

Welcome to Pregnancy



Women's Health
TEXAS

The OB/GYN Group of Austin

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PARENTS!



Dear Parents to Be:

This is a very special time that is taking place in your life. It is truly a miracle and we are proud to be a part of this experience. We encourage questions so that you will be knowledgeable and prepared for your pregnancy. You will see your physician for most of your appointments, but you may also have scheduled appointments with one of our nurse practitioners. Your physician's nurse or another physician in the practice may evaluate you for some appointments when your physician is called away.

GENERAL OFFICE INFORMATION

OFFICE MAIN PHONE NUMBER: 512-454-5721

Please use main phone line during office hours of 8:00am - 4:00pm for all future appointments and questions for the nurse. Office is closed daily for lunch from 12:00pm – 1:00pm. Any messages left after 3:30pm may not be returned until the next business day.

AFTER HOUR EMERGENCIES:

If you should have an emergency after hours or on the weekend please call **MEDLINK at 323-LINK**. A physician or nurse practitioner will be notified of your call and call you back. If you have not heard from the physician in a reasonable time (30 minutes), please call back and let MEDLINK know. Please only use this number for **emergency purposes**.

Non-emergency calls will be a \$25.00 charge for each call.

Non-emergency issues need to be handled through our appointment line and a same day appointment will be scheduled.

SETON HOSPITAL MAIN PHONE LINE: 512-324-1000

SETON HOSPITAL LABOR AND DELIVERY: 512-324-1027

PREPARING FOR BIRTH:

All of our deliveries are done at Seton Medical Center on 38th Street. Please register for the hospital by your 28th week. You will get registration forms from our office or the hospital. The hospital will contact your insurance company regarding coverage. You may not hear from the hospital unless there is a problem with your insurance. Please keep them informed if you have an insurance change after you have pre-registered.

Childbirth classes are a great benefit and are encouraged, especially for first time moms, but not required. You usually want to start these about the 28th-32nd week. Classes are held at our 38th Street office or virtually. We also offer a Baby Basics Class and breast feeding class.

Please see our website www.womenshealthtx.com for details on registration. Additionally, brochures with more information on these classes (including cost) are available in our office. Classes tend to fill up quickly, so try to call and schedule by your 20th week!

Seton Medical Center also offers limited classes and tours. You may call them at 324-1020 for additional information.

PHYSICIAN CARE:

We strive to deliver our own patients, but this is not always possible. One of the other physicians in the practice may deliver your baby if your physician is not on call or not available when you are ready for delivery. The physicians share similar philosophies for labor and delivery and have access to all of your records. You can expect a very professional and compassionate delivery. Our goal is to have a healthy mother and baby, and an experience you will always cherish.

PEDIATRICIANS:

You must have a pediatrician chosen before you deliver so please ensure the physician you've chosen is accepting new patients and accepts your insurance. Check with friends, family members and co-workers to see whom they know and what they think of the physicians and the care they offer. You may call their office to schedule a consultation prior to the birth of the infant. Most pediatricians like to know your estimated due date so they know when they can expect your child for their first visit.

PRENATAL CALENDAR

APPOINTMENTS:

You will be scheduled for appointments at each of your visits. We will see you every 4 weeks until 28 weeks, then every 2 weeks until 36 weeks, and then every week until you deliver. We will see you at different intervals if issues arise.

PRENATAL CALENDAR:

Pregnancy Diagnosed: Continue Prenatal Vitamins

6-11 wks	New OB patient counseling Full Physical Exam/ Sonogram to ensure viability
10-15 wks	Routine visits. Check weight, blood pressure, urine and listen for the baby's heartbeat. The first screen test will be offered. It is usually done between 11 and 13 weeks and combines ultrasound and blood work. The test screens for Down's syndrome, Trisomy 18. It does not screen for Spina Bifida, so a blood test is offered between 15-20 weeks. There are multiple other genetic tests available to our patients. Please discuss with your provider. Ex: Harmony, MaterniT21, Panorama, NXGen.
15-20 wks	Routine visits. The Spina Bifida blood test.
18-22 wks	1) Routine Visits, register for prenatal classes. 2) Anatomy sonogram – will be performed in this office or by a perinatologist at the physician's discretion. Gender will be identified if you want to know and they are able to visualize the genitalia, otherwise it is a SECRET. The ultrasound is usually done around 20 weeks.

ALL REMAINING VISITS:

24-28 wks	Routine visits every 4 weeks. At 28 weeks a screen for gestational diabetes and anemia, and Rhogam is given if the mother is Rh-negative. Start childbirth classes, breastfeeding classes and infant CPR classes. Select a pediatrician. Pre-register for hospital.
28-36 wks	Routine visits every 2 weeks. 3-D ultrasound is available at 28-30 weeks. Insurance does not cover this ultrasound. It will be done for \$175 self-pay (\$225 for twins).
35-37 wks	Group B strep testing and sonogram to estimate fetal size and confirm position.
36-41 wks	Weekly visits and pelvic exam to determine cervical dilation.

RECOMMENDATIONS FOR DENTAL CARE DURING PREGNANCY

You should maintain good dental hygiene during your pregnancy.

Make sure you have your teeth cleaned every six months.

If you need to see your dentist for dental work, make sure to:

- Have x-rays only if necessary and have your abdomen double shielded.
- Local anesthetic without epinephrine.
- No nitrous oxide
- Antibiotics are fine, ex: penicillin, amoxicillin or erythromycin.

ABSOLUTELY NO TETRACYCLINE.

- Pain medications are fine, ex: Tylenol with codeine

TREATMENT OF COLD AND ALLERGIES IN PREGNANCY

Colds cannot be cured and will not respond to antibiotics. Take Tylenol, rest and drink plenty of fluids. There is no specific treatment or cure. Please be aware that the flu shot is recommended in pregnancy and will be offered during flu season.

MEDICATION: Before starting a medication, try conservative management, bed rest, fluids, gargle with warm salt water, steam and warm showers.

1. Tylenol for fever and discomfort
2. Robitussin for cough (plain and DM).
3. Pseudoephedrine HCL (Sudafed) or Tavist for congestion (for use after 12 weeks and no history of hypertension).
4. Cepacol lozenges for sore throat.
5. Netipot nasal irrigation is also a safe treatment.

Do not use compounded formulas like Contac or Tylenol Cold and Sinus. Also avoid all Aspirin products like Alka Seltzer and Coricidin.

Call the Office:

1. Temperature of 102 (F) at any time.
2. Temperature of 100.4 (F) longer than 48 hours.
3. Productive cough with green or foul smelling sputum / shortness of breath.
4. Ear pain.
5. Symptoms >5-7 days.

USE OF MEDICATIONS DURING PREGNANCY

Please be very careful when using any medications in pregnancy, even Over the Counter medications. If you have any questions or are having symptoms that should be treated with medications call your doctor's nurse or the doctor if it is an after hour emergency. Always follow the instructions of the medications when using them.

Commonly used medications in pregnancy:

Allergies/Cold:	Actifed, Benadryl, Sudafed (after your 12 weeks), Claritin, Zyrtec, Allegra (Try to limit usage of these during 1 st trimester)
Fever:	Tylenol (acetaminophen). Drink fluids and rest. Call if your fever is greater than 100.4 for 48 hours or > 102 at any time.
Congestion:	Actifed, Benadryl, Sudafed, Tavist, Robitussin (after 12 weeks); saline nose drops anytime.
Constipation:	Metamucil, Konsyl, Surfak, Colace, Fibercon, Milk of Magnesia, Prune juice (8 oz each night). High fiber cereal (> 4 gm fiber per serving); fresh fruit daily. Increase fibers and fluids in your diet.
Diarrhea:	Imodium, Kaopectate.
Ear Pain:	Call our office or your primary physician for treatment.
Headache:	Acetaminophen (Tylenol). Report any headache unrelieved with these.
Heartburn:	Mylanta, Maalox, Riopan, Tums, Zantac. You may also use Pepcid.
Hemorrhoids:	Anusol cream or suppositories, Tucks, Preparation H. Warm sitz baths.
Herpes:	Domeboro soaks. Sitz baths. (Use cycloid/Zovirax, Acyclovir, Valtrex)
Gas:	Mylecon-80, Mylanta
Nausea:	Eat dry meals with liquids between meals only. Eat more foods with vitamins B & C, especially whole grains and citrus. Avoid alcohol, caffeine, and salty foods. You can take B6 25mg four times a day, (Plain) Unisom sleep tab 1 at bedtime. Ginger capsules 500mg 3x/day, and decaffeinated tea. If you are unable to hold liquids down, call the office. You may need a prescription medication.
Sore Throat:	Cepacol lozenges, warm salt water gargles.
Skin irritation:	Calamine lotion, Caladryl lotion, Corticain, Lanacort, Neosporin ointment.

Avoid: Alka Seltzer, Aspirin, Cloricidin, Ibuprofen (Advil) and/or Pepto Bismol. If you have any questions call the office.

LIFESTYLE DURING PREGNANCY

WORK AND PREGNANCY

Working during pregnancy is allowed. There are certain rights that you have as an obstetrical patient. The American College of Obstetricians and Gynecologists has set a standard:

“The normal woman with an uncomplicated pregnancy and a normal fetus with a job that has no greater work hazards than those encountered in daily life in the community may continue to work without interruption until the onset of labor and may resume work several weeks after an uncomplicated pregnancy.”

If you have a dispute about an occupational hazard contact the following:

National Institute for Occupational Health and Safety
5600 Fishers Lane
Rockville, MD 20857

Please let your physician know if you are being asked to work extremely long hours, excessive walking or standing, not being given opportunities to rest or take breaks. Avoid lifting greater than 15-20 pounds, extreme noise levels, or hot or cold temperatures. Stress is also a factor in most of our lives, but if it becomes too extreme or difficult to cope with we need to know. Avoid second hand smoke as well as smoking yourself.

1978 pregnancy discrimination law: Pregnancy and related conditions must be treated the same as any other disability or medical condition.

If your job requires FMLA/pregnancy leave paperwork, please bring it to the office as soon as possible so that we may fill it out for you in a timely manner. There is a onetime \$25.00 fee for form completion, per pregnancy.

Please allow up to 14 business days for completion

EXERCISING IN PREGNANCY

Avoid: Horseback riding, surfing, water-skiing, scuba diving, contact sports, snow skiing, and heated exercise classes.

Approved: Swimming and walking are excellent exercises that are safe while pregnant. You may bicycle up until the last month of your pregnancy if you are not having any problems. Prenatal Yoga is also an excellent form of exercise during pregnancy.

GUIDELINES:

1. Do not lay flat on your back for extended periods after the 4th month of pregnancy.
2. You will need to increase your caloric intake by 300 calories per day during the pregnancy for you and the baby.
3. Do not exceed temperatures of maternal core >100.4 (F). (Hot tub)
4. Exercise regularly 4 or more times per week for 30 or more minutes.
5. Be able to maintain a conversation while exercising.
6. Warm up slowly for 5 minutes before doing vigorous exercising.
7. Cool down after a vigorous exercise.
8. Always start out slowly and work up.
9. Drink lots of water when exercising.
10. Move slowly when getting up from a sitting or lying position.
11. Call your doctor if you have unusual symptoms.

IMPORTANT VITAMINS IN PREGNANCY

Vitamin A: It is important not to exceed the amount recommended of this vitamin. The recommended amount is no more than 5000 international units. More may be associated with birth defects.

Prenatal Vitamins / Folic Acid: Take according to instructions on the bottle while you are pregnant and if you breastfeed. The folic acid in the prenatal vitamins has been shown to decrease certain birth defects.

Calcium: 1200 milligrams per day are recommended. You will need approximately 4 milk or dairy products per day. If you do not take in this much in your daily diet, you will need to supplement with calcium citrate or Tums.

Iron: Iron is in high demand when pregnant. You are supplying iron for yourself and the baby. The prenatal vitamins you are taking will help give you more in your diet. You may also become anemic while pregnant and be asked to supplement iron. Do not take extra iron unless advised by your physician as it is known to cause constipation.

Foods with Iron:

Meats/ Eggs/Seafood	Vegetables/Fruit	Breads/ Grains	Other
Liver	Peas	Oat and Bran Cereals	Beans and Lentils
Beef	Spinach	Rye Bread	Maple Syrup
Chicken	Strawberries	Enriched Rice	Tomato Products
Turkey	Sting Beans	Whole Wheat Bread	Tofu
Pork	Sweet Potato	Pasta	Nuts and Seeds
Eggs	Broccoli	Winter Squash	

Important: Iron is absorbed with vitamin C, so try to drink juice and avoid milk products, antacids, and calcium when you take extra iron supplements.

DHA: Pregnant and lactating mothers are recommended to consume approximately 300 mg of DHA daily



CENTER FOR SCIENCE IN THE PUBLIC INTEREST

Tips To Prevent Food Poisoning

Protect Your Unborn Baby: Important Food Safety Information

Safe Plates: Healthy Eating for Pregnant Moms

Eating nutritious foods is important during pregnancy. But some foods can carry harmful bacteria and parasites that can make you and your baby sick. It is easy to take steps to protect yourself from food poisoning while nourishing yourself and your baby.

Listeria monocytogenes (Listeria)

Listeria is a bacterium most often found in soft cheeses, unpasteurized milk products, and ready-to-eat or undercooked meat, poultry, or seafood. *Listeria* can grow even in refrigerated foods.

Listeriosis causes mild to severe flu-like symptoms in pregnant women, who can pass the illness to their unborn child. Infection of the fetus can result in miscarriage, premature birth, blood poisoning and birth defects. Listeriosis can be treated with antibiotics.

***Toxoplasma gondii* (*T. gondii*)**

T. gondii, a parasite carried by cats, can also contaminate food. Most often, toxoplasmosis results from eating undercooked meat and poultry or unwashed fruits and vegetables, from cleaning a litter box, or from handling contaminated soil.

Toxoplasmosis usually causes no symptoms or only mild flu-like conditions in pregnant women, but can be passed to a developing baby, resulting in miscarriage, disability, and retardation. The severity of effects in the fetus can sometimes be reduced with antibiotic treatment.

The Path to Safe Eating During Pregnancy

The following steps can help protect you and your developing baby from listeriosis, toxoplasmosis, and other food borne hazards. Pregnant women are susceptible to all food poisoning, but *Listeria* and *T. gondii* pose a particular threat to fetuses.

1. **Wash your hands before preparing food, before meals, after handling raw meats, and after using the bathroom.**
 - o Use hot, soapy water, and scrub well.
2. **Avoid cross-contamination.**
 - o Separate raw meat from other food.
 - o Immediately wash with soap and hot water all knives, cutting boards, and dishes that contact raw meat, poultry, and seafood.
 - o Always put cooked foods onto clean plates and use clean utensils.
 - o Double wrap raw meat and poultry in your refrigerator to prevent juices from dripping onto other foods.
3. **Cook raw meat and poultry until well-done.**
 - o Cook hamburgers and pork to an internal temperature of 160°F, cook steaks to 170°F, and cook chicken to 180°F.
 - o Do not sample meat while cooking.
4. **Reheat leftovers and ready-to-eat foods, like hot dogs and deli meats, until they are steaming.**
 - o Reheat these foods to at least 165°F.
 - o Do not eat these foods if they cannot be reheated.
5. **Wash fruits and vegetables thoroughly under running water.**
6. **Do not eat pâtés.**
7. **Do not eat products made from unpasteurized milk.**
 - o Avoid soft cheeses such as Mexican-style, blue-veined, feta, Brie, and Camembert. You can still eat hard cheeses, yogurt, and cream cheese.
 - o Avoid dishes containing raw eggs and drink only pasteurized juices.
8. **Store and maintain food properly.**
 - o Refrigerate leftovers within two hours. If food is left sitting out, throw it away.
 - o Cover stored food to keep out all insects, rats, and pets.
 - o Discard foods past their expiration dates; discard leftovers after a few days.

Further Safety Measures

Avoid cleaning cat litter boxes. If you do clean the litter box, wear gloves and wash your hands afterwards.

Wear gloves when gardening and for activities that involve dirt, and wash your hands afterwards.

Talk to your doctor about *Listeria*, *T. gondii*, and other food safety matters. If your doctor suspects an infection, he or she can perform a blood antibody test for *Listeria* or *T. gondii*.

If you may have eaten hazardous foods, own cats, or have been gardening, you are at greater risk for infection.

Hazardous Foods for Pregnant Moms and Young Children

To assure a safe pregnancy, it is important to avoid these foods, unless they have been thoroughly heated.

FDA advises to avoid shark, swordfish, king mackerel, and tilefish. It is recommended to consume only 8oz – 12oz of fish per week.

Unpasteurized Milk and Milk products.

Soft Cheeses (Mexican-style, feta, Brie, Camembert, and blue-veined) Raw Shellfish.

Rare Meat and Poultry.

Pâtes.

Cold Ready-to-Eat Seafood Products (smoked salmon, etc.).

Cold Leftovers.

Unwashed Fruits and Vegetables.

Raw Eggs and Raw Egg Products (homemade ice-cream, mayonnaise, eggnog, Caesar salad dressing, raw cookie dough, and raw cake mix).

Unpasteurized Fruit Juices and Ciders.

For More Information on *T. gondii* or *Listeria*'s Risks to Pregnancy Contact:

March of Dimes Birth Defects Foundation; Resource Center

1-888-MODIMES

<http://www.modimes.org>

American College of Obstetricians and Gynecologists

1-800-762-2264

<http://www.acog.org>

Organization of Teratology Information Services (OTIS); Pregnancy Riskline

1-888-285-3410

<http://orpheus-1.ucsd.edu/otis/>

United States Department of Agriculture

Food Safety and Inspection Service (202) 720-7943

<http://www.fsis.usda.gov>

Source: http://www.cspinet.org/foodsafety/brochure_pregnancy.html



Pregnancy, Parenting and Depression Resource List

This list contains the names and addresses of professional organizations that can help you find a local resource that meets your needs. There are also some toll-free assistance phone lines. The list will be updated regularly. If you do not see an organization on this list that you feel comfortable contacting, we encourage you to check with your health care provider or a clergy member as he or she may be able to give you some ideas as well.

Statewide Resources:

Postpartum Resource Center of Texas (Multi-lingual)

811 Nueces
Austin, TX 78701
1-877-472-1002 - toll-free
www.texaspostpartum.org

Local Resources:

Mental Health America of Texas

1210 San Antonio Street, Suite 200
Austin, Texas 78701
512-454-3706 mhainfo@mhatexas.org

Mental Health Association of Greater San Antonio

8431 Fredericksburg Road, Suite 110
San Antonio, Texas 78229
210-614-7566 Office

Mental Health Association of Tyler

113 E. Houston St. Tyler, Texas
75702
903-592-0582

Toll-Free Telephone Assistance Lines:

Postpartum Resource Center of Texas (Multi-lingual)

811 Nueces
Austin, TX 78701
1-877-472-1002 - toll-free
www.texaspostpartum.org

Texas Department of Health

Family Health Services, Information & Referral Line

1-800-422-2956

2-1-1- Texas

2-1-1 Texas, formerly First Call for Help, is a service for the entire community. 2-1-1 is the new abbreviated dialing code for free, bilingual information and referrals to health and human services and community organizations. 2-1-1 serves as the number to call for information about community organizations, and it links individuals and families to critical health and human services provided by nonprofit organizations and government agencies in their own community. 2-1-1 Texas is currently available in the following places:

The Gulf Coast Region (Houston)
Southeast Texas Region (Beaumont)
South Central Texas (Austin)
North Central Texas (Dallas regions)
North Central Texas (Fort Worth regions) Panhandle
(Amarillo)
Bryan/College Station South Plains
(Lubbock)
Tip of Texas (Weslaco)
Texoma (Sherman)
Rio Grande (El Paso)
Permian Basin (Midland)
Central Texas (Belton)
Alamo (San Antonio)

On-line Assistance:

Texas Information and Referral Network

www.bhsc.state.tx.us/tirn/tirnhome.htm

source: <http://www.tdh.state.tx.us/mch/depression.htm>



FETAL KICK COUNTS

Fetal kick counts are a way for your doctor to help assess fetal well-being. Starting around the 32nd week of your pregnancy, you will be asked to count the number of times your baby moves or kicks. We would like your baby to move a minimum of ten times within a 2-hour period every day. The following information will explain how to do the fetal kick counts.

When you waken, note the time to determine when the 2-hour counting period begins.

EX: if you awoken at 7 a.m., you should have counted 10 kicks by 9 a.m.

A baby usually has several movements or kicks at once or moves many times in a short amount of time. These can count as separate kicks for counting purposes.

When your baby has moved or kicked 10 times, you may quit counting. Many babies move 10 times well before the 2-hour time limit.

If your baby has not moved or kicked at least 10 times by the end of the 2-hour time frame, call the office, if during the day or the medical exchange after hours at 323-LINK.

HELPFUL HINTS FOR COUNTING FETAL KICKS

Babies often move after you cough, laugh, or change position.

Babies usually begin moving after you drink something cold or after eating.

Babies usually move around after loud or sudden noises.

Babies sometime get hiccups! However, they only count as 1 movement in your counting process.

PREPARING SIBLINGS FOR THE BABY

Having a new baby can be very disruptive to families, especially to first born children and toddlers. It is very common and even normal for siblings to feel jealousy towards a new baby. Siblings may also become more demanding, disruptive, or aggressive and may regress in many of their behaviors, including not wanting to use the potty anymore, using baby talk or having frequent temper tantrums. Younger siblings will feel that they are no longer the center of attention and will be jealous of the attention that is paid to the new baby.

Here are some tips to help prepare siblings for the arrival of your new baby and minimize or prevent sibling rivalry:

WHILE PREGNANT

Most children, especially older siblings, should be told about the coming of the new baby and that it is growing inside, once you begin to show. This will help to get them involved in the whole process and ease the transition of having a sibling at home to share your attention. They may also feel more involved if he is allowed to help in the preparations for the baby, including decorating the nursery or helping to pick out clothing and toys and other newborn supplies.

To minimize the jealousy that a sibling may feel towards a new baby, try to not make too many other changes in your children's routine close to the delivery. If you are going to move your child out of a crib and into a bed, into another room, or into a new day care, it would be better to do it well before the new baby is born. Your child may otherwise feel displaced by the baby and feel resentment towards him. Also, don't try and teach your child new skills, such as potty training, close to the delivery date, and expect regression of already mastered skills.

Continue to talk about the pregnancy as it progresses and prepare for your children for the delivery. Consider allowing him to visit the hospital or attend sibling classes if they are available.

WHILE IN THE HOSPITAL

Call your other children frequently while you are in the hospital and if possible, allow them to visit you once the baby is born, or if that is not possible send them a picture.

WHEN YOU COME HOME

When you finally do come home, try and have someone else carry the baby inside or at least hand him to someone else, and then spend some time with your other children. You may also consider buying a special gift that you can give to your children from the baby.

Continue to spend special time with your other children and remind visitors to pay attention to siblings and not just to the new baby and include the siblings in pictures and other activities.

THE NEW BABY'S FIRST MONTHS

Your other children may feel neglected as the new baby demands a lot of your time. You can help this by spending time alone with your other children each day, allowing them to help with simple tasks such as getting a new diaper or toy, and encouraging them to touch and play with the new baby. You should also accept any regression in your children's behaviors and supervise all contact so that he can't harm the baby.



INFORMATION ON PREMATURE LABOR

The incidence of premature birth (before 36 weeks gestation) is approximately 10-15 percent in this country. It has been shown that when women are aware of the signs of premature labor and seek care early that the incidence of premature delivery can be decreased. The vast majority of women that have premature labor do not have risk factors. If you experience any of the following symptoms, please notify us immediately; during the day call our office at 512-454-5721, after hours call the medical exchange at 512-323-LINK.

1. Regular uterine contractions that do not go away with resting, that occur at a frequency of greater than every 10-15 minutes, that last 30 seconds or longer.
2. Pelvic pressure is a normal sensation as your due date approaches: it may also indicate early cervical dilation.
3. Vaginal discharge: a sudden gush of fluid may indicate that your membranes have ruptured: please note the color of the fluid. It is normal to lose your mucous plug after 36 weeks. If you note a thick, bloodstained discharge prior to that time it is considered abnormal.
4. If you have fever and or vomiting you may be at higher risk to develop premature labor.

If after talking to the physician, or triage nurse, you are instructed to come to the office or to the hospital, you will be monitored when you arrive. Uterine contractions and the baby's heart rate will be monitored. You may also have a speculum examination, culture of cervix and special test to determine whether or not the membranes have been ruptured. Seton Hospital has a neonatal intensive care nursery to care for babies that have been born early. A neonatologist will be notified as well as your pediatrician if we feel that delivery is imminent. There are medications that are available to stop premature labor and you may require one of these medications.

PREVENTION OF PREMATURE LABOR IS THE BEST TREATMENT!

CALL IMMEDIATELY IF YOU HAVE ANY OF THE ABOVE SYMPTOMS!

About Our Physicians



Dr. Nunnelly began private practice in Austin in 1981. He joined our group practice in 1983, then called Drs. DesRosiers & Wernecke, Assoc. He has served as President of the group since 1995. Dr. Nunnelly has acquired extensive experience caring for normal and high-risk pregnancy, as well as complex gynecological conditions including abnormal bleeding, fibroid tumors, Pap smears, infertility and pelvic pain.

He has surgical expertise in almost all gynecological procedures including laparoscopic, use of laser and vaginal surgery. He has focused his practice on the subspecialty of urogynecology, including pelvic prolapse and urinary incontinence. He receives referrals from primary care and other OB/GYN physicians for the treatment and care of patients with these conditions.



Dr. Reue has practiced with The OB/GYN Group of Austin (previously Drs. Des Rosiers & Wernecke, Associates) since the early 90's. Dr. Reue manages both routine and high-risk pregnancies, has extensive experience managing twin and triplet pregnancies and also offers infertility evaluations and treatments. Dr. Reue is a skilled surgeon and has extensive experience performing a variety of laparoscopic procedures for the treatment of pelvic pain, endometriosis, and uterine fibrosis, as well as laparoscopic hysterectomies. He offers minimally invasive procedures for the treatment of urinary incontinence. Dr. Reue was the first physician in Austin to perform endometrial ablation for the treatment of heavy menstrual bleeding – a procedure he now frequently performs in the office.



Dr. Grogono has been practicing with The OB/GYN Group of Austin, formerly known as Drs. Des Rosiers & Wernecke, Associates, since 2001. Before joining our group Dr. Grogono practiced with Women Partners in Health, also an Ob/Gyn Group Practice.

Dr. Grogono received her Bachelor of Arts Degree in 1989 from Trinity University in San Antonio. She later attended Tulane University School of Medicine in New Orleans and received her medical degree in 1995. She did both her internship and Residency in Obstetrics and Gynecology at the University of Texas Medical Branch in Galveston between 1995 and 1999.



Dr. McCoy attended Baylor University in Waco where she graduated with honors. After her time at Baylor, Dr. McCoy moved to San Antonio to attend medical school at the University of Texas Health Science Center, where her interest in Women's Health was sparked. During this time, she was able to travel internationally, working and setting up clinics in Mexico and India, giving her a more global picture of health care, specifically women's health. Post-graduation, Dr. McCoy left her Texas roots and headed to Rhode Island for her residency in Obstetrics and Gynecology at Brown University.

Dr. McCoy came back to Texas to make Austin her home. She sees patients at The OB/GYN Group of Austin central location.



Dr. Michelle Gooch received her Bachelor of Science degree from Texas A&M University. She then attended Texas Tech University Health Sciences Center School of Medicine where she completed her medical degree and her residency in obstetrics and gynecology. Dr. Gooch is a member of the Texas Association of Obstetricians and Gynecologists, The American College of Obstetrics and Gynecology, the Texas Medical Association and the Travis County Medical Society. Dr. Gooch treats patients at The Southwest Medical Village located at: 5625 Eiger Road, Suite 205 Austin, TX 78735.



Dr. Gooch received his Bachelor of Arts Degree from the University of Texas in Austin. At Texas Tech University in Lubbock, he received his medical degree and completed his residency in the Department of Obstetrics and Gynecology at Texas Tech University in Amarillo.

"I consider it a privilege to provide state of the art medical care to women. I have special interests in general obstetrics as well as the evaluation and treatment of complex gynecological issues including abnormal bleeding, disorders of pelvic support, and urinary incontinence. I strive to employ a minimally invasive approach to surgical procedures using advanced vaginal and laparoscopic techniques to optimize patient satisfaction and recovery."



Dr. Hoverman attended Swarthmore College and received her Bachelor of Arts in Art History, she then attended The University of Texas Health Science Center at San Antonio and received her medical degree in 2008. Dr. Hoverman completed her residency in obstetrics and gynecology at East Tennessee State University. "I believe women are the secret to a healthier future. If I can convince a woman to make healthy decisions, help her feel better about herself and her body, or help support a healthy pregnancy then that woman will have more to offer and teach her family. In my experience as an Ob/Gyn and working with Doctors Without Borders, as a physician sometimes you feel like you are just a drop of water in the middle of the ocean. But to that one patient and to her family, the one drop of water makes all the difference in the world." Dr. Hoverman sees patients at the central location and the Southwest Medical Village location.

About Our Nurse Practitioners



Gretchen Palmer, WHNP-BC

graduated Cum Laude from The University of Texas at Austin with a Bachelor of Science in Nursing. She continued her education at The University of Cincinnati where she obtained her masters in the Women's Health Nurse Practitioner Program. Gretchen is Board Certified through the NCC – National Certification Corporation. Gretchen has over 22 years of Obstetrics and Gynecology experience in all aspects of female care at hospitals, in private practice, and in childbirth education. She has worked in Labor and Delivery, served as a staff nurse for our practice and taught childbirth education for over 10 years prior to receiving her Nurse Practitioner's license in 2010. Gretchen sees patients at the Southwest Medical Village location.



Lindsay Spring, WHNP-BC

is a board-certified Women's Health Nurse Practitioner who has spent the majority of her career working in Maternal Fetal Medicine and taking care of women with high risk pregnancies. She is also proficient and enthusiastic about preventative medicine, well women exams, contraception management, preconception counseling, and treating various infections and complications of obstetrics and gynecology. Lindsay belongs to a handful of professional organizations and stays up to date on clinical recommendations and current research. She takes the time to relay this information to her patients and together they make sound clinical decisions applying evidence-based medicine. Lindsay sees patients at our central location.



Jessica Schiller, FNP, APRN

is a graduate from The University of Texas at Austin and received her Masters of Science in Nursing from UT Health Science Center in San Antonio. Jessica has a background as an emergency room nurse and is thrilled to be working in her field of passion – Women's Health. In her free time, Jessica enjoys spending time with family, friends, and her two amazing children. She loves traveling, yoga, and is always excited to learn or try something new. Jessica sees patients at our central location.