



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](#)



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.



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 • 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 • 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 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 <p><i>Do not insert applicator too far.</i></p>
Cold Sores	<ul style="list-style-type: none"> • 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.

[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.

NONINVASIVE PRENATAL GENETIC TESTING

Prenatal genetic testing will be performed by Labcorp 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 understand your potential out-of-pocket expense before consenting to lab work so you can make an informed decision. The actual amount you pay will be determined by your insurance company if you are insured. Cherokee Women's Health Specialists will not be responsible for any costs your insurance company does not cover. If your insurance does not cover prenatal genetic testing, or if you are uninsured or self-pay, the patient responsibility is listed below.

Advanced Prenatal Testing

Noninvasive Prenatal Test (NIPT) – Labcorp's MaterniT21 prenatal cell-free DNA (cfDNA) and Inheritest carrier screening tests.

- Advanced testing to detect chromosomal abnormalities such as Trisomy 21 (Down Syndrome), Trisomy 18 (Edwards Syndrome), Trisomy 13 (Patau Syndrome), Turner Syndrome, Klinefelter Syndrome, and Triple X and XYY Syndromes.
- Sex of the baby is included with this test.
- Blood can be drawn at your 12-week appointment, but as early as 10 weeks.
- Sensitivity and specificity (accuracy) greater than 99.9 percent.

Estimated Patient Cost:

- Insured and covered by health plan: Amount determined by your insurance, but no more than \$299
- Insured but not covered by health plan: \$299
- Uninsured or self-pay: \$299
- If you would like the exact out-of-pocket cost estimate OR if you receive a bill over \$299, please call 844-799-3243 and Labcorp's Every Mom Pledge team will answer questions about your insurance and cost options.

CPT Code: 81420

Diagnosis Code: Z13.79 (may be needed for insurance verification)

Maternal Serum Screen – AFP4 Quad Screen and MSAFP (not needed if doing NIPT test)

- Testing assesses risk of Trisomy 21 (Down Syndrome), Trisomy 18, or a neural tube defect.
- Sex of the baby is NOT available with this test.
- Blood is drawn in the second trimester. No ultrasound (NT) is required.
- Detection rate for Down Syndrome is approximately 79 percent with a 5 percent false positive rate.
- Insured and uninsured patient price: \$35-60

GENETIC CARRIER TESTING

Genetic carrier testing identifies whether a person carries a gene for certain inherited genetic conditions. Most carriers are healthy and have no symptoms or family history of the condition. However, if both parents carry the same genetic condition, there is a chance the baby could inherit that condition.

Carrier screening commonly evaluates for conditions such as cystic fibrosis, spinal muscular atrophy (SMA), and many other inherited disorders that can affect a child's health and development.

At Cherokee Women's Health Specialists, carrier screening is performed through Labcorp's Beacon testing using a simple blood sample. In most cases, the mother is tested first. If she is identified as a carrier, testing may then be recommended for the baby's father.

The maximum out of pocket cost for this test is \$349, depending on insurance coverage. Labcorp's Every Mom Pledge program can help answer questions about insurance coverage and cost options. Patients may call 844-799-3243 for assistance.