



Med Center Health®

Women's Health Specialists

Medical Arts Building • 350 Park Street, Suite 203
Bowling Green, KY 42101
Phone: (270) 781-0075 • Fax: (270) 781-0143
Toll Free: 1-866-997-5784
MedCenterHealth.org

We would like to take this opportunity to thank you for allowing us to provide care to you during this time and in the future. Here are a few things you need to know:

1. Drs. DeAngelis, Kastica, Lyons, Nemec, Sandhu, Trevor, and our Certified Nurse Midwives—Leigh Lindsey, PhD, Heather Finney & Courtney Maxfield—only deliver at The Medical Center at Bowling Green.
2. If you are having a problem and need to speak with a physician, call the office. If your physician is out of the office that day, your call will be directed to the doctor on-call. If you are having a problem and it is after regular office hours, you still need to call the office – the answering service will direct your call to the physician on-call. Please limit after hours calls for emergencies only. Colds, sore throats, yeast infections, diarrhea, or any other general problems are not considered emergencies. If you are pregnant and are bleeding, having contractions - back pain that “comes and goes”, think that you are leaking amniotic fluid, think your “water broke”, you will need to report immediately to Labor & Delivery located on the 2nd floor at The Medical Center at Bowling Green.
3. Please fill out the pre-registration packet. This will be given to you at the time of your diabetes screening.
4. If you are interested in a postpartum Tubal Ligation, “tubes tied”, and have Kentucky Medicaid, you must sign a consent form at least 30 days prior to your delivery. Other insurances need to be signed at least 25 hours in advance.
5. Unless you have other children who already have a pediatrician and simply plan for them to care for your newborn also, may we recommend that you chose a pediatrician, call that office and schedule an appointment to discuss your interest in having them care for your newborn. A list of pediatricians in the Bowling Green area is attached for your convenience.

The following will take place during your antepartum care:

1. Your first visit as a prenatal patient will consist of a complete physical exam, a routine Gonorrhea/Chlamydia culture along with a PAP smear and prenatal lab profile, which includes a HIV screening. The prenatal profile consists of your blood type and Rh factor, blood count, Rubella screening (German measles), antibody screen, and syphilis screen. You will also receive a prescription for prenatal vitamins and patient education. Weight and blood pressure will be obtained at each visit throughout your pregnancy.
2. Fetal heart tones (the baby’s heartbeat) can usually be heard in the 10th week of pregnancy.
3. Serum maternal alpha feta protein, a screening for Down syndrome and open neural tube defects, will be offered between the 16th-20th weeks of pregnancy. This is an optional test.
4. An ultrasound *may* be performed around the 18th-20th week of pregnancy, unless an ultrasound was performed earlier in pregnancy, or is not a covered benefit through your insurance.
5. A screening for Gestational Diabetes and hemoglobin will be performed at the 24th-28th week of pregnancy. If your Rh factor is negative, you will also need an antibody screen and an injection of Rhogam.
6. A screening for Group B Strep will be performed at the 35th-37th week of pregnancy. This is a vaginal-rectal culture to determine if you have/carry Group B Strep.

All of the information listed above applies to a pregnancy without problems / complications. If at any time a problem develops during your pregnancy, additional labs, ultrasounds, fetal monitoring, and visits may be required.



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OVER-THE-COUNTER MEDICATIONS SAFE DURING PREGNANCY

PAIN / HEADACHE

- Tylenol (Acetaminophen)
- Motrin, Advil (Ibuprofen) – safe until 20 weeks (4 ½ months)
- Aleve (Naproxen) – safe until 20 weeks (4 ½ months)

HEARTBURN

- Tums
- Rolaids
- Maalox
- Mylanta (Aluminum, Magnesium, Simethicone)
- Tagamet (Cimetidine)
- Pepcid (Famotidine)
- Zantac (Ranitidine)

COLD / FLU / ALLERGY

- Tylenol (Acetaminophen)
- Tylenol Allergy / Sinus (Acetaminophen, Diphenhydramine, Pseudoephedrine, Chlorpheniramine, Dextromethorphan)
- Tylenol Cold, Tylenol Cough (Acetaminophen, Pseudoephedrine, Chlorpheniramine, Dextromethorphan)
- Sudafed (Pseudoephedrine)
- Actifed (Pseudoephedrine, Tripolidine)
- Benadryl (Diphenhydramine)
- Robitussin DM (Dextromethorphan)
- Robitussin (Quafenesin)
- Chloroceptic spray or lozenges
- Mucinex (Guaifenesin)

CONSTIPATION

- Metamucil (Psyllium)
- Ex-lax
- Milk of Magnesia
- Miralax

DIARRHEA

- Immodium (Loperamide)



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HOW TO FIND A DOCTOR FOR YOUR NEW BABY

The Prenatal Visit

It is important to find a doctor to care for your baby when he or she is born. Most pediatricians or family doctors will see you for a prenatal visit before the baby is born. Some will charge you a fee; some do this as a free service. The prenatal visit is a good way to get to know the doctor, to see if he or she fulfills your expectations and needs. It is important to find out if the doctor or clinic accepts your insurance – otherwise, you will have to pay full price for all services, or find another doctor.

If You Do Not Pick a Doctor

If you do not pick a doctor for your baby before he/she is born, a pediatrician will be assigned to your baby at the hospital. This doctor may or may not accept your insurance. If he/she does not accept your insurance, then you may not be able to continue seeing that doctor for the baby's care.

Continuity of Care

It is important to continue to see the same doctor so that the doctor will get to know you and will know the baby's medical history. This is called "continuity of care" or a "medical home". Having good continuity of care greatly improves your child's medical care and chances for good health. This medical home is where your child's care, including vaccines, can be coordinated.

Call NOW to Find Out Your Choices

If you have Medicaid, your baby is guaranteed to be covered by Medicaid for at least one year. But, you **MUST** sign up for it! Be sure to let your caseworker know as soon as your baby is born. In addition, you should call your caseworker now, to find out which pediatricians or family doctors are accepting new Medicaid patients. Then you will be able to arrange a prenatal visit with the doctor of your choice. If you have other insurance, it is important to call your insurance company to find out your choices for the baby's doctor. If you wish, you can call for a prenatal visit. Be sure to call your insurance company when the baby is born to add your baby to your insurance coverage.

When You Get to the Hospital

Even if you don't get a prenatal visit to the pediatrician or family doctor, you need to find out your choices, so that you can get the right doctor when you arrive at the hospital to have your baby. All patients are asked which doctor they prefer for their baby, before their baby is born. This is **YOUR CHOICE!**



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PEDIATRICIANS

How to choose one that is right for you?

Definition: The pediatrician will be your child's doctor. He will come to the hospital after the baby is born to examine the infant and review the maternal records to determine, what, if anything needs to be done for your child.

The Prenatal Visit: Most expectant families are recommended to meet with prospective Pediatricians before the baby arrives. There are three main reasons to have this visit: ¹This is a good time for patients to decide if the Pediatrician is a good fit for the values and beliefs, ²It is also a good time to ask pertinent questions about the doctor and his office, ³It is a good time for the doctor to educate new parents about what to expect after the birth of their child.

Some questions for parents to ask prospective Pediatricians:

- Office hours – what happens on nights and weekends?
- How are phone calls / messages handled?
- What types of insurances do they accept?
- Are they Board Certified?
- Who are the other covering physicians?
- Are there any philosophical differences that would impair the doctor – family / relationship (special diets, belief in alternative therapies, etc.)?

Some issues the Pediatrician may raise during the visit:

- The pregnancy and any complications that may be present
- Family and social history
- Breast vs. Bottle-feeding
- Circumcision
- Safety issues – car seats, thermometers, etc.
- Care of the baby after you leave the hospital and upcoming well child visits

Sources of information to help you find a Pediatrician:

- Your obstetrician, Nurse Midwife, or Nurse Practitioner
- Friends
- Family
- Other physicians (i.e. family physicians, internists, specialists)



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AREA PEDIATRICIANS

Medical Center Primary Care - (270) 901-0629

[Med Center Health.org](http://MedCenterHealth.org)

Suman Shekar, MD

Munfordville Primary Care Clinic – (270) 524-3641

MedCenterHealth.org

Catrinia Druen, MD

Graves Gilbert Clinic - (270) 781-5111

<http://gravesgilbert.com/departments/pediatrics/>

Jeffrey L. Bitterling, MD

Christopher J. Castelli, MD

Tiffani Cherry, MD

Danielle Foster, DO

Zahid G. Fraser, MD

Mark Lowery III, MD

Pippa Pinckley-Stewart, MD

J. Christopher Smith, MD

John S. Smith, MD

Debra R. Sowell, MD

Elizabeth Sternberg, DO

Lauren E. Wheeler, MD

Elizabeth Hawkins, APRN

Bowling Green Internal Medicine & Pediatrics, Associates – (270) 846-4800

<http://bgimp.com/>

Augusta Mayfield, MD

Paul A. Kniery, MD

Kelly E. Kries, MD

Casey L. Miles, MD

Ashley R. Parrigin, APRN

Emily M. Cope, APRN

Fairview Community Health Center – (270) 783-3573

<http://www.fairviewcommunityhealth.org/index.php>



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GROUP B STREPTOCOCCUS AND PREGNANCY

Group B Streptococcus (strep) is a type of bacteria that can be found in up to 40% of pregnant women. A woman with strep can pass it on to her fetus when she is pregnant or to her baby during delivery or after birth. Most babies who get strep from their mothers do not get sick or have any problems. A few, however, will become sick and could possibly die from this infection if not properly treated.

What are Strep Infections?

Strep are bacteria that are often found in the mouth or in the vagina and/or rectum of some women. Group B Strep is different from the germ that causes strep throat, which is Group A Strep. Having Group B Strep is not dangerous to a woman's health. If a woman is pregnant, however, she can pass strep to her baby. It can also be passed to the baby after birth, either by the mother or by someone else.

Effects on the Baby

About 15-40% of all pregnant women have strep at some point during pregnancy. If strep is passed from a woman to her baby, the baby may develop a strep infection. This happens to only a few babies. Most babies (98-99%) exposed to strep do not become infected or get sick. Of the few babies who become infected with strep, about 15% will die.

Testing and Treatment for Strep

There are tests that can detect strep. The screening for Group B Strep will be performed at the 36th week of pregnancy. This is a vaginal-rectal culture to determine if you have/carry Group B Strep. If the test is positive for strep, the mother will be offered treatment when she is in labor. Treating the pregnant woman before labor cannot be relied on to prevent infection in the baby. If she is treated during pregnancy, a woman can become positive again, even after treatment, before the baby is born.

Risk Factors

A woman in labor may be treated even if she was not tested during pregnancy. Certain risk factors increase the chance that the baby of the mother with strep will become infected. These risk factors include, but are not limited to: having a previous child with strep infection, fever during labor, premature labor, rupture of membranes (breaking of water) before 37 weeks gestation, or if membranes have been ruptured for over 18 hours. If you have any of these risk factors, you should be treated for strep in labor, even if you have not been tested for strep. Treatment during labor and delivery may help to prevent infection in your baby.



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AFP TESTING (QUAD SCREENING)

AFP (Alpha Feto Protein) is a protein made by the baby and can be found in the mother's blood. A blood test called MSAFP (Maternal Serum Alpha Feto Protein) can be done to find out the amount of AFP in the mother's blood.

Some birth defects or genetic problems can cause the amount to be abnormal. Higher than normal amounts can be caused by brain, spinal cord, abdominal, open neural tube defects, or other similar birth defects. Lower than normal amounts can be caused by Down syndrome.

If the results are abnormal, it does NOT mean your baby will be born with a problem. It DOES mean you will need to have more testing done. You may need testing like a special ultrasound or amniocentesis that is done at clinics in Bowling Green, Louisville, and/or Nashville.

It is your choice to have the test or not. The blood test will be offered at the 16th week through the 20th week of pregnancy. If you have questions, please ask a nurse or provider to help you find the answer.

INFORMATIVE CLASSES

Breast Feeding Assistance

Experienced Registered Nurses with expertise in breast feeding techniques will assist the new mother in the privacy of her room. This service is available at any time during her stay, upon request. For more information about Lactation Services at The Medical Center, call (270) 796-2108.

Newborn Care & Safety Class

This is a "hands on" class where parents will be taught important baby care skills. An infant CPR/choking demonstration will prepare parents for what to do in an emergency. Safety issues for newborns will also be discussed. This is offered through The Medical Center's Health & Wellness Center. Classes can be set up by calling The Health & Wellness Center at (270) 745-0942 or Toll Free @ (877)-800-3824. A schedule of upcoming classes can also be viewed on-line at:

http://www.themedicalcenter.org/internal/wellness/Health_and_Wellness_Center/

Other Classes Available

The Medical Center offers a variety of classes which will help you and your families learn the things necessary to make your hospital stay stress reduced and give your baby the best start in life. We suggest that each family take a group of core classes and any additional ones that you desire. For additional information, please call (270) 796-2495. You may also register for classes through their website (registering is required due to space limitations) at:

http://www.themedicalcenter.org/featured/obstetrics_and_neonatology/obstetrics/classes.aspx/obstetrics/lactation_services.aspx



Stephanie M. DeAngelis, DO

Medical School: Ohio University Heritage College of Osteopathic Medicine
Residency: Summa Akron City Hospital, Ohio
Board Certified: American Board of Obstetrics and Gynecology eligible

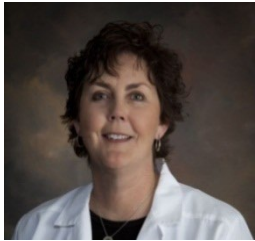
- Dr. DeAngelis joined Women’s Health Specialists in 2017.



Deborah A. Kasica, MD, FACOG

Medical School: University of Medicine & Dentistry of New Jersey,
New Jersey Medical School
Residency: St. Joseph’s Hospital & Medical Center, New Jersey
Board Certified: American Board of Obstetrics and Gynecology

- Dr. Kasica has practiced at Women’s Health Specialists since 2002.



Karen S. Lyons, MD, FACOG

Medical School: University of Louisville School of Medicine
Residency: University of Louisville
Board Certified: American Board of Obstetrics and Gynecology

- Dr. Lyons has practiced at Women’s Health Specialists since 2013. She has practiced in the South-central KY area since 2002.



Jeffery W. Nemecek, MD, FACOG

Medical School: University of Wisconsin School of Medicine
Residency: Texas Tech, Texas
Board Certified: American Board of Obstetrics and Gynecology

- Dr. Nemecek has practiced at Women’s Health Specialists since 1998.



Manmeet K. Sandhu, MD, FACOG

Medical School: Manipal University, Kasturba Medical College
Residency: Aurora Sinai Medical Center, Milwaukee, Wisconsin
Board Certified: American Board of Obstetrics and Gynecology

- Dr. Sandhu came to Women’s Health Specialists in 2012, having previously practiced at Aurora Health Care in West Bend, Wisconsin.



Devin G. Trevor, MD, FACOG

Medical School: University of Louisville School of Medicine
Residency: Bethesda Hospital, Cincinnati, Ohio
Board Certified: American Board of Obstetrics and Gynecology

- Dr. Trevor has practiced at Women’s Health Specialists since 2002.

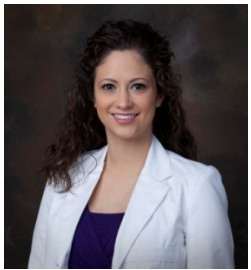
OUR NURSE MIDWIVES



Leigh K. Lindsey, Ph.D., MSN, APRN, CNM, FNP

School: Bachelor of Science-Nursing
Western Kentucky University, Bowling Green, KY
Master of Science-Nursing: Family Nurse Practitioner & Midwifery, Vanderbilt University, Nashville, TN
Ph.D., University of Louisville, Louisville, KY

- Leigh was the first Midwife to join Women's Health Specialists, but had been delivering for several years prior. Additionally Leigh taught & continues to teach Nurse Practitioner courses at WKU. She has practiced at Women's Health Specialists since 2006.



Heather Finney, MSN, CNM

School: Bachelor of Science -Nursing,
Western Kentucky University, Bowling Green, KY
Master of Science – Nursing: Midwifery & Women's Health
Frontier Nursing University, Hyden, KY

- Heather's focus has always been towards gaining a career in Women's Healthcare. Having trained under Leigh Lindsey, CNM, she knew that Women's Health Specialist was the right fit for her and began her practice there early 2015.



Courtney Maxfield, MSN, CNM

School: Associate of Science -Nursing,
Western Kentucky University, Bowling Green, KY
Bachelor of Science -Nursing,
South University, Savannah, GA
Master of Science – Nursing: Midwifery & Women's Health
Frontier Nursing University, Hyden, KY

- Courtney has a long history of being a nurse within a multitude of specialized areas. Her passion has always been Women's Health/Labor & Delivery. Prior to coming to Women's Health Specialists she worked at another local office for 2 ½ years. She has practiced at Women's Health Specialists since 2014.