West Long Branch OB/GYN

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Congratulations!

We are delighted to share this experience with you! The information in the following pages is an introduction to our practice, as well as useful information to guide you on this journey.

Appointment Scheduling

Routine visits will be every 4 weeks until the 28th week of your pregnancy, then every 2 weeks until the 36th week, and then weekly.

We recommend you rotate your visits between all of our midwives and doctors.

Your postpartum visit should be scheduled for 4 weeks after delivery. You should schedule this visit immediately upon returning home from the hospital. If you have a c-section, you will have an appointment 2 weeks after delivery to check your incision, followed by a postpartum exam 2 to 4 weeks later.

You should return to the office approximately 6 months after your postpartum visit to have your annual exam.

Questions?

Read through this information again - you will find the answers to many of your questions in these pages. If not, our offices are open Monday to Thursday from 8:30am to 5:00pm and Friday 8:30am to 4:00pm. If you have any questions during those times, please call and the medical assistants will help you. You may be asked to leave a message, and we will return your call within 24 hours (usually by the end of the same day). You can also send us an email through your online Patient Portal and we will reply in 1-2 business days. Ask the front desk staff how to sign up for your Patient Portal account if you have not already done so.

If you have an emergency or think you are in labor outside of business hours, call the office and you will be redirected to our answering service. Please leave a message with the operator and we will be in touch with you as soon as possible. If your call is not an emergency, please wait until the office is open. Do NOT report emergencies or labor symptoms through your online Patient Portal.

Our Team

Kenneth R. Skorenko, M.D., F.A.C.O.G. Dr. Skorenko received his B.S. degree at Stevens Institute of Technology. He then went on to receive his doctorate in medicine at the New Jersey School of Medicine. He specialized in obstetrics and gynecology, pursuing his residency at Monmouth Medical Center.

Dominick A. LoBraico, D.O., F.A.C.O.G. Dr. LoBraico received his B.S. degree in biochemistry and nutrition at Virginia Tech. He obtained his doctorate in medicine from the Philadelphia College of Osteopathic Medicine. After an internship at Atlantic City Medical Center he went on to a residency at Monmouth Medical Center.

Jennifer D. Pompliano, D.O., F.A.C.O.G. Dr. Pompliano received her B.S. in psychology-biology at Union College. She continued on to receive her master's degree in public health at Columbia University and her doctorate in medicine at the New Jersey School of Osteopathic Medicine. Dr. Pompliano continued on to a residency at Monmouth Medical Center.

Karen M. Smith, D.O., F.A.C.O.G. Dr. Smith received her B.S. degree in biology from St. Joseph's College. She continued on to receive her doctorate in medicine at the University of Medicine and Dentistry of New Jersey School of Osteopathic Medicine. Dr. Smith completed her residency in Obstetrics & Gynecology at Monmouth Medical Center.

Sharon Jackson, M.D., F.A.C.O.G. Dr. Jackson received her B.S. degree in engineering at Case Western Reserve University in Cleveland, Ohio and her doctorate in medicine from the University of Toledo College of Medicine in Toledo, Ohio. She completed her residency in Obstetrics & Gynecology at Rutgers Robert Wood Johnson University Hospital in New Brunswick, New Jersey.

Elie Soussan, M.D., F.A.C.O.G. Dr. Soussan received his B.A. degree in psychology from Temple University and his doctorate in medicine from Sackler University. He completed his Obstetrics & Gynecology residency at Hahnemann Hospital in Philadelphia, an affiliate of Drexel University. He also specializes in vaginal rejuvenation and facial botox/fillers.

Danielle Donato, C.N.M., W.H.N.P. Danielle Donato received her B.S.N. from the University of Delaware. She worked as a critical care nurse in numerous trauma and surgical ICUs before returning to midwifery school. She obtained a master's degree in nurse midwifery from Georgetown University, and has additional training and certification as a Women's Health Nurse Practitioner.

Samantha Keenan, D.N.P., C.N.M., W.H.N.P. Samantha Keenan received her B.S.N. from Thomas Edison State University. She worked as an orthopedic-trauma and medical-surgical nurse for many years prior to attending midwifery school. She obtained a doctorate degree in nurse midwifery from Rutgers University and has an additional board certification as a Women's Health Nurse Practitioner.

Jessica Wahler, D.N.P., C.N.M., W.H.N.P. Jessica Wahler received her B.S.N. from Fairleigh Dickinson University. She has experience as a medical-surgical and labor & delivery nurse prior to starting midwifery school. She obtained a Doctorate in nurse midwifery from Rutgers University and has an additional board certification as a Women's Health Nurse Practitioner.

What is a Certified Nurse-Midwife?

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Certified Nurse-Midwives (CNMs) are registered nurses (RNs) who have graduated from an accredited nurse-midwifery program and are board certified. They have a college degree in nursing and a master's degree in nurse-midwifery. They spend thousands of hours becoming experts at delivering babies.

What does a CNM do?

CNMs specialize in providing support, education, and family-centered care. A midwife is an excellent resource for tips to manage your pregnancy discomforts and labor pains. Our midwives work in direct partnership with our physicians during your pregnancy, labor, and delivery.

Midwives are very supportive of the natural birth process & can help you manage pain during an unmedicated birth if that is what you chose. They are also very supportive of women that chose epidurals or other types of pain management.

Midwives provide annual exams, prescribe birth control and other medications, and treat gynecologic problems. All of the midwives at WLB OB/GYN are dual-certified as Women's Health Nurse Practitioners.

What if a complication occurs during my pregnancy?

The midwives in our practice are trained to manage pregnancy complications and work in conjunction with our physicians. If you need a c-section, it will be performed by the physicians in our practice.

How can I meet the CNMs?

It is recommended that you meet all of our providers during your pregnancy, as the physicians and midwives rotate who is on call at the hospital for your birth.

Monmouth Medical Center

Our Hospital
Monmouth Medical Center in Long Branch has an award-winning Labor & Delivery unit, a level III Neonatal Intensive Care Unit, and state-of-the-art surgical facilities. We provide care exclusively at MMC.

I think I need to go to the hospital - what do I do?
If you are having a life-threatening emergency, call 9-1-1. Otherwise, call our office first before going to the hospital (24 hours a day).

Childbirth Classes
MMC offers several low-cost classes on childbirth and baby care. Call 732-923-5024 for more info.

Entering the Hospital
During normal business hours, you can enter through the main entrance. You will check in with the welcome desk and take the elevator to Labor & Delivery on the 3rd floor. After hours, you will enter through the Emergency Department. Security will direct you to Labor & Delivery. Once you are on Labor & Delivery, a nurse will do an initial evaluation and call one of our providers to determine your care plan.

Anesthesia
Information regarding epidurals and anesthesia for c-sections can be found at this website: napaanesthesia.com/ob-resource-center. Another option is narcotic pain medicine which works to temporarily help with pain. Your provider can discuss these options with you in labor.

Circumcision
If you would like to have your son circumcised, one of our physicians can do this for you before you leave the hospital. This is usually done on the day after he is born.

Leaving the Hospital
Most parents stay 1-2 nights after a vaginal delivery and 2-3 nights after a c-section. On the day you are going home, your nurse will help you leave by lunch time.

Anxiety, Depression, and Mood Changes in Pregnancy

We commonly hear about postpartum depression, but mood disorders happen during pregnancy too. Women can experience anxiety, depression or a mixture of both. These changes can happen even during the most desired pregnancies and in women that have a lot of love and support. If you have a history of depression or anxiety, you are more prone to mood disorders during this time. Please talk with us: we are here to help. You may benefit from therapy, medication, or both. You are not alone.

In addition to talking to us, we encourage you to seek support from these specialists:

The Center for Perinatal Mood and Anxiety Disorders in Eatontown. Support groups, therapists, and medication options. Call (862) 781-3755.
They also have virtual support groups: www.rwjbh.org/events/event/?event=15765.

The Parks Center in Tinton Falls. Dr Shannon Parks, a psychiatrist who specializes in medications for women's mental health. Call (732) 447-2545. www.theparkscenter.com.

Yad Rachel in Lakewood. Support groups, therapists, and medication options. Call (732) 364-4462. www.yadrachelnj.org.

Lotus Blossom Psychotherapy, Wellness, & Counseling for Women, in Eatontown. A local therapy practice specializing in women's issues. Call (732) 440-8166. www.lotusblossompsychotherapy.com.

Alison Curry, a local therapist. Call (732) 896-0767.

Kim Gilroy, a local teletherapist. Call (848) 863-5677. www.infinitebalancepsychotherapy.com.

Lindsay Conover, a local teletherapist. Call (732) 646-5156.

Additional mental health specialists can be found at www.psidirectory.com.

There are many virtual support groups available, including groups specific to parents of color, single parents, dads, and the LGBT community: www.postpartum.net/get-help/psi-online-support-meetings.

The Central Jersey Family & Health Consortium (CJFHC) provides pregnancy and postpartum support for uninsured and underinsured people. Call (732) 937-5437, extension 179 or email pmad@cjfhc.org.

If you have thoughts of harming yourself or your baby, please go to the Emergency Room or call the 24/7 crisis hotline immediately: (732) 923-6999

Vaccines During Your Pregnancy

Whooping cough (Pertussis)

Whooping cough can be deadly for newborns. All pregnant women should receive vaccination against whooping cough during every pregnancy. When you receive this vaccine, your body makes antibodies to protect against the disease. Some of these antibodies will transfer to your baby and protect it until it is old enough to receive the vaccine itself. The best time to get the vaccine is between 27 and 36 weeks. Everyone who will be in close contact with your baby should also receive the vaccine. It takes approximately two weeks to be effective. This vaccine is called Tdap, and it also includes a tetanus booster shot and vaccine against diphtheria.

Flu shot (Influenza)

All pregnant women should receive vaccination against influenza during flu season. When a pregnant woman gets the flu, it can be a very grave illness. Complications include respiratory distress, ICU admission, and serious risk to your baby including death. The flu shot will protect you (as well as your baby in the first 6 months of life) from getting the flu. Your family members who have contact with your newborn should also be vaccinated.

COVID-19

COVID-19 infection carries increased risks for pregnant women, including miscarriage, stillbirth, preterm delivery, pregnancy complications, and death. The COVID-19 vaccines from Pfizer and Moderna have been shown to be safe in pregnancy and protect you and your baby against these serious complications. Even if you already had a COVID-19 infection, the antibodies from getting the vaccine are more protective for you and your baby than the antibodies made from your previous infection. We recommend COVID-19 vaccination and booster doses when you are due, including during pregnancy. Your family members who have contact with your newborn should also be vaccinated and boosted.

Vaccines that are NOT safe during pregnancy

Chickenpox (Varicella)
MMR (Measles, Mumps, and Rubella)

Tests During Your Pregnancy

Certain tests are done routinely and other tests are optional. Every pregnancy is different - additional tests may be recommended for you based on your history.

At your initial visit, you will have an ultrasound and an exam. A Pap smear will be done at this time (if needed) and prenatal blood work will be drawn (blood type and antibody screen, complete blood count, iron level, testing for hemoglobinopathy such as sickle cell disease, Hepatitis B and C tests, Rubella immunity test, syphilis test, and a state-mandated HIV test). You will be instructed on how to provide a "clean catch" urine sample to screen for a urinary tract infection. If you have never had chickenpox or its vaccine, please let us know so additional blood work can be done to test for immunity.

An optional nuchal translucency (NT) ultrasound can be done between 11 and 13 weeks to assess risk for chromosomal problems such as Down syndrome. This ultrasound is done at a nearby specialist's office. Bloodwork can also be done at the specialist's office to diagnose chromosomal problems. You may also opt for bloodwork to see if you are a carrier for cystic fibrosis, spinal muscular atrophy, and fragile X syndrome. Please see the next page for additional information on this testing.

Between 15 and 21 weeks, bloodwork can be done to screen for neural tube defects such as spina bifida. This is called the AFP test. There are procedures that can be done during pregnancy to help a baby that is diagnosed with spina bifida and improve their quality of life.

An ultrasound will be done around 20 weeks to evaluate all of your baby's anatomy. Some patients may be referred to the specialist to have this ultrasound done.

Between 24 and 28 weeks, you will complete a questionnaire about anxiety and mood changes, your blood counts will be rechecked, and a glucose test will be done to evaluate for gestational diabetes. If this test is elevated you will receive instructions for a 3 hour fasting glucose test to confirm the diagnosis. This screening is necessary because gestational diabetes can occur in anyone, even without risk factors. If you are diagnosed with gestational diabetes, you will be referred to a nutritionist who will counsel you on diet and you will check your glucose levels at home with a monitor.

At 28 weeks, if your blood type is Rh negative and the baby's father is Rh positive or unknown, you will be sent to the hospital for an Rh titer and a Rhogam injection. This injection is important to prevent antibodies from forming in your blood for the rest of this pregnancy and in your future pregnancies. We will also offer you the very important Tdap vaccine to protect your baby from whooping cough.

Around 36 weeks, you will have a Group B Streptococcus (GBS) test collected with a vaginal and rectal swab. GBS is a bacteria found in up to 40% of pregnant women. A woman with GBS can pass it to her baby during delivery. Those who test positive will be treated with antibiotics during labor. You can also choose to start having internal exams at this visit to see if your cervix is dilated.

An optional ultrasound can be done around 36 weeks to estimate the baby's weight and position. This ultrasound might not be covered by your insurance.

At 37 weeks, your blood counts will be checked again and a state-mandated HIV test will be repeated.

If you do not deliver by your due date, we will do additional testing at your appointments. This could include a non-stress test or an ultrasound. An induction will be scheduled prior to reaching 42 weeks.

Optional Tests

Some testing may not be covered by your insurance and can be expensive if it is not covered. If you are interested in this testing, we recommend you ask your insurance company if these CPT codes are covered on your insurance plan. You should also ask for a reference code to confirm the information given to you in the phone call.

Non-invasive prenatal testing (NIPT), also known as cell-free DNA testing, is a blood test to determine risk of chromosomal issues such as Down syndrome. This testing is best done at the time of a nuchal translucency ultrasound (NT scan) at the specialist's office between 11 and 13 weeks, but we can perform this test if you do not have an NT scan done. These tests are specific to each pregnancy and would be repeated with any future pregnancies.

CPT code 81420 Covered? yes/no Reference code: _____

Alpha-Fetoprotein (AFP): Checks the baby's risk for neural tube defects such as spina bifida. This test is specific to each pregnancy and would be repeated with any future pregnancies. There are procedures that can be done during pregnancy to help a baby that is diagnosed with spina bifida.

CPT code 82105 Covered? yes/no Reference code: _____

The following tests would only be done once in your lifetime, and your insurance company will not cover these tests if you have had them done previously. These are tests to see if you are a "carrier" for the disease, which means you do not have the disease but you can pass the disease down to your child.

1. **Cystic fibrosis**: Affects the lungs and intestines, and causes infertility and shortened lifespan. If both parents have a positive test result, there is a 25% chance a child can have this disease.

   CPT code 81220 Covered? yes/no Reference code: _____

2. **Spinal muscular atrophy (SMA)**: Causes muscle wasting and can lead to serious illness and death in children. If both parents have a positive test result, there is a 25% chance a child can have this disease.

   CPT code 81329 Covered? yes/no Reference code: _____

3. **Fragile X syndrome**: Causes intellectual disability and learning difficulty. If the mother tests positive, there is a 50% chance a child can have this disease.

   CPT code 81243 Covered? yes/no Reference code: _____

Note: If you had testing done with the Dor Yeshorim program or other testing due to Jewish ancestry, you were likely already tested for cystic fibrosis and spinal muscular atrophy.

Nausea and Vomiting

Nausea and vomiting of pregnancy, often called "morning sickness," can occur at any time of the day. It is usually not harmful to your developing baby. Morning sickness can start around 6 weeks and typically resolves by the second trimester. For a few women, it lasts throughout the entire pregnancy.

Because no two women are alike, different things will work for different women. You may need to try more than one (or all!) of these suggestions:

- Eat dry toast or crackers in the morning before you get out of bed.
- Sip fluids often. Try Pedialyte or sports drinks with electrolytes such as Gatorade if you can't tolerate water.
- Avoid smells and foods that bother you.
- Eat small, frequent meals instead of three large meals.
- Bland foods. For example, the "BRATT" diet (bananas, rice, applesauce, toast, and tea).
- Peppermint candies.
- Try ginger ale made with real ginger, ginger tea made from fresh grated ginger, ginger capsules (available at health food stores), and ginger candies.
- Temporarily stop taking your prenatal vitamin. Take a folic acid tablet instead.
- Acupuncture.

These medicines are available over the counter and are safe to take in pregnancy:

- Vitamin B6. Start with 50mg before bed. If needed, you can take another 25-50mg in the morning and another 25-50mg in the afternoon.
- Doxylamine. This medicine is found in Unisom sleep tablets and it works very well when used in combination with vitamin B6. Take 25mg before bed. If needed, you can take another 25mg in the morning (but it will make you tired).

If you cannot tolerate fluids for more than 24 hours, call our office.

Hydration, Nutrition, Eating Safely, and Exercise

Hydration: We recommend 8-12 cups (64 to 96 ounces) of water every day during pregnancy. Water circulates nutrition, removes waste from the body, and even forms the amniotic fluid around the baby. Dehydration in pregnancy causes dizziness, headaches, constipation, leg cramps, generalized aches, and even preterm contractions. A good way to tell if you are drinking enough water is to look at the color of your urine. It should be very light yellow or almost clear.

Nutrition: Eating a well balanced diet is important during pregnancy. In the 1st trimester, no extra calories are needed. In the 2nd trimester you will need an extra 340 calories per day, and in the 3rd trimester you will need an extra 450 calories per day. Get these calories from nutrient rich and high protein foods such as eggs, lean meats, fish, yogurt, nuts, and beans. With twins, you will need an extra 600 calories daily in the 2nd and 3rd trimesters. You should supplement your diet with a prenatal vitamin, but this does not replace healthy eating. Try to take this vitamin daily.

Weight gain: If you start at a healthy weight, your weight gain goal for pregnancy is 25-35 pounds. The higher your starting weight, the less we recommend you gain. For some obese women, we recommend no weight gain at all. Talk with your provider for guidelines. It is normal not to gain any weight in the 1st trimester.

Eating Safely:

Seafood: During pregnancy, you can eat 12 total ounces per week of most seafood, including canned light tuna, salmon, tilapia, cod, trout, shrimp, oysters, lobster, clams, crab, or scallops. Limit white (albacore) tuba to only 6 ounces per week. Due to high levels of mercury, you should **NOT** eat: bigeye tuna, king mackerel, marlin, orange roughy, shark, swordfish, or tilefish. All seafood that you eat should be appropriately cooked. Do **NOT** eat raw seafood during pregnancy.

Avoiding bacteria: Some foods may contain harmful bacteria such as listeria which can cause miscarriage and birth defects. To avoid this bacteria, do **NOT** eat:

- Cheeses made with raw or unpasteurized milk (read the label, especially on soft cheeses)
- Raw eggs (Hollandaise sauce, homemade Caesar dressing)
- Foods past their expiration date
- Foods that have been at room temperature for more than 2 hours
- Meat-based spreads or pate
- Cold hot dogs, lunch meat, or deli meat (these are safe to eat if heated)

Exercise: If you are healthy and have an uncomplicated pregnancy, we recommend exercising most days during your pregnancy. Be sure to stay hydrated & listen to your body. Rest when needed. Brisk walking, swimming, yoga and strength training are all great activities. **Avoid** hot yoga, horseback riding, scuba diving, and activities that could cause you to hit your belly or fall.

Common Medications During Your Pregnancy

Below are recommendations you can follow to help relieve your symptoms. These medications are known to be safe in pregnancy and are available over the counter. Please follow dosing directions on the box or as shown here.

If another physician recommends or prescribes a medicine, please make sure they know you are pregnant. If you have questions concerning medication safety, call our office.

Nausea/Vomiting: Eat small and more frequent meals. Crackers, plain toast, rice, bananas, sips of water, Pedialyte, sports drinks (such as Gatorade), ginger ale. Avoid oily/fatty foods. Stop taking your prenatal vitamin. Try ginger gum, dramamine, bonine, vitamin B6, doxylamine. If you cannot keep fluids down for more than 24 hours, call our office.

Heartburn: Avoid caffeine, spicy foods, tomato-based foods. Eat small, frequent meals throughout the day. No not eat a heavy meal near bedtime. Elevate your head when sleeping. Try Tums, Mylanta, Maalox, Zantac, or Pepcid. We do not recommend Pepto Bismol.

Gas: Go for a walk. Try Gas X, Mylicon, Simethicone, or Mylanta.

Constipation: Drink more water (at least 8 oz. every hour). Exercise more. Avoid juice and soda. Increase vegetables and fiber. Colace or Docusate 2-3 times daily. Fiber-based laxatives (Psyllium, Metamucil, Benefiber, Citrucel) as directed on the label. Miralax as directed on the label. Magnesium supplements can also help.

Hemorrhoids: Use warm sitz baths or Epsom salt baths. Try Preparation-H, Anusol, Tucks pads, or witch hazel.

Diarrhea: Drink plenty of fluids. Try Pedialyte or sports drinks with electrolytes (such as Gatorade). Try Kaopectate, Imodium (as directed on label). We do not recommend Pepto Bismol. If not better in 48 hours, call your primary doctor or our office.

Backache: Warm compresses, gentle activity, stretching, yoga. Wear an abdominal support binder. Try Tylenol (maximum 1000 mg at a time and maximum 3000 mg in one day). You may see a chiropractor. Do NOT take Ibuprofen, Advil, Aleve, Naproxen, Naprosyn, or Motrin.

Headache: Drink more water (at least 8 oz. every hour). Try Tylenol (maximum 1000 mg at a time and maximum 3000 mg in one day). If symptoms are not resolved after two doses, call our office. Do NOT take Ibuprofen, Advil, Aleve, Naproxen, Naprosyn, or Motrin.

Sore Throat: Gargle with warm water and salt. Try chloraseptic spray, cough drops. If not better in 48 hours, call your primary doctor or our office.

Cough: Plain Robitussin or plain Mucinex (as directed on label), cough drops. Do NOT take Phenylephrine or Pseudoephedrine products.

Congestion: Saline nasal spray, Mucinex, Triaminic. Do NOT take Phenylephrine or Pseudoephedrine products.

Allergies: Claritin, Zyrtec, saline nasal spray, Flonase nasal spray, Benadryl. Do NOT take Phenylephrine or Pseudoephedrine products.

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Vaginal Itching/Yeast Infection: Try Monistat 7 day. Insert the applicator halfway. Call the office if no improvement after 5 days.

Motion Sickness: Try Bonine, Dramamine, motion sickness wrist bands.

Pinworm: Try Pyrantel or Pin-X. Call your primary care provider.

Leg Cramps: Try magnesium/calcium tablets for a total daily intake of 1500-2000mg per day. Oscal, Caltrate, Viactiv, and Tums are examples. Increase potassium with bananas, tomatoes, spinach, beans, and potatoes. Before bed, stretch your calves and take a warm bath. Drink plenty of fluids.

Sleep/Insomnia: Try Benadryl, Melatonin, or Unisom. Avoid watching TV or using your phone/tablet before bedtime.

Antibiotics that are safe during pregnancy:
Penicillin, Amoxicillin, Augmentin, Cephalosporins, Keflex, Erythromycin, Macrobid, Nitrofurantoin, Zithromax, Azithromycin

Antibiotics that are <u>NOT</u> safe during pregnancy:
Ciprofloxacin, Levaquin, Fluoroquinolones, Doxycycline, Tetracyclines

If you experience spotting or bleeding, please notify our office.