

Welcome

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DEPARTMENT OF
OBSTETRICS &
GYNECOLOGY

We are pleased that you have chosen the department of Obstetrics and Gynecology at Baylor College of Medicine for you and your baby. We would like to take this opportunity to welcome you to our practice.

Our OB/GYN practice includes physicians, nurse practitioners, genetic counselors, ultrasonographers, nurses, and support staff all of whom are dedicated to ensuring that you receive the outstanding care that you deserve, with an emphasis on providing comprehensive, compassionate, patient-focused care.

We are an academic private practice and as such, education of future healthcare providers is a vital part of our practice. Health care learners, including residents, medical students, and nursing students, may be involved in your care. They are not making major decisions in your care, but they are there to both help you and to learn about specific diagnoses and procedures related to OB/GYN.

It is important to us that our patients are well informed and that their questions are answered. For this reason we have prepared this folder which includes useful contact information, helpful lists and guidelines, and evidence-based answers to questions which are commonly asked during pregnancy.

A copy of this information is also available on our website:

<https://www.bcm.edu/healthcare/specialties/obstetrics-and-gynecology/for-patients>

Please do not hesitate to discuss questions with your provider or nurse. We are privileged to take this journey with you, and it is our pleasure to care for you during this special time.

Sincerely,

Department of Obstetrics & Gynecology
Baylor College of Medicine

Who We Are & What to Expect

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Baylor Obstetrics and Gynecology is a comprehensive team of physicians trained in general obstetrics and gynecology (including hospitalists), maternal-fetal medicine specialists, genetic counselors, nurse practitioners, registered nurses and ultrasonographers.

- You will be followed by your primary physician for your prenatal visits
- Your primary physician will make every effort to be present at your delivery during regular business hours but if they are not available, there will be a member of our group present for your labor and delivery (we have someone from the practice in the hospital 24 hours a day, 7 days a week)
- As a group practice we are unable to honor specific requests for the gender or cultural background of your healthcare provider
- We perform our deliveries at Texas Children's Pavilion for Women.

Who will be involved in your care

- Hospitalists: board-certified physicians who are also faculty at Baylor OB/Gyn
 - Work primarily in the Women's Assessment Center (triage or emergency area)
 - May be present to perform or assist in your delivery
- Residents: physicians who have completed medical school and are in specialty training in Ob/Gyn
 - Will be present and actively participating in your labor and delivery process
 - Do not make any major decision regarding your care (that is done by the supervising physician)
 - Do not perform any procedures without supervision
- Medical students
 - May be involved in your care both in clinic and on the labor and delivery unit
 - May act with the resident to monitor your labor and help with the delivery

Who will be present for delivery

- An attending physician (either your primary or a hospitalist)
- A resident physician
- Possibly a medical student
- Your labor nurse
- A surgical scrub technician
- A baby nurse (possibly the NICU team if indicated)

What to expect during labor

- A private birthing room
- One on one nursing
- Fetal monitoring (may be continuous or intermittent, internal or external)
- IV access
- Labor checks with cervical exams

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Residents and Medical Students

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Your doctor is a member of the faculty at Baylor College of Medicine. In an effort to better educate the physicians of tomorrow and bring you the best health care possible, medical students and residents will be collaborating with your doctor as members of the health care team. Your doctor will serve as a mentor and instructor to the students and residents, supervising his/her education, and ensuring that you receive the highest quality of healthcare.

What is the difference between medical students and residents?

Medical students have already completed a college degree and are now enrolled in medical school. When they complete their four years of medical school, they will receive their medical degree (M.D.). Residents already hold medical degrees and are now at the level where they are licensed to practice medicine under supervision. Residency programs exist so that residents can receive further specialized training prior to practicing independently.

What duties will the medical student or resident perform?

Responsibilities will vary. They may simply observe as you talk with your doctor. At other times, a medical student or resident may meet with you alone to discuss your medical history or do a physical exam. Medical students or residents may talk with you about your general health and other topics. They and your doctor will always review your concerns together, and will work as a team to come up with a plan best suited to your health care needs. At all times, your privacy and confidentiality is of utmost importance.

Medicine remains, for all intents and purposes, largely an apprentice model, along with all of the good and bad that comes with it. The ability for a trainee to work one-on-one with a practicing physician and to learn everything that individual has to teach is time-consuming and exhausting for the teaching physician. We do it because we believe that educating the next generation is as important as the clinical work we do in providing care to you. But we can't do it without you. You are the most important piece of the equation. Without you, we are just reciting information they could read in any textbook. It is you who makes the medicine come alive—you give it a face, give it meaning, make it real.

What are the advantages to having medical students or residents involved in my care?

You will have two professionals—a student or resident and your doctor—both working for you! Also, while your doctor may be the “medical expert,” you are the “patient expert”—you know what it's like to be a patient best and your input counts. Your participation in future physician education guarantees that you will have direct impact on today's medical care and the future of medicine!

Any more questions? Please ask!

Our doctors believe involving medical students and residents in our offices will play a vital role in the education of the next generation of physicians, and it cannot happen without your help and support! Please feel free to ask your doctor any questions you may have about our physician education programs.

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When to Call Your Doctor

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- Phone support is available 24 hours a day, 7 days a week.
- During the day, these calls are answered by the nursing staff.
- After hours these calls are forwarded to the on-call physician.
- Our physicians take turns being on call throughout the week and on weekends.
- **Only** call the after-hours number in the event of a true emergency or labor.
- **True emergencies** include:
 - Vaginal bleeding
 - Temperature over 100.5° F
 - Abdominal pain
 - Severe headache
 - Breaking your water
- **Non-emergency questions**, including those related to refills of medications and colds, will be answered during normal business hours.

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Pregnancy Contact List

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Phone support is available 24 hours a day, seven days a week. During the day, these calls are answered by the nursing staff. **After hours calls are for emergencies only.** These calls are forwarded to the on-call physician. Our physicians take turns being on call throughout the week and on weekends. Only call the after-hours number in the event of a true emergency or labor. Some examples of true emergencies include vaginal bleeding, temperature over 100.5 degrees, abdominal pain and severe headache. Questions related to colds and medications can typically be answered during normal business hours.

Please contact the Call Center at 832.826.7500 for questions relating to:

- Appointment scheduling
- Medical concerns during regular business hours (8:30am-5:00pm Monday through Friday)
- FMLA paperwork

Please contact your pharmacy for:

- Prescription refills

Please contact the Obstetrical Financial Counselor at 832.826.7531 for questions relating to:

- Insurance benefits
- Financial obligation including co-payment and out-of-pocket expenses

Please contact the Texas Children's Pavilion for Women LEARN line at 832.82-LEARN (832.825.3276) for questions relating to classes and hospital tours to prepare women and their families for childbirth and early parenting:

- Early Pregnancy
- Childbirth Preparation
- Breastfeeding
- Early Parenting including Infant CPR and Safety
- Family Development
- Adult Maternity Tours

Please contact Texas Children's Lactation Program at 832.824.6120 for questions relating to:

- Breast feeding support, advice and resources
- Breast pump rentals
- Breast feeding classes

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Pregnancy Checklist

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1st Trimester (0 to 13 weeks)

- Schedule first appointment with OB/GYN doctor
- OB education appointment
- First trimester screen with Genetic Counselor

2nd Trimester (14 to 28 weeks)

- Pre-register with the Pavilion for Women Admitting
(Please call 832.826.3300 or see our pre-registration form at <http://women.texaschildrens.org/Prereg/>)
- Tour Texas Children's Pavilion for Women
- Register for maternity classes (Please call the LEARN line at 832.82-LEARN (832.825.3276))
- Review your healthcare coverage. Anesthesia is billed separately. (To speak with our Obstetrical Financial Counselor please call 832.826.7531)

3rd Trimester (28 to 40 weeks)

- Submit FMLA papers
- Schedule postpartum visit
- Select a Pediatrician
- Make childcare preparations
- Pack a suitcase
- Install car seat before your due date
(Note: Mandatory prior to discharge)

Our physicians deliver at Texas Children's Pavilion for Women located at 6651 Main Street, Houston, Texas 77030.

Safe Medication during Pregnancy



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We understand that pregnancy may sometimes become overwhelming, especially when you’re not feeling your best. Our group of physicians has created a guideline of approved over-the-counter medications that are safe to use during pregnancy. We recommend that you not consume any prescription medication unless advised by your obstetrician. Medication not listed should not be taken without first consulting with your obstetrician. We care about how you are feeling and ask that you please contact our office if your symptoms persist, worsen or if you have a temperature that exceeds 100.5°F.

Symptoms	Medication
Colds, Flu & Minor Aches & Pains	Actifed, Sudafed, Tylenol products, Robitussin CF, Robitussin DM, Cepacol, Chloroseptic Lozenges, Benadryl, Tavist-D, Claritin (over the counter) Do not take Aspirin or Advil
Headache or Pain	Regular or Extra-Strength Tylenol
Indigestion & Heartburn	Avoid spicy foods. Eat smaller, more frequent meals. Mylanta, Maalox, Riopan Plus, Roloids, Tums, Pepcid, Zantac, Prevacid
Constipation	Dialose Plus, Milk of Magnesia, Surfak, Senokot, Metamucil, Fibercon, Colace, Surfak
Diarrhea	Kaopectate, Immodium A-D
Leg Cramps	Exercise leg and calf muscles by stretching three times daily. Increase milk and dairy intake to three or four portions per day. If you cannot take dairy products, take Calcet or Fosfree according to the label.
Stretching Pains of the Uterus	Usually occurs between 12 and 20 weeks of pregnancy. Avoid sudden movements, bending over, heavy lifting, moving quickly in and out of a car, anything that can cause sudden stretching pain on uterine ligaments. Take Tylenol and rest with your feet up.
Nausea	Dramamine, Emetrol, Unisom – ½ tablet per day or Vitamin B6 – 50-100 mg per day. Try eating six small meals throughout the day. If you are unable to keep any food or liquids down, contact your doctor.
Dental	Dental care is encouraged. X-rays may be performed as necessary with proper shields.
Rash	Calamine or Caladryl lotion, Lanacort, Hydrocortisone 1% cream
Allergies	Benadryl, Claritin, Zyrtec
Congestion	Saline nasal spray, Mucinex
Fever	Tylenol
Hemorrhoids	Preparation H, Tucks, Anusol cream or suppositories
Yeast	Monistat

Immunizations

- The CDC (Center for Disease Control) and the American Congress of Obstetricians and Gynecologists (ACOG) recommend pregnant women receive the seasonal influenza vaccination during pregnancy.
 - Only the shot form of the vaccine should be used during pregnancy.
 - Avoid nasal versions of vaccines.
- ACOG recommends the tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine (Tdap) during pregnancy, preferable after 20 weeks gestation. If not administered during pregnancy, Tdap should be administered immediately postpartum.
- All adult caregivers of the baby also require the Tdap vaccine prior to the baby's birth.
- Talk with your health care provider about other vaccinations that are considered safe during pregnancy.
- Measles, mumps and rubella vaccination (MMR) and the Varicella vaccination (chicken pox) should not be given during pregnancy.

X-rays and MRIs

- Sonograms and MRIs do not use harmful radiation and are, therefore, considered safe during pregnancy.
- X-rays (chest X-rays or dental X-rays) are considered safe. You should be provided a lead apron to shield your abdomen.

Dental care

- Have regular dental care during your pregnancy.
- If your dentist has questions about what type of anesthetics, antibiotics, and pain relievers are considered safe for use during pregnancy, please ask your health care provider.

When to call your doctor

- If you have a temperature that exceeds 100.5° F.

Diet & Nutrition during Pregnancy

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Weight gain during pregnancy

- When you are pregnant, you will need to consume about 300 calories more per day
- Weight gain recommendations:

Pre-pregnancy weight	Recommended weight gain
Underweight (BMI < 18.5)	28 – 40 pounds
Normal weight (BMI 18.5 – 24.9)	25 – 35 pounds
Overweight (BMI 25 – 29.9)	15 – 25 pounds
Obese (BMI > 30)	11 – 20 pounds

Caffeine intake

- Recommendation to limit caffeine to less than 200 mg/day (about 2 drinks)

Alcohol intake

- American Congress of Obstetricians and Gynecologists and the US Surgeon General state that NO amount of alcohol consumption is considered safe during pregnancy.

Fish

- Avoid fish with high levels of mercury: shark, swordfish, tilefish, king mackerel
- The Food and Drug Administration (FDA) and the Environmental Protection Agency (EPA) say pregnant women can safely eat up to 12 ounces of seafood a week.
- Limit albacore tuna to 6 ounces a week
- Avoid uncooked fish (sushi, sashimi, ceviche, lox)

Cheese

- Avoid soft cheese such as brie, feta, blue vein cheeses, goat cheese, gorgonzola, queso blanco, queso fresco and camembert unless it is labeled as “made with pasteurized milk.”

Lactose intolerance

- You may need to take calcium supplements.
- Do not take calcium supplements at the same time as your multivitamin or prenatal vitamin.
- Many women take the antacid Tums for acid reflux during their pregnancy, also an excellent source of calcium.

Lunch meat

- Concern for Listeria – according to the Center for Disease Control (CDC), pregnant women are 10 times more likely than the general population to contract Listeria
- While the risk of contracting infection is still low, Listeria may result in preterm labor, miscarriage/stillbirth, neonatal infection or death
- Do not eat hot dogs, luncheon meats, cold cuts, other deli meats (e.g., bologna), or fermented or dry sausages unless they are heated to an internal temperature of 165°F or until steaming hot just before serving
- Wash your hands and cooking surfaces thoroughly when handling meat

Vegetarians

- Continue your normal diet during your pregnancy.
- Take in an adequate amount of protein.
- May need additional supplements such as vitamin B12 and vitamin D.
- Your health care provider can help you determine the supplements you need and address any other special dietary circumstances you might have.

Nutritional supplements

- Plan to take some type of nutrition supplement throughout your pregnancy.
- Supplements do not replace a healthy diet.
- Take a multivitamin or prenatal vitamin depending on your preference and in consultation with your health care provider.
- Choose a vitamin that contains at least 0.4 milligrams of folic acid daily.

Other tips

- Artificial sweeteners: generally considered safe in moderation
- Wash all fruits and vegetables before use
- Avoid unpasteurized juices
- Avoid raw eggs in batters, salad dressings, etc.
- Avoid refrigerated pâté
- For more information:
 - www.mayoclinic.org
 - www.cdc.gov
 - www.choosemyplate.gov

Exercise during Pregnancy

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“In the absence of either medical or obstetrical complications, 30 minutes or more of exercise a day on most, if not all, days of the week is recommended for pregnant women.” - ACOG Committee Opinion:

- Benefits: leaner baby, shorter time in labor, decreased risk of preeclampsia and gestational diabetes, reduces back pain, improves mood and energy
- General rule of thumb is if you were active before pregnancy, it is normally okay to continue (even Crossfit!)

Things to consider

- Always consult your health care provider before initiating a new exercise program
- Avoid contact sports the pose risk of abdominal trauma
- Avoid activities with increased risk of falling (i.e. skiing, horseback riding)
- Avoid scuba diving due to risk of decompression sickness
- Avoid prolonged time laying flat on your back in 2nd and 3rd trimesters
- Avoid Bikram yoga (hot yoga)
- Drink plenty of water to hydrate!
- There is no rule for a maximum heart rate that you should or should not achieve – you should still be able to carry on a conversation

When to stop exercising

- Vaginal bleeding
- Leaking fluid
- Dizziness or feeling faint
- Chest pain
- Shortness of breath
- Uterine contractions
- Headache

Absolute contraindications

- Maternal heart disease
- Restrictive lung disease
- Incompetent cervix or cerclage
- Multiple gestation at risk for preterm labor
- Persistent 2nd or 3rd trimester bleeding
- Placenta previa
- Premature labor
- Premature rupture of membranes
- Preeclampsia/pregnancy-induced hypertension

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Alcohol intake

- ACOG and the US Attorney General state that NO amount of alcohol consumption is considered safe during pregnancy

Smoking

- Stop smoking.

Chemicals, radiation and high temperatures

- Certain work and environmental hazards may lead to birth defects, miscarriages or stillbirths.
- Notify your obstetrician if your profession involves any exposure to chemicals, radiation, or hazardous conditions such as prolonged high temperatures.

Hair color and straightening

- Some physicians will recommend waiting until the first trimester is completed before coloring your hair.
- The FDA recommends the following safety precautions:
 - Don't leave the dye on your head any longer than necessary.
 - Rinse your scalp thoroughly with water after use.
 - Wear gloves when applying hair dye.
 - Carefully follow the directions in the hair dye package.
 - Never mix different hair dye products.
- Do not have your hair chemically straightened if the products contain formaldehyde.

Hot tubs

- Avoid hot tubs during pregnancy.

Paint

- Avoid remodeling project that requires exposure to old lead-based paint.
- Wear protective clothing while painting.
- Avoid eating and drinking where you are actively painting.
- Ensure that the room and house are well-ventilated during and after a painting project.

Cats

- Do not change your cat's litter box during pregnancy to avoid potential exposure to toxoplasmosis.

Sleep

- Yes, you can sleep on your back!
- Some women faint when they lay on their backs while pregnant. If you are one of those women, don't do it.

Tanning

- Avoid tanning beds.
- Avoid self tanners. Consider brush-on bronzers instead.

Massage

- Have pregnancy massages only.

Working at a school, hospital or daycare facility

- You may be exposed to certain viruses such as CMV (cytomegalovirus), Chicken pox or Fifth's disease
- Get a flu shot.
- All women at risk for tuberculosis should be screened with a PPD skin test when beginning prenatal care. Includes women with HIV, persons known or thought to have TB, and healthcare professionals working in high risk facilities such as prisons.
- If you think you are at high risk for TB or have been exposed to TB, discuss this with your doctor.
- If you have come in contact with anyone with these diseases, notify your obstetrician.
- If you contract a fever or rash, your doctor may want to perform blood tests to determine if you were exposed.

Intercourse

- As long as your pregnancy does not have any complications, intercourse is safe during pregnancy.
- Spotting and mild cramping during and after intercourse is very common. If you have bright red bleeding like a period or persistent contractions, please notify your health care provider.

Travel during Pregnancy

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Travel by car, bus, train or airplane is generally considered safe for pregnant women up to 36 weeks of gestation (assuming there are no complications during the pregnancy)

- Some airlines have different rules about how late in pregnancy a woman can travel so be sure to call and confirm before booking tickets.
- “Airport security radiation exposure is minimal for pregnant women and has not been linked to an increase in adverse outcomes for unborn children.” (Source: CDC)

Things to consider

- Always wear your seatbelt! Follow these seatbelt tips (Source: ACOG)
 - Buckle the lap belt below your belly so that it fits snugly across your hips and pelvic bone.
 - Place the shoulder belt across your chest (between your breasts) and over the mid-portion of your collar bone (away from your neck).
 - Never place the shoulder belt under your arm or behind your back.
 - Pull any slack (looseness) out of the belt.
- Follow these tips if your car has air bags (Source: ACOG)
 - Keep 10 inches between the steering wheel and your breastbone.
 - If the car has an air bag “on/off” switch, check to be sure it is turned to “on.”
 - As your belly grows, you may not be able to keep as much space between you and the steering wheel. If the car has a tilt steering wheel, make sure it is angled toward your breastbone, not your belly or head
- Drink lots of fluids and minimize caffeine
- Pack plenty of snacks
- Request an aisle seat (for all those bathroom breaks!)
- Plan to get up, stretch and walk around at least every 2 hours
- While seated, perform leg and ankle exercises to prevent blood clot formation (may want to wear support hose)

Delivery Packing Suggestions

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Plan to pack your suitcase a month or so before your due date so it will be ready when it's time for you to go to the hospital.

For You

- ☐ A picture ID (driver's license or other ID)
- ☐ Your insurance card
- ☐ Any hospital paperwork you need
- ☐ A list of people to call and their phone numbers
- ☐ Your cell phone and charger
- ☐ Pen and paper
- ☐ Back massage aids for labor
- ☐ Toiletries including toothbrush and toothpaste, deodorant, lotion, shampoo and conditioner, hairbrush, razor, makeup
- ☐ Lip balm
- ☐ Hair band, pony tail holder or barrettes
- ☐ Eyeglasses and contacts and solution
- ☐ Warm robe or sweater
- ☐ Nightgowns if you don't want to wear the ones the hospital provides
- ☐ Slippers
- ☐ Warm non-skid socks
- ☐ Comfortable nursing bras or supportive regular bras
- ☐ Several pairs of maternity underpants
- ☐ A supply of ultrathin maxi sanitary pads
- ☐ A going-home outfit that is roomy and easy to put on
- ☐ Healthy snacks like granola bars and anything with fiber
- ☐ Whatever will help you relax and feel comfortable
 - Your own pillow
 - Music (iPod®, laptop, or CDs – there are iPod® docking stations in the patient rooms)
 - Light reading material
 - A sleep mask to help you nap during the day.

For Your Partner

- ☐ A camera, film, video camera, batteries, charger, and memory cards
- ☐ Toiletries
- ☐ Comfortable shoes and a change of comfortable clothes
- ☐ Snacks and something to read
- ☐ Money for parking and meals, change for vending machines

For Your Baby

- ☐ An installed carseat
- ☐ A going-home outfit including socks or booties (if the clothing doesn't have feet) and a soft cap. Make sure the legs on your baby's clothes are separate so the car seat strap can fit between them.
- ☐ A blanket, especially if it is cold outside

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Choosing a Pediatrician

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A pediatrician is a doctor who has undergone special additional training to work with infants, children and adolescents. Pediatricians have the knowledge and experience about the physical, emotional and social development of children to give your baby care that's just right for his or her age and stage of life.

- **Plan ahead** – Choose a pediatrician prior to your baby's birth since your baby will need to see a doctor frequently within the first weeks of life. You may want to interview several pediatricians before selecting one.
- **Board certification** – Choose a board-certified pediatrician who has passed a rigorous exam given by the American Board of Pediatrics. Renewal of board certification requires pediatricians to continue their medical education, provide high quality patient care and to have a valid medical license.
- **Location** – Choose a pediatrician with an office close to your home, workplace, daycare or other convenient location.
- **Payment** – Make sure your chosen pediatrician accepts your current insurance. If you do not have insurance or the office does not accept your plan, ask about what out-of-pocket expenses can be expected. You may want to also confirm your co-payment, laboratory and other possible expenses.
- **Office staff** – The pediatrician and staff should follow the "no question is stupid" philosophy.
- **What to ask** – Talk with the pediatrician about concerns you may have about your baby's care.
 - Who will see our baby for his or her first check up in the hospital?
 - When will your baby's next exams take place?
 - What is the typical schedule of visits especially in the first year?
 - If the pediatrician is part of a group practice, will you typically see him or her?
 - If the pediatrician is in a solo practice, who covers when he or she is unavailable?
 - Does the practice have an after-hours answering service?
 - Who will return your after-hours calls?
 - Is emergency coverage available 24 hours a day, 7 days a week?
 - Does the office provide helpful printed or online materials for families of new patients?
 - Are lab work and other tests completed on-site or will they require you to drive to another location?
 - Is the practice equipped with electronic medical records to ensure continuity of care in case your child needs a pediatric specialist?
 - Does the practice offer secure online access to your child's immunization records, history of visits, prescription renewals and other services?
 - What is the pediatrician's philosophy of care?
 - What safety measures does the pediatrician recommend such as what type of car seat you should have?
 - What is the pediatrician's philosophy about breastfeeding and bottle feeding?
 - What are the pediatrician's thoughts about circumcision?

Texas Children's Pediatrics's (TCP) extensive physician network includes more than 200 board-certified pediatricians all throughout the greater Houston area, offering full-service pediatric care including:

- Prenatal consultations
- Newborn care
- Vaccinations and immunizations
- Well-child visits
- Care and treatment of minor injuries
- Preventative health care
- Care of illnesses
- School, sports and camp physicals
- Hearing and vision screening
- Health care and nutrition education

To find the TCP location most convenient for you and your child, call 281-351-KIDS [5437] or visit [texaschildrenspediatrics.org](https://www.texaschildrenspediatrics.org).

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Research Studies in Women's Health

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Our Obstetricians and Gynecologists are committed to improving the lives of all women and their children through research that increases our understanding of women's health issues, and enhances our ability to prevent, diagnose, and treat those health issues.

About Our Research

Our research topics span from pre-pregnancy throughout menopause:

- Reproductive health, including fertility, contraception, and disease conditions such as endometriosis
- Gynecologic health and disease conditions such as fibroids and gynecologic cancers
- Health and wellness in pregnancy, including multiples pregnancy
- Pregnancy-specific disorders such as preterm birth, stillbirth, pre-eclampsia
- Women's health over time, with a focus on menopause and wellness later in life
- Prenatal diagnosis and care of fetal disorders
- The genetics of pregnancy, reproduction, and the developing fetus
- Women's health imaging
- Immunizations

What to Expect When You Are Participating in Research

- You will undergo a screening process to see if you meet the requirements to participate in the specific study.
- Once enrolled in a study, our highly trained research staff will work alongside your provider to conduct the study. This may include examinations, lab work, a treatment plan, procedure, or sample collection.
- Data may be extracted from your medical record, with your permission, if it is needed as part of the study.
- Participation in research is voluntary at all times. You may decide not to participate at any time.

Our Research Environment

- State-of-the-art technologies and scientific applications
- CAP and CLIA accredited laboratories, ensuring the highest standards of laboratory testing and practices
- Accredited by the Joint Commission, reflecting our commitment to the safest, highest-quality care
- OHRP and FDA registered IRB; HIPAA compliant, for maximum patient protection and privacy
- Dedicated research staff comprised of Ob/Gyn physicians, nurses, certified nurse midwives, research coordinators and laboratory personnel

Affiliates

Our research is a collaborative effort involving:

- Baylor College of Medicine
- Texas Children's Hospital
- Harris Health System
- Private practice physicians and nurse midwives

Our Sponsors

Our research efforts are funded by international, national and local organizations, including:

- National Institutes of Health (NIH)
- March of Dimes Birth Defects Foundation
- Burroughs Wellcome Fund
- Cancer Prevention Research Institute of Texas
- Institution-Sponsored Research
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