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 8:30 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. If non-emergent please utilize our portal and a nurse will reach out within 24-business hours.

Our Commitment to You

Your primary care provider will conduct the majority of your prenatal appointments. However, we encourage you to schedule appointments with other providers and nurse practioners as needed. This approach optimizes scheduling flexibility and familiarizes you with our entire care team.
To continue to provide our patients with the highest quality of care, we have a 24-hour call program. This program establishes one physician that is responsible for all patients if their doctor is unavailable. We believe, and medical evidence supports, that providing obstetric care in the most seamless fashion possible will improve delivery outcomes. During labor, our on-call physician will provide comprehensive care, reviewing your medical history and birth plan, and offering in person updates on your progress.

For more information, please scan to be directed to our pregnancy resource site!

Scan me!

SHAWNEE MISSION CAMPUS 8901 West 74th Street, Suite 100, Shawnee Mission, Kansas

P 913.491.4020
F 913.491.4725
www.wcjcobgyn.com

General Hospital Information

Our group currently provides obstetric care at Advent Shawnee Mission & Advent South. The vast majority of our care, is provided at Advent Shawnee Mission. For our patients who are considering delivery at Advent South, there is a group of physicians on campus who are an extension of MAPS to care for our patients. Both of these hospitals offer up to date labor and delivery suites, 24-hour anesthesia services, and 24-hour neonatal nurse practitioner services.

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.

	Shawnee Mission	Advent South
Labor & Delivery	913-632-4230	913-373-6150
Childbirth Education	913-676-7777	913-373-6160
Breastfeeding Support Services	913-632-6330	913-373-6166
Maternity Care Coordinator	913-632-4230	913-373-6160

Pre-Admission packages and hospital information are available at our office. It is also available online at:**https://www.adventhealth.com/hospital/adventhealth-shawnee-mission/form/birthing-registration**

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 a Pediatrician, please ensure they have privileges to care for your infant while in the hospital. If your Pediatrician does not have privileges, one can be appointed until discharge from the hospital.

Operations and Billing

If you have any questions regarding the operations of the practice, please direct them to our Practice Administrator, 913-266-8972. 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** for more pregnancy related information. Also, follow us on Facebook for more information and clinic updates.

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

The Physicians of Women's Clinic of Johnson County

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
  - Complete Physical Exam
  - Pap smear if indicated
- **10-12 weeks**
  - Non-Invasive Prenatal Screening (NIPS) in our office
  - Genetic Counseling and Nuchal Translucency Ultrasound with High Risk Obstetrician Office (if indicated)
  - Review of Obstetric Labs
  - Doppler of Fetal Heart Tones
- **15-19 weeks**
  - AFP serum screening
- **20 weeks**
  - Screening Sonogram
  - Detailed sono with MFM if indicated
- **28 weeks**
  - Glucola test for Gestational Diabetes
  - CBC for anemia
  - RPR for syphilis
  - Breast Pump Order
  - Enroll In Birthing Class
- **ONLY FOR NEGATIVE BLOOD TYPES**
  - Rhophylac (Rhogam™) injection if needed
  - Antibody Screen
- **30-32 weeks**
  - TDAP booster
  - Complete hospital registration
  - Choose Pediatrician
- **35-37 weeks**
  - Group B Strep (GBS) Swab
  - Nurse Navigator visit and hospital tour
  - discussion of birth plan
  - cervical exam (if indicated/wanted)
- **38 weeks**
  - Review GBS results
  - Cervical Exam (if inidcated/wanted)
- **40+ weeks**
  - ultrasound for fetal well-being
  - Cervical exam (if indicated/wanted)

- Other
- Flu shot when indicated
- RSV 32-36 weeks when idicated (delivering Sept 1st. -Jan 31st.)

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

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

RSV (Respiratory Syncytial Virus) Vaccine:
What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

RSV vaccine can prevent lower respiratory tract disease caused by **respiratory syncytial virus (RSV)**. RSV is a common respiratory virus that usually causes mild, cold-like symptoms.

RSV can cause illness in people of all ages but may be especially serious for infants and older adults.

- RSV is the most common cause of hospitalization in U.S. infants. Infants up to 12 months of age (especially those 6 months and younger) and children who were born prematurely, or who have chronic lung or heart disease, or a weakened immune system, are at increased risk of severe RSV disease.
- RSV infections can be dangerous for certain adults. Adults at highest risk for severe RSV disease include older adults, especially those with chronic heart or lung disease, a weakened immune system, certain other chronic medical conditions, or who live in nursing homes.

RSV spreads through direct contact with the virus, such as when droplets from an infected person's cough or sneeze contact your eyes, nose, or mouth. It can also be spread by someone touching a surface, such as a doorknob, that has the virus on it, and then touching your face.

Symptoms of RSV infection may include runny nose, decreased appetite, coughing, sneezing, fever, or wheezing. In very young infants, symptoms of RSV may also include irritability (fussiness), decreased activity, or apnea (pauses in breathing for more than 10 seconds).

Most people recover in a week or two, but RSV can be more serious, resulting in shortness of breath and low oxygen levels. RSV can cause bronchiolitis (inflammation of the small airways in the lung) and pneumonia (infection of the lungs). RSV can also lead to worsening of other medical conditions such as asthma, chronic obstructive pulmonary disease (a chronic disease of the lungs that makes it hard to breathe), or heart failure (when the heart cannot pump enough blood and oxygen throughout the body).

Infants and older adults who get very sick from RSV may need to be hospitalized. Some may even die.

2. RSV vaccine

There are two immunization options available for protecting infants against RSV: maternal vaccine for the pregnant woman or preventive antibodies given to the baby. Only one of these options is needed for most babies to be protected.

CDC recommends a one-time dose of RSV vaccine for **pregnant women from week 32 through week 36 of pregnancy** for the prevention of RSV disease in their infants during the first 6 months of life. This vaccine is recommended to be given from September through January for most of the United States. However, in some locations (for example, the territories, Hawaii, Alaska, and parts of Florida), the timing of vaccination may differ based on the time of year when RSV circulates in the area.

CDC recommends a one-time-dose of RSV vaccine for **everyone 75 years and older** and for **adults 60 through 74 years of age who are at increased risk of severe RSV disease**. Adults 60 through 74 years old who are at increased risk include those with chronic heart or lung disease, a weakened immune system, or certain other chronic medical conditions, and those who are residents of nursing homes.

RSV vaccine may be given at the same time as other vaccines.

CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of RSV vaccine**, or has any **severe, life-threatening allergies**

In some cases, your health care provider may decide to postpone RSV vaccination until a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting RSV vaccine.

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- Pain, redness, and swelling where the shot is given, fatigue (feeling tired), fever, headache, nausea, diarrhea, and muscle or joint pain can happen after RSV vaccination.

Serious neurologic conditions, including Guillain-Barré syndrome (GBS), have been reported after RSV vaccination in some older adults. At this time, an increased risk of GBS following RSV vaccine among persons aged 60 years and older cannot be confirmed or ruled out.

Preterm birth and high blood pressure during pregnancy, including pre-eclampsia, have been reported among pregnant women who received RSV vaccine. It is unclear whether these events were caused by the vaccine.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

V-Safe is a safety monitoring system that lets you share with CDC how you, or your dependent, feel after getting RSV vaccine. You can find information and enroll in V-Safe at **vsafe.cdc.gov**.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at **www.vaers.hhs.gov** or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

6. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at **www.fda.gov/vaccines-blood-biologics/vaccines**
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636** (**1-800-CDC-INFO**) or
  - Visit CDC's website at **www.cdc.gov/vaccines**.

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?

To find out, use the palm of your hand!

For an adult
4 ounces

For children, ages 4 to 7
2 ounces

Best Choices EAT 2 TO 3 SERVINGS A WEEK

OR

Good Choices EAT 1 SERVING A WEEK

Best Choices

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

Good Choices

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

Choices to Avoid HIGHEST MERCURY LEVELS

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

*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

EPA United States Environmental Protection Agency

FDA U.S. FOOD & DRUG ADMINISTRATION

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)