

Cherokee Women's Health Specialists

We're here for your journey.



cherokeewomenshealth.com

770.720.7733

Dear Mom-To-Be,

Let us be among the first to congratulate you on your pregnancy. We are so happy you chose us to be a part of this wonderful journey with you and your family. While exciting, finding out you are expecting can also be a time filled with many questions. We want to help answer some of those questions by providing you with the following information.

Please take time to read through it all and contact us if you have any additional concerns or questions before your next scheduled visit.

It is important that you pre-register with Northside Hospital during your 2nd trimester. For your convenience, we have provided the link and QR code so you can complete the form online.

Note: When asked for the location, make sure to use the dropdown menu to choose Cherokee Hospital. When asked for physician name, you can enter any of the Cherokee Women's Health physicians or midwives' names. Also, when asked when your symptoms began, please enter the date of your last menstrual cycle.

[Northside Hospital Patient Registration](#)



Scan the QR code or click the hyperlink above.

Protecting your health, and your baby's, is our top priority. We are here for you and look forward to helping you navigate this new season of your life.

Sincerely,

Cherokee Women's Health Specialists

CONGRATULATIONS ON YOUR PREGNANCY!

We are honored to be part of your new pregnancy!

We have a team of providers, including physicians, midwives, and physician associates. We strive to provide personalized attention in a warm and sensitive manner, together with the absolute best medical treatment available.

All of our providers and staff are committed to keeping you and your baby safe during your pregnancy. We will make sure you have the optimal birth experience.

Below are some guidelines on your prenatal care:

Prenatal Care

1. Your initial visit will involve a physical exam with one of our providers to establish your pregnancy and due date. We will also discuss any medical issues and current medications. Your provider will also order a lab panel that is routine in prenatal care. If your pregnancy is far enough along, an ultrasound will be performed.
2. If your pregnancy is deemed **High Risk**, then you will also be followed by a perinatal specialist.
3. We encourage patients to keep a log of their weight each month until their third trimester at which time you may take your weight every 1-2 weeks.
4. We recommend prenatal vitamins containing folic acid at least 800 micrograms. Over the counter prenatal vitamins are adequate however if you desire a prescription, one will be provided. If you are unable to tolerate prenatal vitamins, please take folic acid daily.
5. Nutrition during pregnancy should involve intake of iron rich foods such as greens and meats, for example. If you are anemic, you may take additional iron available as Slow Fe over the counter daily. We also recommend DHA of at least 300 mg daily. Vitamin D is also important, and we recommend 2000 IU daily.
6. Please avoid processed foods such as deli meat and hot dogs. If you must eat them, heat them to steaming hot before eating. Do not eat raw seafood, eggs or meat. Do not eat fish containing high levels of mercury, such as swordfish, king mackerel, shark and tilefish. Also avoid unpasteurized dairy.
7. You can still enjoy exercise unless your provider has given you restrictions. It is recommended to have 20-30 minutes of walking at least most days of the week.
8. Hydration is important, please consume water without additives at least 80 oz per day.
9. If you have cats, please do not change the kitty litter box. If you are the only caretaker for your feline friends, please wear gloves and discard. Please wash your hands.

Cherokee Women's Health Specialists

Regular Office Hours

Monday thru Thursday: 8:00 - 5:00

Friday: 8:00 - 1:00

Same-day problem visits and regular appointments can be scheduled at:

770.720.7733.

Stay Informed

You can check your lab results and medical history online 24 hours a day, and during your office visits, by visiting our website and enrolling in our patient portal. We can help you sign up for this convenient service.

Urgent and Emergency Care

After hours, your calls are forwarded to our answering service. A nurse or a member of our on-call provider team will call you back upon receiving your phone number and message.

In the unlikely event the phone service were to fail, go directly to the hospital to see a member of our on-call provider team.

OB eBook:

For more information about what to expect during your pregnancy and delivery, download our free OB eBook written by Dr. Michael Litrel.

[OB eBook](#)



Scan the QR code or click the hyperlink above.

Northside Hospital-Cherokee

450 Northside Cherokee Blvd

Canton, Ga. 30115

770.224.1000

Labor and Delivery: 770.224.1800

We are proud to have partnered with Northside Hospital Cherokee. Their outstanding and deeply experienced nursing staff create the safest environment for our patients together with personalized nursing care and private delivery suites. You are allowed to have three support people with you during labor.

The delivery process can be tailored to your birth plan needs, including dim room lights, water therapy, delayed cord clamping, skin-to-skin and the Golden Hour with breastfeeding as requested. Episiotomies are not routine. The need for operative delivery such as a vacuum, forceps or caesarean section will be in indicated cases only after informed consent is obtained.

The nursery care includes a level III NICU with neonatal services on site and 24-7 anesthesia care.

GO DIRECTLY TO THE HOSPITAL IF:

1. **You are in labor**

a. **Pre-term labor** can occur before your last month of pregnancy. Symptoms include cramps, pressure, low backache and/or groin pain. These symptoms may continue even after you have rested and drank water.

b. **Term labor** is within 3 weeks before your due date, with contractions becoming progressively more frequent, painful, and regular (3-5 minutes apart lasting 1 minute for an hour or more). Pain begins in the back and spreads to the abdomen.

2. **Decrease in fetal movement**

From the sixth month of pregnancy until delivery, your baby should move 10 or more times in 2 hours. Movement should increase after eating. If you notice a decrease in fetal movement, go immediately to the hospital.

3. **OR** if you have **ANY** of the following:

Significant pain	Painful, burning urination
Vaginal bleeding	Fever or chills
Gush of water or leaking from vagina	Severe back pain
Severe headache or blurred vision	A motor accident or trauma

MEDICATIONS DURING PREGNANCY

While some medications are considered safe to take during pregnancy, the effects of other medications on your unborn baby are unknown. Therefore, it is very important to pay special attention to medications you take while you are pregnant, especially during your first trimester, a crucial time of development for your baby.

Condition	Safe Medications to Take During Pregnancy	
Allergy/Rash/Itching	<ul style="list-style-type: none"> • Benadryl cream • Cortisone cream 	<ul style="list-style-type: none"> • Benadryl 25 mg by mouth every 6 hours • Zyrtec, Claritin, Allegra
Cold and Flu/Cough	<ul style="list-style-type: none"> • Tylenol (acetaminophen) • Warm salt/water gargle • Sudafed (PE fine also) • Chlor-Trimeton • Vicks Vapor Rub • Robitussin-plain 	<ul style="list-style-type: none"> • Tylenol Cold • Saline nasal drops or spray • Actifed • Benadryl • Halls
Constipation	<ul style="list-style-type: none"> • Metamucil • Citrucil • Fiberall • I/Fibercon/Benefiber 	<ul style="list-style-type: none"> • Colace • Milk of Magnesia • Senokot/Surfak • Miralax
Diarrhea	<ul style="list-style-type: none"> • Kaopectate • Imodium/Imodium AD <p><i>Use this reference if you have 3 bowel movements a day. If this lasts more than 2 days, please call the office.</i></p>	
Sore Throat	<ul style="list-style-type: none"> • Chloraseptic Spray/Capacol/Cepastat • Sucrets • Gargle with warm water 	
Pain Relief	<ul style="list-style-type: none"> • Tylenol (acetaminophen) 650 mg (2 tablets) every 4 hours • Extra Strength Tylenol – 1000 mg (2 tablets) every 6 hours <p><i>Do not exceed 4000 mg every 24 hours</i> <i>Do not use aspirin, ibuprofen, Aleve, Motrin or Advil</i></p>	
Heartburn/Indigestion/Gas	<ul style="list-style-type: none"> • Maalox • Tums • Pepcid AC 	<ul style="list-style-type: none"> • Mylanta • Mylicon/Simethicone
Hemorrhoids	<ul style="list-style-type: none"> • Preparation H • Tucks pads 	<ul style="list-style-type: none"> • Proctocream • Anusol cream/Anusol HC suppositories
Nausea and Vomiting	<ul style="list-style-type: none"> • Emetrol • Seabands 	<ul style="list-style-type: none"> • Dramamine • Bonine
Insomnia	<ul style="list-style-type: none"> • Tylenol PM • Unisom • Take a lukewarm bath 	<ul style="list-style-type: none"> • Warm milk or caffeine-free tea • Avoid caffeine and chocolate
Yeast Infection	<ul style="list-style-type: none"> • Monistat 	<ul style="list-style-type: none"> • Terazol

	<i>Do not insert applicator too far.</i>
Cold Sores	• Abreva

NAUSEA DURING PREGNANCY

Nausea and vomiting are common complaints of pregnancy. It has been described as a “sick feeling”, but not anything serious that a person can’t handle. Another mother described it as an “extremely queasy feeling that you can’t keep thinking about.” In a recent survey, 80% of pregnant women experienced nausea and 56% experienced vomiting.

For most women, nausea and vomiting begins when they get up or shortly after breakfast. These attacks usually last less than one hour. Nausea and vomiting usually get better after the third month of pregnancy. Factors that make nausea and vomiting worse include food odors, smoke, and riding in a car. Preparing meals can be a difficult task for pregnant women. Other daily activities may be interrupted due to attacks of nausea and vomiting.

SUGGESTIONS TO RELIEVE NAUSEA AND VOMITING

1. Before getting up in the morning, try eating dry toast or crackers.
2. Get up slowly and avoid sudden movements.
3. Eat small, frequent meals (every 2 or 3 hours as needed)
4. Avoid liquids 1 hour before bed and after meals
5. Try sipping ginger ale or Coca-Cola when nauseous
6. Avoid greasy, fried, and spicy foods
7. Try eating hard candies when nauseous
8. Avoid irritating odors like spices, coffee, and cigarette smoke
9. Eat a snack at bedtime from the milk or protein food group
10. Select cold foods to eat or foods that require little cooking time
11. Stay out of the heat after eating
12. Try deep breathing exercises when nauseous

SUGGESTED DIET FOR NAUSEA AND VOMITING

Before getting out of bed: 2-3 crackers or dry toast

Breakfast: Protein: boiled egg, cheese or peanut butter. Cooked cereal with butter or sugar, toast with butter or jelly as tolerated

Mid-morning snack: Crackers with peanut butter or cheese, milk

Lunch: Lean meat, fish or chicken (not fried), potato or rice, bread with margarine as tolerated, milk

Afternoon snack: Fruit or fruit juice, crackers or plain cookies (avoid chocolate and nuts)

Dinner: Lean meat, fish, or chicken (not fried), vegetables, bread with butter as tolerated, plain dessert (angel food cake or pound cake), milk

Bedtime snack: Sandwich (peanut butter or other proteins), milk

FOR MILD TO MODERATE NAUSEA/VOMITING IN PREGNANCY

At any pharmacy get:

1. Vitamin B6 (usually comes in either 25mg or 100mg tablets). Take 25-50mg every 6 hours or 4 times a day.
2. Doxylamine (Unisom) Take ½ to 1 25mg tablet at bedtime.

WHEN TO SEEK HELP

Many women, especially those with mild to moderate nausea and/or vomiting, do not need medical treatment but should still let their obstetric provider know if they are having symptoms. The provider can then provide conservative suggestions to help reduce symptoms or determine if treatment with medication is advisable.

Talk with your obstetric care provider if you have one or more of the following:

- Signs of dehydration, including infrequent urination, dark-colored urine, or dizziness with standing
- Vomiting repeatedly throughout the day, especially if you see blood in the vomit
- Abdominal or pelvic pain or cramping
- Unable to keep down any food or drinks for more than 12 hours
- Weight loss of more than 5 pounds (2.3kg)
- Fever or diarrhea in addition to nausea and vomiting
- Feelings of hopelessness, wanting to end the pregnancy, or having suicidal thoughts because of the severity of nausea/vomiting symptoms (or for any other reason)

One or more tests may be recommended to investigate the cause of and determine the severity of the nausea and vomiting, including blood tests, urine tests, or an ultrasound.

RECOMMENDATIONS FROM THE CDC AND ACOG REGARDING THE FLU AND TDAP VACCINES

Flu Vaccines:

Flu vaccines given during pregnancy protect both the mother and her baby from flu. Vaccination has reduced the risk of flu-associated acute respiratory infection in pregnant women by up to one-half. Babies of women who get a flu vaccine during their pregnancy are protected from flu infection for their first several months of life, when they are still too young to get vaccinated.

Flu shots have a good safety record. Millions of flu vaccines have been given for decades, including being given to pregnant women. Observational and prospective studies in pregnant women support the safety of influenza vaccine during pregnancy.

However, data on first trimester flu vaccine administration is more limited than for second or third trimester vaccination. One recent study of data from the 2010-2012 seasons found that women who received two consecutive annual flu vaccines containing an H1N1 pdm 09 component early in pregnancy had an increased risk of miscarriage (median gestational age was 7 weeks) during 28 days after receiving the second vaccine the following season. In contrast, other studies have not found a link between flu vaccination and miscarriage. Follow up studies are ongoing. The Advisory Committee on Immunization Practices (ACIP), The American College of Obstetricians and Gynecologist, and CDC continue to recommend that pregnant women get a flu vaccine because flu poses a danger to pregnant women and their babies.

Tdap Vaccines:

Tdap vaccines are important and safe for pregnant women and their infants. Several prospective and observational studies have shown that Tdap is safe and well tolerated in pregnant women. Multiple studies show Tdap vaccination during the second or third trimester of pregnancy prevents pertussis (whooping cough) in at least 9 out of 10 infants younger than 2 months of age. Receipt of Tdap between 27 through 36 weeks of pregnancy is 85% more effective at preventing pertussis in babies younger than 2 months of age compared with administering this vaccine to postpartum mothers in the hospital after giving birth.

We recommend Tdap vaccines to be given between 27 and 36 weeks. Please let us know if you would like a prescription. We can call or send to your local pharmacy or you can get one from your primary care provider.

RSV Vaccines:

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

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

CDC recommends a one-time dose of RSV vaccine for pregnant people from week 32 through week 36 of pregnancy for the prevention of RSV disease in their infants during the first 6 months of life.

The risks of a vaccine reaction are: pink, redness, and swelling where the shot is given, fatigue, fever, headache, nausea, diarrhea, and muscle or joint pain can happen after RSV vaccination.

RECOMMENDED PRODUCTS

Our doctors recommend the following products for at-home use. Please click their respective links for more information or to purchase them.

Scan the QR codes or click the hyperlinks.

[Omron Silver Blood Pressure Monitor](#)



[Urine Test Strips 10 Parameter](#)



[Sonoline-B- Baby Monitor](#)



Note: We have no affiliation with these companies or products and receive no compensation for recommending them.

Cherokee Womens Health Specialist, PC Prenatal Genetic Testing

Prenatal genetic testing will be performed by Quest Diagnostics based on quality of testing and patient convenience. Advanced and standard testing options are listed below.

We strongly encourage you to contact your insurance company to know your out-of-pocket expense prior to consenting to having your labs drawn so you can make an informed decision. The actual amount you will pay will be determined by your insurance company, if insured. Cherokee Womens Health Specialist will not be responsible for any cost that your insurance company does not cover. If you are insured and your insurance company does not cover the prenatal genetic testing OR if you are uninsured/self-pay, the patient responsibility is listed below. Supplemental Financial Assistance is available via Quest Diagnostics for those who qualify.

Advanced Prenatal Testing

Noninvasive Prenatal Test (NIPT) - QNatal®Advanced

Advanced testing to detect chromosomal abnormalities such as Trisomy 21 (Down Syndrome), Trisomy 18, etc.

Sex of the baby is included.

Blood drawn at your 12 week appointment, but as early as 10 weeks. Sensitivity & specificity (accuracy) >99.9%

Insured: Health Plan Covers	Amount determined by your health plan
Insured: Health Plan Does Not Cover	\$300.00
Uninsured/Self Pay	\$395.00
Supplemental Financial Assistance Program (must qualify)	Out of pocket \$0-\$200.00

CPT Code: 81420

Diagnosis Code: Z13.79 -- will need for insurance verification.

Standard Prenatal Testing

Health Plan coverage is excellent for these established standardized tests.

Maternal Serum Screen – Stepwise Sequential Integrated Screen

Testing to assess risk of Trisomy 21 (Down Syndrome), Trisomy 18, or a neural tube defect.

Sex of the baby is NOT available with this testing.

Blood drawn 1st & 2nd trimester. Part 1 & Part 2 plus ultrasound (NT) are necessary for risk assessment.

Detection rate is 92% with a 4% false positive rate.

Uninsured Patient Price	\$395.00
Financial Assistance Program (must qualify)	Available but rarely needed given excellent coverage

Maternal Serum Screen – Quad Screen or MSS 4

Testing to assess risk of Trisomy 21 (Down Syndrome), Trisomy 18, or a neural tube defect.

Sex of the baby is NOT available with this testing.

Blood drawn 2nd trimester. No ultrasound (NT) required.

Detection rate for Down Syndrome 79% with a 5% false positive rate

Uninsured Patient Price	\$270.00
Financial Assistance Program (must qualify)	Available but rarely needed given excellent coverage

Genetic Counseling – All Genetic Testing

Available at 1-800-GENE-INFO (1-866-436-3463)

Counselors assist with basic genetic questions/concerns.

If in-depth discussions are required, will refer to a 3rd party genetic counseling provider.

Carrier Testing

The QHerit Expanded Carrier Screen TC 94372 (ACOG recommended 22 gene panel) prices are below:

- If a Health Plan denies as a non-covered service, patient responsibility is limited to \$300.
- If Quest estimates the patient will receive a bill of over \$300, Quest will notify you and/or your patient. If you and/or your patient are not notified, the patient will owe no more than \$300.
- If the patient is approved for financial assistance, they will pay \$200 or less.
- The UPP price on this is \$1335.00. My suggestion is that all UPP patients apply for financial assistance. (Patients in a household with 4 people making less than \$110,000 a year will qualify for financial assistance with a max of \$200 for this test).

Your uninsured patients can utilize the patient navigator cards to apply for financial assistance before or after the test is ordered.

Scan the QR codes or click the hyperlink.



1st Trimester *Helpful Videos*

12/2023

Nutrition & Wellness



**Your 1st Prenatal
Appointment**



**Foods
to Avoid**



**Safe Foods
to Eat**



**Safe OTC
Medications**



**Prenatal
Vitamins**



**Exercise During
Pregnancy**

Common Questions



**Is Caffeine Okay
During Pregnancy?**



**When are
Ultrasounds?**



**Is Cramping
Normal?**



**How Often are
Appointments?**



**Is Pregnancy
9 or 10 Months?**



**How do I Cope
With Morning
Sickness?**

2nd Trimester

Helpful Videos



**3 Physical Changes
in Pregnancy**



**Addressing
Common Concerns**



**Fetal
Movement**



**OB
Ultrasounds**



**Safe to Have Sex
During Pregnancy?**



**Is It Normal to Have
Shortness of
Breath?**

3rd Trimester

Helpful Videos



**3rd Trimester
Movements**



**Consider Your
Birth Plan**



**Importance of
Fetal Kick Counts**



**Understanding
Midwifery**



**Pelvic Pain in
Pregnancy**



**Membrane
Sweep**

Common Questions



**Braxton Hicks
vs.
Contractions?**



**Did/Will My
Water Break?**



**Safe to Sleep
on My Back?**

Hospital Preparation

Helpful Videos



**Preparing for
Your Hospital
Visit**



**Northside Cherokee
Hospital & Delivery Room
Tour**



**Preparing for
Labor**



**Exercises in
Labor**



**Preterm
Labor**



**What to Expect
After Labor**

Postpartum

Helpful Videos



**Birth Control
While Breastfeeding**



**Using Breastfeeding
as Birth Control**



**Navigating Postpartum
Emotions**



**Useful Tips for New
Moms**