

## **ABOUT OUR PHYSICIANS**

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# PRENATAL CARE

## Prenatal Classes

We recommend that you take prenatal classes, particularly if this is your first pregnancy. These classes will familiarize you with changes and events, which are likely to occur during the course of your pregnancy, labor and delivery. They also teach breathing techniques, which can help you during labor, even if you do not plan natural childbirth.

## Activity During Pregnancy

You can continue your usual level of activity during pregnancy, as long as you feel up to it. There is no need for most women, with uncomplicated pregnancies, to stop working. Most women begin to feel uncomfortable toward the end of pregnancy and will wish to stop working four weeks before the due date. Work can be resumed six to eight weeks after your delivery.

## Exercise

If you have been doing a regular exercise routine, you may continue to do so. It is recommended to change to low impact activities. Walking and swimming are the best exercises.

It is not recommended to start a new exercise program, however, there are prenatal exercise classes and prenatal tapes if you are interested in exercising during your pregnancy.

## Sexual Activity

Sexual activity can be continued throughout the entire pregnancy, as long as it is comfortable for you. Most couples will need to "experiment" toward the end of pregnancy in order to find a comfortable position for sexual relations. After having the baby, you should wait four weeks before having sex. Many women (especially those with episiotomies) will be too sore to have sex that quickly and will wish to wait longer.

## Vacations

Many patients ask about flying or leaving the area for a vacation. Our main concern is that medical care be available to you at your destination. In an uncomplicated pregnancy, it is permissible to fly before 36 weeks gestation. If vacationing in a warm climate, be careful that you do not get sunburned. While traveling, avoid sitting in the same position for prolonged periods-you should get up and stretch your legs about once an hour. See: Travel During Pregnancy in the Obstetrics section below.

## House Paint

There is no known risk in exposure to house paint. Use a water-based paint and keep the room well ventilated. You may wish to have someone else do the actual painting.

## Dental Exams

We suggest that you have a dental exam prior to your pregnancy. If a problem should occur, be sure to tell your dentist that you are pregnant. X-rays should only be taken if absolutely necessary and you should be properly shielded. In the event that anesthesia is needed, Novocaine may be used, preferably without epinephrine.

## Medications

Most medications that are taken during pregnancy will get into the baby's bloodstream. For this reason, drugs should be taken during pregnancy only when absolutely necessary. Before taking any drugs during pregnancy (or while breastfeeding), you should first speak with us to ensure that the drug is not known to harm the baby.

## Cold Remedies

While we can never be certain that a medication is without risk, if you are uncomfortable enough, you may wish to take over-the-counter cold medications. Try particularly hard to avoid all medications in the first trimester. If you must take cold medications at any time during pregnancy, you may use one of the cold medications that do not contain iodine or a lot of alcohol.

## Toxoplasmosis

Toxoplasmosis is an infection that people can get from eating raw meat or exposure to cat litter. Although the chances of Americans getting this disease are very low, infection during pregnancy can affect the baby. Therefore, we suggest that you take the following precautions:

1. Cook red meat all the way through before eating,
2. Wash your hands after handling raw, red meat,
3. If you have a cat, have someone else clean the litter box on a daily basis.

## Careful Hand washing Can Prevent Viral Infection

Rarely, viral infections can harm a pregnant woman's fetus. Exposure to young children (including their own children) is the most common source of infection. The best defense against infection is careful hand washing, especially after contact with small children. It is also a good idea to avoid contact between your face and your child's secretions.

## Nutrition

In general, it is important to eat a well-balanced diet during pregnancy. This should include meats, vegetables, fruits, starch and dairy products. It is also important that you eat regularly and not skip any meals. Eating foods that are high in fiber (bran is a good source of fiber) and drinking plenty of fluids will help prevent the constipation that pregnant women sometimes get.

# FOOD SAFETY IN PREGNANCY

## GENERAL GUIDELINES

- When in doubt, throw it out.
- Wash your hands before food is handled and after touching raw meat, fish or eggs.
- Stick to pasteurized dairy products, and make sure that you use food that has been refrigerated continuously.
- Never eat raw or undercooked meat, poultry, fish or shellfish while you're pregnant.
- Don't eat eggs that are runny (choose well cooked scrambled or hard boiled eggs)
- Wash raw fruits and vegetables thoroughly.
- Avoid old alfalfa and other sprouts, which are often contaminated with bacteria.

## MERCURY IN FISH:

- Mercury is toxic to the developing nervous systems of fetuses, babies and young children. It gets into water from industrial pollution and then into fish.
- The FDA (Food and Drug Administration) warns pregnant women, women who may become pregnant. nursing mothers and young children against eating fish that may be high in mercury.
- Other cooked seafood and commercially caught or farm raised fish are safe for expecting and nursing mothers up to an average of 12 oz. per week. Example - canned tuna fish.
- The FDA warns against eating shark, swordfish, king mackerel and tile fish.
- Limit canned albacore tuna to an average of 6 oz. per week.

## LISTERIA:

A bacteria that occurs in certain foods and can cause listeriosis, a disease characterized by flu-like symptoms. Pregnant women and people with compromised immune systems are particularly susceptible. **During pregnancy you should avoid:**

- Soft mold ripened cheeses (including Brie, Camembert, Danish blue, blue Stilton)
- Soft ice cream from machines; Unpasteurized milk
- Undercooked meat, fish, shellfish, and eggs
- Pre-cooked or pre-roasted poultry
- Heat-and-serve food
- Deli meats
- Unwashed raw vegetables and fruit

Listeria is less likely to be present in foods that are prepared, sold, and stored in hygienic conditions. Food that has been left out in warm temperatures and in contact with the air carries the most risk. Heat treated foods, such as canned meats, pasteurized or sterilized milk, and other dairy products, are safe because this processing kills the bacteria. Pasteurized milk and cheese or hard ice cream sold in blocks are fine.

## ESCHERICHIA COLI:

- A bacteria that can be responsible for some food infections. This microbe is found in the digestive tract and feces of all humans and can occasionally cause disease; it can also be air or waterborne.
- Infants and young children are most susceptible to infection.
- E Coli has been isolated from ground beef, cheese, shellfish and watercress. Any food exposed to sewage-contaminated
- Water can carry E. Coli.
- You should particularly avoid:
  - Eating meat (especially ground beef) that is rare or undercooked
  - Drinking unpasteurized milk or juices
  - Sprouts and salami

# Common Complaints

## **NAUSEA**

The causes of morning sickness are not fully understood, although they are believed to be related to altered hormone levels. Increased levels in human chorionic gonadotropin (HCG), a hormone associated with pregnancy, may be the cause.

The best way of controlling morning sickness is through moderate changes in the diet.

- A. Keep crackers at the bedside and have one or two before rising in the morning.
- B. Eat frequent, light meals rather than widely spaced, hearty ones. Carbohydrates help with nausea.
- C. Avoid spicy foods.
- D. Try not to mix solids and liquids at the same sitting.
- E. Avoid getting too full or too hungry.
- F. Eat a high protein snack before going to bed.

## **SWELLING**

In the last trimester of your pregnancy, you may experience some swelling in your hands and feet, especially in hot weather. Grapefruits and asparagus are natural diuretics and may help decrease the swelling. Call for pain in the legs, swelling that is significantly greater on one side, severe headache after 20 weeks, or abdominal pain.

## **INDIGESTION**

If indigestion becomes a problem, we suggest Tums, Roloids, Mylanta or any low sodium antacid. Avoid lying down after eating.

## **MUSCLE CRAMPS**

Some people experience leg cramps which may cause you to awaken from sleep. If cramps do occur, slowly flex your toes upward.

## **CONSTIPATION/HEMORRHOIDS**

A diet high in fiber, plenty of liquids and daily exercise will help with constipation. If you are still experiencing constipation after changing your diet, you may try Senokot. This may be purchased without a prescription. Hemorrhoids are enlarged varicose veins of the rectum that are often painful and itchy. Tucks pads will help with the discomfort.

## **INSTRUCTIONS FOR OBSTETRICAL PATIENTS**

We recommend you call our office if you should notice any of the following symptoms:

1. Leaking of amniotic fluid from the vagina. This may occur as a sudden gush or slow trickle. Try to note the color of the leaking fluid. Occasionally, the baby's head may press on the bladder and cause an uncontrolled gush of urine. A simple test with chemically treated paper will identify whether the fluid is urine or amniotic fluid.
2. Regular uterine contractions after 36 weeks (labor). If this is your first baby, call when your contractions are every five minutes, lasting sixty seconds or more for an hour or two. This will exclude most cases of false labor.
3. Signs of premature labor between 20 weeks and 36 weeks.
  - a. Regular uterine contractions:  
If these should occur, drink some water and lie down.  
If they persist for more than 1 hour, call us immediately.
  - b. Pelvic cramping.
  - c. Pelvic pain radiating down your legs.
  - d. An abrupt increase in your vaginal discharge.
  - e. Backache that is unusual for you.
4. Any vaginal bleeding. When you are past 37 weeks, passage of a small amount of mucus, tinged with blood is normal and may mean that labor is soon to follow.
5. Decrease or absence of fetal movement. If you suspect this, give the baby a small glucose load by drinking some juice and then lie down in a quiet room. If you still don't feel any fetal movement, call us right away. AFTER 32 WEEKS, WE RECOMMEND FETAL MOVEMENT COUNTS FOR ALL PATIENTS. To do this you must lie down every morning and count your baby's movements. If it takes more than 2 hours to count 10 movements, call us immediately.
6. An abrupt increase in swelling of your face or hands (after 20 weeks).
7. Severe or continuous headache.
8. Dimness or blurring of vision.
9. Abdominal pain.
10. Persistent vomiting.
11. Fever.
12. Pain or burning with urination.
13. If you're not sure whether or not to call...call. There is no such thing as a stupid question.

Pregnancy is a most exciting time, but may be filled with apprehension. Our phone is answered twenty-four hours a day for any emergencies that may arise (press "1" for the emergency line—after hours, this line is forwarded to the answering service).

**In the unlikely event that you have trouble reaching our answering service, call Labor and Delivery at Valley Hospital (201-447-8341).**

# Labwork

During your pregnancy you will be asked to obtain (or offered) lab tests (at least three times), several ultrasounds, and a vaginal/rectal culture. The following schedule applies to most patients:

Initial labwork will include:

**CBC** - complete blood count.

**RUBELLA SCREEN** - To determine your immunity or susceptibility to the German measles.

**GROUP & RH** - To determine your blood type.

**RPR** - A test for syphilis.

**ANTIBODY SCREEN** - A test that screens for irregular antibodies in the blood which can be harmful to the fetus.

**HEPATITIS-B SURFACE ANTIGEN** - This test shows if there has ever been an exposure to the Hepatitis-B virus. All infants are now being immunized against hepatitis even if the mother's bloodwork is negative.

**URINE CULTURE** - Checks for urinary tract infection.

**HIV** - We recommend optional HIV testing.

**Toxoplasmosis Screening.**

**Optional testing:** cystic fibrosis, fragile X, Spinal Muscular Atrophy (you will receive a pamphlet discussing these tests).

11 to 13 ½ weeks (**THIS TESTING IS OPTIONAL**):

**Nucal translucency:** A screening test that tells you what your chance is for having a baby with one of the three most common chromosomal problems. See: Testing for Chromosomal Abnormalities.

16 week bloodwork will include (**THIS TEST IS OPTIONAL**):

**AFP (QUAD SCREEN) BLOOD TEST** - This screens for open neural tube defects such as spina bifida and also screens for some trisomies (Down's syndrome and Trisomy 18). This test can be combined with the nucal translucency results to give a single estimate of your chances of having a baby with the above mentioned chromosomal problems. You will be given a pamphlet to read to help decide if you wish to have this test done. We will be happy to discuss it with you.

18 to 20 weeks:

**ULTRASOUND** - Sound waves are transmitted through the abdomen and the reflections produce an image of the fetus. An ultrasound evaluates the size and anatomy of the fetus and the location of the placenta.

28 week bloodwork will include:

**Hemoglobin** (test for anemia).

**Repeat HIV screening** – NJ law requires that your baby be tested for HIV if you are not tested in the 3<sup>rd</sup> trimester.

**1 HOUR GLUCOLA** - To screen for gestational diabetes (diabetes of pregnancy). You will be given a sweet drink and, one hour later, you will have your blood drawn to determine your blood sugar level. An abnormal 1-hour glucoLA would be followed with a 3-hour glucose tolerance test to determine gestational diabetes.

**RHOGAM INJECTION** - RhoGam is a specially prepared gamma globulin that contains a concentration of Rh antibodies. These antibodies provide protection against the foreign Rh positive red blood cells that may enter an Rh negative woman's bloodstream during amniocentesis, delivery or miscarriage of an Rh positive infant. A RhoGam injection provides protection by preventing the woman from producing her own permanent Rh antibodies. If your blood type is Rh negative, you will receive a RhoGam injection at 28 weeks and within 72 hours of delivery (if the baby is Rh positive). You should also receive RhoGam if you have any vaginal bleeding or abdominal trauma.

35 to 37 weeks:

**Beta Strep Culture**-this is a vaginal and rectal culture that checks for the presence of a bacteria that can be harmful to your baby. If it is present, you will receive antibiotics during labor.

Additional tests you may have during your pregnancy:

**Amniocentesis** or **CVS**: Invasive tests that are done to look for chromosomal problems (like Down syndrome). An amniocentesis is usually performed at 16 weeks gestation while a CVS is done at about 11 weeks.

**GENETIC SCREENING** - We recommend genetic counseling for all women who are interested in testing for chromosomal problems.

**NONSTRESS TEST** - Is done to assess the well-being of the baby by correlating the fetal heart rate with fetal movement.

**BIOPHYSICAL PROFILE** - An ultrasound done to assess multiple parameters of fetal well being.

**PLEASE READ CAREFULLY - BILLING AND INSURANCE  
INFORMATION**

Many insurance companies now have guidelines and requirements that, if not followed properly, can reduce benefits and cause unnecessary costs for the patient.

Each OB patient is responsible for contacting her insurance carrier for instructions regarding her prenatal care, delivery and hospital stay. Many carriers will ask that you have our office pre-certify your care and provide medical information (last menstrual period, expected due date, etc.)

Some things to know about your coverage:

Does the insurance company require notification within a certain number of hours of hospitalization or delivery? If so, this would be the patient's responsibility.

How many days do they authorize for a vaginal delivery and how many days for a C-section?

Have the insurance company specify if these days include the day of delivery or start the day after delivery. Should you require additional hospitalization due to a documented medical necessity, you or a family member would need to call your insurance company. We will validate the medical necessity with the doctor and call the insurance company with the details. It is the patient's responsibility to follow up if the authorized length of stay needs to be extended.

We hope you understand when you ask to remain in the hospital for additional days, we can only supply the insurance company with documented information. Payment for what the insurance company considers unnecessary extensions of stay may be denied.

**ESTIMATE OF VCWH OBSTETRICAL FEES**

NORMAL VAGINAL DELIVERY with prenatal and postnatal care, including regularly scheduled office visits and one routine post partum office visit.....\$4300

CESAREAN SECTION with prenatal and postnatal care, including regularly scheduled office visits, and one routine post partum office visit.....\$4840

(Patients who have c/sections will receive a separate bill from the surgical assistant)

VBAC DELIVERY -- vaginal birth, prenatal and postnatal care, after previous c/section, including regularly scheduled office visits and 6 week post partum office visit..\$4655

Post Partum Tubal Ligation (BPS)

    following vaginal delivery.....\$1200  
    following c/section delivery.....\$1580

Amniocentesis, for genetics or lung maturity.....\$ 490

(Patients having amnio will also receive a separate bill from Valley Hospital & Radiology Assoc.)

Ultrasound scan (sonogram).....\$320-765

Amniotic fluid index (sonogram).....\$ 320

Non-stress tests (NST's).....\$ 190

Physician Interpretation of NST done at Valley Hospital.....\$ 76

Contraction stress test.....\$ 135

External version of breech.....\$ 550

Circumcision of newborn male.....\$ 425

Newborn Cord Blood Collection for banking.....\$ 265

Blood sugar by finger stick.....\$ 20

Rhogam injection.....\$ 136

Vitamin B-6 injection.....\$ 16

Hemoglobin finger stick.....\$ 11

Emergency Room Visit.....\$200-\$400

Prenatal care includes all regularly scheduled office visits. Any additional office visits, emergency visits to the hospital or hospital admissions (other than the day of delivery) will require additional fees.

You will receive a separate bill from a laboratory for any blood work, pap smears or cultures not processed in the office. Prices subject to change without prior notice.