the scheduled appointment time or if you go to the wrong office.
3. Please inform all family members who are joining you for your ultrasound to arrive on time. Unfortunately, we cannot wait for late family members to arrive.
4. Due to limited space we ask that no more than two people join you for your scan.
5. We ask that if children are attending the ultrasound that they be accompanied by another adult.
6. Schedule your screening ultrasound between 20-21 weeks of pregnancy.
7. No cell phone use in exam room (pictures or recording.) The sonographers will be happy to print pictures for you.



Alison G. Blevins, MD
Cynthia A. Eckert, MD
Carrie A. Grounds, MD
Amanda N. Healy, MD
Jessie D. Holmes, MD

Phaedra A. Lombard, MD
Emily S. Mathiesen, MD
Sharon L. Maturo, MD
Cheryl Z. Rips, MD

Sharla Brown Shipman, MD
Julie Biermann, WHNP-BC
Melissa Calahan, WHNP-BC
Sarah Yeaman, CNM-APRN

FMLA/SHORT TERM DISABILITY FORM

The Women's Clinic of Johnson County takes great pride in providing you with excellent service during your care. Our Medical Records Department is happy to assist in making sure your Family Medical Leave Act and/or Short Term Disability paperwork is completed in a timely manner. A flat rate of \$25.00 per form is charged for any individual in need of FMLA and/or disability paperwork. Standard processing time is 7-10 business days. Please note that the paperwork will reflect the medically necessary time off. For pregnancy, ACOG (American Congress of Obstetricians and Gynecologists) standard time off is 6 weeks for a vaginal delivery and 8 weeks for a C-section.

All fees must be collected in full and a release of information must be signed prior to WCJC's Medical Record Department dispensing any FMLA/Disability paperwork.

Please select which type of form is needed

___ FMLA paperwork

___ Short Term or Long Term Disability paperwork

Patient Name: _____ Date of Birth: _____

Physician: _____ Forms completed for: ☐ Self ☐ Spouse ☐ Other

Reason for leave: ☐ Maternity ☐ Surgery ☐ Problem/Complication

Dates requesting off: Continuous from: _____ to: _____ **OR**

Intermittent (when needed due to illness): _____ (specify hours/dates)

Are you currently working? **Yes or No** If no, last date worked: _____

Did you work a reduced schedule due to complications: **Yes or No** Date started: _____

Date you plan to return to work: _____

Date of Delivery: _____ Type of Delivery: ☐ Vaginal ☐ C-Section

Surgical Procedure: _____ Date: _____

How would you like your completed paperwork returned? (Circle)

Pick up at one of our locations **OR** Mail to your home address

.....

■ MENORAH CAMPUS 5525 West 119th Street, Suite 200, Overland Park, Kansas 66209
■ SHAWNEE MISSION CAMPUS 9119 West 74th Street, Suite 268, Shawnee Mission, Kansas 66204
■ OLATHE HEALTH PAVILION 21120 West 152nd Street, Suite 201, Olathe, Kansas 66061

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■ F 913.491.4725
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