

Birth & Babies



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The Everett Clinic
For the whole you.

Table of Contents

What to Expect: Prenatal Visits	1
MyChart®	1
Prenatal Visit Log	2
What to Expect: Testing	3
Genetic Testing	4
Growth of Your Baby	5
Over-the-Counter Medications	7
Do's and Don'ts	8
Common Discomforts	9
Nutrition FAQ	11
Exercise	11
Reducing Excess Weight	12
Breastfeeding	12
Circumcision	13
Finding a Doctor	14
Financial Information	15
Family Medical Leave Act	15
Resources	16

Congratulations!

The entire staff of The Everett Clinic Obstetrics and Gynecology department welcomes you and thanks you for choosing us for your obstetrical care. We are pleased to be a part of this exciting time in your life and look forward to providing you with high-quality, compassionate care.

This resource is designed to help you prepare for your appointments and to use throughout your pregnancy. We encourage you to read this in addition to the book *Pregnancy, Birth and Beyond* produced by Providence Regional Medical Center. Both have valuable information related to your pregnancy and care with us.

The Everett Clinic Team

The Everett Clinic OB/GYN department is a team of obstetricians (physicians), nurse practitioners, nurses, medical assistants and receptionists, all working together to provide you with the highest standard of prenatal care. While the physician you select will manage and coordinate your care, some of your appointments may be with a nurse practitioner or physician partner.

Our physicians share an on-call schedule for deliveries and emergencies. This means that while you will primarily see one provider for your appointments, another physician may be the one to deliver your baby.

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What to Expect: Prenatal Visits

Prenatal visits are important to make sure you are healthy and progressing normally during your pregnancy. During prenatal visits, your weight and blood pressure will be checked. Your provider will monitor your baby's growth by measuring your belly (fundal height) and listening to your baby's heartbeat. Additional lab tests will be necessary as you progress. Toward the end of your pregnancy, your provider will also check your cervix to see if you are dilated.

Your first OB visit will be with a member of our medical assistant team. This visit can be done in person or, in

most cases, over the phone. Your complete medical history will be reviewed and necessary lab tests will be ordered. Your next visit will be with your chosen obstetric physician or nurse practitioner.

You will have routine OB visits every four weeks until you reach 28 weeks. Then you will be seen every two weeks until you reach 36 weeks. Starting at 36 weeks, we would like to see you each week until you deliver. Be sure to write down any questions that come up between visits and bring them with you to discuss with your provider.

MyChart

Signing up for MyChart® enables you to:

- Send a message to your doctor's office
- Review your health summary
- View your test results
- Refill your medication
- View your account summary

You can also schedule your routine OB appointments online through MyChart. Unless given another recommendation by your provider, routine visits are as follows:

- Every four weeks until 28 weeks
- Every two weeks until 36 weeks
- Weekly until 40 weeks



What to Expect: Testing

Blood work, cervical cultures and other tests are often necessary during your prenatal exams. Blood work may be done to determine your blood type, screen for infections and track certain blood levels (such as your hematocrit) to see if you are anemic. We will also perform a pap smear if you haven't had one recently.

At your initial visit, a gonorrhea and chlamydia screening will be ordered. These screenings are performed on all expectant mothers since a person can be infected without showing any signs or symptoms of the disease. If not treated prior to delivery, these infections can be very harmful to your baby.

If you test positive, you'll be prescribed antibiotics and your partner will also need treatment. After you complete your course of antibiotics, we will recheck to confirm the infection is gone.

We also strongly recommended you allow us to screen for HIV, the virus that causes AIDS. Early detection of HIV is vital to protecting your baby from being born with this infection.

An ultrasound is normally performed in the second trimester (between 18-20 weeks) to check the size, growth and anatomy of your baby and location of the placenta. You may have an ultrasound at your first provider visit to confirm your due date.

Around 26-28 weeks, we'll screen for gestational diabetes and anemia. You do not need to fast prior to this test, but we recommend you do not eat a meal high in sugar immediately prior to the test. You will be given Glucola, a sweet, cola-like beverage, to drink within a five-minute time frame. Then, we'll draw your blood one hour later.

Around 35 weeks, your provider will do a vaginal culture to test for a bacteria called group B streptococcus (strep). This is not the same bacteria that causes strep throat. This bacteria is commonly found in the vagina and although it won't cause you any problems, it can be harmful to your baby. If your culture comes back positive, you will be treated with an antibiotic during labor.



Genetic Testing

There are a number of genetic disorders which can be screened for. None of these genetic disorders are preventable, but being informed may affect your decisions before and after delivery.

Not everyone is interested in prenatal testing, but some women would like to know more about their risk, if only to be mentally prepared for a baby with special needs. Abnormal screening tests can be a source of stress or negative feelings about the pregnancy, even if subsequent testing is normal. In most cases, women who choose screening enjoy the added reassurance that all is normal. Discuss questions about your risk or the available tests with your doctor.

First Trimester Screen

A screening test for Down syndrome and Trisomy 18 performed between 12–13.6 weeks. Your blood will be drawn and an ultrasound will be performed to measure nuchal translucency, which is the amount of fluid accumulation behind the baby's neck. This test does not screen for neural tube defects.

Quad Screen

A blood draw performed around 15-22 weeks to screen for Down Syndrome and neural tube defects. This is one of the most common forms of genetic testing. It is a screening tool and is not diagnostic. Testing is performed at The Everett Clinic.

Counsyl Family Prep Screen

A blood draw to analyze your genes for autosomal recessive genetic mutations performed at any point during pregnancy. This test screens for over 100 conditions that could be passed on to your child, including cystic fibrosis, fragile-x, Tay-Sachs and sickle cell anemia. A full list can be found at counsyl.com/ diseases. The blood draw is done at The Everett Clinic Pavilion and then the blood is shipped to Counsyl and tested at their lab in California. Genetic counselors are available at no additional cost.

Counsyl Informed Pregnancy Screen

A blood draw performed at The Everett Clinic Pavilion at 10 weeks or later, most commonly in women over 35 or those at higher risk. This test screens for:

- Trisomy 13-Patau Syndrome: A chromosomal condition associated with severe intellectual disability and physical abnormalities.
- Trisomy 18-Edwards Syndrome: A condition caused by an error in cell division that disrupts the normal development of the fetus.
- Trisomy 21-Down Syndrome: Associated with physical growth delays, characteristic facial features and mild to moderate intellectual disability.
- Sex Chromosome Analysis: Can determine the gender of your baby as well as sex chromosome abnormalities (too many or too few chromosomes) that could result in potential health issues.

If you are over 35 or have a history of chromosome abnormalities, your insurance may cover a portion of the cost. If testing is not covered, the self-pay cost is \$350. Genetic counselors are available at no additional costs to go over the results with you.



Your Baby's Growth Through Pregnancy

Pregnancy Timeline



Week of Pregnancy	Baby's Growth And Development Milestones	Size of Baby
Week 5	Organs begin to develop and the heart begins to beat.	
Week 6	Organs continue to form. The brain (neural folds) begins to develop. The heart pumps blood and can be seen on an ultrasound. Your baby begins to form buds which will eventually be arms and legs.	
Week 8	Your baby is beginning to move, although you will not be able to feel it for a few more months. Teeth are starting to grow within the gums. Arms and legs are growing and developing webbed fingers and toes.	
Week 10	Baby's organs are completely formed, but will continue to develop and gain function. The "tail" disappears and those tiny fingers and toes lose their webbing. Your baby's eyes are developed and the eye lids are formed and fused closed right now.	
Week 12-16	Baby's gender is now externally visible, although you will not be able to see it on an ultrasound quite yet. Your baby is starting to grow hair and form toenails. Baby begins to swallow and the kidneys are forming urine. The eyes begin to move slowly but the eyelids are still closed.	16 weeks 
Week 17-20	During this time, movement—also known as quickening—can start to be felt. The eyebrows can now be seen and baby is developing a covering over the skin called vernix, which protects the skin while in your uterus.	Approximate length at 20 weeks 
Week 21-25	Your baby's organs and other body systems are continuing to mature in order to support baby outside of the uterus. Unique fingerprints and footprints are formed and the fingernails are fully developed. Your baby could now be responding to sounds such as your voice.	16 weeks 
Week 26-29	Your baby continues to grow and starts to have regular sleep-wake cycles. The eyelids can now open and close. Baby is starting to practice breathing and, although the lungs are still immature, it is possible for baby to breathe outside the womb.	29 weeks 
Week 30-35	Skin becomes thicker and baby is putting on brown fat, which will be used to generate body heat after birth. Baby has developed a grasp reflex and the pupils are becoming reactive to light.	35 weeks 
Week 36-40	Baby's lungs are fully developed. The skeleton has hardened, although the bones in the head are not fused together to allow for passage through the birth canal. Baby continues to gain weight and prepare for birth.	40 weeks 

Over-the-Counter Medications

Whenever possible, medication should be avoided, particularly in the first 12 weeks when your baby's limbs and organs are developing. It is very difficult to study the effects of drugs during pregnancy. Mothers are hesitant to participate in experiments that could affect their babies and pharmaceutical companies are wary of performing experiments. As a result, information on drug safety tends to accumulate gradually as we collect data from pregnancies where drugs were used accidentally or when health problems were severe enough that drugs were deemed beneficial.

We have good safety data on certain drugs. The following medications are generally considered to be safe in pregnancy.

Common Brand Name	Active Ingredient	Use
Tylenol	Acetaminophen	Fever, pain
Benadryl	Diphenhydramine HCl	Allergy, itching, sleep
Sudafed	Pseudoephedrine HCl	Decongestant
Robitussin	Dextromethorphan	Cough suppressant
Sucrets Throat Lozenges	Dyclonine HCl	Mild throat anesthetic
Metamucil	Psyllium hydrophilic mucilloid	Fiber/stool softener
FiberCon	Calcium Polycarbophil	Laxative (tablet)
Tums	Calcium Carbonate	Antacid; source of calcium. No more than six per day.
Mylanta, Maalox	Magnesium & Aluminum Hydroxide	Antacid
Vitamin B-6	Vitamin B-6	Morning sickness
Sea Bands		Morning sickness (wearable)
Zantac	Ranitidine	Heartburn
Unisom	Doxylamine	Sleep

Do NOT use Pepto-Bismol or similar medications that contain bismuth subsalicylate!

Guidelines

1. First, try natural remedies such as rest, fluids, change in diet, ice or heat (do not overheat yourself).
2. If you must use a medication, read the list of active ingredients on the package label.
3. Do not use products with mixtures of active ingredients, such as Comtrex or TheraFlu. They usually include ingredients NOT recommended.
4. Minimize the use of any product in the first 12 weeks.
5. If you're sick, don't hesitate to call the office. Serious illnesses should be treated and may require prescription drugs, such as antibiotics. It is important to treat urinary tract infections to decrease the chance of pre-term labor. Significant respiratory and other infections may warrant antibiotics as well.

Do's and Don'ts

Avoid:

- Alcohol
- Cigarette smoke
- Cat litter
- Hot tubs
- Herbs and supplements other than prenatal vitamins
- Street drugs (marijuana, cocaine, heroin, LSD, methamphetamine)

Limit your intake of:

- Caffeine: 200 mg per day is considered safe
- Desserts, candy and salty snacks
- Over-the-counter medications: Use only those advised by your provider as needed
- Paint fumes (latex based): Use only in well ventilated areas

Allowable:

- Hair dye/coloring
- Sexual intercourse, unless instructed otherwise

Highly recommended:

- Exercise: Most exercises you were already doing regularly are ok, but always check with your provider first
- Prenatal vitamins
- Wearing your seatbelt below the abdomen every time you're in a car



Common Discomforts

Discomfort is common due to the dramatic changes taking place in your body. It is not necessarily an indication of anything serious. Some women have more discomfort than others; you may not experience any at all. Many causes of discomfort can be improved with a few simple measures.

Back Pain

Back pain is a common discomfort, especially later in the pregnancy when the extra weight you're carrying can strain your lower back. To help prevent and ease the problem:

- Wear supportive shoes with low heels
- Do not lift more than 10-20 pounds, or as directed by your physician
- Use proper body mechanics (lift with your legs, don't bend or stoop)
- Try yoga, water aerobics or pregnancy-based exercise programs
- Ask your provider if physical therapy could help
- Apply heat and ask your provider about massage
- Use pregnancy pillows for sleep or rest
- Wear a pregnancy support belt after 28 weeks

Constipation

Irregular bowel movements may be caused by pressure on the lower bowel by the enlarging uterus early in pregnancy, or the increased size and change in position of the baby later in pregnancy. Proper diet, adequate fluid intake and good bowel habits promote regularity. Try to have a bowel movement at the same time each day.

Prunes are a natural laxative and may be eaten raw, stewed or as juice. Bran is also a natural laxative and may be added to cereals and breads or added to juice and whipped up in the blender. Drink lots of water and increase the amount of fruit you eat. Milk of Magnesia may be helpful if followed by a large glass of water. You can also try Metamucil (psyllium) or Citrucel (methyl cellulose). Do not take other laxatives or enemas without first asking your healthcare provider.

Headaches

The most common causes of headaches are fatigue and vascular changes resulting from pregnancy hormones. Too much reading or sewing may cause eye strain, leading to headaches. Napping in a darkened room often relieves headaches. It's also important to get enough rest and to stay well hydrated. Tylenol or Extra Strength Tylenol can be taken as directed on the label. Contact our office if you have an unusual headache, a headache not relieved by Tylenol or if you're experiencing the worst headache you've ever had.

Heartburn

As your baby grows, your uterus enlarges and pushes on your stomach causing your digestive tract to move more slowly. Hormones cause the valve at the end of your esophagus to open more easily, allowing stomach acid to rise up into your esophagus. This may cause heartburn, or a sour stomach.

Do not use milk as an antacid since dairy actually stimulates the production of acid. Avoiding gas producing foods (such as beans and cabbage), greasy or spicy foods and large meals may reduce the frequency of your heartburn. If symptoms persist, try taking Maalox, Mylanta or Zantac (ranitidine) 75 mg. You may also try Tums (do not exceed six per day). Do not use baking soda or other antacids for sour stomach.

Hemorrhoids

Hemorrhoids are varicose veins of the rectum. They may develop or worsen during pregnancy, but usually improve markedly after delivery. The best way to avoid hemorrhoids is to avoid constipation. Use medicated pads (such as Tucks) to relieve itching. Sitz baths and warm (not hot) soaks may also be soothing. If hemorrhoids persist and become especially painful, contact your healthcare provider.

Illness

You are more susceptible to illness because your immune system is depressed. Maintaining a good diet and getting enough rest are often sufficient to prevent significant problems. Common cold symptoms can usually be alleviated by using a vaporizer or breathing steam from a shower or pan of hot water. If you experience congestion, cough or sinus pain, contact your doctor prior to taking any medication. If you have a fever, begin vomiting or have any persistent illnesses, see your healthcare provider.

Mood Changes

The changes brought about by pregnancy are emotional as well as physical. Sudden changes of mood are common. Emotions may be more intense than at other times, and you may have mixed feelings about your baby and yourself. These feelings are normal. Avoid mental and physical exhaustion. If these feelings persist and it is difficult to get up or do activities you normally enjoy doing, contact your healthcare provider as soon as possible.



Morning Sickness, Nausea and Vomiting

Although many women do not experience nausea and vomiting, they are often the first signs of pregnancy. Frequently referred to as morning sickness, they can occur any time of the day or night. Morning sickness usually goes away after the third month of pregnancy.

Morning sickness is caused by the increased amounts of estrogen and progesterone produced by your body. Increasing levels of these hormones cause the secretory cells in the stomach to increase production of gastric juices. At the same time, your bowel's ability to empty the contents of the stomach slows down. This leads to a feeling of nausea and, in some cases, vomiting.

PREVENTING MORNING SICKNESS

- Get out of bed slowly. Avoid sudden movements.
- Eat a piece of bread or a few crackers when you feel nauseated or 15-20 minutes before getting out of bed in the morning.
- Have some yogurt, cottage cheese, juice or milk before you go to sleep or get up.
- Take your prenatal vitamins with a snack before bed.
- Avoid an empty stomach. Eat several small meals throughout the day.
- Eat high-protein foods (eggs, cheese, nuts, meat, fruit or fruit juices to prevent low blood sugar levels.
- Drink liquids between meals instead of with meals.
- Avoid greasy or fried foods and spicy, heavily seasoned foods.
- Avoid lying down right after eating.

RELIEVING MORNING SICKNESS

- Take deep breaths.
- Get plenty of fresh air. Go for walks and sleep with a window open. Use a fan or open a window when you cook.
- Avoid an empty stomach. Eat as soon as, or before you feel hungry.
- Sip carbonated soda water or spearmint, raspberry, peppermint or ginger tea.
- Try ginger products (candies, chews or dried ginger).
- Take vitamin B-6, 25-50 mg one to two times a day.
- Wear anti-nausea bands which have a button that presses gently against your wrist (available at most pharmacies).

If vomiting persists or it becomes difficult to retain food or liquids, call your provider. Avoid over-the-counter anti-nausea medications unless they are prescribed by your provider.

Leg Cramps

You may experience leg cramps, which may be a sign of a slight calcium imbalance. Taking your vitamins as directed often alleviates or prevents this discomfort. Persistent and painful leg cramps should be evaluated by your healthcare provider.

Sleep

Early in pregnancy, it's not unusual to find you always feel tired. Your body is undergoing a vast number of physical and emotional changes. Inadequate rest can lead to exhaustion and illness. Later in your pregnancy, you may have trouble sleeping due to movements of the baby, muscle cramps, frequent urination or the inability to find a comfortable position.

TIPS FOR GETTING BETTER SLEEP

- Go for a walk or take a warm (not hot) bath before bed.
- Make your sleeping area as dark as possible.
- Don't watch TV in the same area you sleep.
- Wear an eye mask or ear plugs.
- Play some white noise.
- Use pillows to cushion your legs and lower back.
- Avoid screen time (phones, tablets, TV and computers) before bed.
- Do something relaxing or mundane, like reading a book or magazine.

Vaginal Discharge

An increase in vaginal discharge is normal and occurs due to changes in hormone levels. The discharge is normally white or pale yellow and should not have a foul odor. External cleaning should be all that is necessary. Do not douche. If the discharge becomes irritating (burns, stings or itches) or has a foul odor, see your healthcare provider.

Varicose Veins

Varicose veins are enlarged, visible blood vessels that may appear during pregnancy. Pain is usually associated with varicose veins, as blood may pool in the lower part of the leg. Rest frequently with your feet elevated above the level of your heart. Support hose are helpful and should be put on prior to getting out of bed. Do not wear tight fitting knee-high socks or panty hose and avoid sitting with your legs crossed.

Nutrition FAQ

How can I plan healthy meals during pregnancy?

The United States Department of Agriculture has made it easier by creating choosemyplate.gov. This website helps everyone from children to pregnant women learn how to make healthy food choices.

Why are vitamins and minerals important in my diet and how can I get the amounts needed?

Vitamins and minerals play important roles in all of your body functions. During pregnancy, you need more folic acid and iron. Taking a prenatal vitamin supplement can ensure that you are getting the extra amounts needed. A well-rounded diet should supply all of the other vitamins and minerals you need.

What about caffeine?

Although there have been many studies on whether caffeine increases the risk of miscarriage, the results are unclear. Most experts state that consuming fewer than 200 mg of caffeine a day (about one 12 ounce cup) in pregnancy is safe.

What are the benefits of including fish and shellfish in my diet during pregnancy?

Omega-3 fatty acids are a type of fat found naturally in many kinds of fish. They may be important factors in your baby's brain development both before and after birth. To get the most benefits, women should eat at least two servings of fish or shellfish a week while pregnant or breastfeeding.

What should I know about eating fish during pregnancy?

Some types of fish have higher levels of mercury than others. Mercury has been linked to birth defects. To limit your exposure to mercury, follow a few simple guidelines.

- Choose fish and shellfish such as shrimp, salmon, catfish and pollock
- Do not eat shark, swordfish, king mackerel or tilefish
- Limit white albacore tuna to six ounces a week
- Check advisories about fish caught in local waters

What is listeriosis and how can it affect my pregnancy?

Listeriosis is a type of food-borne illness caused by bacteria. Pregnant women are 13 times more likely to get listeriosis than the general population. It can cause mild, flu-like symptoms such as fever, muscle aches and diarrhea, but it also may not cause any symptoms. Listeriosis can lead to miscarriage, stillbirth and premature delivery. To help prevent listeriosis, avoid eating the following foods:

- Unpasteurized milk and foods made with unpasteurized milk
- Hot dogs, luncheon meats and cold cuts, unless they are heated until steaming hot just before serving
- Refrigerated pâté and meat spreads
- Refrigerated smoked seafood
- Raw and undercooked seafood, eggs and meat

Exercise

Exercise can be summed up in two words: Do it! Exercise makes you feel better, both physically and mentally. It helps you maintain a healthy weight, decreasing your risk of complications related to excess weight gain. Exercising regularly also lays a foundation for permanent healthy lifestyle habits, reducing your risk of high blood pressure, high cholesterol and diabetes.

Exercise Guidelines

- At a minimum, walk for 30-45 minutes 3-4 times per week. Take your time. Whether you walk or run a mile, you burn the same amount of calories.
- If you are used to more strenuous exercise regimens, you may continue to do them. Go running, do yoga, Zumba or any other aerobic exercise routine you enjoy. Although you may be restricted from certain activities due to a pregnancy complication, exercise does not *cause* pregnancy complications.
- Avoid contact sports after your first trimester to minimize the risk of abdominal trauma.
- Weight lifting is permitted, but be smart about how much you attempt to lift and do so in a safe manner.

Reducing Excess Weight in Pregnancy

People gain weight at different rates in pregnancy. If you gain an above average amount of weight between visits it does not mean that you will continue to gain weight at that rate. However, it may be a good time to evaluate your diet and exercise choices. Many people can help curb excessive weight gain by making just a few adjustments.

Start by examining what you're eating between meals. Snacking is normal and helps ward off hunger between meals. But, it can also be a hidden source of excess calories. By following a few guidelines, you can reduce the impact snacking has on your weight.

- Concentrate on eating snacks that are high in protein. It takes longer to digest protein which keeps you feeling fuller, longer. Foods high in protein also tend to be lower in calories. Here are a few examples of high-protein snacks:
 - Cheese (not processed cheese or cheese spread) and whole grain crackers

- Greek yogurt (roughly twice the protein compared to plain yogurt)
- Nuts and trail mix
- Jerky (beef, salmon, tuna, etc.)
- Hummus and vegetables
- Puffed, popped or baked chips tend to have significantly fewer calories per serving compared to their fried counterparts.
- Pop plain popcorn and flavor it yourself after it's popped with salt and canola oil. Eaten like this, popcorn is a very low calorie snack that is also high in fiber—which doesn't hurt if you're also constipated.
- Drink mostly water with meals and limit your consumption of juice and soda.

Breastfeeding

Breastfeeding is the norm! Here at The Everett Clinic, we support and encourage breastfeeding. Breastmilk is the perfect food for your baby. The American Academy of Pediatrics and the World Health Organization recommend exclusive breastfeeding for six months and complimentary breastfeeding for 1-2 years and beyond. Breastfeeding has many benefits for mom and baby.

- Promotes bonding between mother and baby
- Enhances vaccine effectiveness

- Reduces your risk of developing ovarian cancer, endometrial cancer and breast cancer
- Protects baby against respiratory and diarrheal infections
- Provides immunities to diseases and helps develop baby's immune system
- Prevents postpartum hemorrhaging and helps shrink your uterus after childbirth
- Provides premature infants with milk specially designed for their needs (pre-term milk)
- Reduces occurrence of allergies over your child's lifetime

Request to go skin-to-skin with baby right away after delivery. If possible, initiate breastfeeding within one hour of delivery for your greatest chance of success. If you struggle with breastfeeding, don't feel discouraged. Lactation consultants are available at the hospital and we're always here to answer questions.



Circumcision

Circumcision: What is it?

Circumcision is a surgical procedure that removes the foreskin from the baby's penis. It is commonly performed soon after birth. Circumcision is a widespread practice in the United States.

Is it necessary?

The American Academy of Pediatrics states that an "evaluation of current evidence indicates that the health benefits of newborn male circumcision outweigh the risks and that the procedure's benefits justify access to this procedure for families who choose it. Specific benefits identified included prevention of urinary tract infections, penile cancer and transmission of some sexually transmitted infections, including HIV." The American College of Obstetricians and Gynecologists also endorses this view.

The final decision on whether to have a circumcision for your son is up to you and should take into account not only the medical data but your religious, ethical, cultural and personal beliefs.

Making the Decision

Review the American College of Obstetrics information on circumcision, discuss the procedure with your pediatrician and consider the options. Check with your insurance to find out whether the surgery is covered.

Scheduling

If you choose circumcision, it is usually done in the hospital before baby goes home. If baby is having a slow recovery from a difficult labor and delivery or is in the Special Care Nursery, circumcision may be postponed for his well-being. At that point, our Pediatrics, Family Medicine or Urology departments would be happy to assist you. Call 425-259-0966 for assistance finding a provider.

Anesthesia

For years, circumcision was done without any anesthesia. Now, in recognition of the stressful and painful effect of the procedure, a local anesthesia is offered. You can discuss this further with your healthcare provider.

Payment Options

If your insurance covers circumcision, no arrangements are necessary. If your insurance does not pay for circumcision, you will be responsible for the fee and will receive a bill.

For current pricing of the physician services for private pay and for those that qualify for financial assistance, please go to everettclinic.com/OBpricing. There may be additional fees depending on where the procedure is performed. Please check with the facility for more information (see page 18 for helpful phone numbers).

CPT codes:

Clamp method, Newborns, 28 days (Non-DSHS patient): 54150

Clamp method, Newborns, 28 days (DSHS patient): CS144



Finding Your Baby a Doctor

By Wendy Sue Swanson, MD
Pediatrician at The Everett Clinic at Mill Creek

New baby on the way? Wonderful news! Getting ready for the arrival of a baby is a busy time filled with to-do lists. One of those should certainly be picking a doctor to help you care for your little one.

Picking a healthcare provider before your baby arrives ensures records from the hospital will be directed to the correct physician and will facilitate an easier transition once you are home with your new baby. You'll also have someone to call when questions come up. Knowing and trusting who you will see with your baby in the first few weeks will be one less thing to worry about.

Choosing a healthcare provider for your baby is an important decision, especially knowing you'll have at least six scheduled visits to the doctor in the first year alone. Like so many relationships in our lives, finding the right doctor for you and your baby is all about finding a good fit.

Tips on Picking a Healthcare Provider

- Ask your friends, family and neighbors. People who you love and trust likely have similar ideas about what they look for in a physician and may have great references and ideas.
- The American Academy of Pediatrics offers referral information about pediatricians recommended by the Academy. This stamp of approval comes with a guarantee that the physician has trained at a reputable medical school, completed training and passed the board exams in pediatrics: aap.org/referral
- Take time to read biographies online about potential doctors. The Everett Clinic has biographies of all their physicians at everettclinic.com

For Help Selecting a Provider

Detailed biographies and videos are available at everettclinic.com. For help selecting a provider, call our Customer Service department at 425-258-3900, Monday – Friday, 7 am – 8 pm. We're happy to assist you with questions, feedback, information and more.

- Schedule a meet and greet appointment a few months before your due date. This provides time to speak face to face with the doctor. Most pediatricians provide time in their schedules each week to meet with expecting parents to discuss philosophies and provide a chance to get to know each other.
- Make lists! Before visiting your baby's doctor, write down all of the questions you have. Time flies during the first few visits with your doctor so keep a list so you can jot down questions and concerns. You'll be much happier knowing you've had your concerns addressed when you leave the office visit.
- Remember, it's never too late to transfer care. Providers want you to be comfortable with the care your baby receives and if the fit isn't the right one, move on. You can even ask your doctor's office for recommendations.

Questions to Ask

- Are they affiliated with the hospital you are giving birth at?
- What are their philosophies on: breast-feeding, circumcision, antibiotics, etc?
- How do they handle routine questions during regular hours (is there a nurse available, do they do their own call-backs)? What about after hours?
- How far in advance do you have to schedule a well-child visit? Sick child?
- How often do they want to see the baby in the first year?



Financial Information

The current fee for obstetrical care is listed on our website, everettclinic.com/OBpricing. The following services are included:

- Routine prenatal visits (package of scheduled monthly, biweekly and weekly visits until delivery)
- Uncomplicated vaginal delivery (doctor's fee only)
- Post-partum visit

Normal office visit codes will be used to bill your insurance. Any copay or patient responsibility fees will be billed to you separately.

It is our goal to assist you as much as possible in the billing and payment of your obstetrical services. While we estimate your costs as accurately as possible, please be aware that your specific needs may require services not anticipated by our office or your healthcare provider.

Additional charges may include:

- Hospital fees, such as:
 - Room charges
 - Nursery, etc.
 - Anesthesia
 - Laboratory tests
 - Ultrasounds
 - Complicated deliveries
 - Fetal monitoring (NSTS)
 - Circumcision
 - Extra visits related to high-risk prenatal care
 - Treatment of non-OB related items
 - Urinary tract infection
- Other procedures and services performed during routine prenatal visits such as:
 - Pre-term labor
 - Cramping
 - Vaginitis
 - Hemorrhoids

Private Pay Patients

Patients who do not have medical insurance will be required to make an OB deposit prior to the first prenatal visit. If you would like to make payment arrangements for the balance (after initial OB deposit) please call 425-258-3900. Please go to everettclinic.com/OBpricing for current fees.

Insured Patients

If you have medical insurance, contact your carrier to verify benefits and coverage. To make payment arrangements please call 425-258-3900.

Family Medical Leave Act Form

If you need a Family Medical Leave Act form filled out, there is a \$25 fee. These forms take a considerable amount of time to prepare, which reduce the physician's time to see scheduled patients. The fee for this form is an uncovered service by all insurance companies and you will receive the charge on your next billing statement.

Resources

Please call with questions when they arise. Place non-emergent calls to your healthcare provider during office hours (8 am – 5 pm, Monday – Friday). Our office staff will ask you the nature of your concern to properly direct your call. For medication refills, please have the name and phone number of your pharmacy available. We are happy to refill your prescription within 2-3 business days.

WHO TO CALL FOR:

- **Urgent Questions:** Call your provider's office. If it is after hours and you can wait for a return call, the answering service will direct you to the provider on-call.
- **Possible Labor:** If you think you are in labor, call:
 - If you are delivering at Providence Regional Medical Center, call 425-304-6100
 - If you are delivering at Swedish Medical Center, call 425-640-4070
- **Emergencies: Dial 9-1-1.**

HELPFUL PHONE NUMBERS

- The Everett Clinic Business Office: 425-258-3900
- Providence Regional Medical Center Business Office: 866-747-2455
- Swedish Medical Center Billing Customer Service 206-320-5300 or 1-877-406-0438

ONLINE RESOURCES

- For information on a variety of pregnancy and birth topics:
 - American Congress of Obstetricians and Gynecologists: acog.org/Patients
 - American Pregnancy Association: americanpregnancy.org
 - Childbirth Connection (National Partnership for Women & Children): childbirthconnection.org
- For information about medications in pregnancy and breastfeeding:
 - safefetus.com
- For information about medication and other exposures:
 - mothertobaby.org
- For answers to breastfeeding questions:
 - kellymom.com

APPS FOR PHONE OR TABLET

- **Text for Baby:** Get free text messages about pregnancy topics in English or Spanish. Sign up at www.text4baby.org or text BABY to 511411.
- **Baby Center My Pregnancy Today:** Free app in English or Spanish. Get updates on your baby's development, learn about nutrition in pregnancy, track your due date, and more.

LOCAL CHILDBIRTH CLASSES

- **Expecting Miracles, Pregnancy Resource Center**
Sign up online at expectingmiracles.com or call 425-339-2175. Free seven-week series in Everett. Open to everyone.
- **Childbirth Classes, Providence Regional Medical Center**
There are three different classes to choose from including the basics, a refresher course and practical skills for labor. Call 425-304-6047 to learn more about schedule and fees.
- **Childbirth Classes, Swedish Edmonds Medical Center**
Call 425-673-3777.

**If you have a
life-threatening
emergency,
call 9-1-1.**

Advanced Imaging
Allergy, Asthma & Immunology
Anesthesiology
Anticoagulation
Behavioral Health
Cancer/Oncology
Comprehensive Pain Center
Cosmetic & Facial Plastic Surgery
Dermatology
Ear, Nose & Throat
Endocrinology & Diabetes
Family Medicine
Flu Services
Gastroenterology & Liver Disease
Geriatric Care
Hand Surgery & Therapy
Hearing Aid
Heart & Vascular
Hospitalists
Infectious Disease
Internal Medicine
Laboratory Services
Mohs, Laser & Skin Surgery
Nephrology
Neurohospitalists
Neurology
Obstetrics & Gynecology
Occupational Medicine
Ophthalmology
Optometry
Orthopedics
Outpatient Surgery
Pediatrics
Personalized Care Team
Physical Therapy
Podiatry
Pulmonary & Sleep Medicine
Rheumatology & Arthritis
Spine Physiatry
Sports Medicine
Surgery
Urology
Vision & Eye Centers
Walk-In Clinics

The Everett Clinic at Mill Creek

15418 Main Street
Mill Creek, WA 98012

425-225-8003

The Everett Clinic at the Pavilion for Women & Children

900 Pacific Avenue, 5th Floor
Everett, WA 98201

425-339-5430

The Everett Clinic at Shoreline

1201 N 175th Street
Shoreline, WA 98133

206-401-3165



everettclinic.com

The Everett Clinic
For the whole you.