

Northside Women's Health

Phone: 614-865-7600

Congratulations on your pregnancy!

*Our priority is to provide you and
your baby with excellent prenatal care.*

Our Providers

Heidi Arbona, M.D.

Dr. Arbona grew up in Bucyrus, Ohio. She studied zoology at Miami University and medicine at the University of Cincinnati. She trained in OB/GYN in Indianapolis and worked there prior to moving to Columbus. She is married and has three children who keep her smiling.

Jodi Bender, D.O

Dr. Bender grew up near Toledo, Ohio. She received her first degree in Nutrition at The Ohio State University and then went on to Michigan State University for medical school. She did her residency in OB/GYN at St. Joseph Mercy Oakland Hospital in Detroit. She moved back to Columbus with her husband, Justin and three adorable boys who keep her entertained and busy.

Tammy Chan, M.D.

Dr. Chan grew up in Los Angeles, California and moved to Dublin, Ohio during high school. She was a Biochemistry major at the University of California, San Diego and went to The Ohio State University for medical school. She did her residency in OB/GYN at St. Vincent Hospital in Indianapolis. She is married to Tony, a Sports Medicine doctor, and they have a spirited little girl and a sweet little boy.

Stephanie Beier-Phillips, C.N.P.

Stephanie grew up outside Toledo, Ohio. She earned her Bachelors of Science in Nursing (BSN) from The Ohio State University. Stephanie worked in labor and delivery before completing her Master of Science in Nursing at the University of Cincinnati. She is credentialed as a Women's Health Nurse Practitioner. Stephanie and her husband, Ryan, have two lively daughters.

Office Appointments – We hope you have the chance to get to know all of our providers during your pregnancy. Because of the nature of our business, we may need to leave the office for deliveries or emergency surgeries. At these times, we may ask you to see another provider or reschedule your appointment. We greatly appreciate your flexibility and understanding.

Delivery/On Call Coverage – During business hours, one of our doctors will be present for your delivery. After hours, we sometimes share call with other physicians. **There is a possibility that**

someone you have not yet met may deliver your baby or answer your afterhours call. Any physician covering for us has similar practice patterns and we feel confident in their abilities and care of our patients.

After-hour Emergencies – To reach the doctor on call, call our office number, **614-865-7600**, and follow the voice prompts. This will page the doctor. A response may take 15 minutes. If more than 15 minutes has passed and you've not received a call, please call again. If no one calls back, go to St. Ann's Hospital (You should go to the Emergency Department before 16 weeks, or labor and delivery after 16 weeks of pregnancy).

Hospital – We deliver at St. Ann's Hospital. Labor and delivery is located on the 2nd floor of the hospital. There is a map of the hospital in this folder.

Prenatal Care Appointments

Every person is unique and so is every pregnancy. As a result we will tailor your prenatal care and the frequency of your appointments based on your health needs. Here is a general guideline for your prenatal care:

*All visits will include a urine sample, blood pressure, and mother's weight check. Most visits will also include an external check for the baby's heartbeat (Doppler). **Feel free to leave a urine sample (with your name) in the bathroom if you need to urinate before you are called back for your appointment.**

~ 8 weeks – Ultrasound and Education – At this appointment, we will perform an ultrasound to help establish an accurate due date. You will be given samples of prenatal vitamins. We will review your health history. **WE WILL REVIEW SEVERAL FORMS ABOUT OPTIONAL GENETIC TESTING THAT WE ASK BE READ, COMPLETED, AND BROUGHT TO YOUR NEXT VISIT.**

~ 10-12 weeks – Laboratory Studies – At this appointment, we will answer any questions about genetic testing. You will have a blood draw for routine lab tests. Some optional genetic testing may be drawn at this visit.

~ 12 weeks – Physical Exam and Optional Testing – We will do a complete physical exam, including a breast and pelvic exam. Testing for cervical cancer may be done. We will also listen for the baby's heartbeat from the outside (Doppler).

~ 16 weeks – Prenatal Visit – You may chose to have blood drawn to test for neural tube defects (also called AFP). If you choose, you can have a sex-determining ultrasound (\$75).

~ 20 weeks – Prenatal visit and ultrasound – This visit you will have an ultrasound to evaluate your baby, the location of the placenta, the estimated weight of your baby and to evaluate the baby’s anatomy. If your baby cooperates, you may choose to find out the gender. **** It is office policy that we do not allow any video or camera equipment in the ultrasound room.**

~ 24 weeks – Prenatal visit –We will remind you to sign up for childbirth classes and to complete the pre-admission form for the hospital at mountcarmelhealth.com. We will discuss recommended vaccines and purchasing a breast pump. Many insurance companies will provide a free breast pump.

~ 28 weeks – Prenatal visit and screening – Please drink your glucola ½ hour before this appointment. Blood work is done to screen for gestational diabetes and anemia. If your blood type is Rh negative, you will also receive a Rhogam injection at this visit.

The following are alternatives to the glucola drink:

*18 Brach’s jelly beans eaten in 2 minutes

*11.5 fl oz of white grape juice (drink all of this amount in no more than 5 minutes)

If you should choose to do either of these alternative options, please let one of our providers know at your 24-week appointment.

~ 30 weeks – Prenatal visit – If you have not yet decided on a pediatrician, you should start researching now. A referral list is given at the 24-week appointment.

~ 32 weeks – Prenatal visit – You should feel your baby move every 2 hours at this point. If you go longer than 2 hours, wake your baby (eat something, lay on your side, and gently push your uterus) to get a response. If there is no response please call the office or go to the hospital IMMEDIATELY if it is after hours.

~ 34 weeks – Prenatal visit – We often discuss plans for postpartum birth control at this visit.

~ 36 weeks – Prenatal visit and cervical exam – At this visit we do a “GBBS” culture (Group B Beta Strep). If this is positive you will be treated with antibiotics in labor. We will also check your cervix to see if it is beginning to thin or dilate and check that the baby is head down. Now is the time to pack your bag for the hospital and put the car seat in your car!

~ 37 weeks – Prenatal visit and cervical exam –Your provider will discuss your birth plan and go over questions you have.

~ 38 weeks – Prenatal visit and cervical exam – Routine visit. We will discuss any questions you may have.

~ 39 weeks – Prenatal visit and cervical exam – Routine visit. We will remind you to continue kick counts.

~ 40 weeks – Prenatal visit – We will also order a non-stress test to ensure that your baby is doing well. Your provider will also discuss induction and schedule a date with you.

~ 41 weeks – Prenatal visit – We will also order a non-stress test to ensure that your baby is doing well and measure the amniotic fluid around your baby by ultrasound.

Ultrasounds – Typically, two ultrasounds are done in pregnancy. An early ultrasound to establish your baby’s due date, and an ultrasound done at 20 weeks to evaluate the baby’s growth (and gender if you wish to know).

Due date & full term pregnancy – Your due date is an approximate idea of when your baby may arrive. Many mothers deliver their babies in the week after their due date. You are not considered full term until 37 weeks of pregnancy.

Elective Induction of labor – Elective induction of labor may be done after 39 weeks of pregnancy. This is to ensure fetal lung development. However, inducing labor if your cervix is not “ready” increases your risk of cesarean delivery. Therefore, please discuss this with our providers.

Pain control in labor – We are supportive of your plans to achieve a healthy pregnancy and delivery. We, and our on call partners, have patients who choose to deliver without receiving pain medications. We have deliveries attended by doulas. We would be happy to discuss any other specific requests you may have for your birthing experience.

Delayed cord clamping – Clamping the umbilical cord more than one minute after birth or when cord pulsation has ceased results in a significantly higher neonatal hemoglobin or blood count and increases iron reserves for up to six months after birth. We typically clamp the cord at about one minute of life as long as the baby and mother are doing well.

Delivery after C-section: VBAC – Vaginal Birth After Cesarean is something we recommend you discuss with our providers. Some patients may be eligible to VBAC.

Weight gain & nutrition – Never in your life has your nutrition been more important! You have a human being growing inside of you! We will go over nutrition at your education visit and we will remind you often.

Healthy weight gain in pregnancy helps you to feel better at the end of pregnancy and limit complications. Appropriate weight gain is based on pre-pregnancy body mass index (BMI).

Pre-pregnancy weight

Recommended weight gain in pregnancy

-Underweight

-28 to 40 pound (one baby), not defined (twins)

-Normal	-25 to 35 pounds (one baby), 37 to 54 pounds (twins)
-Overweight	-15 to 25 pounds (one baby), 31 to 50 pounds (twins)
-Obese	-11 to 20 pounds (one baby), 25 to 42 pounds (twins)

For women of a normal weight, this means during the first three months of pregnancy, a gain of 2-5 pounds is reasonable. For the rest of the pregnancy, an average gain is about $\frac{3}{4}$ to 1 pound per week. For women who are overweight or obese, you may maintain your weight in the first twelve weeks and then gain approximately a half a pound a week for the second and third trimesters.

Approximately 100 additional calories a day are needed in the first 12 weeks of pregnancy. Three hundred calories a day (additional to pre-pregnancy calories) are needed in pregnancy in the second and third trimesters for women of normal weight with one baby. Women who are having twins need roughly 500 calories a day (in addition to pre-pregnancy caloric intake).

Unfortunately, there have not been many listed guidelines for women who are overweight or obese. We recommend approximately 150-200 calories more than pre-pregnancy intake (a day) for women who are overweight or obese.

An excellent resource for nutrition is <http://www.mypyramid.gov> (see pregnancy and breastfeeding section); this website provides recommendations for diet based on your weight, age and activity level in pregnancy.

Caffeine intake should be limited to 1-2 servings a day or roughly 200-300 mg a day. See March of Dimes website or American Pregnancy Association for more specific information about the milligrams of caffeine in different products.

Artificial sweeteners should also be limited to 1-2 servings a day. Splenda is the most studied artificial sweetener and seems to be very safe in pregnancy. Aspartame (NutraSweet or Equal) is also safe. Saccharin (Sweet'N Low) should be avoided in pregnancy as there is limited safety information.

If you think you would benefit from a consult with a dietician, please let us know and we would be happy to arrange a referral.

Water consumption: You will need to increase your water consumption, making a goal of 8-10 glasses each day.

Exercise – Exercising throughout pregnancy has been shown to decrease pregnancy complications. Therefore, we will emphasize the importance of exercise at each prenatal visit. When exercising during pregnancy, it is very important to keep yourself hydrated and maintain an intensity at which you are able to carry on a conversation. Scuba diving is not safe during pregnancy. We also discourage any sport where you could potentially be hit in the stomach. But running, walking, biking, swimming, yoga, aerobics, Pilates, weight training, hiking, etc. are all great in pregnancy. Make a goal of exercising at least

30 minutes each day, whether it's one block of time or broken up into smaller increments. Exercising throughout your pregnancy will truly make a difference in both your health and your baby's!

Tobacco – Smoking during pregnancy is strongly discouraged. Your provider will work with you to help you quit.

Preterm Labor – It is common to have “Braxton Hicks” contractions (practice contractions) during the second half of your pregnancy. If you have more than 6 per hour you should drink two large glasses of water and lay on your left side. If they do not subside, call the office phone number.

Travel/Flying – It is safe to travel by car or plane during pregnancy. When traveling, it is important to drink fluids and walk every 2 hours to prevent the formation of blood clots. We limit travel after 35 weeks of pregnancy and recommend that you be within one hour of the hospital. Anytime you travel, please ask for a copy of your prenatal record to take with you. Some airlines may require proof of your due date.

FMLA Paperwork – There is a \$15 charge for FMLA paperwork. Please fill out as much of the form as possible and we will complete the forms in a timely manner. Please plan to pick these up or provide us with a fax number or stamped and addressed envelope.

Billing – It is your responsibility to call your insurance company to find out your benefits. If you have any further questions after that, please call our billing office at 866-350-0407 or 614-457-5730.

High Risk Pregnancies – If your pregnancy is considered “high risk” we will continue to provide your prenatal care and will work in tandem with perinatologists, or high-risk specialists, at St. Ann's Hospital.

Websites/Apps

Websites

- American Pregnancy Association
- March of Dimes

Apps

- BabyCenter
- American Heart Association (PocketFirst Aid & CPR, or Hands Only CPR)
- Fish4Health (mercury content in fish)