



Dear Newly Expecting Mom,

We would like to take this opportunity to be among the first to congratulate you on your new pregnancy. What an exciting time for you and your family! You can rest assured that over the next nine months, you will receive the most compassionate, comprehensive care possible from our physicians and staff.

As you begin your journey to motherhood, we would like to make you aware of the many benefits our practice offers to help ease you through your pregnancy. Some of these benefits include:

- ✦ Access to our Prenatal Coordinator
Grace Kasnowski is an experienced Medical Assistant well versed in OB. She is dedicated to providing you with information, coordinating any testing you may require, providing you with your results, and ensuring you have access to the little bit of extra support you may need! You will have an opportunity to meet with Grace early in your pregnancy.

- ✦ Valuable information on www.healthywomanusa.com
Visit our "Pre Natal Resources" section - A comprehensive section on our website dedicated to our prenatal patients. The section features a wealth of information, including safe medications, nutrition, diet and lifestyle tips, explanations of the testing available to you during your pregnancy, and much more!. You can also download NJ State disability forms from the "forms" section on the website!

- ✦ Same day emergency appointments
Experiencing pain? Discomfort? Contact our office before office hours are over and we will fit you in to that day's schedule.

We encourage you to take advantage of these benefits and of course to contact our offices at any time. Please know that it is our #1 goal to provide for your every need before, during, and after your pregnancy.

Once again, congratulations and we look forward to caring for you and your family during the coming months.

The Healthy Woman Family

Freehold

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Building 300, Second Floor
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Fax: (732) 866 - 7962



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Nutrition and Exercise in Pregnancy

For healthy baby development and formation of Iron and Vitamin D Nutrients to focus on while pregnant:

- Folate/Folic Acid
- Calcium
- Vitamin D
- Iron

During Pregnancy these foods should be avoided:

- Alcohol
- Excess caffeine
- Undercooked or raw meats, poultry, fish
- Undercooked eggs-including raw cookie dough or cakes with raw eggs (ex: meringues)
- Raw sprouts
- Unwashed fruits and vegetables
- Fried foods

Empty calories should be avoided especially during pregnancy. Empty calories are from added sugars and fats in foods. These consist of:

- Cakes, cookies, pastries, and donuts
- Soda, energy drinks, sports drinks, fruit drinks (have unsweetened drinks instead)
- Cheese (have low fat instead) Avoid unpasteurized milk or soft cheeses.
- Pizza, ice cream, sausages, bacon and ribs

***Please avoid prepared meats such as hot dogs or deli meat, unless they are reheated until steaming hot.**

Exercise:

- Exercise in moderation is encouraged
- After 20 weeks of pregnancy women should not do exercise that allows them to require to lie flat on their back
- Avoid brisk exercise in hot humid weather or when you are sick with a fever
- Drink plenty of water to help you from over heating and dehydrating

*For further information about the risk of mercury in fish and shellfish call the US Food and Drug Administration (888)SAFEFOOD, or visit their website at www.cfsan.fda.gov/seafood1.html.

Medications During Pregnancy

These over the counter medications
are safe to use during pregnancy:

Acifed
Benadryl
Claritin
Colace
Cough Drops
Dimetapp
Dramamine
Folic Acid
Gas X
Imodium
Maalox
Monistat
Mylanta (safe to use for first 12 weeks)
Mylicon
Prenatal Vitamins
Pepcid
Robitussin
Robitussin DM (for no greater than 1 week)
Roloids
Saline Nasal Spray
Senakot
Sudafed (pseudoephedrine)
Tylenol (acetaminophen)
Tylenol Cold & Sinus
Tums
Zantac

Please do NOT take the following Medications:

Advil
Aleve
Aspirin
Ibuprofen
Motrin
Pepto-Bismol

*Please check with our office prior to taking any
medications that are not on this list.*

Prenatal Visits

Frequency of Visits

Congratulations on your pregnancy! A full term pregnancy is 40 weeks. Prenatal visits will be once a month until your 28th week of pregnancy. After 28 weeks, your visits will increase to every two weeks until the 36th week, at which point you will be seen once a week. If you go past your due date, you will need to come to the office two times per week until the baby is delivered. You will see the same physician for the first two visits and then will begin rotating through the other physicians in the practice. You will be required to see every physician in the practice during the course of your pregnancy. Unless your delivery is a scheduled c-section or induction, the physician who is on call at the time you go into labor will be the physician that will deliver your baby.

Key Appointment Timeline

New PreNatal Visit (recommended between 6.5 and 8 weeks):

- A pap smear and complete gynecology exam will be performed
- An obstetrical ultrasound will be performed
- Your physician will order blood work, including Blood Type and Antibody Titer, Rubella, Blood Count, Hepatitis Screen, HIV, Toxoplasmosis Titer, Varicella Titer, Cystic Fibrosis, and possibly Jewish Genetic Testing or Sickle Cell Screen. You will be given a script for this bloodwork and you can have it done at a laboratory that participates with your insurance carrier. **It is strongly recommended that you contact your insurance carrier PRIOR to having the labwork done to make sure that all testing will be covered and at what level under your specific plan.**
- Your physician will also discuss the various tests that are recommended during your pregnancy.

Between 11-13 weeks

- If you consent to do so, you may be seen by a perinatologist for a first trimester screening (which includes a Nuchal translucency ultrasound and blood tests). The American College of Obstetrics and Gynecology recommends this screening be performed on all pregnant women, regardless of age. Please consult with your insurance provider for your specific coverage of these tests.

Between 16 - 19 weeks

- Alpha-Fetoprotein (Quad Screen) Bloodwork may be written by our physicians for you to have the bloodwork done at a laboratory that participates with your insurance carrier. **Please check with your insurance carrier regarding coverage for this test.** This is an optional test which screens for neural tube defects and Down Syndrome. This is not a diagnostic test; therefore, a normal result does not guarantee that your child will not have a birth defect.
- Level II Ultrasound – This ultrasound will be performed by a perinatologist. Our office will assist in setting up this scan. **Please check with your insurance carrier to determine your level of coverage for various perinatal scans. Feel free to contact our office for any questions regarding these tests.**
- Amniocentesis – This test is offered for patients 35 years of age or older. Amniocentesis is accurate for detecting most chromosomal abnormalities. This test, like the First Trimester Screening and Level II ultrasound, is performed by a perinatologist.
- Genetic Counseling – This service is offered to patients 35 years of age or older or patients who have family history of genetic problems.

Between 24 - 28 weeks

- **Registration for stem cell banking.** Our office recommends Cord Blood Registry for cord blood collection and storage. They can be reached at (888) CORD BLOOD.
- Screening for Gestational diabetes. You will be given a script for this bloodwork to be done at a laboratory that participates with your insurance carrier.
- If you are RH negative blood type you will need a Rhogam injection at 28 weeks and another after delivery. This injection is given to prevent antibody formation.

Between 35 - 37 weeks

- Testing for Group B Streptococcus (GBS). GBS is a type of bacteria that can be found in women. This is a routine vaginal culture that is performed in our office by the physician.

Pre-Natal Screening and Diagnostic Testing

Healthy Woman OB/GYN offers patients the option to undergo a variety of screening tests as well as diagnostic tests that are performed between 10 and 22 weeks gestation to help detect fetal chromosomal alterations.

SCREENING TESTS

A **screening test** is a test that is performed when there are no symptoms or known risk factors present. It may provide you knowledge of your baby having a specific birth defect. If your screening test shows a higher than average risk for your baby having a specific defect, further tests may be used for diagnosis. These screening tests have no known adverse outcome to you or your baby. **Normal results from the screening test cannot guarantee a normal baby.** Please remember, these tests are optional. If any of these tests show you have an increased risk, it does **not** mean that your baby has a problem, only that further evaluation of your pregnancy may be indicated.

The different types of screening test that you can have performed are a First trimester screening (which includes Nuchal Translucency ultrasound and blood tests), Quad Screen, AFP alone and a Level II (Genetic) ultrasound.

- **First trimester screening** (which includes a Nuchal translucency ultrasound and blood tests). The ultrasound measures the amount of fluid accumulation behind the neck of the baby, called nuchal translucency (NT). The blood specimen is analyzed for two chemicals called free Beta Human Chorionic Gonadotropin (free BetaTM), and Pregnancy Associated Plasma Protein-A (PAPP-A) which are normally found in the blood of all pregnant women. The American College of Obstetrics and Gynecology recommends this screening be performed on all pregnant women, regardless of age. **(Please note: if you are under age 35, your insurance company may not cover the cost of these tests. Please consult with your insurance provider for your specific coverage).**

These tests combined can estimate your specific risk for Down Syndrome & Trisomy 13/18. Women having this test performed will have a 3-5% "False Positive" rate. This test is 85% to 92% accurate in detecting a chromosomal abnormality. If you choose to have this test performed it is recommended that you also have an AFP test performed at 16 weeks to screen for spina bifida.

- The Quad screen (Alpha-Fetal Protein, Human Chorionic Gonadotropin, Estriol & Inhibin A) is a blood test taken at 16 to 18 weeks gestation. This test has a "False Positive" rate of 5 - 10%. It will find about 60-70% of babies with Down Syndrome or 60% with Trisomy 18. The detection rate for open neural tube defects is approximately 80%.
- An AFP (only) test is a blood test taken at 16 weeks gestation, and will calculate a risk for open neural tube defects. This will not adjust your risk for having a baby born with Down Syndrome. This test is recommended if you choose to have the First Trimester Screening or CVS. The detection rates for open neural tube defects is approximately 80%.
- A Level II Ultrasound is performed between 20 and 22 weeks gestation. A Genetic Ultrasound is recommended for women who will be 35 or older at the time of delivery or have an abnormal blood screening test and choose **not** to have a diagnostic test performed. This ultrasound looks for different physical characteristics that can be associated with chromosomal abnormalities. This test

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is 60% to 80% accurate, depending on the institution performing the test, in detecting a chromosomal abnormality.

DIAGNOSTIC TEST

A diagnostic test can determine whether or not your baby has a chromosomal alteration before delivery. These tests are recommended if you will be 35 years or older at time of delivery, have a family history of certain birth defects, have had a child with a birth defect, or have a blood test that is abnormal. There are risks involved in having these tests performed, including miscarriage or potential for preterm labor. There are two types of diagnostic testing to choose from, a CVS or Amniocentesis.

- A Chorionic Villus Sampling (CVS) can be done between 11 and 13 weeks from the last menstrual period. A small sample of cells are taken from the placenta and sent to the lab. There, the cells are grown and tested. The results take 7 to 10 days. CVS detects most of the same defects as amniocentesis; however, it can not detect an open neural tube defect. If you have a CVS, you may want to have a blood AFP test done at 16 weeks.

The risk of having a miscarriage is slightly higher than with an amniocentesis; about 1% (1 out of 100) of women will lose their pregnancy. This test is performed by a perinatologist.

- An amniocentesis is done between 16 & 18 weeks of pregnancy in most cases. A sample of amniotic fluid is withdrawn through a needle from the sac surrounding the baby. The fluid is then sent to a lab for processing. The results take about 14 days. This test is performed by a perinatologist.

The risk of pregnancy loss with amniocentesis is approximately 1 out of 200. An amnio is done to rule out most chromosomal abnormalities. The risk of chromosomal abnormalities increases with a woman's family history or age. There are many other types of abnormalities which can be discussed with a perinatologist or a genetic counselor. They will be able to give you more detailed information on those risk factors.

PLEASE REMEMBER:

Most babies (97%) are born without a major birth defect. Screening tests can give you an idea of your risk for having a baby with a birth defect. A normal test result does not guarantee that your child will not have any problems. It can reassure you that the risk is not increased. Also, an abnormal test result does not always mean that your child will have a birth defect. Whether or not you choose to have these tests performed are personal decisions. Remember, some people choose not to get this information. Also keep in mind that insurance plans may differ. Not all tests may be covered by your insurance provider. Please contact your insurance carrier for your specific benefits.

PRE-NATAL SCREENING AND DIAGNOSTIC TEST CONSENT AND WAIVER

I have read about and have been explained the different tests that are available to me. I also understand that these tests may or may not be covered by my insurance



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company. I will be responsible for any test not covered. I have initialed whether or not I want to have these tests performed.

1. I choose to have the following screenings and/or diagnostic tests performed during my pregnancy.

- a. Chorionic Villus Sampling (CVS) + AFP (10 to 12 weeks) Yes/No
b. First trimester screening (11-13 weeks) + AFP (at 16 weeks) Yes/No
Quad Screen (blood work) (16 weeks) Yes/No
c. Amniocentesis (16 to 18 weeks) Yes/No
d. Level II Ultrasound (20 to 22 weeks) Yes/No

2. I am aware that a Genetic Counselor is available to me, if I have any questions regarding the above tests or conditions.

- Genetic Counselor Yes/No

(Patient Name - Print Please)

(Patient Name - Signature Please)

Date



Understanding Your Insurance Coverage for Pregnancy

This information sheet is designed to give you an understanding of the billing process as it works at Healthy Woman. This is just general information not specific to any insurance carrier. It is strongly suggested that you contact your insurance carrier at the 800# on the back of your ID card to discuss your plan's specific benefits.

Global Billing - Most of your prenatal care is billed out in one package upon delivery. This package includes all normal prenatal visits, your uncomplicated delivery in the hospital and your normal post-partum care. Services that will be billed additionally are any prenatal visits prior to 6 weeks of pregnancy, your initial prenatal visit, ultrasounds, non-stress tests and visits unrelated to pregnancy e.g. urinary tract infections, yeast infections, breast lumps, etc. Therefore, for each of these services you need to check with your insurance carrier to be sure that they can be performed in our office by one of our physicians. Any applicable co-payments and coinsurances will be required for these services.

Co-payments - If your insurance requires that you pay a co-payment when you visit your physician you will most likely NOT be responsible to pay at each visit. Most insurance carriers only require you to pay one co-payment at your initial prenatal visit. Typically for additional services such as Non-Stress Tests, ultrasounds and visits unrelated to pregnancy, you will also be required to pay a co-payment.

Ultrasounds - Typically you will have an ultrasound at your initial (6-8 week) prenatal visit and another at your 2nd prenatal visit. These ultrasounds are done to check that the pregnancy is progressing normally. Some insurance carriers will not allow you to have ultrasounds performed in our office because they require that you go to a Radiology site that they are contracted with. In this unfortunate case, we can give you a script to have the ultrasound performed at one of these facilities or you can have the ultrasound done in our office for an additional fee that you will be responsible for. Please check with your insurance and inform your physician of your decision.

If there are no complications during your pregnancy, you most likely will not have another ultrasound until you are around 18 weeks pregnant. This anatomy ultrasound typically will be done by a perinatologist who is unaffiliated with Healthy Woman. Please check with your insurance to make sure they participate and if any pre-certifications or referrals will be required. Perinatologists will bill additionally for all services they provide.

Upon Delivery - It is necessary that you notify your insurance carrier of your delivery. You can either do this from the hospital or have another family member or the baby's fathers take care of this. When you place this important call you will also need to notify your insurance carrier that you will be adding the baby onto your policy. Otherwise, you will receive bills from the hospital because your insurance company will deny all claims associated with the delivery.

Insurance Changes - If your insurance changes it is imperative that you contact the office immediately. You will need to inform the billing department as well as our medical assistants so the pregnancy can be pre-certified with your new insurance carrier. This will change the billing procedures explained above because the visits performed under the first insurance carrier will need to be billed to that insurance carrier and all other visits, delivery and post-partum care will be billed to your new insurance company. The global package will be broken down in this case.

Questions to ask your insurance carrier:

- Does the hospital where I will deliver my baby participate with my insurance plan?
- Will I be required to pay a co-payment at each visit if my physician bills globally?
- Will I be required to pay a co-payment for ultrasounds and non-stress tests?
- Can I have ultrasounds performed in my Ob/Gyn's office by one of the physicians in the group or will I have to go to a participating radiology site?
- Does the perinatologist / perinatology group participate with my insurance plan?
- Do I need any special pre-certifications or referrals for a perinatologist to perform my 18-week ultrasound?
- What lab do I need to have my blood work done at?
- Will all blood work ordered by my Ob/Gyn be covered?

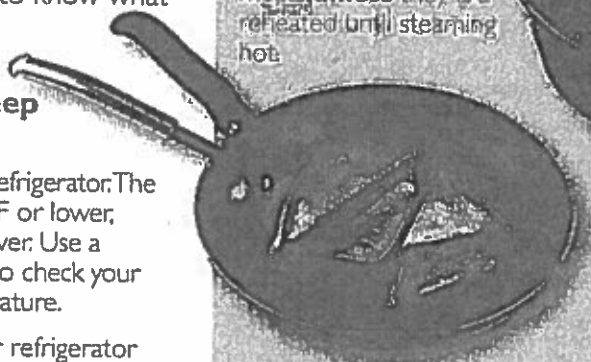


Protect Your Baby and Yourself From Listeriosis

Pregnant women are at high risk for getting sick from *Listeria*, harmful bacteria found in many foods. *Listeria* can lead to a disease called listeriosis. Listeriosis can cause miscarriage, premature delivery, serious sickness, or death of a newborn baby. If you are pregnant, you need to know what foods are safe to eat.

What can I do to keep my baby and myself safe from listeriosis?

■ **Do not eat** hot dogs, luncheon meats, bologna, or other deli meats **unless** they are reheated until steaming hot.



■ **Do not eat** refrigerated pâté, meat spreads from a meat counter, or smoked seafood found in the refrigerated section of the store. Foods that don't need refrigeration, like canned tuna and canned salmon, are okay to eat. Refrigerate after opening.

■ **Do not drink** raw (unpasteurized) milk and do not eat foods that have unpasteurized milk in them.

■ **Do not eat** salads made in the store such as ham salad, chicken salad, egg salad, tuna salad, or seafood salad.

■ **Do not eat** soft cheese such as feta, queso blanco, queso fresco, Brie, Camembert, cheeses, or veined cheeses, and Panela **unless** it is labeled as made with pasteurized milk. Make sure the label says, "MADE WITH PASTEURIZED MILK."



How will I know if I have listeriosis?

Because the illness could take weeks to show up, you may not know you have it.

Early signs may include fever, chills, muscle aches, diarrhea, and upset stomach.

At first, you may feel as if you have the flu. Later on, you could have a stiff neck, headache, convulsions, or lose your balance.

Every year, 2,500 Americans become sick from listeriosis, with 1 out of 5 dying from the illness.

What should I do if I think I have listeriosis?

Call your doctor, nurse, or health clinic if you have any of the signs. If you have listeriosis, your doctor can treat you.

Fight Bacteria—Fight BAC!®

1 Clean: Wash hands often with soap and warm water. Use clean dishes, spoons, knives, and forks. Wash countertops with hot soapy water and clean up spills right away.

2 Separate: Keep raw meat, fish, and poultry away from other food that will not be cooked.

3 Cook: Cook food to a safe internal temperature. Check with a food thermometer. Ground beef 160° F; Chicken breasts 170° F; Whole turkey 180° F; Pork 160° F.

4 Chill: Refrigerate or freeze within 2 hours—refrigerate or freeze within 1 hour in hot weather (above 90° F). Don't leave meat, fish, poultry, or cooked food sitting out.

What can I do to keep my food safe?

■ *Listeria* can grow in the refrigerator. The refrigerator should be 40° F or lower, and the freezer 0° F or lower. Use a refrigerator thermometer to check your refrigerator's inside temperature.

■ Clean up all spills in your refrigerator right away—especially juices from hot dog packages or raw meat or chicken/turkey.

■ Clean the inside walls and shelves of your refrigerator with hot water and liquid soap, then rinse.

■ Use precooked or ready-to-eat food as soon as you can. Don't store it in the refrigerator too long.

■ Wash your hands after you touch hot dogs, raw meat, chicken, turkey, or seafood or their juices.

For more information about food safety:

U.S. Department of Agriculture
Food Safety and Inspection Service

www.fsis.usda.gov

USDA Meat and Poultry Hotline
1-888-MPHotline (toll-free nationwide)
or 1-888-674-6854 • TTY: 1-800-256-7072

Ask Karen: <http://www.fsis.usda.gov/>

USDA is an equal opportunity provider and employer.
September 2004



As you prepare for your infant's birth at CentraState...

You should know that neonatologists—specialists in caring for newborn infants—will attend many infants born at CentraState. There are many different reasons why:

- Premature or cesarean births
- Monitoring infants in the neonatal intensive care unit
- Performing well-infant exams for healthy, full-term infants at the request of the pediatrician
- Providing required newborn hearing screenings

The neonatology services at CentraState are provided by Onsite Neonatology Partners, Inc. They will bill you or your insurance separately from CentraState.

Calling now makes everything easier

Onsite invites you to call us now, before your baby's birth*, to find out more about the services Onsite may provide your infant at CentraState, and to get your insurance and billing information set up. That way, you'll have one less thing to worry about once you have a newborn to care for.

Please note that it's especially important to call ahead when you:

- Have planned a Cesarean section
- Suspect your infant may be born premature or otherwise fragile
- Want us to perform your infant's hearing screening before you leave the hospital

Select Onsite for accurate newborn hearing screenings

Infant hearing loss is a common and serious problem. That's why New Jersey law requires that all infants be screened for hearing loss within 30 days after birth.

You can have the screening done privately. Or, Onsite neonatologists can conveniently provide infant hearing screenings while you are still at CentraState. Onsite uses the most accurate technology, which gives many fewer alarming and expensive "false positive" results than other methods. Onsite will bill you directly for this service.

Call Onsite Neonatal now: (866) 535-8647, ext. 8
(Please have your insurance card available.)

Or fax this form to (856) 782-2213 to authorize Onsite to call you.

I authorize Onsite Neonatal Partners, Inc. to call me directly at:

Phone Number: _____

Name: _____

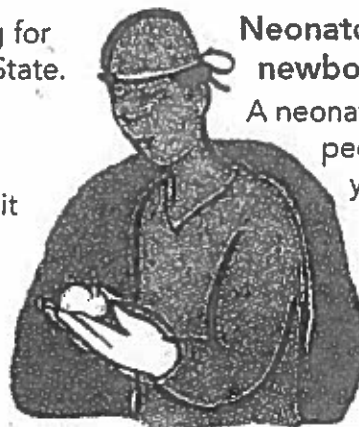
[Please print clearly]

Signature: _____

About Neonatology at CentraState Medical Center

Neonatologists specialize in newborn care

A neonatologist is a pediatrician who has years of special training in the care of premature and fragile newborns, including three years of additional training after a three-year pediatric residency.



When infants need special care

Everyone hopes for a normal, full-term birth. However, some infants may need more help in their first crucial moments to get off to a strong start. That's where a neonatologist comes in.

24-hour Onsite neonatology at CentraState Medical Center

The first five minutes after birth are the most critical for stabilizing a premature or fragile infant. That's why we are committed to having neonatologists in the nursery at all times, instead of on-call.

Routine newborn services

When your pediatrician is not available or does not have privileges at CentraState Onsite's neonatologists can provide routine pediatric services for newborns, such as well-newborn exams and infant hearing screens.

 **Onsite**

Onsite
Neonatal
Partners, Inc.



CentraState Medical Center

Physical Therapy Department

901 West Main Street • Freehold, NJ 07728 • (732) 294-2700 • Fall(Supplement) 2004

Management of Back Pain During Pregnancy

By: Mark Werneke MS, PT, Dip MDT

Introduction:

Back pain and pelvic pain during pregnancy are common. The prevalence for pregnant women with back pain has varied in the literature between 50-75%. Back pain during pregnancy changes during trimesters and becomes more common during the 3rd to 7th months of pregnancy. Intensity of back pain also increases as the pregnancy proceeds.

Several factors may account for the increased incidence of back pain during pregnancy including 1) altered postures associated with increased lumbar lordosis, 2) ligamentous laxity caused by relaxin, and 3) fluid retention. Back pain is usually worse at night. Fortunately most back pain during pregnancy is intermittent and not severe. Less than 20% of women report constant or severe pain, which interferes with their usual home or work activities. Of interest, true sciatica with dermatomal pain distribution into the calf/foot occurs infrequently in pregnant women (1-2%).

Classification of Back Pain in Pregnancy

Pregnant women with back pain can be classified into two separate subgroups. The two groups can be distinguished by pain distribution pattern and by the posterior pelvic pain provocation test. One group (lumbar pain) reports pain in the lumbar region usually above L5 and the other group (posterior pelvic pain or PPP) reports pain in the sacroiliac (below L5) and buttock regions. PPP is more common during pregnancy (range 25-48%) compared to lumbar pain (10-30%), however combinations of the two types of pain are reported.

The subjective history of PPP differs from the subjective history of lumbar pain during pregnancy. Women with PPP report weight-bearing-related-pain, great difficulty turning over in bed, free movements in the hip and spine, and the pain was experienced for the first time during pregnancy. Whereas women with lumbar pain report reduced or painful spinal motions, tenderness or pain on lumbar pressure, and similar pains have been experienced prior to pregnancy.

A safe and simple clinical test to differentiate between pregnant women with lumbar pain versus posterior pelvic pain is the posterior pelvic pain provocation (PPPP) test.

Ostgaard et al (Eur Spine J;1994:258-260) reported strong correlations between a positive PPPP test and posterior pelvic pain and a negative PPPP test with lumbar pain with acceptable sensitivity and specificity (81%/80% respectively). The PPPP test is easy to learn, noninvasive, and applicable throughout pregnancy even when the abdomen reached its maximum size in the last weeks of pregnancy.

Treatment Recommendations

There is growing evidence that women with PPP and lumbar pain are not only distinct but also will respond differently to treatment and therefore require different management strategies.

Women with Lumbar Pain

Women classified with lumbar pain can be treated successfully with education and exercise programs. Exercise programs should be individualized. The centralization phenomenon observed during motion testing is an important prognostic physical sign associated with excellent treatment outcomes. In addition muscle training of back extensors, abdomen, and pelvic floor have been recommended. Aquanatal classes have also been shown to be helpful to reduce back pain without increased risk for urinary or vaginal infections.

Women with Posterior Pelvic Pain

Women classified with PPP do not appear to benefit from programs of exercises and body mechanic education. Women with PPP should be offered a firm sacro-iliac or trochanteric belt and advised about restricting weight-bearing activities.

In addition, for pregnant women who suffer back pain at night especially in late pregnancy, a special hollowed out, nest-shaped Ozzlo pillow has been recommended by the Cochrane Group.

To learn more about
The Physical Therapy Department
or The Spine Center, please call:
(732) 294-4995 or 294-2700