



CHOICES
WOMEN'S
MEDICAL
CENTER

147-32 Jamaica Avenue
Jamaica, NY 11435
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www.choicesmedical.com

Prenatal Education Packet





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Congratulations and Welcome to the Choices Prenatal Program!

The Choices Prenatal program includes comprehensive visits with the obstetrical team, including your primary provider (an OB/GYN physician, physician assistant, or nurse practitioner), doula, counselors, and nursing staff. We provide blood and urine testing, ultrasounds and other tests or services you may need during your pregnancy. Our team will care for you from your initial prenatal visit until after your baby's birth and beyond.

What will my first prenatal visit be like? You will meet with the provider and discuss:

- Your health history, including medical problems, surgeries, prior pregnancies, gynecologic problems, family history, and other topics
- Your expected due date
- What you should and should not do in pregnancy
- A prescription for prenatal vitamins if you do not already have them

You will also have a thorough physical examination at the initial visit including:

- A complete physical exam
- A pelvic exam, which may include a pap smear (if you are due for one) and/or cervical cultures
- Blood and urine tests
- Checking your blood pressure, height, and weight
- Sonogram or check of the fetal heartbeat with a Doppler
- A flu shot during flu season if you have not already had one and would like to get one (we recommend it)

Later prenatal care appointments will be shorter. We will check that you and your baby are healthy and growing as expected. We will talk about different topics at different points in your pregnancy. Physical exams at these appointments will include:

- Listening to the baby's heart rate with a Doppler and measuring the size of your uterus
- Checking your blood pressure, urine, and weight
- Other tests at various times in your pregnancy

From your first visit to your after-birth visit, we want you to ask questions you may have and discuss any additional issues related to your health and your pregnancy.

We will provide you with a list of hospitals that we are affiliated with. You will return to Choices for a postpartum visit about 6 weeks after you give birth.

Choices' dedicated practitioners are available to you by telephone in case of any emergency.



Meet our Prenatal Providers

Dr. Joseph Ottolenghi
Medical Director



Dr. Joseph Ottolenghi is a board-eligible OB/GYN physician who brings a great deal of compassion, experience, and knowledge to the patients of Choices Women's Medical Center. Dr. Ottolenghi has experience in diagnostic and operative laparoscopy, general obstetrics, abortions up to 24.6 weeks, infertility, ultrasonography, colposcopy, operative hysteroscopy, prenatal care, and tubal sterilization. Prior to coming to CHOICES, he worked as an independent abortion provider and OB/GYN Hospitalist in Seattle, WA.

Dr. Ottolenghi completed his OB/GYN Residency at Maimonides Medical Center, where he went on to become Education Chief in his 4th year. There he received awards for excellence in Family Planning, Minimally Invasive Gynecologic Surgery, and Student Teaching. Prior to that, he earned his Medical Degree from Florida International University in Miami, FL. Dr. Ottolenghi completed his undergraduate degree in Psychology, earning an MA from Southern Methodist University in Dallas, TX.

Dr. Ottolenghi currently has surgical privileges at Jamaica Hospital Medical Center and is licensed to practice medicine in New York. Dr. Ottolenghi has conducted research on student learning, contraceptive pharmacology, and health care workers.



**Delisa Banks
Physician's Assistant**



Ms. Banks comes to Choices with over 24 years of experience and knowledge. She has worked as an OB/GYN physician's assistant at Maimonides Medical Center in Brooklyn, Planned Parenthood in Nassau and New York City, HIP in Brooklyn, Brooklyn Hospital, and Interfaith Hospital in Brooklyn. She was educated at Kingsborough College and Touro College where she majored in Biology and is licensed and registered as a physician's assistant in the State of New York. At Choices Women's Medical Center and under its GYN/Prenatal physician's direction and supervision, Ms. Banks provides pre-operative and post-operative abortion follow up, GYN services, colposcopies, contraceptive management, patient evaluation and prenatal care. She records and reviews patient's medical and psychological histories, performs physical, breast and bi-manual pelvic examinations, analyzes lab data, orders testing, screens for STI, STD and HIV and follows standing orders, guidelines and criteria established by the clinic's Medical Director.

As a dedicated prenatal care provider, Ms. Banks is passionate about supporting expectant mothers through one of the most transformative times in their lives. With a strong foundation in maternal health and a compassionate, patient-centered approach, she works closely with families to ensure a safe, healthy, and informed pregnancy journey.

Whether it's through education, early screenings, emotional support, or personalized care plans, her goal is to empower women with the knowledge and confidence they need from the first trimester to postpartum. Ms. Banks believes in building trusting relationships, honoring each birth experience, and being a reliable advocate for both mother and baby every step of the way.



Anna Georgoulas
Full-Spectrum Doula



Anna is a full-spectrum doula and childbirth educator based in New York. She received her training and certification through Carriage House Birth in Brooklyn and is currently a second-year student midwife. Anna's work centers around providing holistic, whole-person care that meets people where they are, with an emphasis on culturally humble, nonjudgmental support and understanding the full picture of a person's life and experiences.

Prior to becoming a doula, Anna spent nearly a decade working in childcare, education, infant care, and family support roles. She has also led youth safety and aquatic education programming, which deepened her passion for creating supportive environments for children and families alike and continues to shape the way she approaches care today.

As a doula and educator, Anna taught classes on childbirth, newborn care, postpartum preparedness, connected parenting, and fostering positive childhood feeding habits. She also recognizes the important and often complex role mental health can play throughout the perinatal experience, and she strives to approach every interaction with mindfulness and genuine human connection.

At CHOICES, Anna supports patients through abortion procedures and provides prenatal doula services. She is eagerly preparing to step back into birth support as well. In her free time, she is training as a peer support specialist and exploring academic interests in intimate partner violence, trauma-informed interpersonal care models, and Indigenous birth practices.



Rebecca Glassman, LCSW
Director of Counseling



Rebecca is a Licensed Clinical Social Worker with over a decade of experience in women's and perinatal mental health. Rebecca has a BA in sociology from Muhlenberg College, received her master's in social work from the Bryn Mawr Graduate School of Social Work and Social Research, and is a SIFI-certified social work student instructor. Prior to joining Choices as Director of Counseling, Rebecca worked as an educator, psychotherapist, and case manager in various settings including reproductive health, acute psychiatry, and victim services.

As a clinician, Rebecca specializes in perinatal mental health, reproductive mental health, mood disorders, and trauma. As a case manager, Rebecca has extensive experience in identifying resources, coordinating care with providers within and outside of Choices, providing proactive referrals, and creating a comprehensive, holistic care plan that addresses her clients' needs and goals. Rebecca is enthusiastic about working across disciplines to bridge gaps and remove barriers to accessing essential healthcare.

Rebecca approaches her work from a trauma-informed, culturally humble, non-hierarchical perspective. Acknowledging that women are resilient, courageous experts in their own lives, Rebecca cherishes the opportunity to hold space, provide support, and collaborate with her clients.



Dr. Andrea Olanescu, MD FACOG
Director of Prenatal/Postnatal Program



Dr. Andrea Olanescu is a board-certified OB/GYN and a Fellow of the American College of Obstetrics and Gynecology. Originally from Romania, she is a proud first-generation immigrant who brings a wealth of experience, compassion, and dedication to women's healthcare.

A graduate of the prestigious Carol Davila Medical School in Bucharest, Dr. Olanescu completed her OB/GYN residency at the Mt. Sinai School of Medicine – Jersey City Campus. Over a distinguished career spanning more than 25 years, she has delivered over 10,000 babies and played a pivotal role in training multiple generations of OB/GYN physicians.

When asked about her work, Dr. Olanescu replies with conviction: “Delivering babies is my lifetime passion.”

Now, she brings that passion to her collaboration with Choices, where she is excited to support women in making empowered, informed decisions about their futures—guided by compassionate and experienced healthcare professionals.



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Cherise Byfield
Physician's Assistant



Cherise Byfield is a Physician Assistant with twenty years of experience devoted to women's health. After earning her Master of Science in Physician Assistant Studies in 2005, she chose to dedicate her career entirely to caring for women, working across diverse settings including labor and delivery, postpartum care, emergency women's health in the ER setting, and outpatient clinics such as Planned Parenthood.

Her work has always been guided by a deep belief in meeting women where they are and providing compassionate, comprehensive care during some of life's most vulnerable and meaningful moments. As both a clinician and a woman, she brings not only extensive clinical experience but also empathy, understanding, and advocacy to every patient interaction.



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Jennifer Winter
Women's Health Nurse Practitioner



Jennifer Winter is a board-certified Women's Health Nurse Practitioner certified by the National Certification Corporation. She has a Master of Science in Nursing Degree from Columbia University in the City of New York and a Bachelor of Science degree from Rutgers University School of Nursing. She has several years of experience in women's health managing both obstetric and gynecologic health needs of women. Jennifer is passionate about helping women and optimizing their health.

She is committed to promoting overall wellness by encouraging healthy lifestyle choices, early intervention, and proactive management of health concerns. Jennifer takes pride in building meaningful relationships with her patients and strives to be a trusted partner in their healthcare journey.



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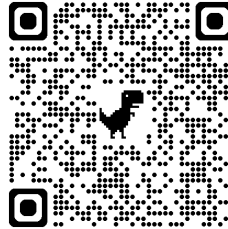


New York Presbyterian Queens Hospital
56-45 Main Street Flushing, NY 11355

If you are interested in an in-person tour, please call (718) 670-1057.

[Click here for Labor and Delivery Virtual Tour at New York Presbyterian Queens Hospital](#)

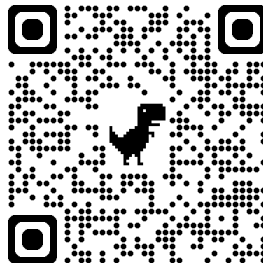
Or scan the QR code:



Flushing Hospital Medical Center

[Click here for Labor and Delivery Virtual Tour at Flushing Hospital Medical Center](#)

Or scan the QR code:



In person hospital tours are available as well Tours are held Monday through Friday, 9 am - 4 pm Please go to the hospital lobby and state that you are a pregnant patient of Dr. Andrea Olanescu and would like a tour of labor and delivery. Evening tours are available upon request. If you have any questions, please call Ms. Maria Smilios at (718) 670-5702



CHOICES Affiliated Hospitals

The staff at CHOICES understand the importance of working toward a single goal: to provide our patients with the very best in healthcare. In affiliation with Elmhurst, Jamaica, Queens Hospital, Northwell LIJ, and NYP Queens, we refer patients to the Women’s Health Clinic for special services. Their multidisciplinary staff includes obstetricians, technicians, radiologists, nutritionists, early identification and intervention service counselors, and genetic counselors. Pick the location that is best for you.

New York-Presbyterian Queens	Flushing Hospital Medical Center	Queens Hospital Center	Jamaica Hospital Medical Center
56-45 Main Street Flushing, NY 11355 Tel: 718-670-2000	45-00 Parsons Boulevard Flushing, NY 11355 Tel: 718-670-5000	82-68 164th Street Jamaica, NY 11435 Tel: 718-883-3000	89-00 VanWyck Expwy Jamaica, NY 11418 Tel: 718-206-6000
<p>BY CAR From Queens/Nassau: Take the Long Island Expressway (LIE) to Exit 23/Main Street. Turn right onto Main Street and continue to Booth Memorial Avenue. The hospital is located at Main Street and Booth Memorial Avenue.</p> <p>BY SUBWAY Take the 7 train to Main Street–Flushing station, then take the Q44 bus southbound to Booth Memorial Avenue.</p> <p>BY BUS Take the Q44, Q20A, or Q20B bus to Main Street and Booth Memorial Avenue. Or take the Q25 or Q34 bus to Main Street and Booth Memorial Avenue and walk to the hospital.</p>	<p>BY CAR From Queens/Nassau: Take the Long Island Expressway (LIE) to the Main Street/Kissena Boulevard exit. Continue north toward Flushing and turn onto Parsons Boulevard. The hospital is located at Parsons Boulevard and 45th Avenue.</p> <p>BY SUBWAY Take the 7 train to Main Street–Flushing station, then transfer to the Q25 or Q34 bus to Parsons Boulevard and 45th Avenue.</p> <p>BY BUS Take the Q25 or Q34 bus to Parsons Boulevard and 45th Avenue. Or take the Q17 bus to Parsons Boulevard and walk to the hospital.</p>	<p>BY CAR <i>From the LIE (eastbound):</i> Take the Kissena Blvd exit, continue on the service road, then turn right on 164th Street to the hospital. <i>From Grand Central Parkway (eastbound):</i> Exit at Parsons Blvd, continue on the service road, turn left at 164th Street. <i>From Grand Central Parkway (westbound):</i> Exit at 168th Street, take the service road to 164th Street, turn right to reach the hospital.</p> <p>BY SUBWAY Take the E or J train to Parsons Blvd/Archer Ave (Jamaica Center). Transfer to the Q65 bus northbound at Jamaica Ave & 160th St. Or take the F train to Parsons Blvd and the Q65 bus northbound from Parsons Blvd & Hillside Ave.</p> <p>BY BUS Q65 (164th St), Q25/34 (Parsons Blvd), and Q46 (Union Turnpike to 164th St)</p>	<p>BY CAR <i>From the North (Whitestone Bridge, Triborough Bridge, Midtown Tunnel, LIE, or Grand Central Pkwy):</i> Take I-678 South (Van Wyck Expwy) toward JFK Airport. Stay in the middle or left lane. Take Exit 6 for Jamaica Ave/Hillside Ave. Continue along the Van Wyck service road. After crossing Jamaica Ave, the hospital is at the next corner (89th Ave). <i>From Brooklyn:</i> Take the Jackie Robinson Parkway or Atlantic Ave to Van Wyck Expressway North. Exit at Jamaica Ave, stay on the service road, and follow signs to 89th Avenue.</p> <p>BY SUBWAY Take the E train to Van Wyck Blvd Station.</p> <p>BY BUS Q24, Q41, Q46, Q54, and Q56</p>



CHOICES Affiliated Hospitals Continued

Elmhurst Hospital	Northwell LIJ
<p>79-01 Broadway Elmhurst, NY 11273 Tel: 718-334-4000</p>	<p>102-01 66th Road Forest Hills, NY 11375 Tel: 718-830-4000</p>
<p>BY CAR <i>From Queens/Nassau:</i> Take the Long Island Expressway (LIE) to the Queens Blvd exit. Turn right onto Broadway and continue to the hospital. <i>From Brooklyn:</i> Take the Brooklyn-Queens Expressway (BQE) to the Roosevelt Ave/Broadway exit. Turn right onto Roosevelt Ave, then right onto Broadway. <i>From Upper Manhattan/Bronx:</i> Take Triborough Bridge to Queens. Follow signs to Brooklyn and take the BQE to the Roosevelt Ave/Broadway exit. Turn left onto Broadway. <i>From Midtown Manhattan:</i> Take the 59th St. Bridge to Northern Blvd, then turn right on Broadway. Or take the Queens Midtown Tunnel to the BQE to Roosevelt Ave/Broadway exit, then take a right on Roosevelt, then right on Broadway.</p> <p>BY SUBWAY Take 7 train to 82nd St station and walk south to hospital (82nd & Baxter). Or take the E, F, R, or G train to Roosevelt Ave – Jackson Heights (74th St) and walk southeast on Broadway to the hospital.</p>	<p>BY CAR <i>From Eastern Queens:</i> Take I-678 North to Exit 10. Merge onto Grand Central Parkway, exit at 112th St, and continue to 66th Road. <i>From Brooklyn:</i> Take Jackie Robinson Parkway to Metropolitan Ave. Turn left at 69th Ave, continue onto 66th Road to the hospital.</p> <p>BY SUBWAY Take the E train to Forest Hills–71st Ave. Transfer to the M train toward Middle Village–Metropolitan Ave and exit at 67th Avenue Station.</p> <p>BY BUS Take Q60 to Queens Blvd/67th Rd.</p> <p>Free tours are available for expecting parents and include:</p> <ul style="list-style-type: none"> • A 60-minute orientation and breastfeeding session with Q&A • Walking tour of labor & delivery suites and mother-baby units <p>*Registration required. Call (718) 830-4215 at least 8 weeks before your due date.</p>



Prenatal Social Work Sessions

Maternal Mental Health Support

Maternal mental health is an essential part of prenatal care. Emotional well-being during pregnancy can affect not only the health of parents, but also bonding, stress levels, relationships, and overall pregnancy experience. Our licensed counseling team is here to provide support, education, resources, and a safe space throughout pregnancy and the postpartum period.

Mental health concerns during pregnancy and after birth are common and treatable. However, many individuals face barriers to receiving care. Research shows that Black, Indigenous, immigrant, and other historically marginalized communities often experience higher rates of stress, trauma, discrimination, financial hardship, and barriers to healthcare access, all of which can impact maternal mental health and pregnancy outcomes. Language barriers, cultural stigma around mental health, fear related to immigration status, lack of insurance, transportation difficulties, and experiences of racism within healthcare systems may also make it harder to seek or receive support. We are committed to providing culturally responsive care for every patient and family.

Prenatal Social Work Support

Pregnancy can bring many emotions, adjustments, and challenges. Counseling visits are designed to support your emotional wellness, safety, and overall well-being during this time. Visits may vary based on your individual needs and goals.

Initial Prenatal Mental Health Visit

Your first visit focuses on getting to know you and understanding the support and challenges in your life so we can provide personalized care.

Topics may include:

- Your medical, pregnancy, social, and mental health history
- Emotional wellness screenings for anxiety, depression, and substance use
- Safety assessments, including relationship safety and support
- Discussion of housing, finances, food access, support systems, work stress, immigration-related stressors, and daily challenges
- Referrals to community resources such as housing assistance, food programs, safety services, legal support, and mental health care
- Counseling and emotional support to process feelings, build coping skills, and promote emotional wellness during pregnancy



Follow-Up Prenatal Visits

Follow-up visits provide continued support throughout pregnancy and help maintain progress toward your goals.

These visits may include:

- Ongoing check-ins about mood, stress, safety, and emotional well-being
- Continued counseling and supportive psychotherapy
- Follow-up on previous concerns or referrals
- Additional resources and support tailored to your changing needs
- Support navigating family, cultural, work, or adjustment-related stressors

Postpartum Visit

Emotional health remains important after delivery. The postpartum visit focuses on supporting adjustment to life after pregnancy and identifying any ongoing needs.

This visit may include:

- Screening for postpartum depression, anxiety, and other postpartum mental health concerns
- Emotional support and counseling as needed
- Connection to ongoing mental health or community resources
- Discussion of parenting adjustment, support systems, and self-care
- Discussion of next steps and continued support options if desired

You Deserve Support

Seeking support during pregnancy is a sign of strength. Caring for your mental and emotional health is an important part of caring for yourself and your baby. Every pregnancy experience is unique, and every person deserves compassionate, affirming, individualized care. Our team is here to support you with respect, understanding, and evidence-based care every step of the way.



Prenatal Doula Service

Welcoming a baby into the world is a life-changing experience, and having the right support can make all the difference. Our prenatal doula services are designed to guide and empower you during your pregnancy, ensuring a positive and confident journey to parenthood. From answering your questions to providing emotional encouragement, we're here to ensure you feel informed and cared for every step of the way.

- Reduced stress through personalized guidance and emotional support.
- A greater understanding of childbirth options, helping you make confident decisions.
- Continuous care that complements your medical team's expertise.

Your pregnancy is unique, and we're here to honor your preferences and create a calming, nurturing environment.

Doula Services We Offer

Initial Consultation and Planning

We begin with a personalized consultation to learn more about your goals, preferences, and questions. This thorough session helps set the foundation for a supportive relationship.

Customized Birth Planning

We will help you create a birth plan tailored to your individual needs and wishes. From pain management options to delivery preferences, we ensure your voice is at the center of every decision.

Emotional and Educational Support

You'll have access to one-on-one guidance and evidence-based resources to help you understand each stage of pregnancy. We empower you to feel confident and informed about labor, delivery, and postpartum recovery.

Physical Comfort Techniques

We provide practical guidance on comfort measures, such as proper positioning, relaxation exercises, and massage techniques to ease discomfort during pregnancy and labor.

Ongoing Availability

Whether you have a quick question or need a listening ear, we're just a call or text away. Our private doula line is available during office hours for reliable support when you need it.

Hospital / Delivery / Birthing Support

When giving birth in a hospital, a birth doula provides continuous emotional, physical, and informational support to the birthing person and their partner from early labor through delivery and postpartum. The goal is to help you feel seen, heard, and supported while empowering you to birth with confidence in a setting that can often feel unfamiliar or overwhelming.



Birth Doula Support Includes:

- Early Labor Support
- Comfort Techniques at The Hospital
- Dedicated Support Throughout your Birth Experience
- Grounding & Reassurance
- Communication Bridge
- Support for Your Partner
- Immediate Postpartum Help

Why Choose a Doula?

Our mission is to provide a personalized and authentic experience for every expectant woman. We understand that each pregnancy is unique, and we are dedicated to supporting your needs with warmth, professionalism, and respect. Whether you're navigating your first pregnancy or adding to your growing family, we're here to walk this path with you.

Doula Services Information for Medicaid Members

What doula services are covered:

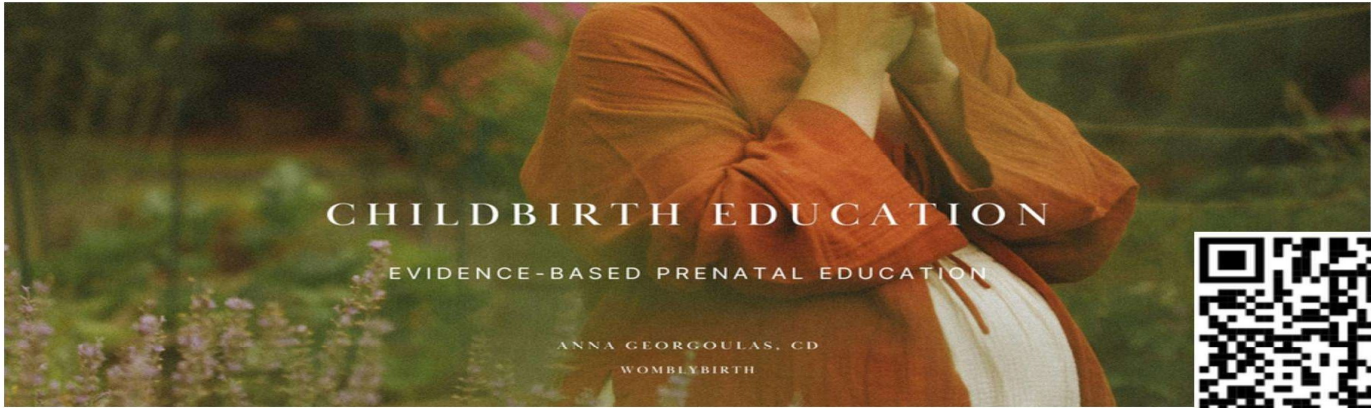
- **Pre- and post-natal support:** Up to eight visits before and after pregnancy to provide education, guidance, and emotional support.
- **Labor and delivery support:** Continuous physical, emotional, and educational support during childbirth.
- **Birth plan development:** Assistance with creating a birth plan.
- **Health navigation:** Help with communication between you and your medical providers.
- **Postpartum care:** Continued support for up to 12 months after the end of pregnancy, including resources for parenting.



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Childbirth Education Classes



CHILDBIRTH EDUCATION

EVIDENCE-BASED PRENATAL EDUCATION

ANNA GEORGIOULAS, CD
WOMBLYBIRTH



LEARN MORE

**INTENTIONS:
WHAT WE'LL COVER TOGETHER**



Stages & Phases of Labor:
Labor Overview, Signs & Timing, & Video Visuals

Comfort Measures & Coping Strategies:
Breathing & Movement, Hands-on Support, Tools & Props

Common Interventions & Things to Consider:
Potential Interventions, Reflection & Preparation, Advocacy

Immediate Postpartum:
Hospital Stay Flow, Bonding & Basics, Emotional & Self-Care



THE STAGES OF LABOR

- Prodromal
- Dilation
- Transition
- Pushing
- Birth
- Placental Birth
- Rest & Recovery



**DURING YOUR POSTPARTUM STAY
(24-48 HRS VAGINAL | 2-4 DAYS C-SECTION)**

- Routine Care for You
- Pain Management
- Bleeding & Uterine Checks
- Incision Checks (C-section)
- Support with First Shower
- Lactation Consult
- Social Work (if needed)
- Postpartum Mood Screening

- Routine Care for Baby
- Daily pediatric exams
- Newborn heel prick screening
- Hearing screen
- Heart screening (pulse ox)
- Hep B vaccine (if chosen)
- Feeding support
- Circumcision (if desired)



Medicaid covers doula services. Is a doula right for you?



What is a Doula?

- A doula provides physical, emotional, educational, and non-medical support for pregnant and postpartum persons before, during, and after childbirth or end of pregnancy.
- Doula support should not replace medical care with a licensed provider.

What Services Does a Doula Provide?

Doula services may include:

- The development of a birth plan;
- Ongoing support throughout the pregnancy;
- Continuous labor support during childbirth;
- Education and information on pregnancy, childbirth and early parenting;
- Assisting with communication between you and your medical providers, and;
- Connecting you to community-based childbirth and parenting resources.

Am I Eligible for Doula Services?

- If you are a New York State Medicaid Member, you are eligible to receive doula services with each pregnancy.
- You can receive up to 8 doula visits before and after your pregnancy and support during childbirth - no matter how your pregnancy ends.
- You can receive doula services up to 12 months after your pregnancy ends.

How Much Will Doula Services Cost Me?

- Doula services provided by Medicaid-enrolled doulas will not cost you anything.



Learn more about the
doula services benefit:
health.ny.gov/doula



Department
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Medicaid



Racial Disparities in Maternal Health Care

Despite advances in healthcare, Black women in the United States continue to face significantly higher rates of pregnancy-related complications and maternal mortality than White women. These disparities persist regardless of income or education level and are often linked to inequities in healthcare access, systemic barriers, and bias within the healthcare system itself.

Improving maternal outcomes requires recognizing these challenges and ensuring that every patient receives respectful, evidence-based, and equitable care.

Statistics in a recent report revealed that the U.S. has a shocking maternal mortality rate when compared with other developed countries. An even more disturbing fact is that Black women in the U.S. had a maternal mortality rate more than double the U.S. rate overall! Although the number of deaths from maternal mortality is relatively low (22.3 per 100,000), the U.S. number was more than 50% higher than the rate of the next closest country (Chile).

The real shock is that most of the reasons for this disparity are quite preventable.

New findings from the [NYC Dept of Health in 2025](#) reported that “66 New Yorkers died during pregnancy or within one year from the end of pregnancy in 2022 - up from 58 such deaths the year before. Among those who died during or within a year of pregnancy, 42.4 percent were Black, while Black New Yorkers accounted for 17.4 percent of live births that year.”

At CHOICES, we are committed to helping address these disparities through compassionate, patient-centered care. Our providers, licensed counselors, and Certified Doula work together to support the physical, emotional, and educational needs of our patients throughout pregnancy and the postpartum period. By providing equitable care, mental health support, and patient advocacy, we strive to empower every patient to achieve the healthiest possible pregnancy and birth experience. We call this Patient Power.

Our providers mindfully approach our prenatal program with the intention of providing equitable high-quality care for every patient who walks through our doors. In addition to the excellent medical care we provide, our licensed counselors provide mental health support during the vulnerable perinatal period, because, according to the [Policy Center for Maternal Mental Health](#):

- “30% of American Indian and Alaskan Natives suffer from PPD (post-partum depression)
- Up to 40% of Black and Latina mothers differ from PPD, which is twice the rate of their White counterparts
- Latina and Black women are 57% and 41%, respectively, less likely to start treatment for maternal depression than White women
- There was a 280% increase in PPD diagnoses for Asian American and Pacific Islanders from 2010-2021.”



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CHOICES is also proud to offer our patients Doula support. Our Certified Doula empowers our community to learn, explore, and importantly, to self-advocate. We know from research that the involvement of a doula leads to improved birth outcomes. [According to Kozhimannil et al. 2013:](#)

"The odds of cesarean delivery were 40.9% lower for Medicaid-funded births with doula support than for Medicaid-funded births generally. Among vulnerable subgroups, such as Black women, lower cesarean and preterm rates for doula-supported births are indicative of the role doulas could play in reducing persistent racial/ethnic disparities in these outcomes if high-quality doula services were made financially and culturally accessible to women at highest risk of poor outcomes."

Evidence-based prenatal care requires the integration of the mind and the body, and at CHOICES we are proud to provide this holistic, truly patient-centered care to every patient in our community.



Pregnancy FAQ's

When do I make my first OB appointment?

As soon as you think you may be pregnant, you should schedule a Confirmation of Pregnancy Appointment at Choices. Depending on the results, you will be given an Initial Prenatal appointment about 2-4 weeks after. This allows enough time for the fetus to grow large enough to be seen on an ultrasound and a heartbeat is usually detectable as well through a sonogram.

When should I start taking prenatal vitamins and which vitamins are recommended?

Ideally, prenatal vitamins should be started approximately 3 months prior to conception. Starting these vitamins as soon as you know you are pregnant will go a long way towards a healthy foundation for your baby. A good prenatal vitamin will have folate, B vitamins such as B12 and B6 and zinc. You should also take about 400mg of the essential fatty acid DHA for neurologic development and Vitamin D3 daily, which is especially important in the second and third trimester.

Which medications are safe during pregnancy?

It is best to limit medications while you are pregnant. If you have a diagnosed medical condition for which medication is necessary, please call your Choices provider immediately so we can discuss how to best manage your medications.

There also may be times when medications are necessary for the relief of certain common conditions. Below is a list of over-the-counter medications that are considered safe during pregnancy. Take all medications as directed and do not exceed maximum daily doses. If the condition for which you are taking medications does not improve with 1 or 2 doses, call your Choices physician to discuss.



Condition	Approved Medication	DO NOT TAKE
Pain/Headache/Fever	Acetaminophen (Tylenol)	Aspirin, Ibuprofen, or Naproxen UNLESS PRESCRIBED BY YOUR DOCTOR. DO NOT TAKE ANYTHING LISTED AS AN NSAID
Cold Symptoms	Robitussin (regular or DM), cough drops, Dayquil/NyQuil, Benadryl, Vick's Vapor Rub, saline nasal spray, humidifier, saltwater gargle, Cepacol lozenges and Chloraseptic throat spray	Sudafed is OK, but avoid frequent use, especially during third trimester
Allergy Symptoms	Benadryl, Claritin, Zyrtec, Allegra, and Flonase	
Heartburn/Indigestion	Tums, Maalox, Mylanta, Pepcid, Rolaids, and Zantac	
Constipation	Increase water intake, prune juice, and natural fiber in diet. Can also try Magnesium Citrate powder, colace, milk of magnesia, and fiber supplements such as Metamucil, Benefiber and Citrucel.	Rectal suppositories may be used but avoid after 36 weeks. Avoid enemas or colon cleansers at any time.
Hemorrhoids	Avoid constipation. Also try Preparation H, Tucks pads, Anusol cream, or suppositories and diaper wipes.	
Gas	Gas-Z (simethicone), Mylicon, Mylanta Gas	
Yeast Infection	Monistat-7, Femstat, Vagistat. It is better to use ovules rather than the cream.	
Insomnia	Unison, Benadryl	
Diarrhea	Imodium, Kaopectate	
Nausea	Vitam B6, ginger, Emetrol	
Skin Irritation	Calamine lotion, hydrocortisone cream, Neosporin ointment	
Anti-biotics (unless you are allergic)	Amoxicillin, Penicillin, Ampicillin, Clindamycin, Erythromycin, Keflex	
Local Anesthetics	Lidocaine without Epinephrine	
Pain Medications	Darvocet, Tylenol #3, Vicodin, Demoral	



What should I expect at my first OB visit?

After your Confirmation of Pregnancy Visit, you will have your Initial OB Visit where you will have a thorough review of your menstrual history, medical history, family history, prior pregnancy history and all current and previous medications will be discussed. Either at the Confirmation of Pregnancy visit or Initial Visit, you will have an ultrasound.

What about my mental health during my pregnancy?

Your mental health is especially important to us. You will meet with a social worker various times throughout your pregnancy within our program. From joyful anticipation to fearful concern, pregnancy is an emotionally complex process. Based on a psychosocial assessment completed at your initial visit, a social worker will work with you in identifying stressors and creating an individualized plan to address all your concerns and prepare for the arrival of the baby. Six weeks after the birth of your baby, we will schedule your post-partum visit to ensure that you are having a healthy recovery from your pregnancy where you will also meet with a social worker again.

How often do I need to see the doctor during my pregnancy?

Normally, a doctor's appointment will be scheduled every 4 weeks until 28 weeks, then every 2 weeks until 36 weeks, and every week until delivery after 36 weeks. The entire pregnancy is approximately 40 weeks. You will also be seen postpartum. Each pregnancy is different and may require more or less visits.

How often will I have an ultrasound?

Typically, within the first two visits (Confirmation of Pregnancy or Initial Visit) you will have an ultrasound.

Around 18-22 weeks, an anatomy ultrasound is performed at an outside office. This is a high-resolution ultrasound where detail of the baby's anatomy (skeleton, organs, spinal column, facial & head development, fingers/toes, organs, growth, fluid, placenta, etc.) is measured. The gender of the baby may be revealed at this appointment if requested.

A growth ultrasound will likely be performed around 36 weeks for estimated fetal weight and fetal position. Ultrasounds will be performed for medical indications any time throughout your pregnancy if needed.

What is genetic screening and is it mandatory?

As early as nine weeks into your pregnancy, a simple blood draw can tell you if your baby is at higher risk for having Down syndrome and other common genetic conditions, as well as the sex of your baby. Non-invasive and highly accurate, Panorama screening identifies more than 99% of pregnancies affected with Down syndrome and has the lowest reported false positive rate of any prenatal screening test for the commonly screened chromosomal abnormalities: trisomy 21, trisomy 18, and trisomy 13. These tests are non-invasive and will not bring harm to mother or baby. This screening is recommended.



Two options are available for genetic screening:

Nuchal Translucency (NT) Scan- Scheduled usually between 11-13 weeks, this ultrasound involves measuring the Nuchal Fold (skin thickness of the back of the baby's neck). This non-invasive test can then be paired with a blood test done on the mother. These screening tests can then indicate if further diagnostic testing for abnormalities are needed.

Quad screen - A blood draw done on the pregnant mother done between 15- 20 weeks. This blood draw has a higher false negative rate than the NT scan but also screens for the above syndromes.

I am over 35, what are the increased risks to my baby or me?

Women can have a healthy pregnancy and delivery in their 30's and beyond. A nutrient dense diet, moderate exercise, healthy sleep hygiene, and stress management are crucial.

Additional testing is offered to expectant mothers over the age of 35. Our office will assist you in scheduling an appointment with a genetic counselor. The genetic counselor will discuss any increased genetic risks and offer a more detailed test for genetic screening.

If any tests are abnormal your genetic counselor will inform you of further diagnostic options.

When can I find out my baby's sex?

As early as nine weeks into your pregnancy, a simple blood draw can tell you if your baby is at higher risk for having Down syndrome and other common genetic conditions, as well as the gender of your baby. There may be additional fees associated with this testing. Most women, however, will find out the baby's sex at the anatomy ultrasound that is scheduled usually between 18- 20 weeks.

What kind of testing is done during the pregnancy besides genetic screening?

First Trimester (7-10 weeks) - Blood work that includes: blood count to screen for anemia, immunity to some childhood diseases, blood type & Rh factor, and some genetics. Urine culture will be collected, as well as bloodwork for STD's, HIV, hepatitis B, syphilis, blood type, immunity to measles, mumps, and Rubella (an infection that may harm the fetus). Cystic Fibrosis, Sickle Cell disease/trait, or hereditary anemia diseases will be screened for.

Second Trimester

Third Trimester (30-34 weeks) - HIV and blood count screening is repeated in blood. (34-36 weeks) - Vaginal swab to check for Group B Streptococcus (GBS), bacteria that normally live in a woman's colon. Some women have more growth than others, which is nothing to worry about in non-pregnant women. However, if a baby is exposed to GBS during delivery he/she could get very sick. If you are positive for GBS, you will be administered antibiotics during labor.



How much weight should I gain during my pregnancy?

A healthy woman, neither over nor underweight, should gain between 23-30 pounds during the entire pregnancy. However, some women may not actually gain this much and that is acceptable as long as they are eating a nutrient dense diet. The first trimester can be difficult because of increased nausea and stomach upset. Do not panic if you do not gain; you may even lose weight in the first trimester. If you are experiencing frequent vomiting, an anti-nausea medication may help. On the contrary some women may retain more water during pregnancy contributing to more weight gain. A nutrient dense diet is the best way to avoid excessive weight gain during pregnancy.

What foods do I need to avoid during pregnancy?

There are three main food-borne pathogens of concern for pregnant women: Toxoplasma, Listeria monocytogenes, and Salmonella enterica. These organisms can be passed to the fetus and increase the risk of spontaneous abortion, stillbirth, or perinatal complications. Pregnant women are more vulnerable to these pathogens because the immune system is compromised/less effective during pregnancy. Therefore, it is best to avoid raw fish, raw meat, and unpasteurized dairy. Heating deli meat for 10 seconds is recommended. Sushi is commonly eaten by pregnant women in Japan and there is much controversy surrounding the recommendation that it should be avoided by American women. It is always best to act on the side of caution.

Avoid high mercury fish such as shark, tilefish, king mackerel, and swordfish. Avoid CANNED albacore tuna.

- Do NOT consume alcohol during pregnancy as there is no scientific research that establishes a safe level of alcohol intake during pregnancy. Alcohol consumption is known to increase the risk of miscarriage, premature birth, and fetal alcohol syndrome. Fetal alcohol syndrome is associated with mental impairment, learning disabilities and other deformities.
- There is no medical evidence that sugar substitutes such as aspartame (Equal) or sucralose (Splenda) are harmful in pregnancy. However, it is best to consume a real food diet while pregnant and most products with artificial sweeteners are not the most nutrient dense choices. Save these foods for special occasions.
- Caffeine in moderate amounts during pregnancy appears to be non-harmful; no studies have shown caffeine to be linked with miscarriage. Again, act on the side of caution and try to limit coffee to one cup per day. We do not recommend soda consumption (diet or non-diet) during pregnancy due to the high sugar and low nutrient profile.

Is it safe to use marijuana during pregnancy?

It is strongly advised not to use marijuana during pregnancy and while breastfeeding. Research is limited to the harms of marijuana use during pregnancy. Because all the possible harms are not fully known, we recommend that anyone who is pregnant, planning to get pregnant, or breastfeeding not use marijuana.



Is it safe to exercise while pregnant?

The benefits of exercise during pregnancy have been well documented. Not only does a regular exercise program strengthen and tone the muscles, but it also helps relieve tension, as well as the aches and pains many women experience during pregnancy. Exercising while pregnant has also been shown to promote easier delivery, a more rapid recovery, and maximize metabolism. The aim of an exercise program during pregnancy is to establish and maintain a level of general good health and fitness. It should not be used as a means of weight loss. Pregnancy is never a good time to diet. There are, however, some activities that should be completely avoided during pregnancy. They include risky activities such as surfing, scuba diving, rough mountain biking, skydiving, snow skiing, platform diving, and high-altitude mountain climbing. Activities that carry a high risk of falls or injury should be avoided. They include horseback riding, contact sports such as basketball, baseball, football, volleyball, inline or ice-skating and racquet sports such as racquetball, tennis, or squash.

If no exercise was practiced before becoming pregnant, the program would need to be less strenuous. Almost any type of exercise is safe if done in moderation. Keep in mind, however, that pregnant women are more susceptible to injury due to hormonal influences that cause joints and ligaments to become more lax than usual. There are several recreational activities that are excellent for beginner exercisers. They include yoga, brisk walking, golf, swimming, and stationary bicycling.

The following exercises should be avoided:

Exercises that require jumping, jarring motions or rapid changes in direction

Exercises done lying flat on the back should be avoided after the first trimester. This position could allow the uterus to compress the large blood vessel returning blood to the heart. This situation can interfere with blood flow to the uterus and baby.

Strenuous exercise should be avoided in hot, humid weather, or during illness.

A pregnant woman's temperature should not exceed 100.4 while exercising. To ensure this, she should drink plenty of water and avoid running outside in the heat of the day.

There are certain conditions in pregnancy, which would make it unwise to engage in an exercise program. Therefore, it is best to consult your Choices Provider for guidelines.

Hypertension (high blood pressure)

History of fetal growth restriction

If any of the following conditions are present, exercise should be avoided completely:

- Ruptured membranes
- Preterm labor
- Vaginal bleeding/Placenta Previa
- History of 3 or more spontaneous miscarriages
- Heart or lung disease
- Incompetent cervix/Cerclage



What can I expect in the first trimester?

Hormone levels are rapidly rising in early pregnancy, which may cause some unpleasant side effects. Most women have extreme breast tenderness or fullness, and it is common to feel extremely tired. Nausea is quite common and can be associated with unpleasant smells/tastes. Women will find that a food or smell they liked before suddenly becomes very displeasing or revolting. If excessive vomiting occurs, there are several safe medications that can be prescribed to help minimize this occurrence. Many women will experience unpleasant gastrointestinal problems such as bloating, feelings of fullness, gas, and constipation. Small, frequent meals may help. Drink LOTS of water! This will help for many reasons. If you are constipated, try a stool softener such as Colace twice a day or magnesium citrate powder. Increased fiber in the diet may also help.

Do not put too much pressure on yourself in the first trimester. Eat healthy food as tolerated, but there may be days when nothing sounds appealing. Protein shakes are another good option if tolerable.

What do I do if I start bleeding during pregnancy?

Bleeding when you are pregnant is never a good thing, but it does not always mean something terrible is happening. Always call us at 718-786-5000 ASAP if you experience bleeding during any stage of pregnancy. In case of an emergency please go to the nearest emergency room.

First trimester bleeding/spotting in pregnancy can be common and does NOT always mean a miscarriage is imminent. Bleeding during implantation can be common and may resolve on its own. Also, the cells on a woman's cervix change during pregnancy and bleed easily when touched, especially during intercourse.

When calling your Choices provider, be prepared to answer the following questions: Are you having severe cramps/pain with bleeding? Is the bleeding bright red or brown? Have you soaked any pads or is it just spotting? Have you recently had intercourse? More than likely, we will have you make an appointment, so we can monitor the pregnancy and make sure you and the baby are still ok. If the bleeding starts after office hours, you may be instructed to go to the Emergency Room.

Second/Third Trimester bleeding may indicate a few things: the placenta could possibly be near your cervical opening, the placenta could be detaching, or possibly even early labor. Always call your doctor immediately if you experience any bleeding at this point.



Can I continue to have vaginal intercourse during pregnancy?

Yes! You can continue having vaginal intercourse if you have an uncomplicated pregnancy. Check with your doctor if your pregnancy is considered high risk or if you have any concerns. In most cases, vaginal intercourse can be enjoyed throughout your pregnancy.

Some couples fear that vaginal intercourse will harm the baby or cause a miscarriage; however, the baby is very well protected by the uterus and the amniotic sac (bag of water). Vaginal intercourse will not cause the bag to break or hurt the baby. It is always best to consult your doctor for specific information, but, in general, comfort should be the determining factor regarding vaginal intercourse. It is best to observe the following precautions:

Avoid full body weight on the woman's abdomen. Vaginal intercourse with both partners lying on their side is frequently more comfortable.

Do not have vaginal intercourse if you are bleeding, leaking fluid from the vagina, or having pre-term labor. Do not have vaginal intercourse if you know your membranes are ruptured.

Nipple stimulation can cause the uterus to contract and may initiate pre-term labor.

AFTER THE BABY: Vaginal intercourse should be postponed until after your post-partum visit with the physician. This will give the vaginal wall time to heal. In most cases, it is safe to resume vaginal intercourse after 4-6 weeks.

Is it common to experience pain during pregnancy?

Occasional pain during pregnancy is a normal thing; the whole body is growing and stretching as the pregnancy progresses. Many women experience round ligament pain as early as the second trimester. These ligaments keep the uterus attached to your pelvic area as your uterus and baby grow bigger these ligaments will stretch and pull. They attach near your pelvic bone so this pain can be felt from the vaginal area to mid abdomen. Your rectus muscles (abdominal muscles) will also be stretched apart to make room for a growing uterus. This pain can be felt in the pelvic area and sometimes around the top of the abdominal area. It is completely normal for the above pains to come and go through pregnancy. If you are ever concerned about the intensity of your pain, call your Choices provider.

Back pain in pregnancy is another normal occurrence because the spine naturally curves more during pregnancy and puts more strain on your back. You can try to wear a belly band or use Aspercreme to help alleviate this.

Hemorrhoids are common during pregnancy, especially in the third trimester. Hemorrhoids are swollen blood vessels in and around the anus and lower rectum. They can become painful, itchy, and irritated. You're more likely to get hemorrhoids if you're constipated, because straining to have a bowel movement swells your veins. Your growing baby also puts pressure on the large veins behind your uterus. You should call your doctor if you bleed or hurt a lot. Hemorrhoids usually go away soon after your baby is born. Also see approved relief medication in the answer to the question, *which medications are safe during pregnancy?*

Leg pain/nerve pain is also normal. As the uterus grows it compresses many nerves in



your pelvic area that travels to your legs. Most women will have pain in one leg more than the other depending on how your baby is sitting.

Carpal tunnel syndrome is common during pregnancy due to the swelling of the tissues around your wrists. You may experience hand or finger pain and tingling, sometimes even numbness. Wearing a wrist splint at night may be helpful.

Varicose veins can occur during pregnancy, usually in the lower half of the body. This is because the uterus is compressing the veins that allows the blood from the lower half of your body to drain back up into your heart causing the blood to back up in the veins. This tends to get worse with each pregnancy. Some women may even get varicose veins in the vaginal region. These veins are usually harmless, although their appearance may be upsetting. Try wearing compression socks or tights to relieve the pressure. These will typically go away after the pregnancy is over.

Swelling in the legs and arms is common during pregnancy. Your blood volume and tissues are all expanding as your baby grows and this may cause swelling. Some women swell earlier than others. Try to get off your feet as much as you can and wear compression socks or tights. Tell your doctor about this at your next visit to make sure it's a normal occurrence.

How often can I expect to feel the baby move?

Typically, women will start to feel regular fetal movements around 25 weeks. It may be earlier depending on number of pregnancies and size of mom and baby. After 25 weeks you should typically feel fetal movement at least one to two times per hour.

How do I know if I am in labor?

Most women will not need to worry about labor until after 37 weeks. Braxton-Hick's contractions may happen long before; these cause the uterus to tighten and are often painless. Your stomach may feel like a hard bowling ball for a few seconds and then go away. A labor contraction will feel unlike anything experienced before; most women describe it as a bad menstrual cramp. It can start near your back and travel to your pelvic area. Labor contractions will be timed at regular intervals and progressively get stronger and closer together. Each woman will interpret labor pains a little differently; some women even say it feels like indigestion.

When do I call Choices?

A physician or nurse can be reached at all times by calling 718-786-5000. After hours and on Sunday's, an answering service will connect you with a Choices provider for emergencies. Please limit after hour calls to emergencies only. Prescription refills, test results, and general questions should be directed to 718-349-9100 EXT. 155/105 during office hours: 8:00 am-5:00 pm Tuesday- Saturday.

The following concerns warrant a call to your doctor regardless of the time or day:

Contractions that are still present for more than 2 hours, are getting closer together, or are painful enough where you cannot speak through them. You may also proceed straight to the hospital. However, if you go to the hospital before true labor has begun there is a high chance you will be sent back home.

Your water breaks - call us or go to hospital as soon as you can! Any vaginal bleeding, Absence of fetal movement as described above (section on fetal movement)



What should I take with me to the hospital?

You may want to pack two small bags for the hospital or birth center: one for the items you'll need during labor, and another for items that you won't need until after you give birth.

For Labor:

- Picture ID and insurance card
- Eyeglasses, if you wear them. Contact lenses may be difficult but are fine to wear in the hospital.
- Whatever will help you relax. Some possibilities are your own pillow (use a patterned or colorful pillowcase so it doesn't get mixed up with the hospital pillows), music and something to play it on, a picture of someone or something you love, anything else you find reassuring. If you're going to be induced, think about bringing something to read or watch because it may be a while before labor is underway.

After Delivery:

- A fresh nightgown if you prefer to wear your own after delivery
- Snacks! After many hours of labor, you're likely to be hungry, and you may not want to rely solely on hospital food. So, bring your own –fresh or dried fruit, nuts, healthy protein bars such as Primal Kitchen, Epic beef jerky or whatever you think you'll enjoy.
- Toiletries: Pack a few personal items, such as a toothbrush and toothpaste, lip balm, deodorant, brush and comb, makeup, and a hair band or barrettes. Hospitals usually provide soap, shampoo, and lotion, but you might prefer your own.
- Comfortable nursing bras or regular bras. Whether or not you choose to breastfeed, your breasts are likely to be tender and swollen when your milk comes in, which can happen anytime during the first several days after delivery. A good bra can provide some comfort, and breast pads can be added to help absorb leaks.
- If you are planning to breastfeed, a nursing pillow may be helpful to have in the hospital.
- Several pairs of maternity underpants. Some women love the mesh underwear usually provided by the hospital, but others don't. You can't go wrong with your own roomy cotton underpants. The hospital will provide sanitary pads because you'll bleed after delivery. Make sure you have a supply of heavy-duty pads waiting at home!
- Baby book of your choice – CHOICES prenatal program now offers baby books available upon request for patients as part of our new giveaway program that includes a special gift for new mothers.
- A going-home outfit for you. Bring something roomy and easy to get into (believe it or not, you'll probably still look 5 or 6 months pregnant) and a pair of flat, comfortable shoes.
- A going-home outfit for baby. Pack something special, but easy to slip on a newborn, for those precious first pictures. A cute hat and blanket is also helpful.

***Your infant safety seat must be in place before you will be allowed to take your baby home.**

***Do not bring jewelry, excessive cash, or credit cards or other valuables with you.**