



TREE OF LIFE

ASSOCIATES IN WOMEN'S HEALTH, P.A.

Obstetrics & Gynecology

Member of the Minnesota Women's Health Consortium

During your pregnancy, you will have many visits with the physicians and nurse practitioners. The primary physician of your choice will see you most often. However, you may feel it would be beneficial to see each of the other physicians in the group at least once. The doctors rotate call during the evenings and weekends and if you deliver during one of these times you will be delivered by the doctor on call. **The following schedule is a general guideline for an uncomplicated pregnancy, which we hope, is your experience. Appropriate changes will be made as needed.**

At each visit you must give us a urine specimen. This is an essential part of your visit and with the exception of your ultrasound visit MUST be obtained prior to your being seen.

<p><u>Weeks 8-10 with NURSE PRACTITIONER:</u> Initial visit for confirmation of pregnancy. A physical exam including a pap smear and assessment of uterine size and pelvic structure is performed. Information is given regarding prenatal classes, diet, nutrition, vitamins, and activity. Tests such as amniocentesis and triple screen may be discussed. Routine laboratory blood tests will be drawn including blood type, Rh factor, rubella screen, RPR (test for syphilis), HIV screen, and Hepatitis-B screen. A Pap smear and cultures may be done.</p>	<p><u>Weeks 11-14 with M.D.:</u> If possible, schedule this appointment with your primary physician. Usual maternal and fetal assessments (i.e., weight, urine, uterine size/growth ,and general health status) are evaluated. Confirmation of a fetal heartbeat by Dopitone is done. Your due date is set and lab results from your previous visit are discussed. The need for Level 2 U/S may be discussed.</p>	<p><u>Weeks 15-19 with M.D.:</u> Weight, urine, uterine size/growth, and general health status is evaluated. Blood is drawn to test your hemoglobin and at your option you may also request the Triple Screen test be drawn. <u>Schedule your next appt. for an U/S. If you do not schedule this visit properly, an U/S may not be done at your next visit as additional time and equipment is required. Your bladder must be full for the U/S. Drink 2 8oz glasses of water one hour before appointment.</u></p>
<p><u>Weeks 18 - 21 with M.D.:</u> Usual maternal assessment. Ultrasound study for fetal assessment and confirmation of gestational age is performed. Your bladder must be full. Drink 2 8oz glasses of water 1 hr before appointment. Leave your urine sample after your ultrasound. <u>PLEASE SCHEDULE YOUR NEXT 3 APPOINTMENTS AT 4-WEEK INTERVALS</u></p>	<p><u>Weeks 22 – 26 with M.D.:</u> Usual fetal and maternal assessment. Discuss gestational diabetes. Glucose drink given to patient for glucose visit done at 27-29 weeks Register now for your birthing classes at the hospital.</p>	<p><u>Weeks 27-29 with NURSE PRACTITIONER:</u> Usual fetal and maternal assessment. Prenatal classes, pre-term labor and its intervention are discussed. Blood is drawn for the glucose test and hemoglobin. <i>Mothers who are Rh negative will have an antibody screen drawn and receive a Rhogam injection</i></p>
<p><u>Week 30 with M.D.:</u> Usual fetal and maternal assessment. <u>PLEASE SCHEDULE YOUR NEXT 3 APPOINTMENTS AT 2-WEEK INTERVALS.</u></p>	<p><u>Week 32 with M.D.:</u> Uterine size and growth, maternal weight, blood pressure, urine and general health status are evaluated. <u>If you have a C-Section scheduled, please make a pre-op exam for up to 7 days prior to you scheduled date.</u></p>	<p><u>Week 34 with NURSE PRACTITIONER:</u> Usual fetal and maternal assessment. Labor & delivery procedures, alternatives for labor management and any concerns, expectations, or wishes regarding labor and delivery are discussed.</p>
<p><u>Weeks 36 – 40 with M.D.:</u> Usual fetal and maternal assessments are performed each week until delivery. A test for vaginal Group B Strep is done at week 36. Pelvic exams may be performed as well at each subsequent visit. <u>AT 36 WEEKS, PLEASE MAKE ALL FUTURE WEEKLY APPOINTMENTS.</u></p>		

Medical Arts Building
825 Nicollet Mall, Suite 853
Minneapolis, MN 55402
FAX: 952-806-9741

Edina Location
6517 Drew Ave So
Edina, MN 55435
FAX: 952-806-9741

Centralized Switchboard and Scheduling: 952-806-0011



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Information for Patients

Introduction

Welcome to Associates in Women's Health, P.A. Our doctors are all specialists in Obstetrics and Gynecology. You may choose any doctor as your primary physician. You may see the doctor of your choice unless he or she is unavailable. When your primary physician is not available, another physician in the group will help you.

Our Providers

Andrew R. Agee, M.D.
Susan L. Dahlin, M.D.
Sheila Goodman, M.D.
Flora MacCafferty, M.D.
John C. Nadeau, M.D.
Patricia M. Pettit, M.D.

Rebekah Ormsby, M.D.
Jill Rusterholz, M.D.
Cynthia T. Lodermeier, WHCNP
Teri Pattison, WHCNP
Daveen Nemerov, WHCNP

Our offices, hours, and hospital affiliations

Downtown Minneapolis

825 Nicollet Mall, Ste 853
Minneapolis, MN 55402
(952) 806-0011
Fax: (952) 806-9741

Edina Location

6517 Drew Ave So
Edina, MN 55435
(952) 806-0011
Fax: (952) 806-9741

Our office hours are Monday – Friday, 9:00 a.m. to 5:00 p.m.

Abbott Northwestern Hospital
Fairview Southdale Hospital

Appointments

Patients are seen by appointment. If your problem is not an emergency, we will see you as soon as possible. If you feel your problem is urgent please tell the receptionist. She will put you in contact with a physician or nurse.

We realize your time is valuable and will do our best to see you at the time of your appointment. Please understand that medical emergencies and unexpected delays are part of medical care.

In order to serve our patients better, we ask that cancellations be made 48 hours in advance of your appointment, so that the time may be used for someone else. A charge may be made for a missed appointment, unless you have called and cancelled.

Telephone Calls

Our telephone is answered by our receptionist from 9:00 a.m. to 5:00 p.m. Monday through Friday. At other times, your call will be taken by our voice messaging system. This system will allow you to leave your name and phone number. Please don't forget to leave your area code. For non-urgent calls, someone will get back to you. If your call is an emergency, you can be put through to our answering service by pressing zero and they will contact the physician on call. If you call during office hours a physician or nurse will call you back as soon as possible, when he or she is not with patients. We will return all calls before leaving the office each evening. Remember, if you are not at the number you leave or telephone is busy we will be unable to contact you.

When you call, please be prepared to give us the following information:

- ❖ Your name
- ❖ Your telephone number, including area code
- ❖ Which office you were last seen at (Downtown/Southdale)
- ❖ Your doctor's name
- ❖ Your reason for calling

Prescriptions

We are happy to refill your prescriptions during regular office hours when we have your medical records available. Prescriptions will not be refilled, specifically narcotics, after hours or on weekends except in very unusual or special circumstances. When you call with a prescription request please have your pharmacy phone number including area code.

Billing

We will submit your claim to your insurance company if you provide us with the address and necessary demographic data. Please be prepared to show your insurance card at each visit.

Nurse Practitioners

Our Nurse Practitioners are registered nurses who have received additional specialized education and clinical training for certification in the OB/GYN specialty. Nurse Practitioners are an integral part of our health care team at Associates in Women's Health, P.A. They are knowledgeable and accessible. They work cooperatively with the physicians and can also act as a liaison between you and your doctor. Nurse Practitioners can see you for your annual exam, now obstetrical exam, infection checks, and repeat pap smears. Or Nurse Practitioners specialize in education and are a wonderful resource for any health information you may be seeking. Please understand that Nurse Practitioners are health care professionals and do charge for their time and require appointments.

Credit Policy

New patients with commercial insurance will be required to pay a \$75.00 deposit at the time of service in order to establish credit with our office. Patients with no insurance coverage will be required to pay for their entire bill on the day of service. If you have any questions regarding your bill, please contact one of our patient account coordinators at (952) 841-9480.



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General Information for Obstetrical Patients

- 1 . Your first appointment will most likely be with a nurse practitioner when you are approximately six to eight weeks pregnant. We usually see our obstetrical patients every four weeks during the first thirty-two weeks of pregnancy, then every two weeks until the last month. During the last month of pregnancy, obstetrical patients are seen every week. Special circumstances may change this schedule.
- 2 . Office hours are by appointment. Please call in advance if you are unable to keep your appointment.
- 3 . OB patients have their weight and blood pressure taken at each visit along with a urine test.
- 4 . It is desirable to gain 25-35 pounds during your pregnancy. If you find that you are gaining too much weight, try to restrict your intake of sweets, starches, and fats, but do not skimp on your protein intake (meats, dairy products, and eggs) as these are the most essential for the baby.
- 5 . If you think you may be in premature labor (i.e. uterine cramping, increased pelvic pressure, uterine tightening, increased vaginal discharge, or backache) take two Tylenol, drink plenty of liquids, take a relaxing warm bath, and lie on your left side for one hour. If symptoms persist, call your doctor. At the onset of labor, please phone the hospital when you are having contractions at five to eight minute intervals, membranes rupture, bleeding occurs, or if in doubt. If labor is starting, DO NOT EAT, or you will experience increased nausea in labor.

Abbott Northwestern Hospital Labor & Delivery (612) 863-4065

Fairview Southdale Hospital Labor & Delivery (612) 924-5202

- 6 . Smoking cigarettes, marijuana, drinking alcohol and using recreational drugs during pregnancy will harm your baby. If you have an addiction and cannot give up the substance during your pregnancy, please discuss this with your doctor.
- 7 . The physicians in the group rotate call between 5:00 p.m. and 7:30 a.m. If you deliver during this time, or when your physician is out of the office, the physician on call will deliver you. If you deliver during the day, your primary physician will most likely deliver you.

- 8 . You may continue with any athletic activities that you are accustomed to, however, this is not a good time to take up new ones. When exercising, keep your pulse under 140 beats per minute and be able to walk during you exercise without shortness of breath. If you have specific concerns, please discuss them with your OB care provider. Use common sense. Do not participate in any sport or activity if it is uncomfortable for you, or if you experience pain or bleeding.
- 9 . Tub baths or showers are permissible throughout pregnancy. Please avoid hot tubs and saunas.
- 10 . Breasts should be well supported with a good fitting bra. You may find this support comfortable even at night when sleeping. The need for maternity clothes differs with each woman and with each pregnancy. Let comfort dictate. Support hose may be helpful for swelling legs or varicose veins. Avoid tight shoes and knee-high stockings as they may actually increase swelling of lower extremities.
- 11 . Toxoplasmosis is a rare parasitic disease that can damage the fetus. It is acquired by eating raw or under-cooked meat, or can be transmitted through cat feces. Avoid getting a new cat at this time. If you already have one, wash your hands well following interactions with your pet.
- 12 . It is permissible for pregnant women to be around paint or varnish, except for oil based paint. Just be sure to have good ventilation and be sure to read the product label thoroughly. However, you should avoid breathing the toxic chemicals associated with stripping furniture or woodwork.
- 13 . Seat belt use is important while pregnant. Air travel is fine if done in a pressurized airplane before 34-36 weeks. Written medical permission is not required. Increase fluid intake and do not sit for extended periods. Your may find support hose helpful. Please discuss travel plans with your OB provider.
- 14 . Please feel free to bring up questions and concerns at the time of your visit. Write them down if it will help you to remember them. If it is something that cannot wait until your next appointment, please call.

In the event of emergencies, our office phone is answered 24 hours a day

(952) 806-0011



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**Over the Counter Medications You
May Take During Pregnancy**

Please call if you have any questions

Problem

Medication

Constipation

Increase fiber and liquids
Citrucel, Colace, Doxidan, Metamucil, Milk of Magnesia,
Peri-Colace, Fibercon, Senokot, Senokot-Plus

Hemorrhoids

Preparation H Suppositories, Anusol HC, Tucks Pads

Indigestion

Gelusil, Pepcid AC, Riopan, Titalac Plus, Tums, Tagamet,
Gas-X, Zantac, Calcium Rich Rolaids, Maalox or Mylanta if
no relief

Diarrhea

Imodium-AD, Kaopectate

Headache/Fever/Pain

Tylenol, Extra Strength Tylenol,
NO Aspirin containing drugs or nonsteroidal anti-
inflammatory drugs

Yeast Infections

Gyne-Lotrimin, Monistat
May require treatment for 14 days

Colds
Upper Respiratory Infections

Tavist, Chor-Trimeton
Sudafed, Sinutab, Tylenol Cold
Actifed Cold & Allergy, Sudafed Plus, Tylenol Multi-
symptom Formula, Claritan D, Theraflu, Tylenol Sinus,
Tylenol PM, Vicks, Dayquil
Cough Drops, Robitussin Cough Syrup
Increase liquids and rest

Others

Benadryl, Dramamine, Hydrocortisone 1%, Calamine Lotion,
Caladryl, Sunscreen (adult and children)



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NAUSEA AND VOMITING IN PREGNANCY

Nausea and vomiting in pregnancy is a real physical problem. In most cases it is not "just in your head". Women experience this problem in varying degrees. The same woman may also have different experiences in succeeding pregnancies. Some experience "morning sickness", but it is not uncommon to experience nausea only in the evening or all day long.

What causes morning sickness? At this time, we are still not sure. Nausea does seem to follow the rise and fall of a hormone called HCG, which is the hormone tested for in pregnancy tests. It helps to maintain the early pregnancy. As it decreases at the end of the first trimester, nausea improves.

What can be done to relieve nausea and prevent vomiting? We have compiled a list of suggestions we have found helpful in the past. Remember that each woman is an individual – what works for one may not be the answer for another. Listen to your body and eat the kinds of foods that make you feel best.

Suggestions for diet:

- The most important rule is to eat small amounts often, even if you are not hungry. Try not to go more than three hours without eating during the day or ten hours at night. An empty stomach triggers nausea.
- Eat slowly and avoid foods that are spicy or high in fat. These are difficult to digest. Do not overfill your stomach.
- Drink fruit juices, water and milk between meals.
- Eat a few crackers, dry toast or vanilla wafers before rising in the morning. Stay in bed 15-20 minutes after eating and then get up slowly. Give yourself extra time in the morning.
- Do not brush your teeth until you have been up for awhile.
- Do not skip breakfast.
- Have a snack at bedtime that includes both carbohydrates and protein, i.e. peanut butter toast, cheese and crackers, etc.
- A specific food or drink may trigger nausea in one woman and alleviate it in another. Milk is a good example of this. Find out what works best for you and eliminate the foods that cause nausea.
- Most women tolerate ice cold drinks and foods the best. Sherbet and fruit juices are good examples.
- Avoid coffee and products containing caffeine; it increases stomach acid.
- Avoid smoking; it also increases stomach acid.

REST

Your body requires more sleep in early pregnancy. Try to get plenty of sleep at night and a short nap during the day. Being tired does often trigger nausea. If you find nausea is worse in the evening, try taking a nap before dinner.

EXERCISE

Energy levels are normally low in early pregnancy and exercise may be the last thing you'd think of to relieve nausea, but getting out and walking briskly for 30 minutes each day will increase metabolism and relieve stress and psychologically improve your outlook.

VITAMINS

Vitamins B6 and Vitamin C may improve nausea. There have been no definite studies to prove this effective, but some women do improve.

- Try Vitamin B6 50 mg. Take 1 tablet 3-4 times a day (not to exceed 200 mg/day).
- Vitamin C 500 mg daily.
- If your prenatal vitamin increases or causes nausea, stop taking it, and instead, take Folic Acid 1 mg daily. Resume taking your prenatal vitamin when you are feeling better.

MEDICATIONS & HERBAL REMEDIES

- Over-the counter Unisom 25 mg tablets. Take ½ tablet up to four times a day. May be used with Vitamin B6.
- Accupressure Wrist Bands (Sea Bands)
- Peppermint or Ginger decaffeinated tea

Do not take any other medication without consulting your doctor.

INFORM YOUR DOCTOR IF:

- You cannot keep any solid food down for 24 hours
- You cannot keep liquids down
- You are losing weight
- You are running a temperature greater than 100 degrees

Remember, nausea will improve as the pregnancy progresses. By 12-14 weeks you will begin noticing more good days than bad. Generally in the middle months, the majority of women report more energy and no nausea.



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Teresa Pattison, WHCNP
Bronagh MacCafferty,
Clinic Administrator

Dear Patient,

This letter is to inform you of our process for helping you with your upcoming medical leave paperwork. You may need this information to receive benefits from your disability insurance company or for your employer before returning to work.

When you start your medical leave, we will provide you a disability letter containing your medical information. If you have a disability claim, please forward this to your disability insurance company for processing. This will replace the disability forms that your disability insurance company may have your doctor to complete. If your disability insurance company sends a form for your doctor to complete, we will attach this letter and send the information to you. This information will have to be forwarded to your disability insurance company for processing.

Your disability letter is complete and should satisfy the needs of your disability insurance company and/or employer. However, if the disability insurance company should require additional forms, a processing fee of \$25 may apply. This fee must be paid prior to the completion of the forms. A release of information form will have to be completed by you. This will enable us to provide medical documentation that you may need for your disability insurance claims and/or for your employer.

Sincerely,

The Providers of Associates in Women's Health

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