There's nothing like the joy of a newborn baby. It's an exciting time no matter if it's your first, or 5th. But leading up to the birth, you might have some questions.

At WHS Women’s Health, we're here to help. Included in this letter, you'll get an introduction to what you can expect, as well as frequently asked questions and a list of hospital resources.

If you have any questions during your prenatal visits, or if problems arise, call our office at any time (724) 225-3640. Even if the office isn't open, the on-call physician can be contacted to answer your questions.

Again, congratulations on your baby, and welcome to the Washington Health System family!

About the OB/GYN Care at WHS

Our OB/GYNs and Certified Registered Nurse Practitioners (CRNPs) provide a full range of obstetric and gynecological care. We offer prenatal care in all 5 of our convenient locations so there is always an office close to you.

Family Centered Care at WHS OB/GYN Care

We encourage a family centered concept of obstetrical care. We also operate using a group-care model, which means you won't just see one or two doctors during your journey— depending on the office location, you may be seen by a number of our providers during your pregnancy.

This is a considerable advantage for you and your team of physicians. When it comes time for delivery, you will have built a relationship with many of the providers. A physician familiar with your pregnancy is on call 24 hours a day for continuity of care to provide you with quality care.

Our providers are:

Malay Sheth, MD
Marianne Wizda, MD
William Mitsos, MD
Kathryn Simons, MD
Monica A. Smith, DO
Nicole Garcher, DO
Carly Werner Zuwiala, MD
Alayna Butcher, MD
Shareen McNinch, CRNP
Laurie Stewart, CRNP
Jill Brekosky, CRNP
Over the counter medications

Many patients have questions about which over the counter medications are safe during pregnancy. We consider the following medications or their equivalent, safe to take during pregnancy.

<table>
<thead>
<tr>
<th>Tylenol</th>
<th>Benadryl</th>
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<tbody>
<tr>
<td>Tylenol Sinus</td>
<td>Robitussin (plain not DM)</td>
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<tr>
<td>Maalox</td>
<td>Zantac</td>
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<td>Mylanta</td>
<td>Pepcid</td>
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<td>Sudafed</td>
<td>Tagamet HB</td>
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<tr>
<td>Any stool softener</td>
<td>TUMS</td>
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**NO ASPIRIN PRODUCTS OR IBUPROFEN PRODUCTS DURING PREGNANCY**

If you are experiencing nausea or vomiting with pregnancy we recommend:

**Pyrodoxine (Vitamin B6) 25 mg every 6 hours**
with **Doxylamine 12.5 mg twice daily (1/2 of the over the counter Unisom)**

If no relief with this combination, please contact the office at (724) 225-3640.

Laboratory Services

Please use one of our Washington Health System labs. By using a WHS Lab it allows our office to obtain the results in a timely manner and helps avoid a possible delay in surgery dates. For a full list of lab draw sites and hours, visit [whs.org/labs](http://whs.org/labs).
Photography and audio/video recording in obstetrics and newborn nursery

The Washington Health System understands and supports the wishes of some families to record the experience of welcoming their new baby into the world. In order to balance such wishes with the paramount concerns for safety of mothers and infants, as well as to comply with federal privacy regulations, photography and audio/video recording are permitted on a limited basis in accordance with the following guidelines.

- Physicians, Hospital Staff, other patients and their infants, and visitors may not be photographed without their explicit permission
- Once an infant has been delivered and is stable, physicians may permit photography and audio/video recording in the Delivery Room or Operating Room
- Photography and audio/video recording is permitted within the mother’s room after delivery
- No photography or audio/video recording is permitted during the actual delivery, including caesarean delivery.
- No photography or audio/video recording is permitted during emergency procedures, including infant resuscitation.

To ensure everyone’s safety, security and privacy, the Hospital strictly enforces this policy. Failure to comply with the above guidelines will result in individuals being instructed to leave the hospital property.
**What is umbilical cord blood?**

Cord blood is the blood left in the umbilical cord after birth and is a rich source of stem cells, which have an amazing ability to grow into many different kinds of cells. Stem cells can grow into bone marrow cells, blood cells or brain cells which can be used to treat certain diseases of the blood and immune system. Diseases that can be treated with stem cell transplants include leukemia, Hodgkin's disease and some types of anemia. When healthy stem cells are transplanted into a child who is ill, those cells can grow new bone marrow cells to replace the one destroyed by the disease or its treatment. Stem cells from the child's own cord blood often cannot be used, because they may have led to the disease in the first place. Much research is being done to see if stem cells can be used to treat more problems. For now, the treatment is limited to diseases that affect blood cells.

**What is cord blood banking?**

The umbilical cord is usually thrown away after birth; the blood inside the cord can be saved or banked for later use. Cord blood is collected from the umbilical cord vein attached to the placenta after the umbilical cord has been detached from the baby. Umbilical cord blood is the blood left over in the placenta and in the umbilical cord after the birth of the baby. There are several methods for collecting cord blood. Collected cord blood is cryopreserved and then stored in a cord blood bank for future transplantation. A cord blood bank may be private (i.e. the blood is stored for and the costs paid by donor families) or public (i.e. stored and made available for use by unrelated donors).

**For more information visit the following websites**

parentsguidecordblood.org

cordbloodbankingguide.com