



Maitri Health Care for Women

Obstetrics, Gynecology and Midwifery



Care for Women by Women Who Care

185 Tilley Drive, South Burlington, VT 05403

Phone (802) 862-7338 Fax (802) 862-8411

www.maitriobgyn.com

Hours: Monday – Friday 8:00am to 12:00pm & 1:00pm – 4:30pm

Congratulations on Your Pregnancy and Welcome to Maitri

We look forward to working with you during your pregnancy and after your birth. Pregnancy, labor, and giving birth are life changing processes for most women. It is a profound, intense, and remarkable experience. We are honored and humbled that you have chosen us to participate in your pregnancy care and birth, and we will strive to support you in all the ways you need to ensure a healthy outcome.

This booklet is designed to give you an overview of your care with Maitri during your pregnancy, labor, and birth. We are committed to providing individualized care to our patients. Therefore, your care may differ depending on your specific needs. We encourage you to look through this packet when basic questions arise. If you do not find answers to your questions, feel free to call the office during normal business hours. If you are calling with a medical question, choose the prompt for our triage staff. Our triage staff has a vast amount of knowledge on pregnancy, lactation, and the postpartum period. If they cannot directly answer your question, they will speak with a provider and will call you back.

After hours, if you have an urgent concern that cannot wait until normal business hours, call the office number and select the prompt for the answering service/on call provider. A Maitri on-call provider is available for emergencies and obstetrical deliveries 24 hours a day. There is always a physician providing backup to the Nurse Midwife on call.

You will see both Certified Nurse Midwives (CNM) and Physicians (MD) during your pregnancy. Most women have approximately 14 prenatal visits during the length of their pregnancy. You may have any of the providers at your delivery with the exception of Lori Daily NP and Brianna Durkin NP. You will also see Alice Norris RN, IBCLC at your 2 week postpartum visits and as a lactation consultant, she offers visits to help with any breastfeeding problems you may encounter postpartum. Lori is a Nurse Practitioner who provides gynecology care only.

Maitri's Philosophy of Care for Obstetrics

At Maitri, we are committed to providing exceptional care to women during and after pregnancy. We strive to empower women as they go through their pregnancy so they can make informed choices which best meet their personal needs and those of their family. We are here to provide education about your healthcare choices during pregnancy and labor. Our providers and staff promise to support you throughout this journey and to work together as a team to provide the best experience possible.

As an all-female practice we know what it is like to walk through pregnancy, childbirth, and parenthood. While each woman experiences these things differently, we care for you with the empathy that comes from being mothers, the compassion that comes from being human, and the skill that comes from being trained obstetrical and midwifery providers.

Maitri is:

- Individualized antenatal care according to nationally accepted guidelines for physicians and midwives
- Nutritional advice
- Movement and exercise advice
- Options for hydrotherapy and water births
- Non-invasive alternatives in labor
- Postpartum support

Maitri Health Care for Women is located in an integrative facility which offers many alternative/holistic services including chiropractic, massage, acupuncture, naturopathy, hypnotherapy, mental health, biofeedback and lactation services.

Meet our Providers



Amy Thibault, MD

Amy lives in Essex Junction with her husband, Eric Ganguly, M.D., Assistant Professor of Gastroenterology, and her two children, Sam and Anna. She is originally from Massachusetts. She brings tremendous compassion to Maitri, and has a fantastic sense of humor. She is particularly interested in colposcopy, gynecologic surgery and

obstetric ultrasound. In her free time, she enjoys cooking, skiing and hiking. Amy joined Maitri in 2003 and became a partner in 2006.

Education

- College of Holy Cross 1991 BA in Psychology
- Post-baccalaureate training at Northeastern University and Harvard University
- Medical Doctor, University of Massachusetts Medical School 1999
- Obstetrics and Gynecology, UVM/Fletcher Allen Healthcare Residency 2003
- American College and Gynecology Board Certified in 2004



Jennie Lowell, MD

Jennie Lowell, MD joined Maitri in 2004 after completing her OB/GYN residency at Fletcher Allen Health Care. She married her high school sweetheart, Derek, in 1998. They reside in South Burlington with their 3 children. Baxter was born in 2004 (Kristen delivered, birthing stool birth, 7lb, 14oz), Paige followed in 2006 (Kristen delivered, waterbirth, sunnyside up), and Emmett completed their family in 2008 (Kristen again, waterbirth, 12 days late!). Jennie believes that birth (regardless of the mode of delivery) and motherhood are life transforming events in a woman's life. She feels privileged to be a part of these most important moments. "When Kristen attended my births, I was comforted by her presence. Her being there gave me a feeling of safety and let me know that everything I was experiencing was normal so that I could let go of my fear during the intense physical process of birth (ie: in lots of pain!). This empowered me and allowed me to do what I needed to do – focus on just giving birth and not on worrying. This was a gift. It is one that I hope to return to women whose births I attend." Jennie is committed to supporting women in any way that they need as they embark on their journey through pregnancy and into motherhood.

Education

- Bachelor of Science in Human Development and Family Studies with a concentration in Women's Studies, Cornell University, 1996
- Medical Doctor, Pennsylvania State College of Medicine, 2000
- Obstetrics and Gynecology, UVM/Fletcher Allen Health Care Residency, 2004
- Board Certified in Obstetrics and Gynecology 2005
- Fellow American College of Obstetrics and Gynecology



Julie Wade, MD

Julie first met the Maitri ladies during her OB/GYN residency at Fletcher Allen. After finishing residency she practiced in Plattsburg, NY for 18 months and then was glad to come back to VT to practice in 2008. Julie lives in Hinesburg, VT with her husband Gil, their daughters Anna and Eliza, kitty Peanut, and dog Saima and a flock of backyard chickens. Her background also includes ski instructing, 5th grade teaching, bread making, being a vet tech and working for the Appalachian Mountain Club. She is a believer in being there to listen to what women want and need in pregnancy and labor. Because Anna and Eliza were born early by cesarean section, she has an understanding of the challenges of adjusting personal birth expectations.

Education

- Dartmouth College, Bachelor of Arts in Geology and Environmental Studies 1991
- Medical Doctor, University of Vermont College of Medicine 2002
- Obstetrics and gynecology UVM/Fletcher Allen Health Care Residency 2006
- Board Certified in Obstetrics and Gynecology 2009
- Fellow American College of Obstetrics and Gynecology



Lindsay P. Smith, MD

Lindsay Smith joined Maitri in August of 2016 after completing her OBGYN residency at Dartmouth Hitchcock Medical Center in Lebanon, NH. Prior to that, she completed her medical degree at the University of Vermont.

Lindsay and her husband Dan both grew up in Vermont and they are both thrilled to be returning to the Burlington area. Outside of medicine, she enjoys running, biking, skiing and traveling.

Lindsay believes in offering compassionate and respectful care for women and their families throughout both beautiful and challenging moments.

In her practice, Lindsay provides full spectrum general obstetric and gynecologic care from adolescence through menopause. Her particular interests include obstetrics, colposcopy and laparoscopic surgery.



Katie Areson, MD

Katie Areson MD joined Maitri in October of 2017 after she completed her medical degree at the University of Vermont where she met her husband Chester. After completing residency at Saint Joseph Hospital, she is excited to be moving back to Burlington with their two children. Katie believes in providing compassionate care to patients through communication and shared decision making. Katie's particular interests include obstetric ultrasound and laparoscopic surgery. Outside of medicine Katie is an avid runner and also enjoys spending time outside biking, hiking and skiing. Katie is thrilled to be joining the Maitri OB/GYN team!

Education

- Bowdoin College, BA in Biology and French Brunswick ME 2004
- Boston University, Master in Public Health Boston, MA 2008
- University of Vermont Medical Center Burlington VT 2013
- Saint Joseph OB/GYN Residency Denver, CO



Kristen Werner, CNM

Kristen Werner CNM joined Maitri in 2003 after 5 years of providing midwifery care at Fletcher Allen's midwife service. Prior to this she worked on birthing units in Charleston, SC, Central Vermont Hospital and at Fletcher Allen. She has nursing experience in ICCU and pediatrics as well. She is originally from Calais, VT and believes that her love for pregnancy care and birth came from her Mother who has 5 children.

Kristen has a strong belief that how women are treated, what they learn and their general feelings about their abilities remain with them as a source of strength, identity and happiness through their mothering, in their relationship with their partner and beyond. By providing informed consent and basic education, women can make health choices that are unique to their beliefs and needs. Kristen enjoys labor support, presence in the care she provides and is a strong advocate for women. Kristen has four children all were birthed by her unmedicated by her choice. It is an honor to help couples learn to labor, make choices that meet their goals and expectations. Additionally, she offers well woman/annuals, gynecological services and breast care. Kristen and her husband Michael live in Richmond, VT.

Education

- Bachelor of Science in Nursing, University of Vermont School of Nursing 1990
- Frontier School of Nurse Midwifery 1997
- Masters in Nursing Case Western Reserve
- Certified Lactation counselor
- Certified by American Nurse Midwifery Certification Board March 1998

Prenatal and Postpartum Visits

How often will I come for prenatal and postpartum visits?*

8-31 weeks Once a month
32-34 weeks Once every two weeks
35 – 41 weeks Once a week
2 weeks postpartum One visit
6-8 week postpartum One visit

*There may be individualized variations in this care schedule depending on your pregnancy and health needs

What you can expect:

Initial visit

Today at your visit we discussed a LOT of information and it's normal to feel overwhelmed. Take some time to look over the education packet and the birth journal. Bring the birth journal to each visit, so you can record your progress. While waiting for your appointment, we encourage you to take time to read over the *reminders*. Use this journal to write down any questions you may have, and bring this with you to your appointments. At this visit, you may have had basic prenatal lab work and we spoke to you about genetic testing options. If you decide you would like to pursue genetic testing, please call the triage department as soon as possible to schedule these time-sensitive tests. A provider will review your prenatal lab work at your next prenatal visit.

Routine office visits

Regular monthly visits are 15-20 minutes long. If you have more questions and feel you need more time, please ask us. We are happy to schedule additional visits if you feel you need them. During this visit we will measure your blood pressure and weight, review your prenatal labs, listen to the baby's heartbeat, and measure the baby's growth. We will provide education at each visit as it pertains to your baby's gestational age. We will talk to you about your adjustment to pregnancy, provide anticipatory guidance for labor, birth, breastfeeding and transition to parenthood, and address any questions or concerns you may have. Additional testing may be considered or recommended.

Due to the nature of obstetrics, we occasionally have unexpected situations occur during routine pregnancy office visits. This may make us late for our next appointment. Please be assured that we will not rush the next appointments and will answer/address all of your questions and concerns.

We understand your time is valuable and we strive to keep appointments running on time. For this reason, Maitri's policy for patients arriving 10 minutes late for a scheduled appointment is to reschedule that appointment. This is only fair to the rest of the patients who have arrived on time.

Testing During Your Pregnancy

Some tests are standard for safe pregnancy care, and set forth in guidelines by the American College of Obstetrics and Gynecology. All tests are optional. We will discuss with you a number of genetic screening tests that are offered. Please refer to the genetic screening packet. We recommend all women undergo initial prenatal blood work, a pap smear with a bacterial cervical swab, a gestational diabetes screen between 24-28 weeks and a Group Beta Strep swab at 35-37 weeks. The initial labs consist of a urine culture to test for a urinary tract infection and blood work tests for HIV, Rubella, Varicella, Hepatitis B, Syphilis, Blood type and count. These tests give us beneficial information that allows us to tailor your care as needed. Some women are not due for their pap smear and we will skip any unnecessary tests after consulting with you. If there are tests you do not want or have questions about, do not hesitate to ask us for more information.

Ultrasounds

Repetitive ultrasounds during pregnancy are not recommended by the American College of Obstetrics and Gynecology. In general, it is our practice to perform an ultrasound during the first visit to establish accurate dating of your pregnancy. Another ultrasound performed at approximately 20 weeks, assesses fetal growth, anatomy and placental location. If desired and if time permits, we will attempt to determine gender. We do not perform genetic ultrasounds (a congenital anomaly screen or Level 2 ultrasound). It is important for you to understand some babies can have problems which are unable to be detected by any ultrasound.

Many couples ask for additional ultrasounds to determine the sex of their baby, or just to "check that everything is okay". We generally reserve our ultrasound rooms for patients who have a medical indication for an ultrasound.

If medically indicated, a Level 2 Ultrasound at UVM Medical Center's Fetal Diagnostic Center will be offered. This ultrasound may be indicated for women age 35 or older at delivery, twin pregnancies, women on certain medications in pregnancy, women with a history of birth defects in their families, and/or other situations that are individually assessed.

Your third ultrasound will be performed at 36 weeks to check the position of the baby. The provider will also assess the amniotic fluid level and the placenta. A growth ultrasound is only performed as medically indicated.

The Hospital

Preregistration

You will be given a hospital pre-registration packet around 28 weeks. Please complete the appropriate forms and mail them to UVM Medical Center in the provided envelopes. Additional forms are to be completed after the birth of your baby. Early receipt of this information is essential so that all information is in the hospital's system and there will be no delay in your care.

Labor and Delivery

If you think you are in labor call the office anytime day or night to talk to a provider. Wait to go to the hospital until you have heard back from a provider, unless it is an emergency. If for some reason you do not hear back from a provider in a timely manner call the office and ask the answering service to page the provider again. If you feel it is an emergency call 911.

Parking at UVM Medical Center

During the day from 6 am-10 pm you can park in the parking garage. At night, after 10 pm, park and come in through the Emergency Department.

Labor & Delivery (McClure 7) Visitor Policy

We abide and support the policies which may change during different seasons. These regulations can seem strict but they are designed to keep you and your baby healthy in the early postpartum period. **Seasonal changes will be posted at Maitri when they are sent from the Hospital and the Public Health Department.**

Claire M. Lintilhac Birthing Center - McClure 7: (802) 847-3830

- A limit of three visitors in the birthing room at a time. This includes the primary support person and two others which may rotate throughout the labor.
- Additional visitors may wait in the visitors lounge at the entrance of the birthing center or in the main lobby.
- No Children under 13 years old in the delivery room unless they are siblings to the newborn.
- Siblings 12 years and under must be accompanied by an adult. This adult and child count as one support person. This adult cannot be the main support person.

- Visitor(s) may be asked to leave the delivery room by the nurse/physician/midwife to ensure patient safety.
- One support person allowed in the operating room during c-sections – except in an emergent situation.
- One support person allowed in the labor room during epidural placement.
- Visitors should not bring food into the patient's room unless OK'd by the laboring woman.

Mother/Baby Unit – Baird 7

- Visiting hours are from 10 a.m. to 8 p.m. daily.
- All visitors must be in good health and 12 years of age or older to visit the unit. Children under 12 who are siblings of the new baby may visit during visiting hours with adult supervision.
- A limit of three visitors at the bedside at all times.
- If patient room has double occupancy, support person/partner cannot stay overnight.

Labor & Delivery

Labor and delivery

Once you arrive on labor and delivery, you will be asked to sign a consent form and be taken to your room. After you change, the nurse will check your blood pressure and temperature and put the fetal monitors on to perform a non-stress test (NST). If a Maitri provider is not on Labor and Delivery, a resident doctor will check your cervix and update the on-call provider. With your input, we will then decide the best plan of care. Establishing a plan of care is a fluid process which can change for many reasons during a labor. We believe in maintaining an open dialogue with you at all times.

If you have not had any complications in pregnancy and you are not requesting an epidural, the nurse will take the monitor off. Subsequently, we will listen to the baby's heart rate every 15 – 30 minutes depending on the stage of labor you are in. If you are group beta strep positive or requesting an epidural we may start an IV at this time.

Water birth

Many women use hydrotherapy to decrease labor discomfort. In fact, with natural childbirth, a majority of women utilize this option. We support the use of water for labor and birth, if desired. UVM Medical Center, however, has some restrictions on water birth. The hospital encourages women to be part of a research protocol regarding birth in the water. As part of this protocol, we are required to outline for you some of the potential risks of water birth, also known as water birth informed consent. This is a hospital protocol.

Water birth has some potential advantages such as pain relief, decreased use of Pitocin to increase the strength of your labor, shorter second stage and decreased perineal trauma or lacerations. Midwives have used water for both labor and pain relief during birth for many years, however, there are no rigorous scientific studies to support this practice.

Water birth is not appropriate for every woman. For some women, it is the right choice. If we do not think you are a good candidate for a water birth, we will discuss this with you.

Epidurals

If you would like to have an epidural for your birth you may elect to have a consultation with an anesthesiologist prior to your labor. You may call the Anesthesia Clinic at 847-2415 anytime during your pregnancy to speak with an OB Anesthesiologist. Anesthesia services are available 24 hours a day at UVM Medical Center.

Even if you do not plan to have anesthesia you may choose to have a consultation as you become informed about your birthing choices. Epidurals are generally very safe. We can help you decide if this is a good option for you. Rarely, we may recommend IV medications early in labor, for anxiety, rest or pain relief. Sometimes IV medications are recommended after the birth depending on individualized needs.

Medical Intervention

You have chosen a unique group of providers. We trained differently with influences from medical and midwifery models of care, but the one reason we work together in this practice is because we view pregnancy and birth in a similar manner.

We are here to help you have a healthy baby. We have the skills and knowledge to intervene if necessary, but view this as a natural process which usually progresses without any problems. We do not “routinely” place an IV, or perform an episiotomy, withhold food or beverages, recommend continuous monitoring, or suggest anesthesia or pitocin (a medication used to encourage your uterus to contract). However, there are circumstances in which we may recommend one of these or other additional interventions.

We support women who want natural childbirth, but we are not opposed to anesthesia if this is what you have chosen. In fact, in some situations, anesthesia may help labor to progress. We are happy to help and support you in whatever you choose. Some women choose to have a doula present for their labor. A doula is someone who is trained in providing labor support. If you are thinking of this as an option, we encourage you to meet with several doulas in order to find the support person who is right for you. A doula charges an additional fee not covered by insurance. Resources are posted on our bulletin board by the check-out desk. There is a “Doula Scholarship Fund” which provides need-based financial aid to families who couldn’t otherwise afford to hire a birth doula. You can find more information on <http://www.handlewithlovevt.com>

Occasionally during your labor, a situation may arise in which we believe the best decision for you and your baby is to assist your delivery with a vacuum or to proceed with a cesarean delivery. This decision is not made lightly. We will have a discussion with you regarding our recommendations and outline your options so you will understand and be able to make an informed decision.

Resident doctors & Students in Your Care

Our hospital affiliation is with The University of Vermont Medical Center, which is a teaching hospital. To become a physician, one must attend medical school and complete a residency. After graduating from residency you are an attending physician, which means you can practice medicine without supervision. If you choose to deliver at UVM Medical Center you are choosing to deliver in a teaching hospital, and residents may participate in your care. There may be circumstances which arise during pregnancy where we would like you to go to labor and delivery for assessment. The residents are an invaluable help to the Maitri providers in these situations as they are available to assess you if the on-call provider is not immediately available.

Revised 3/2019 KT

We all trained at UVM Medical Center. We can say, without a doubt, we would not be where we are today without women like you. Please recognize you are the most important teachers for the medical professionals of the future. Be assured, the residents only perform procedures they are qualified to perform (such as cervical exams). We are your providers, and we will be there for you as needed.

Medical students are also involved in many births. While, again, we urge you to involve students in your care, medical student involvement is optional and at your discretion. If you would like to discuss this further, please do so with a provider.

Postpartum

After the baby's birth you will be on Labor and Delivery for approximately 1 – 2 hours. During this time we will frequently monitor your blood pressure, pulse and vaginal bleeding. With your consent, we will also assist you with breastfeeding and examine your new baby. The baby will receive his/her initial newborn medications: erythromycin antibiotic eye ointment and an injection of Vitamin K. During this time we encourage you to be skin-to-skin with your newborn, especially for the first 4 hours of life. Once we are sure you and your baby are both doing well you will be moved to the maternity unit. While the hospital staff and Maitri providers prefer private rooms for everyone, single rooms are not always available.

Most babies are able to room-in with their mothers. If you do not have a roommate, your partner may stay in your room with you overnight.

While you are on the postpartum unit, residents and hospital staff including nurses, lactation consultants and other hospital personnel will care for you and coordinate your discharge plan.

Maitri providers will visit you during your stay or as medically needed. Usually, we are there in the morning. If you have gone outside, or are not on the unit, we may not see you.

If you have chosen to have your baby circumcised, this is often the time that the procedure is performed. It is to your advantage to review the information and sign the consent during your pregnancy. Circumcision is not medically recommended and insurances do not always pay for the procedure. This is the responsibility of the patient.

If you have any concerns or questions regarding hospitalization, bring them to the attention of a provider at your prenatal appointments. The appointments from 36-40 weeks are a good time to review these questions.

Postpartum visit

After you are discharged from the hospital, you will have two postpartum visits at Maitri's office. At 2 weeks postpartum you will see Alice Norris RN IBCLC. Alice is also available for additional visits if you are having any

breastfeeding related problems. At this visit we will discuss your birth experience, breastfeeding, healing, adjustment to parenthood, and birth control options. You will return between 6-8 weeks postpartum for a second postpartum visit. This appointment is typically with your delivering provider. Call the office when you get home from the hospital to schedule these appointments.

Maitri provides gynecologic women's health care beyond pregnancy, lactation care, and postpartum, and we hope you will continue your care with us.

Hospital Bag Checklist

<input type="checkbox"/> Copy of Pre-Admission paper work	<input type="checkbox"/> Change for the vending or coffee machine
<input type="checkbox"/> Phone numbers for your doctor and the baby's doctor	<input type="checkbox"/> Food, snacks, gum for partner
<input type="checkbox"/> Insurance cards	<input type="checkbox"/> Partner's toothbrush and toothpaste
<input type="checkbox"/> Infant car seat (leave this in the car until the day you are discharged from the hospital)	<input type="checkbox"/> Music tapes or CDs and player
<input type="checkbox"/> Camera and/or camcorder	<input type="checkbox"/> Pajamas
<input type="checkbox"/> Copy of your birth plan	<input type="checkbox"/> Slippers or comfortable socks
<input type="checkbox"/> Notebook and pen	<input type="checkbox"/> Lip balm
<input type="checkbox"/> Baby book (for footprints, etc.)	<input type="checkbox"/> Hair band or elastic
<input type="checkbox"/> List of phone numbers of family and friends	<input type="checkbox"/> Toiletries (toothbrush, toothpaste, soap, lotion, shampoo, deodorant, hair dryer, hairbrush, glasses, contacts and supplies)
<input type="checkbox"/> Phone card or cell phone and your cell phone charger	<input type="checkbox"/> Baby's going home clothes –plan for the weather
<input type="checkbox"/> Lollipops or stick candy	<input type="checkbox"/> Your going home clothes – should be pregnancy clothes

Your Baby

How to choose a Pediatrician for Your Child

Ask for recommendations from:

- Your obstetrical provider
- Your friends and family
- Your family doctor
- Your local hospital
- Your local yellow pages

Many Pediatric offices offer “Meet and Greet” appointments

QUESTIONS TO ASK A POTENTIAL PEDIATRICIAN

1. How many doctors are in the practice?
2. Can you request to see only one doctor for appointments other than emergencies?
3. How often are doctors other than those in the practice “on call”?
4. With which hospital(s) are the doctor affiliated?
5. What percentage of the practice breastfeed their babies?
6. Do they separate well and sick children in their waiting room? If not, and if your child is vulnerable to infections, will your child be permitted to go directly to an examining room?
7. When are calling hours for simple questions?
8. Can parents call at other times of the day/night with questions?
9. What specialists might he recommend or consult with?
10. Do they make their records fully available to the parents?
11. What third-party insurance carriers do they accept?

ASK OTHER PARENTS

1. Do they trust and like this doctor? Why or why not?
2. Do they frequently recommend medications or surgery?
3. Do they handle children and babies with understanding and care?
4. Do their children like this doctor?

Circumcisions

Circumcision is the surgical removal of the foreskin of the penis. This leaves the tip of the penis exposed. This surgical procedure may be performed with or without anesthesia 12-24 hours after your baby boy is born. This time period allows time to rule out any bleeding problems or any other type of problem which might make the procedure medically inadvisable.

Circumcision is an elective procedure. It is your decision. Often it is done for religious or social reasons. There are no proven health benefits resulting from this procedure, although removal of the foreskin may make cleaning the penis easier. Good hygiene can easily be taught to an uncircumcised male.

“The updated position of the American Academy of Pediatrics is that the preventative benefits of circumcision outweigh the risks of the procedure. Although health benefits are not great enough to recommend routine circumcision for all male newborns, the benefits of circumcision are sufficient to justify access to this procedure for families choosing it and to warrant third-party payment for circumcision of male newborns.” The American College of Obstetricians and Gynecologists Committee on Obstetric Practice supports this position.

Circumcision is usually an uncomplicated yet not totally harmless procedure. Infant death can result as a complication, but this is extremely rare. Bleeding which requires stitches or other medical care occurs approximately once in a hundred times. Infection which requires antibiotic treatment may occur once in every 200 circumcisions. Injury to the penis which could result in scarring or deformity has been reported to occur approximately three times per 5,000 circumcisions.

There are a small number of uncircumcised men, approximately one in every thirty who require circumcision at a later time for medical reasons. Complications are more likely to occur if circumcision is delayed.

The decision whether or not to circumcise your baby boy is yours. There are some congenital conditions of your baby’s penis which makes circumcision medically contraindicated or even unnecessary. If this situation arises, your physician will explain this to you. Talking with your pediatrician may be helpful.

If you do choose to have your baby boy circumcised, you will be asked to sign a special permit in the hospital. At that time, the complications described to you in this article will be further explained to you. Plan to remain in the hospital two to three hours after your baby has been circumcised. This time period allows healing to begin.

Circumcision and your Insurance

Circumcision is still considered an elective procedure. With the increasing costs of health care, many insurance companies are not paying for male circumcision, just as they will not reimburse for other elective procedures.

If you decide to have your son circumcised, you will need to contact your insurance company to confirm that this procedure is a covered benefit. You are personally responsible for payment to Maitri Health Care for Women.

*****Maitri requires advance payment in full prior to performing the procedure.**

Maitri’s charge for a circumcision is \$550.00. If you pay for the procedure prior to your 36th week of pregnancy we will give you a 20% discount or \$440. Payment after that will be the full \$550.***

If you do not know the sex of your child, but know that if it is a male you would want him circumcised, you will need to pay the fee. If you have a girl, you will be refunded the payment.

Educational Resources

Childbirth Education Classes

We strongly encourage you to participate in childbirth and breastfeeding classes. Group classes, individual sessions and home study are available. Most classes include a tour of UVM Medical Center's birthing center. We encourage you to speak with individual instructors to find the best fit for you. Many insurance plans reimburse the cost of these classes. Classes can fill up early: We recommend signing up for classes by your 22nd to 24th week of pregnancy. There are many options for birthing classes in this community. Dates and times are posted on <http://easternviewvt.com/classes-and-events/>. Please see the additional insert in this folder.

Keep in mind that visual images are very powerful in pregnancy. We recommend you avoid or limit watching the birth channels, as these are not always realistic of the birth process.

Also, *What to Expect When You Are Expecting*, although popular, is **not** our favorite book. We encourage you to choose reading from the following books:

Pregnancy and Birth:

- *A Wise Birth*, Penny Armstrong
- *Pregnancy, Childbirth, and the Newborn*, Simkin, Whalley and Keppler
- *Active Birth & Water Birth*, Janet Balaskas
- *Birthing from Within*, Pam England
- *When Survivors Give Birth*, Penny Simkin and Phyllis Klaus

Breastfeeding Books:

- *The Breastfeeding Café: Mothers Share the Joys, Challenges, and Secrets of Nursing* by Barbara Behrmann

Postpartum books:

- *Your Amazing Newborn*, Marshall and Phyllis Klaus

Books for support persons:

- *The Birth Partner* by Penny Simkin

Websites:

The internet is a huge information resource regarding pregnancy, birth and parenting. However, not all the information is from safe sources. We encourage you to limit your browsing to some of the below sites:

Prenatal education guide: <http://www.beginningsguides.net/timely.html>

*Path to Parenthood is a free pregnancy guide:

http://dcf.vermont.gov/sites/dcf/files/pdf/cdd/dev/Path-to-Parenthood_web_2008.pdf

Mothering Magazine: <http://www.mothering.com/>

La Leche league international <http://www.llli.org/>

La Leche League Vermont: <http://www.llleus.org/state/Vermont.html>

Information on breastfeeding, sleep and parenting <http://kellymom.com>

Information for breastfeeding, labor support, childbirth educators, doulas in Vermont
<http://www.earthysoul.com/resources.html>

United Way of Chittenden county resources: http://209.198.98.117/index.php?page=member_agency_list

****We have developed this booklet as a way of dispersing information to our clients. While we hope it's helpful, it cannot replace what we offer you in the office. Things change rapidly in the medical field and sometimes guidelines or methods of practice change. Every family has individual needs and care plans.