



Healthcare For Women

OBSTETRICS and GYNECOLOGY

SECOND TRIMESTER Obstetrics Booklet

Falls Church Office: 703-528-6300

Reston Office: 703-437-8080

www.healthcareforwomenpc.com



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Important Information

Register with the Hospital

Virginia Hospital Center requires that patients register for admission to the hospital after week 24 of pregnancy. You can register on-line at www.vhchealth.org under “Women’s Care & Pregnancy” then click on “Obstetrics Pre-Admission Form”.

Insurance Verification

Contact your insurance company to verify your benefits and coverage for the pregnancy and to confirm that Virginia Hospital Center is in your hospital network. *It is the patient’s responsibility to know her benefits and coverage.* If you are self-pay or uninsured, please call 703-558-6227

Select your Pediatrician

During the 2nd trimester, we recommend you begin the process of choosing a pediatrician. If the pediatrician you select does not have privileges at Virginia Hospital Center, your baby will be seen by a pediatrician from the Children’s National Medical Center during your stay. You will receive a separate bill from the pediatrician for their services. Your first well-baby visit with the pediatrician of your choice will probably be a day or two after coming home from the hospital.

Attached is a list of pediatricians that we recommend in the area.

Childbirth Classes

Childbirth classes are offered at Healthcare for Women and Virginia Hospital Center. These are purely optional to take and there are many different varieties to choose from: Childbirth, Unmedicated Birth, Infant Skills, Baby’s First Year, Breastfeeding. You may choose to take none or all, it is completely up to you. If you choose to take a class:

When to take

OB/GYNS and childbirth instructors recommend taking childbirth education classes **in the 3rd trimester.**

When to register

Childbirth education classes fill up quickly. Register for classes in the **2nd trimester.**

Registration for classes

To register for classes at Healthcare for Women, talk with the front desk or call 703-528-6300.
To register for classes at Virginia Hospital Center, go to www.vhchealth.org.

General Information

Directions to Labor and Delivery

**Virginia Hospital Center (VHC Health)
1701 N. George Mason Dr
Arlington, VA 22205**

Expectant moms in labor should be dropped off in the Women & Infant Health Center Lobby at 1701 N George Mason Drive. Mom and partner should take 1701 lobby elevators to the **3rd floor** and check-in at the Labor and Delivery Nurses Station. You will need your photo ID and insurance card to sign paperwork.

Curbside parking, marked “Labor & Delivery,” is available in front of 1701 building. Temporary parking permit

required and may be picked up from the volunteer or security officer in the 1701 lobby. After dropping off mom, partner and/or visitors should park in Zone C Parking. All visitors are required to show a government issued photo ID (strictly enforced) upon arrival to Labor and Delivery.

What to Bring to the Hospital for Labor

Pack a bag with items you want to have with you during labor;

- Camera
- Music
- Extra pillow from home
- Lamaze focal point
- Glasses (it is not recommended to wear contact lenses)

What to Bring to the Hospital for After Delivery

Pack a bag with everything you need for your hospital stay after the baby is born. This bag should stay in the car until you have moved from Labor & Delivery to your private postpartum room.

- Robe and slippers (optional)
- Toiletries (shampoo, conditioner, toothpaste, toothbrush, deodorant)
- Hair dryer
- Maternity clothes for the trip home
- Comfortable shoes (your feet may swell)
- Nursing bra (be fitted for a bra at about 36 weeks)
- Nursing pads
- Underwear
- Socks

Preparing to Bring Baby Home

- Pack a going-home outfit (a sleeper with legs and feet is best, even in summer).
- Install the car seat before you arrive at the Hospital for the trip home.
- Know how to use the car seat. Practice strapping a stuffed animal in the seat in advance.

Visitation Policy

A partner/support person is allowed with Mom on labor and delivery 24hrs a day.

While post-partum, a partner/support person is allowed 24 hours a day. If Mom's partner spends the night, he/she should bring sleeping clothes and toiletries. Additional family, friends and siblings may visit during visiting hours - 11:00 am to 8:00 pm daily (hours subject to change). Siblings must be accompanied by an adult (other than mommy) while visiting. If family members and friends wish, they can wait in the Family Waiting Room outside the Labor and Delivery area, where your support person can keep them up to date.

Infant Safety

Here are some precautions you can take to keep your baby safe during the first few months from our experts at the Women & Infant Health Center:

Prepare Your Home

- Smoke and carbon monoxide detectors
Place one on each level of your home and in halls outside bedrooms.
- Test the water temperature
Set the thermostat for the hot water heater to 125^o to avoid scalding which occurs above 140^o.
- Create a smoke-free zone
Never smoke around the baby as it increases the risk of viral illnesses, asthma and SIDS. If you do smoke, wash your hands, brush your teeth and change your clothes before handling the baby.
- Pet Safety
Bring home clothing or a blanket with the baby's scent before discharge, so the scent is not foreign. Never leave pets unattended near your new baby or allow them to sleep with the baby.

Safe Sleeping

- **Baby's own sleeping space**
Baby should have a separate sleeping space — whether in a crib, bassinette, or cradle. A firm mattress with a tightfitting sheet is best. No bumper pad, pillows or fluffy blankets in the crib. Place the crib away from blinds, cords, electrical outlets and mobiles.
- **Best sleeping position**
Put your baby to sleep on his or her back for the first four months. Never put your baby to sleep on a pillow.

Sleepwear tips

- A one-piece sleeper is the best choice. Don't use long nightgowns with drawstrings at the bottom because they can wrap around baby's ankle and cause loss of blood flow.
- Cocoon Your Baby

Update your vaccinations

Parents, grandparents and caregivers should be vaccinated for *Tdap* to protect your baby from whooping cough in the first months of life. Pregnant moms should be vaccinated in their third trimester, even if they have previously received Tdap vaccine. All those in close contact with the newborn should receive a *flu vaccine* since this immunization cannot be given before six months of age.

Avoid Crowds

For the first two months, don't take your baby to large public places such as malls and grocery stores.

Keep all your well-baby doctor appointments

It's important to have your pediatrician check your baby's developmental milestones.

Feeding Advice

- **Stay awake!**
During those middle-of-the -night feedings, it's very easy for new moms to fall asleep while they're nursing. Sleeping in the same bed with your baby is a suffocation risk. Turn on the lights and the TV during feedings. Or wake up your partner to help keep you awake.
- **Be careful with bottles**
Heat bottle with a bottle warmer or a pan of warm water. Do not use the microwave as it heats unevenly. Test the formula on inside of your forearm.
- **No soft foods before six months**
Research has shown a strong link between obesity and Type 2 diabetes when rice cereal is given before four months.
- **Play Time**
Go soft. Choose baby-safe mirrors, mobiles they can't reach, soft baby books and toys without hard parts.

Keep an eye on older children

Don't leave the baby alone with a young child who may hand the baby a toy

Sponge baths first

Start bathing after the cord falls off using soap for sensitive skin. Once you start bathing in the tub, only fill it with about a few inches of water. Never leave a baby unattended in a bathtub. **Keep water less than 95°.**

Get a new car seat

Buy a rear-facing infant car seat and learn how to use it before you pick baby up from the hospital. Used car seats are not recommended. If a car seat has been in an accident, it is no longer effective. **Get it checked.** Car seats only work if they're installed correctly. Go to a local police or fire station to check installation or visit www.seatcheck.org for a child safety seat inspection location near you.



PEDIATRICIANS

Pediatrics of Arlington

1715 N George Mason Dr #185 Arlington, Virginia 22205
(703)356-4444

Virginia Pediatric and Adolescent Medicine

5275 Lee Highway #200 Arlington, VA 22207
(703)717-4090

Tysons Corner Pediatricians

8365 Greensboro Dr #A Mclean, VA 22102
(703)356-4444

Virginia Pediatric Group LTD

Fairfax

Prosperity Plaza 3020 Hamaker Ct #200 Fairfax, Virginia
22031

Herndon

131 Elden St #312 Herndon, Virginia 20170

Great Falls

737 Walker Rd #4 Great Falls, Virginia 22066
(703)573-2432 (All Locations) Vapg.com

Northern Virginia Pediatric Associates

107 N Virginia Ave Falls Church, Virginia 22048
(703)532-4444

Pediatrics Associates of Alexandria

Erwin Bondareff, MD
3600 S Glebe Rd #150 Arlington, Virginia 22202
(703)924-2100

6355 Walker Ln #401 Alexandria, Virginia 22310

Elden Street Pediatrics

110 Elden St #D Herndon, Virginia 20170
(703)471-6996 Eldenstreetpediatrics.com

Capital Area Pediatrics

410 Maple Ave West #5 Vienna, Virginia 22180
(703)938-2244

6565 Arlington Blvd #210 Falls Church, Virginia 22042
(703)534-1000

407 N Washington St #100 Falls Church, Virginia 22046
(703)237-5919

Capitalareapediatrics.com



PRE-ADMISSION QUESTIONNAIRE

DATE OF LAST MENSTRUAL PERIOD
OBSTETRICIAN NAME
ESTIMATED DATE OF DELIVERY

PLEASE PRINT OR TYPE ALL INFORMATION

PATIENT INFORMATION

PATIENT (LAST)	(FIRST)	(MI)	SOCIAL SECURITY NUMBER	PRIMARY CARE PHYSICIAN
ADDRESS (STREET AND NUMBER)		APT. NO.	DIABETIC: <input type="checkbox"/> YES <input type="checkbox"/> NO	ALLERGIES: <input type="checkbox"/> YES <input type="checkbox"/> NO (IF "YES" WHAT TYPE: _____)
CITY	STATE	ZIP	EMPLOYEE NAME	
HOME PHONE #	MAIDEN NAME		WORK ADDRESS (STREET AND NUMBER)	
PLACE OF BIRTH	DATE OF BIRTH	PATIENT EMAIL	CITY	STATE
RACE: <input type="checkbox"/> WHITE <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> ASIAN		WORK PHONE #		OCCUPATION
<input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE <input type="checkbox"/> PACIFIC ISLANDER <input type="checkbox"/> OTHER _____				
MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	RELIGION	DO YOU HAVE AN ADVANCED DIRECTIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" PLEASE ATTACH TO PRE-REGISTRATION FORM		

SPOUSE / PARENT

SPOUSE/PARENT (LAST)	(FIRST)	(MI)	PLACE OF BIRTH	DATE OF BIRTH
EMPLOYEE NAME	WORK ADDRESS (STREET AND NUMBER)		CITY	STATE
WORK PHONE #	OCCUPATION			

EMERGENCY CONTACT

RELATION TO PATIENT	PATIENT (LAST)	(FIRST)	(MI)	
ADDRESS (STREET AND NUMBER)	APT. NO.	CITY	STATE	ZIP
HOME PHONE #				

RESPONSIBLE PARTY

<input type="checkbox"/> SAME AS SPOUSE					<input type="checkbox"/> SAME AS PATIENT					<input type="checkbox"/> SAME AS EMERGENCY CONTACT					<input type="checkbox"/> OTHER (COMPLETE INFO BELOW)				
NAME (LAST)		(FIRST)		(MI)		SOCIAL SECURITY NUMBER				DATE OF BIRTH									
EMPLOYEE NAME			WORK ADDRESS (STREET AND NUMBER)				CITY			STATE		ZIP							
WORK PHONE #				OCCUPATION				RELATIONSHIP TO PATIENT											

PRIMARY INSURANCE INFORMATION

<input type="checkbox"/> NO HEALTH PLAN (SELF PAY)		NAME OF INSURANCE				TYPE OF INSURANCE (HMO, PPO, ETC.)					
INSURANCE ADDRESS (STREET AND NUMBER)				CITY		STATE		ZIP		HOME PHONE #	
POLICY #		GROUP #		POLICY HOLDER NAME		POLICY HOLDER DOB		POLICY HOLDER EMPLOYER		RELATIONSHIP TO PATIENT	

SECONDARY INSURANCE INFORMATION

<input type="checkbox"/> NO HEALTH PLAN (SELF PAY)		NAME OF INSURANCE				TYPE OF INSURANCE (HMO, PPO, ETC.)					
INSURANCE ADDRESS (STREET AND NUMBER)				CITY		STATE		ZIP		HOME PHONE #	
POLICY #		GROUP #		POLICY HOLDER NAME		POLICY HOLDER DOB		POLICY HOLDER EMPLOYER		RELATIONSHIP TO PATIENT	

MATERNITY PRE-REGISTRATION

ONCE YOUR BABY IS BORN, HE/SHE WILL BE PLACED ON YOUR: <input type="checkbox"/> PRIMARY INSURANCE <input type="checkbox"/> SECONDARY INSURANCE <input type="checkbox"/> WILL BE SELF PAY <input type="checkbox"/> THE BABY WILL BE PLACED ON A COMPLETELY SEPARATE POLICY (FILL IN ALL INFO BELOW)											
NAME OF INSURANCE						TYPE OF INSURANCE (HMO, PPO, ETC.)					
INSURANCE ADDRESS (STREET AND NUMBER)				CITY		STATE		ZIP		HOME PHONE #	
POLICY #		GROUP #		POLICY HOLDER NAME		POLICY HOLDER DOB		POLICY HOLDER EMPLOYER		RELATIONSHIP TO PATIENT	