

Susanne Ramos, M.D., F.A.C.O.G.

Obstetrics / Gynecology / Infertility

2323 Oak Park Lane - Suite 101- Santa Barbara, CA 93105 - Phone (805)898-4443 - Fax (805)682-7265

Dear Expecting Parents,

Dr. Ramos and her staff welcome you and your family to our office. While every pregnancy is different our goal is always the same; to have a healthy baby and mother. To better care for your pregnancy, Dr.Ramos has hired on a wonderful set of nurse practitioners who will be assisting her with her OB patients. This would mean that every other visit could be with either Jenny Burnell or Heidi Albert. We also are providing you with information about our practice. If at any time you need any further assistance, please do not hesitate to contact our office. We welcome you to our office and look forward to seeing you.

Sincerely,

Dr.Susanne Ramos & Staff

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Office Hours: Monday thru Friday 9:00am to 5:00pm

After hours, weekends and holidays: To contact the doctor on call, just call our main office phone number (805)898-4443 and the answering service will page the doctor on call.

Punctuality: Unless Dr. Ramos is delivering a baby or called away for an emergency, she generally starts and finishes on time. If you are late for your appointment, there will be less time available for your visit, which may result in you being asked to reschedule your appointment.

Laboratory test: Our office is not responsible for the billing of any laboratory test ordered by Dr. Ramos. Please contact your laboratory directly if you have insurance coverage questions.

Sonograms: From time-to-time, you will hear our office staff use the words ultrasound and sonogram interchangeably. An obstetric ultrasound is the use of a real-time ultrasound machine scanner to capture a picture of your baby.

Obstetric ultrasounds are used primarily to:

- *Date the pregnancy (gestational age).*
- *Confirm fetal viability*
- *Determine location of fetus, intrauterine vs. ectopic.*
- *Check the location of the placenta in relation to the cervix.*
- *Check for the number of fetuses (multiple pregnancy).*
- *Check for major physical abnormalities.*
- *Assess fetal growth (for evidence of intrauterine growth restriction (IUGR)).*
- *Check for fetal movement and heartbeat.*

While we routinely use sonograms for medical purposes, the FDA discourages the use of ultrasounds for non-medical purposes such as fetal keepsake videos and photos.

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Over the counter medications that can be taken during pregnancy:

DO Not Take If Known Allergies

Symptoms
Medications

<i>Cough</i>	<i>Robitussin DM</i>
<i>Nasal Congestion</i>	<i>Sudafed, Chlor- Tremeton, Benadryl, Vics Vapor Rub & Ocean</i>
<i>Nasal</i>	
<i>Nausea</i>	<i>Ginger, Vitamin B6 50mg 1daily, Unisom, Emetrol, Motion wristband</i>
<i>Sickness</i>	
<i>Allergies</i>	<i>Claritin</i>
<i>Headache / Fever</i>	<i>Tylenol, Excedrin</i>
<i>Diarrhea</i>	<i>Imodium AD, Kaopectate</i>
<i>Hemorrhoids</i>	<i>Preparation H, Anusol, Tucks</i>
<i>Sore Throat</i>	<i>Lozenges, Cepacol & Salt Water Rinses</i>
<i>Constipation</i>	<i>Colace, Prune Juice, Metamucil, Milk of Magnesia</i>
<i>Bloody Nose</i>	<i>Ocean Mist Spray</i>
<i>Flu</i>	<i>Tylenol Cold, Tylenol PM</i>
<i>Heartburn</i>	<i>Tums, Mylanta, Maalox, Rolaid, Pepcid AC, Pepto Bismal & Zantac 75mg Twice</i>
<i>Daily</i>	
<i>Yeast Infection</i>	<i>Monistat, Gyne-Lotrimin</i>
<i>Rash or Hives</i>	<i>Claritin, Benadryl, Allegra</i>

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NAUSEA ASSOCIATED WITH PREGNANCY

Measures to relieve nausea:

- *Ginger Ale (any ginger products)*
- *Sea Band (pressure bracelets for sea sickness). *Available at any drug store.*
- *Saltine crackers / dry toast before getting out of bed and a snack every 2-3 hours.*
- *Vitamin B6 (Pyridoxine) and ½ tablet of Unisom (over the counter sleep aid) 3times a day.*

If above are not helping.....

- *Ground ginger capsules: 250mg every 6 hours.*
- *Vitamin B6 (Pyridoxine) and ½ tablet of Unisom (over the counter sleep aid) 3times a day*

If all these fail, then consider prescription anti-nausea medication(s).

**** Call our office for a prescription that is safe to take during pregnancy.***

Other measures that may help you-

- *Eat small frequent meals*
- *Stop taking Prenatal vitamins, when nausea is gone, THEN:*
- *Try taking your Prenatal vitamin at bedtime.*
- *Take folic acid under the tongue if not tolerated by mouth.*
- *Try 2 chewable Children's Vitamins.*

Severe Nausea and /or vomiting:

**** Go to URGENT CARE in Santa Barbara, Carpinteria or Lompoc (Hours: Mon-Fri. 8am-6pm., Sat. & Sun. 9am-5pm) for dehydration assessment if you are unable to keep food or liquids down for 2days, or if your urine is dark and you urinate less than 3 times in 24 hours.***

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PREGNANT PATIENTS WITH A COLD

Hand washing is very important in preventing the spread of colds and the flu.

1. *The cold virus can last 7-14 days*
2. *The cough may last 2-4 weeks*
3. *Rest and a light diet are always the best medicine*

You may take or do the following when pregnant:

1. *Regular strength Tylenol (325mg) for aches, pains or fever. 2 tablets every 4 hours. This is safe at any stage of pregnancy*
2. *Robitussin DM for cough*
3. *Any throat lozenges for sore throat.*
4. *Claritin or plain Sudafed for congestion, Benadryl 25mg by mouth at night.*
5. *Take a hot steamy shower then apply Vics Vapor Rub to chest for respiratory relief of a cough, cold, or flu*

Please see you PCP or go to Urgent Care if symptoms worsen, you cough up green or yellow sputum or have severe coughing not relieved with Robitussin DM, you develop a sinus infection, or you are short of breath.

If you are experiencing a cold or flu and have an appointment with us we ask that you please not come into our office. We have a high volume of pregnant patients and we would like to prevent spreading the virus. We would be more than happy to reschedule your appointment for when you feel better. Thank You!

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PATIENTS WITH THE FLU

The Flu is a virus that can last 48 hours to 2 weeks.

For nausea and vomiting: *(due to the flu or food poisoning)*

1. *Do not eat or drink for 2-4 hours*
2. *Try small sips of water, Gatorade, broth, flat 7-up, etc., as tolerated.*
3. *Food: saltine crackers, dry toast for the first 24 hours.*
4. *If nausea is subsiding in 24 hours, eat a light diet for 2-3 days.*

For Diarrhea:

1. *Follow the same instructions as listed above.*
2. *May use Imodium for diarrhea 1-2 days, follow package instructions.*
3. *Good foods after diarrhea stops are: bananas, unsweetened applesauce, rice, toast, cottage cheese, then advancing to soups and other foods as tolerated.*

See your PCP or go to Urgent Care for severe vomiting or diarrhea, if you are unable to eat or drink anything for 24 hours, if your urine is dark or if you urinate only 2 times a day.

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Labor and Delivery Instructions

When does labor start?

Loss of the mucus plug does not indicate that labor is about to start. You may have “bloody show” or pass a brownish, thick material from the vagina anytime after 37 weeks gestation. If it happens earlier in the pregnancy please notify your doctor right away. If you think that there is a watery, clear fluid leaking from the vagina (which is not urine or the increased secretions of pregnancy), please wear a sanitary napkin to find out if the bag of water has broken. If you are not sure please call us or go directly to Labor and Delivery to be assessed during the times when the office is closed.

What to do if the water breaks and contractions do not start?

Even if the contractions do not begin soon after rupturing the bag of water, we advise you to go directly to the hospital so that you can be examined. The nurse will examine you with a sterile speculum and then the physician will be contacted for instructions.

If the water has truly broken then you may be instructed to stay and be monitored so that we can determine that the baby is tolerating the loss of the water well.

After the monitor tracing shows that the baby is doing well, some physicians will allow you to wait a few hours before asking you to return to the hospital. The time to return is usually around 6 hours after rupture of the bag, so that labor can be started with the use of prostin gel or pitocin. The danger of infection to the baby and the uterus increases after the barrier between the vagina and the amniotic sac has been broken longer than 12hours. Antibiotics will be recommended in these cases to decrease the risk of Group B strep infection in the newborn.

If your water is green or you are bleeding heavily please go directly to the Labor and Delivery unit at Santa Barbara Cottage Hospital to be assessed and admitted if indicated by your physician.

What if my contractions start before the water breaks?

For first time mothers we recommend that you go to the hospital when your contractions come every 5 minutes, they are regular and last around 40 to 60 seconds. True labor is when contractions continue for at least an hour and is hard to talk and walk through them. If this is not your first baby then go to the hospital when the contractions are coming every 10 minutes apart and are regular.

If you have a history of fast labor, you are experiencing severe pain, you are bleeding heavily, or have nausea and vomiting, please proceed directly to the labor and delivery unit. You do not have to notify the physician that you are going to the hospital after hours or on the weekend, except if you do have particular concerns and need to have them answered. After you are assessed by the nurses they will contact the physicians for instructions.

A rotating call schedule is shared by the Obstetricians in the call panel. This means that your physician may not be available after 5p.m. on weekends or during their days off to

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attended the delivery of every patient. Holiday and weekend call are shared equally throughout the year. The physician on call will be contacted to attend your delivery during the mentioned situations. Be assured that all physicians involved in the call panel will attend to your needs with the same enthusiasm and professionalism that they share with their own individual patients.

What happens once I am admitted to the Labor and Delivery Unit?

The nurses may offer you an enema if you prefer one and will draw some blood for necessary laboratory work. At the time of the drawing of the blood a heparin lock (a plastic tube that stays in the vein in case an IV is needed later during labor) will be placed. This plastic tube will not prevent you from walking or moving your arm freely during labor. It is highly recommended that the heparin lock be placed in all laboring patients in case IV medication is requested later or if an epidural or intravenous fluids are required. It provides easy access to a vein in cases of hemorrhage. We do not shave the perineum. An initial monitor strip will be done on admission. Intermittent auscultation of fetal heart tones during labor will be followed according to the recommendations of the American College of OB/GYN or hospital guidelines. Continuous monitoring is recommended if fetal distress is suspected or in cases of high-risk pregnancies.

Fetal monitoring is advise when the fetal heart rate pattern shows that there is decreased oxygen delivery to the baby by the placenta, when there is umbilical cord compression (the cord is looped around the neck of the baby or there is decreased amniotic fluid.)

An internal pressure tube may be recommended during pitocin induction, to safely administer the medication. It is safer to decide how much to give you if this device is in place.

An amnioinfusion is when sterile saline is put into the uterus, in cases when the baby is not tolerating labor due to small or absent amount of amniotic fluid. The saline is placed through the pressure catheter or tube mentioned above.

What about positions during labor?

Be flexible when planning your activity and positions during labor. Some patients with “back” labor can only be on their side, others prefer to sit, walk or lie in the bed.

Patients with high blood pressure, placenta previa, or abnormal bleeding are not allowed to walk and may be instructed to remain in bed to prevent further complications. Patients with epidurals will not be able to walk while the epidural is in place.

Can I eat during labor?

Try to eat lightly in early labor. Clear liquids, ice chips or popsicles are a good choice. Solid food may be vomited during transition. Remember that stomach emptying is delayed during labor.

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What can I use for painful contractions?

You may use relaxation techniques, breathing, self-hypnosis or any other method that you have practiced to keep focused during active labor. If any of the above fails you can ask for medications that are safe for the birthing process. We can offer you Fentanyl, Morphine, Demerol, or other narcotics to ease your discomfort. The labor may slow down and the baby can “get sleepy” after you use these medications, however they are safely administered and their effect is short acting.

If an epidural anesthesia is requested or recommended, the Anesthesiologist will meet with you to explain the benefits and the risks. Some insurances may not pay for epidurals and they can be a costly intervention.

What can I expect during the birth?

As the baby starts crowning the nurse or physician may place warm compresses in your perineum to increase the blood supply to the area and help the skin stretch. Perineal massage may be beneficial in some cases, but in others it may increase the tearing of swollen tissue in the vagina. During the pushing phase it is important to listen to the baby’s heart rate after every contraction. Episiotomies are not routinely done and we try to maintain the integrity of the perineum. However, if we think that tears may occur around the urethra or the clitoris then an episiotomy may be recommended. Tears in these areas are difficult to repair and can be painful to heal.

Your baby will be placed on your abdomen immediately after delivery if acute care is not required because of a complication during the birth. The father may be given the opportunity to cut the umbilical cord. If neonatal resuscitation or meconium suctioning is required, the baby will be handed to the nurses in attendance, and once the baby is stable then mother can hold her newborn as soon as possible.

What if a spontaneous vaginal delivery is not possible?

Either forceps or vacuum extraction may be tried when the mother cannot push due to exhaustion, or in cases of fetal distress when the infant needs to be delivered immediately.

A cesarean section may be the only option in the following situations:

- When the baby is not head down (breech, transverse, brow or face presentation).
- The mother has an active herpes outbreak.
- There is concerning fetal distress.
- Failure to progress during labor.

Significant others and/or support members will be allowed in the delivery area or in the operating room if approved by the physician. Hospital stays will be determined by the health status of the mother. Usually 24 hours after a vaginal delivery and 3 days after a cesarean section are approved.

We hope that you will have a positive and rewarding birthing experience!!

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Post Partum Instructions

Vaginal Births:

Care of the perineum if you had a tear or an episiotomy: The stitches will dissolve and they do not need to be removed. Use tucks or witch hazel pads whenever you change your sanitary napkins. Instead of wiping after urination rinse with a wash bottle then blot dry with a wash cloth. Wear sanitary napkins during the first 4 weeks (Do not use tampons). If swelling or pain persists, you may take a sits bath (warm tepid water in the tub or in a container placed over the toilet) for 15 minutes, 3 times a day.

Cesarean Section Instructions:

Keep the incision (wound) clean, dry, and open to air. A watery, clear yellow or blood tinged discharge is common. If pus, redness or tenderness develops please call us immediately. If the skin edges seem to be coming apart, do not be alarmed, it will heal and close by itself. You will have a wound check at 2 weeks post partum and then a 6 week post partum visit. Wear sanitary napkins instead of tampons for the first 4 weeks.

General Instructions:

You may bleed up to 6 weeks after delivery. After heavy physical activity the bleeding may be heavier and red; you may even pass some blood clots. Notify the office if:

- You saturate more than a maxi pad an hour
- You have a temperature greater than 100.5 degrees Fahrenheit.
- The episiotomy area or incision becomes red, swollen and painful.
- You are extremely depressed, exhausted or “cannot cope” with your baby.

Your legs may swell more than during pregnancy. This is the normal mobilization of fluid that you gained during your pregnancy and from the intravenous fluids you had during labor. We recommended putting your legs up for 20 minutes several times a day, and avoid tight fitting clothes or shoes.

It is safe to take Tylenol or acetaminophen for pain or headaches. Most of the medications that you take during pregnancy are also safe if you are breastfeeding. Check with the Pediatrician (baby’s doctor) for specific questions.

California Teratogen Registry
www.ctispregnancy.org

Who are we?

The Pregnancy Risk Information Line is a statewide service operated by the California Teratogen Information Service (CTIS) and Clinical Research Program. Our goal is to promote

healthy pregnancies through education and research.

What is Teratology?

Teratology is the study of birth defects caused by exposures during pregnancy.

What services do we provide?

Our service provides FREE information about the following exposures during pregnancy:

- Over the Counter Medications
- Prescription Medications
- Vitamins/Supplements
- Alcohol/Recreational Drugs
- Vaccinations or Immunizations
- Diseases or Infections
- Chemicals
- Pesticides
- Occupational Exposures
- Paternal Exposures

We also provide information about the effects of medications taken while breastfeeding.

This service is offered to the general public, including pregnant and breastfeeding women, women planning their pregnancy, fathers, physicians, and other health care providers. The information and counseling is provided in a non-directive, and non-judgmental manner.

How do I contact CTIS?

To speak with a Teratogen Information Specialist about your questions call: **1-800-532-3749** (in California) or [email a counselor](#).

For general inquiries:

CTIS Pregnancy Risk Information Line
University of California, San Diego School of Medicine
Department of Pediatrics
9500 Gilman Drive #0828 La Jolla, CA 92093-0828
FAX: 619.220.0228
Email: ctispregnancy@ucsd.edu

CTIS is a member of the national Organization of Teratology Information Specialists (OTIS).
[Learn about OTIS](#)