

# ***STRONG MIDWIFERY GROUP***



***Pregnancy and Birth Care  
Preconception Counseling  
Well Woman Gynecological Care***



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585-258-4970**

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# WELCOME TO OUR PRACTICE!

This is a special time in your life, as each pregnancy has its own set of family memories. We are happy that you have chosen our practice for your obstetrical care. We want to assist you in making the birth of your baby a special family-centered event, a time that you will treasure in years to come. Our goal is to provide you and your family with the highest quality care available personalized for your individual needs.

Our group is a full-time faculty practice of the University of Rochester Department of Obstetrics-Gynecology affiliated with Strong Health. The Certified Nurse-Midwives (CNM's) all have completed a Masters Degree in a midwifery program accredited by the American College of Nurse-Midwives, hold national certification, and licenses to practice midwifery in New York State.

## **Office Hours:**

We see patients five days a week for regular office hours. Currently we are available as early as 8:00 am and as late as 4:30. An individual midwife's office hours vary according to her schedule. Appointments are always required.

Our telephones are open Monday – Friday, 8:30 to 12:00 and 1:00 to 4:30. A phone tree allows you to access appointment scheduling, nurses, prescription refills. We welcome your questions about any concerns you may be having. **If you develop a problem that may require an urgent office visit, please call as early in the day as possible.**

## **Urgent and Emergency Calls:**

**During the lunch hour and after hours, calls to our office number 275-7892 are automatically transferred to our answering service. You may also reach the answering service directly at 258-4970.** The midwife on-call will be paged.

Please try to limit after-hour calls to urgent needs, such as serious illnesses, labor, or emergency situations. The on-call midwife may not be in the hospital, so **it is important to call before coming to the hospital** for urgent care, so that we can meet you there and serve you in a more timely manner.

## **Primary Midwife:**

You will have a primary midwife based on your request or the schedule of your first visit. We encourage you to make your first few appointments with your primary midwife whenever possible, even if you must change the day of the week you come in.

Due to the time demands of obstetrical practice, it is necessary to have a rotating on-call schedule. You will probably want to make appointments to meet the other midwives later in pregnancy, so that you will know all of us when it is time to give birth.

Be assured that we work as a team, meeting on a regular basis to discuss each patient's needs and concerns. We encourage written birth requests for your chart. This enables us all to be familiar with your special preferences. You may request a copy of the monthly call schedule from the receptionist.

## **Consulting Physicians:**

Nurse-midwives work in a consulting relationship with physicians in case of complications of pregnancy or birth. Our consultants are all Board Certified Obstetrician-Gynecologists and members of the Highland Hospital Medical Staff. One of the following physicians is available to us 24 hours a day for consultation, collaborative care, or referral, if necessary.

Ruth Anne Queenan, MD, Chief of Ob-Gyn at Highland and Board Certified Perinatologist, is our primary consultant. Additional physician consultation is provided by the following doctors when Dr.

Queenan is unavailable: Adrienne Bonham, Rita Clement, Steve Eisenger, Mark Levine, Katrina Nicandri, Carol Peterson, Sraddha Prativadi, Madonna Tomani, and Raphael Tshibangu.

The Strong Perinatal Associates at Strong Memorial Hospital, headed by Eva Pressman, MD, are available for consultation, collaboration, or referral to in case of serious complications.

## **Students:**

In addition to our role as practitioners, we are also educators. All the midwives are full-time members of the University of Rochester School of Medicine Department of Ob-Gyn. Students from UR and other institutions may accompany us in seeing patients and caring for them in labor. **Midwifery, medical, and nursing students all rotate through our practice.** We have found this to be an enriching, positive experience for both the students and our patients. Please let us know if you have any concerns about this, so we can make special arrangements for your care.

## **Prenatal Visits:**

How frequently a woman comes to see the midwife for prenatal care will be decided after each visit, and will depend on the health and needs of the mother and baby. **It is important to keep the appointments you have made. If you cannot make an appointment, please call the office early and reschedule, so we accommodate urgent patient needs.**

## **Lab Tests:**

You will have various blood tests, as well as cultures during your prenatal care. Here is a short summary of the most common tests.

### **First Visit:**

Blood Count (CBC):	determines if you have anemia or an infection
Blood type/ Rh factor:	determines if you are RH negative and require RhoGam
Antibody Screen:	detects any unusual antibodies that may harm your baby
Rubella Titer:	determines if you are immune to Rubella (German Measles)
Serology:	screens for Syphilis, required by law
Hepatitis B Screen:	detects recent or old Hepatitis infection
Pap Smear:	screens for abnormal or pre-cancerous cells on the cervix
Cervical Cultures:	screens for Gonorrhea and Chlamydia
Urine Culture:	screens for urinary tract infection (bladder)
Urine CDS:	urine screen for substances of abuse such as marijuana or cocaine
HIV:	screens for antibodies against HIV, the virus that causes AIDS.

### **Additional Available Genetic Screening Tests:**

- Cystic Fibrosis Carrier Screen
- First Trimester Screen for Down Syndrome
- Second Trimester Quad Screen (AFP) for Neural Tube and Chromosomal Defects

### **Other tests:**

Ultrasound:	exam using ultrasound waves to see the baby, placenta, and amniotic fluid. Done early in pregnancy, helps determine when the baby is due. Done between 18-20 weeks to see if the baby has developed normally, where the placenta is attached, and how the baby is growing.
Amniocentesis:	one of two tests available to diagnose certain fetal abnormalities prenatally
Glucola Screen:	blood test to measure blood sugar one hour after drinking a sweet drink. Done at 26-30 weeks to detect diabetes brought on by pregnancy.
Group B Strep culture:	determines if you are a GBS carrier, for which you would receive antibiotics in labor

### **Nutrition:**

Eating properly during pregnancy is one of the most important things you can do to ensure a healthy baby. You need more vitamins and minerals, especially iron, folic acid, and calcium. More protein, which comes mainly from meat, milk and eggs, is essential.

**Enclosed is the pamphlet *Eating for Two*.** A dietician is available for counseling women with special nutritional needs. Feel free to request this service if you wish. The usual weight gain goal is 25 pounds. We may recommend more or less weight gain based on your body mass index.

**We recommend folic acid throughout the pregnancy. Most women also need iron supplements in the last half of pregnancy.** A simple way to meet both these needs is to take a prenatal vitamin supplement, which also contains iron, calcium, and other minerals. These prenatal supplements are widely available over the counter or by prescription. We do not recommend excessively high doses of vitamins during pregnancy. Please tell us if you are using your own formulation or supplements, as some of these may be harmful in pregnancy.

If you develop anemia due to lack of iron intake in your food, you will need to take additional iron pills. Iron is not absorbed well when it is taken with dairy or calcium products. Iron is absorbed best if taken ½ hour before meals or 1½ hours after meals. Iron will cause your stools to darken and may cause constipation or diarrhea. Please tell your midwife about any side effects you develop from any supplements.

Caffeine is a stimulant found in coffee and some soft drinks. It is also found in tea and chocolate. The effects of caffeine on the unborn baby are not known. Some think caffeine stimulates the baby's nervous system more than the mother's. Caffeine may affect the growing parts and tissues of the fetus. **We recommend that you minimize caffeine intake.** Substitute decaffeinated sodas, coffee, and tea. Avoid pain relievers such as Excedrin, which contains aspirin and caffeine.

### **Tobacco, Drug, and Alcohol Use:**

**Smoking** is bad for you at any time, but especially while you're pregnant. **If you are a smoker, please stop!** Smokers have a higher risk of having a miscarriage, a baby whose growth is stunted, fetal death, and high blood pressure. Babies living in a smoking household have a higher incidence of respiratory infections, asthma, SIDS, and allergies. There are support groups available to assist you through the American Lung Association (442-4260) and the American Cancer Society (423-9700). Ask the midwife if you wish additional help with quitting smoking.

**Alcohol should not be used during pregnancy. That includes beer, wine, wine coolers, and mixed drinks.** Research shows that alcohol can cause mental retardation and other birth defects, so the safest choice is not to drink at all during your pregnancy. **Instead of drinking alcohol**, order fruit juice, soda water with lime or lemon, or one of the non-alcoholic beers. Tell people you don't drink because you are growing the world's best baby.

**Marijuana should not be used during pregnancy.** This drug attaches itself to the brain and remains in the body for several days. The effect of this drug on your baby's developing brain is unknown. Street drugs may also be combined with toxic substances that can have harmful effects for you and your baby.

**Cocaine, crack, heroin should never be used.** These drugs are known to have serious, harmful effects on your health and they can kill your baby. Cocaine causes miscarriage, premature delivery, birth defects, growth restriction, and abruption of the placenta. There is no "safe" use of cocaine in pregnancy. Even smaller amounts of usage are associated with behavioral and central nervous system problems in children.

**If you have difficulty giving up drugs, alcohol, or cigarettes, you may have developed a dependency.** Please discuss this with your midwife. We can assist you in accessing special programs to help.

### **Travel:**

If your pregnancy is uncomplicated, you may travel until about the last six weeks. If traveling by car, stop and stretch at least every 2 hours, empty your bladder, and eat a nutritious snack. If flying, check with the airlines regarding any special restrictions. It is always advisable to plan ahead when traveling, and where to obtain care should an unexpected urgent situation arise. Bring your insurance information with you.

If your pregnancy has had any complications, please discuss your travel plans with us before undertaking your trip. **We do not recommend extended travel after 34 weeks.**

### **Sexual Issues:**

It is not uncommon for sexual patterns to change during your pregnancy due to the normal physiological and psychological processes of your changing body. There are many physical changes that affect desire and sexual pleasure both positively and negatively. Sexual activity need not be restricted unless you have certain risk factors (incompetent cervix, abnormal bleeding, placental problems, or premature labor).

**Do not have intercourse if you think you may have a sexually transmitted infection, bleeding, or rupture of membranes (a broken "water bag").** If in doubt, please check with us.

### **Common Problems:**

Pregnancy is a time when you will experience many new feelings. Morning sickness is common in the first few months. Pains occur as the baby grows inside you. In addition, you may get common illnesses such as colds or the flu. Good diet and exercise will help keep you healthy during this time.

**Try to avoid the use of medication during your pregnancy whenever possible.** In some cases, however, medications are essential to your health. Some over-the-counter remedies are safe for short-term usage. The following information will help you choose safe remedies for common problems.

- **Morning Sickness:**
  - Frequent (hourly) small feedings of high carbohydrate foods
  - Plenty of rest
  - Gingerale, ginger tea
  - Vitamin B6 (pyridoxine) 50-100mg and Doxalymine (Unisom)25-50 mg at night before bed.
  - Biobands - accupressure bands used for seasickness
  - More serious nausea and vomiting may require medication
- **Constipation:**
  - Drink at least 8 glasses of water a day
  - Eat lots of high fiber foods (bran, whole wheat, vegetables, and fruit)
  - Try natural laxative foods (prunes, apples)
  - Metamucil, Fiberall, FiberCon
  - Colace (a stool softener) 100 mg once daily
  - If a laxative is required, try Senokot or Milk of Magnesia
- **Hemorrhoids:**
  - Avoid constipation
  - Witch Hazel compresses or Tucks compresses
  - Hydrocortisone HC 1% cream or ointment, Anusol, Preparation H - all available without a prescription
  - Stronger ointment available by prescription
- **Heartburn:**
  - Tums, Rolaid, Maalox, Mylanta are all safe. Choose a calcium based antacid like Tums if you don't drink much milk
  - Drink milk
  - Simethicone okay for gas (Gas-x)
- **Headaches:**
  - Drink 8 glasses of water daily, in addition to your regular fluids.
  - Rest in a dark quiet place
  - Warm or cold compresses
  - Regular or Extra-Strength Tylenol, two tablets every 3-4 hours. Do not take Ibuprofen (Advil), Naproxen (Alleve), or Aspirin without discussing with the midwife
- **Colds:**
  - Tylenol for aches, pains, sore throats, fever
  - Robitussin or similar cough syrup; throat lozenges
  - Sudafed, Actifed, Benadryl
- **Leg Cramps:**
  - Extend your leg straight out and pull your toes up toward your head. Get more calcium by drinking more milk or taking supplements such as Tums
  - Walk daily
- **Backache:**
  - Avoid heavy lifting (greater than 50 pounds) and use good body mechanics
  - Take a warm bath or shower or apply heat or cold to achy spot
  - Exercises such as the pelvic rock
  - Obtain a pregnancy support garment (midwife can prescribe)