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# *Pregnancy and You*

FACTS • QUESTIONS • ANSWERS

REVISION: MARCH 2021



# Prenatal Instructions

*for*

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*Estimated date of delivery*

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Telephone  
(828) 322-4140  
24 Hour

# Table of Contents

Welcome .....	1
Catawba Women’s Center Healthcare Team .....	1
Prenatal office visits.....	3
Routine Lab Work / Screening or Diagnostic Testing .....	4
Ultrasounds/Sonograms .....	8
Routine ultrasounds for obstetric patients .....	9
Telephone calls .....	9
Reportable symptoms.....	10
Seafood consumption and pregnancy .....	11
Listeriosis and pregnancy .....	11
Medications acceptable during pregnancy.....	12
Exercise during pregnancy .....	14
Fetal movement (after 24 weeks).....	14
Preterm labor .....	15
Signs of preterm labor .....	15
How to feel for contractions .....	15
What to do if you have contractions .....	15
Reducing the risk of preterm labor.....	16
If you are hospitalized for preterm labor .....	17
Disability.....	17
Fees .....	18

## **Welcome**

Thank you for choosing Catawba Women's Center. We are pleased that you have chosen us to provide your prenatal care.

Comprehensive prenatal care is important for a healthy and safe pregnancy. Our providers believe it is important for you to be involved in your care and will inform you of important steps you can take to ensure a healthy pregnancy.

This book provides information about what to expect during the course of your pregnancy. It is important that you read and understand this book and refer to it frequently as your pregnancy progresses. We firmly believe that an informed, well-educated patient is one of the greatest assets in obstetrical care.

Catawba Valley Medical Center offers a series of classes which are an excellent complement to the prenatal care you receive through our office. Many of these classes and services are offered at no additional charge to qualified patients. You can sign up for these classes on the hospital website. Please sign up as soon as possible because space is limited.

Our providers and office staff aspire to form a mutual trusting relationship with you. A large part of your prenatal education will be gained through interactions you have with our providers and staff. We want to be your primary source for medical information during your pregnancy, so please feel free to discuss any questions or concerns that may arise. If you have an urgent concern outside of your scheduled visits, we are also available by phone 24hrs a day.

## **Catawba Women's Center Healthcare Team**

We have a diverse healthcare team who fulfill different roles and have differing areas of expertise. Our team includes physicians, certified nurse midwives, nurse practitioners, physician assistants, nurses, and nursing assistants. We are very proud of the professional team that we have assembled and are committed to providing you with compassionate and exceptional healthcare.

### How Our Practice Works

Our practice is unique in that you can choose between the physician group or the midwife group for your prenatal care. A group practice is one in which all providers in the group share in your care. We believe this type of practice provides a higher level of care than if we practiced separately, as you have access to the skills, knowledge, and expertise of several providers. Both a physician and a midwife are on call at Catawba Valley Medical Center daily for emergencies and laboring patients. The provider on call at the hospital is not responsible for seeing patients in the office allowing for better care during office hours. The provider on call for your group will be the one to attend your labor and delivery.

#### If you choose the physician group:

You will have the opportunity to meet with each physician in the group. You will be followed by a physician for your office visits, have 24hr access to the physician on call, and a physician will attend your delivery and care for you postpartum.

#### If you choose the midwife group:

You will have the opportunity to meet with each midwife in the group. You will be followed by a midwife for your office visits, have 24hr access to the midwife on call, and a midwife will attend your delivery and care for you postpartum. If you require services that cannot be provided by a midwife, our physician partners are available for consultation 24hrs a day.

Regardless of the group you have chosen for your prenatal care, at times you may receive care from one of our other well qualified providers. In addition to our physicians and midwives we also have nurse practitioners and physician assistants who provide obstetric care. Having a large team of providers allows more flexibility, enabling our practice to better meet the scheduling needs of our patients.

## **Prenatal Office Visits**

Your initial visit will consist of a trans-vaginal ultrasound and a brief visit with a provider. This is to confirm your pregnancy and present the pregnancy welcome packet. Your “due date” is also estimated on your first visit. Due dates are simply based on the average length of pregnancy. Labor is likely to occur anytime within two weeks before or after this estimated date.

Your OB Interview will be scheduled after your initial ultrasound. During this visit, a nurse educator will obtain and/or update your health history, provide education on what to expect during your pregnancy, and discuss healthy lifestyle measures recommended during your pregnancy. You will also visit our on-site lab for comprehensive prenatal lab studies.

You will have many follow-up visits throughout your pregnancy. On these visits, your weight, blood pressure, and urine will be checked. We will also listen to your baby’s heartbeat and measure your belly. During your last few visits, a pelvic exam will be done to detect the position of the baby and the readiness of the cervix for labor. Routine visits occur on the following schedule: every four weeks during the first 26 weeks; every two weeks from 26-36 weeks, and weekly from 36-41 weeks. Complications or certain risk factors may require additional visits and screenings.

Prior to each visit, you will need to obtain a urine specimen. Specimen containers are available in every restroom. Your nurse will analyze the specimen before your provider visit.

Our office works on an appointment system. It is important that you be on time to minimize your wait time and the wait time of others. If you will be late for your appointment, please call in advance to inform us. If you find it necessary to change an appointment, please try to notify our office at least one day in advance.

## **Routine Lab Work for Obstetric Patients**

OB Interview	CBC - Complete Blood Count Rubella Antibody Glucose/Blood Sugar Hepatitis B Surface Antigen Blood Type Coombs/Antibody Screen RPR - Syphilis Screening HIV Screening* Urinalysis 1-hour GCT/Early Diabetic Screening (if indicated) Hemoglobin Electrophoresis (if indicated) Parvovirus Antibody Screening (if indicated) Screening for Cystic Fibrosis, Spinal Muscular Atrophy, and Fragile X Syndrome (optional)
10 weeks	Cell Free DNA Screening (optional)
12 weeks	Gonorrhea and Chlamydia Cervical Cultures* Pap Smear (if indicated)
15-21 weeks	Open Spina Bifida Screening (optional)
26–28 weeks	CBC - Complete Blood Count 1-hour GCT/Gestational Diabetes Screening RPR - Syphilis Screening HIV Screening* Coombs/Antibody Screen (if Rh Negative)
36 weeks	Group B Strep (GBS) Vaginal Culture Gonorrhea and Chlamydia Cervical Cultures*

\*State Recommendation



## Screening or Diagnostic Testing? Or Not?

At Catawba Women's Center we realize that some patients have more concern for the risk of birth defects than others. We are proud to offer testing which is tailored to the level of risk and concern of each patient.

**Screening Tests** provide information about your baby's health. These tests screen for fetal aneuploidies (abnormal number of chromosomes) like Down Syndrome and other birth defects such as open spina bifida and abdominal wall or heart defects. These tests do not harm the baby in any way. If the results from a screening test suggest an abnormality then a diagnostic test is often recommended. The three screening tests we perform are:

**Cell-free DNA** is a test done on the mother's blood to detect specific conditions in the baby. A fraction of genetic material (DNA) from the baby crosses into the mother's blood during pregnancy where it is available for testing. It is the most sensitive and specific screening test for the common fetal aneuploidies. The test is limited to detecting disorders in only specific chromosomes – 21 (Down Syndrome), 18, 13, and the sex chromosomes X and Y. It does not screen for spina bifida or abdominal wall defects. We offer cell-free DNA as early as 11 weeks of pregnancy.

**Nuchal translucency** is an ultrasound exam at 11-13 weeks of pregnancy that measures the thickness at the back of the neck of the baby. Increased thickness may be a sign of Down Syndrome, Trisomy 18, or heart defects. Our sonographers and physicians have undergone specialized training and certification to provide accurate results for this type of screening.

**Maternal Serum Alpha-fetoprotein (MSAFP)** is a blood test performed between 15-22 weeks of pregnancy that tests the level of plasma protein produced by the baby. An elevation in

this level is associated with increased risk of spina bifida and abdominal wall defects.

**If screening tests are desired, we recommend all three tests be performed to provide the most comprehensive screening.**

**Diagnostic Tests** can give patients a **more definitive answer** about whether the baby has a specific condition. There is a small risk to the baby since diagnostic tests involve obtaining a sample from the baby. These tests look directly at the baby's genetics and can be used to search for even smaller areas of damage to chromosomes through CMA (chromosomal microarray analysis).

The two diagnostic tests available to our patients are:

- **Chorionic Villus Sampling (CVS)** can be performed in the first trimester of pregnancy (11 to 13 weeks). The test has a small risk of miscarriage (approximately 1 miscarriage for every 200 procedures). It is available by referral to a maternal fetal medicine specialist in Charlotte.
- **Amniocentesis** can be performed in the second trimester (after 14 weeks of pregnancy). Amniocentesis is thought to have a smaller risk of miscarriage (1 miscarriage in every 300 to 600 procedures). It is available by referral to a maternal fetal medicine specialist locally.

## **Making the Decision**

**If you are having difficulty deciding if these tests are right for you...  
...here are some of the reasons that women choose to have a screening test for birth defects:**

“I want as much information as possible about the health of my baby.”

“If my baby has a problem, I want to know while I am pregnant to be prepared.”

“I think it will help ease my anxiety.”

“I want to consider all of my options. If my developing baby has a serious condition, I would want the option to terminate the pregnancy.”

“If my baby has a condition that needs immediate care after delivery, I may want to delivery at a tertiary care center that specializes in that condition.”

**...and here are some of the reasons that a woman might choose NOT to have a screening test:**

“I am not worried, and I don’t feel the need to find out if the baby has Down syndrome before delivery.”

“I want to know for sure if the baby has Down syndrome, so I want diagnostic testing instead of screening.”

“Because I am certain I would never have a diagnostic test, even with only a small increased risk of a miscarriage, I do not want to have a screening test.”

## Ultrasounds/Sonogram

Ultrasound (Sonogram) has become a very important component of comprehensive obstetrical care. At Catawba Women's Center, we are proud to provide quality ultrasound studies performed by certified technicians. These are done in our office on a scheduled basis. If you are scheduled to have a sonogram, you should be familiar with the following information.

- All sonograms must be scheduled in advance (unless done on an emergency basis).
- If you arrive late, the sonogram appointment may have to be rescheduled.
- The sonogram will be done on the same day and prior to your routine prenatal visit
- Please collect a urine specimen and empty your bladder before coming back for the sonogram appointment. Your bladder does not need to be full.
- Your husband, partner, family members, or friends may accompany you to the sonogram room.
- Prior to thirteen (13) weeks pregnant, the sonogram may be with a vaginal probe. This is not a painful procedure.
- After thirteen (13) weeks pregnant, the sonogram is usually done with an abdominal probe.
- Diagnostic sonograms are usually covered by insurance.
- Early gender and 3D/4D ultrasounds are also available. These are elective, not covered by insurance, and must be paid for in full on the date of service.
- The ultrasound technician will provide you with still photos of the ultrasound for you to keep and share. Videotaping the ultrasound session is not permitted.

## Routine Ultrasounds for Obstetric Patients

Initial Visit	To establish due date
11-13 weeks	Nuchal Translucency (optional)
18-20 weeks	Anatomy
41 weeks	Growth (if you have not yet delivered)

## Telephone Calls

There may be times you will need to contact the office between your scheduled visits. Calls relating to routine matters, questions, and concerns should be limited to normal office hours (8:30 a.m. to 4:30 p.m.). Our phone nurses are specially trained to assist you. Due to the large number of calls we receive, please explain your needs and concerns as accurately and concisely as possible.

Your routine questions may also be submitted to our nurses via the patient portal. To set up your portal account, please call our office and we will send you an email invitation with instructions. Messages via your portal account are NOT for urgent questions; please call the office if you need immediate attention.

If you have a problem that may necessitate an office visit, please call as early as possible. **Do not wait to call at the end of the day.** If you call before 2:30pm we can usually see you the same day.

**Telephone calls after office hours should be limited strictly to urgent problems or emergencies.** These calls will be answered by our answering service. The answering service personnel are not trained to evaluate your problems or answer your questions; simply leave a phone number where you can be reached. Often your provider is busy at the time he or she receives your message, so it may be a short while before he or she is able to return your call. Unfortunately, there can be breakdowns in communication, so if you have not received your return call within 30 minutes, please call the answering service again.

When speaking with your provider, please identify yourself and tell us approximately how far along you are in the pregnancy. **Please talk**

**to the physician or midwife yourself.** Having calls relayed through a third party such as a relative is very cumbersome and often results in inaccurate information being transmitted to the provider and distorted advice being relayed back to you.

Please call and speak with the on-call provider before coming to the hospital for labor checks or problems. If it is necessary for the provider to see you after office hours, you will be asked to come to the Catawba Valley Medical Center Emergency Department or Birthing Center.

### **Reportable Symptoms**

Any of the following symptoms should be reported to us immediately:

- **Ruptured membranes**, leaking fluid, or “breaking of the bag of water.” If you think your membranes have ruptured, it is important that you report this, even if you are not having any contractions. Call our office, or after hours, the provider on call to discuss your symptoms.
- **Vaginal bleeding** (more than a small amount of spotting). Any bleeding heavy enough to require a pad should be reported. In early pregnancy, light, painless vaginal bleeding may occur. However, heavier bleeding or bleeding with pain is a reason for evaluation.
- **Severe or persistent abdominal pain.** Sudden brief cramps in the lower abdomen are very common and should be of no concern. Any pain that is more severe or persists should be reported.
- **Severe or persistent headaches.** Mild headaches are quite common and may be treated with Tylenol. If you have a severe headache that is not relived by Tylenol, please notify us.
- **Fever** greater than 101 degrees Fahrenheit. Don’t guess! Take your temperature with a thermometer.

- **Severe persistent vomiting.** Vomiting in early pregnancy associated with “morning sickness” is common. However, severe persistent vomiting should be reported.
- **Rapid change in swelling of the hands, face and feet.** Almost all women have mild swelling of the feet and legs in pregnancy, especially late in the day. If you notice a rapid and pronounced increase in the amount of swelling, please notify us.

## Seafood Consumption and Pregnancy

Concerns about seafood in pregnancy are focused on two problems: PCBs and methyl mercury.

- PCB (polychlorinated biphenyls) – group of industrial substances once used in electrical equipment and other products. Although banned, PCBs are still present as pollutants in some freshwater lakes and rivers.
- Methyl Mercury – accumulates in fish with long life spans.

Guidelines on fish and shellfish consumption during pregnancy are updated frequently. You can view the most up to date comprehensive guidelines by visiting our website

**[www.catawbawomenscenter.com](http://www.catawbawomenscenter.com)** and clicking on the “Seafood Consumption and Pregnancy” icon on our homepage.

## Listeriosis and Pregnancy

Listeriosis is an illness caused by *Listeria*, a type of bacteria which may be found in some contaminated foods. It can be particularly harmful to pregnant women and their babies.

While you are pregnant, do not eat:

- Unpasteurized milk
- Soft cheeses like Feta, Brie, and Camembert, blue-veined cheeses, or queso blanco, queso fresco, or Panela - *unless they're made with pasteurized milk*

- Raw or undercooked meat, poultry, eggs, and shellfish
- Hot dogs, deli meats, and lunch meats - *unless they're heated until steaming hot*
- Unwashed raw produce such as fruits and vegetables (when eating raw fruits and vegetables, skin should be washed thoroughly in running tap water, even if it will be peeled or cut)
- Refrigerated pâtés or meat spreads
- Refrigerated smoked seafood

Always be sure to wash your hands, any utensils, countertops, and cutting boards that have been in contact with uncooked meats.

### **Medications Acceptable During Pregnancy**

The following list of medications is considered relatively safe during pregnancy. All medications should be taken sparingly and only when symptoms absolutely warrant their use. **No one can absolutely guarantee the safety of these medications during pregnancy, especially in the first three (3) months.** However, we have seen very few problems with their use and feel the margin of safety in taking them is acceptable. Generic versions of these medications are also acceptable.

**If you need to take any of these medications, you may do so without checking with us.** If your symptoms do not improve, call our office. At your next prenatal visit, let us know what medications you have been taking.

<b>Allergies</b>	Claritin, Benadryl, Zyrtec
<b>Chest Congestion</b>	Mucinex, humidifier at bedside
<b>Constipation</b>	Metamucil, Citrocil, Effesyllum, Hydrocil, Milk of Magnesia, Senakot-S, Fiber Con, Colace
<b>Coughing</b>	Any cough drops, any Robitussin product except Robitussin CF, Dextromethorphan
<b>Diarrhea</b>	Kaopectate, Imodium
<b>Fever</b>	Tylenol/Acetaminophen



<b>Headaches</b>	Tylenol/Acetaminophen, Magnesium Oxide supplement daily
<b>Hemorrhoids</b>	Preparation H, Nupercainal, Anusol HC, Tucks pads, stool softener
<b>Indigestion</b>	Roloids, Tums, Maalox, Mylanta, Pepcid, Tagament, Prevacid, or any other over-the-counter antacid/acid blocker
<b>Leg Cramps</b>	Heat Packs, Calcium or Magnesium supplement, Posture, Benadryl, Bengay
<b>Nasal Congestion</b>	Saline nasal spray, Benadryl, Claritin, Zyrtec, humidifier at bedside, Breathe Right nasal strips
<b>Nausea</b>	Vitamin B6 (25mg 3 times/day), Doxylamine 12.5mg (1/2 of Unisom sleep tab - 3 times/day), Emetrol, Dramamine, Anti-nausea wrist bands, Bonine
<b>Pain</b>	Acetaminophen/Tylenol
<b>Poison Ivy</b>	Calamine lotion, Hydrocortisone Cream 0.5% or 1%, Aveeno bath soaks, Benadryl
<b>Sinus Congestion</b>	Mucinex, Saline nasal spray
<b>Sore Throat</b>	Any throat lozenges, warm salt water gargles, Tylenol/Acetaminophen, Chloraseptic Spray
<b>Sunburn</b>	Noxzema, Aloe, Dermaplast, Solarcaine
<b>Upset Stomach</b>	Maalox, Mylanta (DO NOT take Pepto Bismol)
<b>Yeast Infection</b>	Seven day over-the-counter preparations such as Monistat-7 or Clotrimazole-7 as directed on package.

**\*No Motrin, Aleve, Advil, Ibuprofen, Goody powder, BC powder, Excedrin, Pepto Bismol, or products with pseudoephedrine or phenylephedrine like Sudafed. Avoid Aspirin unless directed by your provider.**

## **Exercise During Pregnancy**

Regular physical activity during pregnancy improves or maintains physical fitness, helps with weight management, reduces the risk of gestational diabetes in obese women, and enhances psychologic well-being. Physical activity in pregnancy has minimal risks and has been shown to benefit most women, although some modification to exercise routines may be necessary because of normal anatomic and physiologic changes and fetal requirements. Please discuss any concerns regarding exercise with your providers.

In general, the following activities are safe to initiate or continue:

- Walking
- Swimming
- Stationary Cycling
- Low-impact Aerobics
- Yoga
- Pilates
- Running or Jogging
- Tennis or Racquet Ball
- Strength Training

The following activities should be avoided:

- Contact sports like hockey, basketball, boxing, and soccer
- Activities with a high risk of falling like skiing, snowboarding, sledding, ice skating, surfing, skateboarding, off road cycling, gymnastics, horseback riding, and rock climbing

## **Fetal Movement (After 24 Weeks)**

If you feel your baby is not moving as much as usual, please lie down on your left side and have something to drink. Count the number of movements, up to ten movements. If there have been no movements or fewer than ten in a two-hour span, call our office immediately.

## **Preterm Labor**

Preterm labor is defined as labor before the 37th week of pregnancy. Babies born before 37 weeks may have difficulty breathing and may need to stay in the hospital for extra days or weeks. The earlier your baby is born, the more problems he/she may have. If preterm labor is recognized in time, it may be stopped.

### **Signs of Preterm Labor**

- Abdominal pain or cramping - constant or comes and goes
- Low, dull backache - constant or comes and goes
- Increased vaginal or pelvic pressure – may feel like the baby is pushing down or feels heavy
- Increase or change in vaginal discharge - can be mucousy, watery, or bloody discharge
- Fluid leaking from vagina - can be a large gush or a constant trickle
- Uterine contractions that are ten minutes apart or closer. Contractions may feel like the baby is “balling-up” inside you.

### **How to Feel for Contractions**

- When you are lying down, place your fingers on top of your uterus.
- A contracting uterus gets hard (tight) and then soft (relaxed).
- If your uterus is getting hard and then soft: write down the time the contraction starts, how long it lasts, and what time the next contraction begins.

### **What to Do If You Have Signs of Preterm Labor**

1. Take a warm bath or shower.
2. Lie down on your left side, for ONE hour.
3. Drink two or three large glasses of water.
4. If your symptoms do not go away IN ONE HOUR, call our office. If it is after office hours or on the weekend, our office

number will direct you to the number for our answering service.

## **Reducing the Risk of Preterm Labor**

If you have had symptoms of preterm labor or are at increased risk of preterm labor, your provider may suggest some or all of the following:

### Rest

Increase your rest time. Rest on your side at least twice a day, morning and afternoon. Your provider or nurse will tell you how long each rest period should be.

### Work or school

You may need to decrease, modify your schedule, or stop work or school activities. The type of job you have and the distance you travel to work or school are important in the decision about how you should modify your schedule. Do not stop working without speaking with your provider first.

### Activities

You should eliminate heavy physical activities. STOP:

- Sports such as jogging, running, tennis, softball, volleyball
- Exercise, especially high impact, cardio, and weight lifting
- Frequent trips up and down stairs
- Heavy lifting (including children, grocery bags, laundry baskets)
- Heavy cleaning (including moving furniture, scrubbing floors)

### Smoking

Smoking is the number one preventable risk factor for having a baby who is small for age. Smoking during pregnancy increases the incidence of preterm birth and is associated with Sudden Infant Death Syndrome (SIDS) in newborns. STOP SMOKING!

### Travel

Eliminate trips of more than one hour.

### Sexual Activity

Sexual intercourse may be limited or stopped. Your provider will instruct you on what is appropriate in your case. Nipple stimulation should be avoided.

### Frequent Visits

Those at risk of preterm labor may have more frequent office visits during their pregnancy. It is important to keep every appointment.

### Feelings of depression or anxiety

Mothers at high risk for preterm labor often feel anxious about their baby, concerned about finances, and/or may be bored with bed rest. Sometimes they feel angry or sad. It is important to talk about your feelings with your provider, partner, nurse, counselor, a good friend or a pastor.

## **If You Are Hospitalized for Preterm Labor**

(Labor Before 37 Weeks of Pregnancy)

If you have one or more signs of preterm labor and have called your office, clinic, or hospital, you may be asked to come to the hospital.

### What Will Happen in The Hospital?

- You will be asked to rest on your side. Resting on your side often reduces contractions and keeps the baby from pressing on your cervix.
- A nurse will place monitors on your abdomen to see if you are having contractions and to record your baby's heartrate.
- You may receive IV fluids. Fluids may slow or stop contractions.
- You may receive medication to stop contractions. This medication may be given through an IV, by injection, or by mouth. Once uterine contractions have stopped, you will be able to be out of bed in the hospital. Soon afterward, if there are no more contractions, you will be able to go home.

## **Disability**

The inability to work during your pregnancy and after delivery is one of the most difficult non-medical problems that we face in our practice. It has been shown that, barring complications, most women

can continue to work until they deliver. However, many patients do not feel well late in their pregnancy and would rather not be working.

Questions often arise about medical disability. The ultimate decision to approve or disapprove the awarding of your disability benefits is up to the insurance company that writes your employer's disability insurance. In most incidents, disability is not questioned if a person leaves work within a couple of weeks of her due date. Prior to that time, a legitimate medical complication is usually required.

Be sure to discuss your plans to leave work with one of your providers prior to doing so. Medical leave can only be approved with a documented medical necessity. Our office will be happy to help you with disability paperwork. Since the processing of disability forms is not part of your medical care and requires a great deal of time on the part of our office, an additional fee is charged for processing those forms.

## **Fees**

Our routine professional fee covers all of your routine care related to your initial evaluation, subsequent office visits, routine delivery and hospital care by our providers, and your postpartum checkup. Special procedures such as cesarean delivery, tubal ligation, ultrasound, antenatal fetal testing, and additional hospitalization due to complications will result in an additional fee. If epidural anesthesia is administered during your delivery, you will be billed separately by the anesthesia group. Other special anesthesia fees and procedures will be charged for by the hospital.

At your OB Interview, our fees will be explained to you and your insurance coverage will be verified. Most insurance carriers do not completely cover your obstetrical care. We will estimate the amount covered by your policy and you will be asked to pay the difference. This estimated difference must be paid in full by the seventh month of pregnancy. We will be happy to work out a payment schedule during your first visit.

We will submit your insurance claims for prenatal care. Labs, sonograms, and additional tests or procedures will be submitted at the time of service. If you should leave our care before delivery, you will be charged only for office visits, laboratory procedures, and other services performed.

If you have any questions about our fees, please feel free to discuss them with our administrative staff at any time.



Front Row: Lindsey Thornton, DO, Allison Whitton, MD, Stephanie Chase, MD, Nancy Toy, MD  
 Back Row: Robert Highland, MD, Robert Boyd, MD (GYN), Jason Walker, MD,  
 Harold Dufour, MD, Scott Chatham, MD



Carrie Morrow, CNM



Kaelyn Sexton, CNM



Alexcia Pennell, CNM



Jacquelyn Miller, CNM

