



## **OBGYN**

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### **ANSWERS TO QUESTIONS with Gina Pearce, CNM**

#### **BASICS:**

**Q: How long have you been practicing OB?**

**A:** 9 yrs

**Q: Approximately how many babies have you delivered?**

**A:** 1200

**Q: What do you like best about your job?**

**A:** Sharing information and knowledge about the uniqueness of how fetal development occurs and how a woman's body adapts to the changes that occur throughout pregnancy and birth.

**Q: How long is the average visit in your office?**

**A:** 15 to 30 minutes

**Q: How long is the average wait in your office?**

**A:** 5 to 15 minutes

**Q: What percentage of your own patients do you deliver in a month?**

**A:** Dr. Mehta and I work as a team. One of the two of us will attend every birth.

**Q: How can I reach you in an emergency?**

**A:** Contact the office. A nurse will speak to you first during office hours. If the office is closed you will be directed to the switchboard. The "on call" provider will be contacted and call you back to address your concerns.

**Q: Are you a solo or a group practice?**

**A:** Group

**Q: If group, how often will I see other doctors?**

**A:** Ideally we would like you to meet both members of the group so that you are comfortable with both of us. However, you are welcome to schedule your appointments with whomever you feel most comfortable with.

## **PRENATAL CARE:**

**Q: What tests do you routinely perform during a pregnancy?**

**A:** Initial laboratory testing including blood count, blood typing, rubella screening, hepatitis screening, HIV screening, RPR screening, urine screening and in some cases Sickle Cell screening is recommended. Also recommended is a PAP smear if one has not been performed in the past 6 months. Screening for sexually transmitted infections is recommended for the “at risk” population. An ultrasound is usually performed at the first prenatal visit and repeated later in the pregnancy for any concerns about growth and development. Screening for spinal column abnormalities and genetic defects is offered early in the second trimester of pregnancy. Screening for anemia and diabetes is recommended at the start of the third trimester. Group B Strep screening is recommended 1 month before the due date.

**Q: What if I have a concern about a specific test?**

**A:** I welcome all questions and concerns. No testing is performed without consent. You can decline any of the testing offered. If I feel that declining testing would potentially harm you or your pregnancy I will talk to you about my concerns and explain how the testing could be helpful. Ultimately the decision is yours.

**Q: How much experience do you have with high-risk pregnancies?**

**A:** I was trained in the etiology and management of high-risk pregnancies and have co-managed many women in pregnancy that have underlying medical problems or who develop complications with their pregnancies.

**Q: If I become high-risk, what changes might I expect in my prenatal care?**

**A:** More frequent office visits and perhaps a referral to a Perinatologist for consultation. Although some visits could still be with a Certified Nurse-Midwife, an Obstetrician would be directing the prenatal care.

**Q: What kind of childbirth classes do you recommend taking?**

**A:** Preparation for Labor classes are ideal to get ready for the labor experience. Refresher classes are available for those who have already experienced labor. Breastfeeding classes are perfect for the woman who chooses to breastfeed. Infant CPR classes can make parents feel prepared for emergencies. I feel that education and information assists new parents in being more comfortable with the new experiences a baby brings to their lives.

## **LABOR AND DELIVERY:**

**Q: Do you or one of your partners meet me at the hospital when I'm in labor?**

**A:** Yes, initially you will be evaluated and triaged by a Labor Nurse then Dr. Mehta or I would come in for a complete assessment and to manage your labor.

**Q: What do you suggest to help me deal with labor pain?**

**A:** First is appropriate education and preparation for the experience of labor and childbirth. Relaxation techniques and reassurance can also be helpful. Walking and showering are helpful for some women. Medication and/or epidural analgesia can also be helpful for some labors and is available at patient request.

**Q: What procedures to you routinely perform?**

**A:** If labor is managed in the hospital setting, IV access is often routine. Access can be with a heparin lock and the IV fluid does not have to be infused. Assessment of fetal heart tones needs to be made throughout labor. This does not always require continuous fetal monitoring. There are no other "routine" procedures.

**Q: What if I don't want them?**

**A:** I will happily address any concerns that you have and discuss my concerns and alternative options. My primary concern is the health of the mother and baby.

**Q: Will you help me develop a birth plan?**

**A:** Yes

**Q: How often do you perform c-sections?**

**A:** I am not a surgeon and do not independently perform c-sections. I assist Dr. Mehta with surgery if a c-section is indicated.

**Q: What is the c-section rate for your group?**

**A:** Approximately 22%

**Q: Do you have an anesthesiologist and an obstetrician in the hospital around the clock should I need an emergency c-section?**

**A:** Yes

**Q: How often do you perform forceps or vacuum assisted deliveries?**

**A:** I no longer perform operative vaginal deliveries. If this method of delivery were indicated I would consult with Dr. Mehta.

**Q: How often do you perform episiotomies?**

**A:** I only perform episiotomies when I feel that an extensive, “explosive” type of laceration would occur if I did not cut the episiotomy. I try perineal massage to prevent the need for episiotomy on all patients. I would estimate that approximately 25% of my patients receive an episiotomy.

**POSTPARTUM:**

**Q: Will I be separated from my baby after birth?**

**A:** No, not routinely. Labor, delivery and recovery occur in the same room. A nursery is available if your baby needs close observation by the nursing staff, if a procedure would need to be performed, or if you would like the staff to watch your baby so that you could get some rest.

**Q: Can my baby room in with me if I choose this option?**

**A:** Yes. I encourage all new mothers to “room in” with their newborns. This is very beneficial for breastfeeding and getting to know your baby’s personality. It is also great preparation for what to expect when you take your baby home.

**Q: Do you or someone on staff assist with breastfeeding questions or problems?**

**A:** Yes. I am a Certified Lactation Consultant and I am available for all questions or problems you might experience while breastfeeding. I encourage all mothers to initiate breastfeeding within the first 30 – 60 minutes after birth and often assist with this first “latching on” experience. The nursing staff on the Maternity Unit is also very knowledgeable about breastfeeding and they are available for help and support.