



women's comprehensive healthcare of new jersey

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

Your first appointment should be scheduled for approximately 7-8 weeks from your last menstrual period. This visit will consist of an ultrasound to confirm your pregnancy and establish your due date. You may also meet with a practitioner after this ultrasound to answer any preliminary questions. Upon completion of the ultrasound, you will be scheduled to come back to the office for a full consultation and an exam with one of our practitioners when you are approximately 12 weeks pregnant.

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 the practitioners.

Your postpartum visit should be scheduled for 4 weeks after delivery. You should schedule this visit immediately upon returning home from the hospital. If by chance 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 3 months after your postpartum visit to have your annual exam.

Questions?

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 you will be directed to the appropriate person. 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, your call to the office 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 NOI report emergencies or labor symptoms through your online Patient Portal.

Our Practitioners

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. She is trained in minimally-invasive surgery and certified in robotics.

Sharon Jackson, M.D. 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 Medical School in New Brunswick, New Jersey.

Glorya Matthews, C.N.M. Glorya Matthews has worked as a midwife since 1995. She is a graduate of Seton Hall University and completed her nurse midwifery education at the University of Medicine and Dentistry in Newark, NJ. She has been trained and certified as a first assistant for cesarean sections.

Sandra Gill, C.N.M. Sandra Gill received her BS in biology-health from Monmouth University. She obtained her nurse-midwifery degree from UMDNJ in Newark, NJ. Sandy has been practicing midwifery since 1992, working at Monmouth Medical Center and in private practice.

Danielle M. Newkirk, C.N.M., W.H.N.P. Danielle Newkirk 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.

Erin-Ellen Dillon Fink, C.N.M., W.H.N.P. Erin Dillon Fink received her B.S.N. from The College of New Jersey. She worked as a Labor & Delivery and NICU nurse prior to attending midwifery school. She obtained a Master's Degree in Nurse Midwifery from Georgetown University and has an additional board certification as a Women's Health Nurse Practitioner.

Kimberly A. Rubino, M.S.N., A.P.R.N. Kimberly Rubino received her B.S. in Nutrition and Dietetics from the University of Delaware followed by graduating from an accelerated B.S.N. program. She worked as a Registered Nurse at Monmouth Medical Center in Labor & Delivery for many years while pursuing her graduate education. She received her M.S.N. from Drexel University in 2013 and is board-certified as a Women's Health Nurse Practitioner.

What is a Certified Nurse Midwife?

Education

Midwives have a college degree in nursing and a master's degree in nurse-midwifery. Certified Nurse Midwives (CNMs) are registered nurses (RNs) who have graduated from an accredited nurse-midwifery education program and passed a national certification exam.

What do they do?

Midwives provide care to women during pregnancy, labor, birth, and the postpartum period. They also provide annual check-ups, prescribe contraception (birth control), and treat common gynecologic problems.

What care can a midwife provide in pregnancy?

Midwives view pregnancy and birth as normal, healthy life events. They are experts in knowing the difference between normal changes and symptoms that require extra attention. They specialize in providing support, education and family-centered care. They work in direct partnership with physicians.

What if a complication occurs during my pregnancy?

The midwives in our practice work directly with the physicians to order any needed tests or referrals. If you need a cesarean birth (c-section), it will be performed by the physicians in the practice.

What about pain medication in labor?

Your midwife will support you and your family in the decisions you make regarding how you would like to cope with labor. If you want pain medication or an epidural in labor, they will support you in accessing these. Midwives can help recommend more comfortable laboring positions, and may suggest getting in the shower or tub if appropriate for your labor.

Tests During Your Pregnancy

Certain tests are done routinely and other tests are optional. Please remember, every pregnancy is different. Additional tests may be recommended for you based on your history.

At your consultation with a practitioner around 12 weeks, you will have a complete physical 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, Hepatitis B test, Rubella immunity test, toxoplasmosis 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. Depending on your ethnicity, testing may be done for sickle cell disease. 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 your risk for chromosomal problems such as Down syndrome. We do not do this ultrasound in our office, but we will provide you with information on how to obtain this test at a nearby specialist's office. Bloodwork can also be done at this time to aid in the diagnosis of chromosomal problems. Between 16 and 20 weeks, bloodwork can be done to screen for neural tube defects such as spina bifida.

An ultrasound will be done around 20 weeks. This is a 30 minute ultrasound where we will evaluate all of your baby's anatomy. You may bring family or friends with you for this visit. Some patients may be referred to a specialist to have this ultrasound done.

Between 24 and 28 weeks, your blood counts will be rechecked and a glucose tolerance 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 mandatory 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 routinely 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, you will be sent to the hospital for an Rh titer and a Rhogam injection. This injection is important to prevent antibodies in your blood from forming for the rest of this pregnancy and in your future pregnancies.

Around 36 weeks, you will have a Group B Streptococcus (GBS) test collected with a vaginal and rectal swab. This is a type of bacteria that can be 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.

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, routine fetal testing will start. At 40 weeks, a non-stress test will be done. This involves monitoring your baby's heartbeat for approximately 20 minutes. An ultrasound will be done at 41 weeks to assess fetal well being, and a non-stress test will be repeated at 41 weeks and 3 days. If you have not delivered by that visit, an induction will be scheduled prior to reaching 42 weeks.

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 also should be vaccinated.

Vaccines that are NOT safe during pregnancy

Chickenpox (Varicella)

MMR (Measles, Mumps, and Rubella)

Coping With “Morning Sickness”

Although nausea and vomiting of pregnancy is often called “morning sickness,” it can occur at any time of the day. Nausea and vomiting of pregnancy usually is not harmful to your developing baby, but it can have a serious impact on your life, including your ability to work or perform your normal daily activities. Morning sickness usually starts by week 9. For most women, it goes away by the second trimester (14 weeks). For some women, it lasts for several more weeks or months. 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.
- Drink fluids often. Try sports drinks with electrolytes such as Gatorade.
- Avoid smells that bother you.
- Eat small, frequent meals instead of three large meals.
- Try bland foods. For example, the “BRATT” diet (bananas, rice, applesauce, toast, and tea) is easy to digest.
- Rest for 30 minutes after eating.
- Try 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.
- 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.

Common Problems 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: Crackers, plain toast, rice, bananas, water, 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 6 small meals a day instead of 3 large meals. Try Tums, Mylanta, Maalox, Zantac, or Pepcid.

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

Constipation: Increase water consumption (at least 8 oz. every hour). Avoid juice and soda. Increase fruits, vegetables, and fiber. Try Colace or Docusate 2-3 times daily. Try fiber-based laxatives (Psyllium, Metamucil, Benefiber, Citrucel) as directed on the label.

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

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

Backache: Warm compresses. Stretching. 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: Increase water consumption (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: Robitussin (as directed on label), cough drops. Do NOT take Phenylephrine products.

Congestion: Mucinex, Tylenol Cold, Triaminic. Do NOT take Phenylephrine or Pseudoephedrine products.

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

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Vaginal Itching/Yeast Infection: Try Monistat. Insert the applicator halfway. Call the office if no improvement after 3 days.

Motion Sickness: Try Bonine or Dramamine.

Pinworm: Try Pyrantel or Pin-X.

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 calves and take a warm bath.

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 NOT safe during pregnancy:

Ciprofloxacin, Levaquin, Fluoroquinolones, Doxycycline, Tetracyclines

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

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Eating Safely During Your Pregnancy

During pregnancy, you can safely eat 12 ounces per week of:

Anchovy	Catfish	Cod
Flounder	Haddock	Herring
Perch	Salmon	Sardines
Skate	Smelt	Sole
Tilapia	Trout	Whitefish
Canned Light Tuna	Shrimp	Crab
Lobster	Crawfish	Squid
Clams	Oysters	Scallops

In place of the above, you can eat 4 ounces per week of:

Bass	Bluefish	Carp
Grouper	Halibut	Mahi Mahi
Snapper	Fresh Tuna	Yellowfin Tuna

Due to high levels of mercury, you should **NOT** eat:

Mackerel	Marlin	Orange Roughy
Shark	Swordfish	Tilefish

All seafood that you eat should be appropriately cooked. Do **NOT** eat raw seafood during pregnancy.

Certain 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

Note that hot dogs, lunch meat, and deli meat are safe to eat if they are heated to steaming hot.