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TO NEW OB PATIENTS:

Congratulations on your new pregnancy! You are beginning a new and special time of life. Thank you for choosing to use us during your pregnancy.

We will be seeing a lot of each other in the following months. It is important for you to know how our office works so you can help us help you more efficiently and effectively. Our office hours are 9:00 to 5:00, Monday through Friday. Doctors will cover their own calls during the day. Doctors also share calls on nights and weekends. This means you may not be delivered by the doctor you have been seeing during your pregnancy. **If you have any problems day or night, call our office number (770) 427-0285.** If you need to be seen, we will make every effort to see you as soon as possible.

Your patient account representative will meet with you early in your pregnancy and go over your insurance coverage for prenatal care and delivery. They are available to answer any questions you have regarding billing and insurance. Please know your policy.

In this packet are notes to help you with common problems and questions encountered during pregnancy. Please make a list of the other questions you have so we can discuss them during visits.

Wewanttohelpyouhavethebestexperiencepossiblewithyourpregnancyanddelivery.

NON-MEDICINAL REMEDIES FOR MORNING SICKNESS

Nausea and vomiting many times occur during the early months of pregnancy. Although it's frequently referred to as "Morning sickness", it can occur anytime of the day or night. Usually it disappears after the third month.

Morning sickness is actually the result of influence of increased amounts of estrogen and progesterone that are produced by the ovaries early in pregnancy. Because of the increasing levels of hormones, the secretory cells in the stomach increase their production of gastric juices. But at the same time, the bowel slows down in its ability to empty the contents of the stomach. This then causes a feeling of nausea, and in some cases, vomiting.**

To PREVENT morning sickness, try the following suggestions until you find one that works for you:

1. Eat of piece of bread or a few crackers before you get out of bed in the morning. (Put them close to you in bed the night before), or when you feel nauseous.
2. Get out of bed slowly. Avoid sudden movement.
3. Below are some tips to follow to help with morning sickness.
 - A) Eat several small meals during the day so your stomach doesn't remain empty very long.
 - B) Eat high carbohydrate foods such as pasta, crackers, potatoes, rice, and bread. These foods help prevent low levels of sugar in your blood, which cause nausea.
 - C) Drink soups and other liquids between meals instead of with meals.
 - D) Avoid greasy or fried foods, they are harder to digest.
 - E) Avoid spicy, heavily seasoned foods.
 - F) Avoid water, this increases the amount of acid in your stomach.

To REMEDY morning sickness, try these suggestions.

1. Sip soda beverages when you begin to feel nauseated.
2. Get fresh air, take a walk, sleep with a window open, use an exhaust fan or open a window when you are cooking.
3. Take deep breaths.
4. Vitamin B-6 twice a day
5. Unisom at night to help with sleeplessness caused by your nausea.
6. Try any of the suggestions listed under "PREVENTION" above.
7. It is very important not to become dehydrated. Drink fluids! Ginger ale, Coke, Sprite, Gatorade or Kool-Aid for example. DO NOT DRINK DIET DRINKS!

**If vomiting persists or it becomes difficult to retain food/liquids, you should contact your doctor.

DEALING WITH DISCOMFORTS OF PREGNANCY:

FATIGUE

During the first trimester, women are often more tired. You should go to bed earlier or try to take a nap during the day. Fatigue often lessens in the second trimester, but in general, most patients need additional rest during pregnancy.

LEG CRAMPS

Relief: the object is to stretch the cramped muscle, thus improving circulation. Stretch should be gentle and constant, not jerky.

For Foot cramp, stand on the affected foot.

For cramp in the calf, straighten knee, pull foot toward the head, hold, and then relax. Repeat if necessary.

For cramp in the front of the thigh, stretch leg backwards.

For cramp in the buttock, stretch leg backwards,

A change in diet which included increased calcium and decreased phosphorus may be helpful. Bananas are high in potassium and may also be helpful.

FOOT PAIN

Relief: Invert foot, i.e. turn it in when walking barefoot to hold arch up. Wear shoes with arch support.

GROIN ACHE OR PAIN (round ligament pain)

Do light effleurage (small circular massage) in groin area, giving slight lift as hands come upward. Do not use pressure on the down stroke. For relief of sudden spasm, pull leg up on the same side as spasm, as if tying shoe; or lie down on affected side with leg drawn up. Application of heating pad may help, or a hot tub bath. Avoid sudden movement; sit down and get up gradually.

BACKACHE

Careful attention to correct posture and body mechanics.

Pelvic rock, especially on all fours.

When standing, lift one foot and place it on an object so it is higher than the other foot; or stand with one foot in front of the other and rock back and forth slightly.

Firm mattress on the bed

Lie on side with top knee bent.

Do not wear heels!

FINGERS

Tingling, numbness, and feeling of swelling. Place hands on shoulders and rotate elbows in a circle.

Consider wrist splints at night.

Decrease sodium and increase fluids.

DIAPHRAGM PRESSURE (cramps or stitch under Ribs)

Lift rib cage raising arms sideways and upwards above the head, then stretch. Fallen angel exercise.

DYSPNEA (shortness of breath)

Sleep with head well propped up with a pillow or spend first ten minutes in bed lying on back with arms extended above head and resting on the bed.

DIZZINESS, FAINTING, LIGHT-HEADEDNESS

Avoid sudden changes in posture.

After lying down, get up slowly, roll to side, and then push up to a sitting position (using arms).

Avoid standing or lying flat on back for a long period of time.

Don't skip meals, eat properly, and Drink plenty of liquids.

Wear support stockings and exercise calves daily.

Take prenatal vitamins!

HEMORRHOIDS

Follow suggestion for constipation

Do Kegel exercises regularly to stimulate circulation in the pelvic area.

Apply cold compresses e.g. ice, witch hazel, Epsom salt and preparation H.

Avoid prolonged sitting.

FLATULENCE (gas)

Avoid gas forming foods: parsnip, beans, cabbage, corn, fried foods, pastry, very sweet desserts and any food known to cause problems.

Maintain good bowel habits

Eat bulky foods. Drink plenty of water.

VARICOSE VEINS OR LEG ACHE

Avoid round garters, thigh highs or any clothing that causes pressure on or any part of the body.

Change positions frequently. Avoid long standing and sitting.

Take long walks; massaging action of the muscles close to veins is good for stimulating circulation.

Wear support hose. Put them on while lying down, ideally, before getting up in the morning.

Never stand at "attention" with the knees locked. They should be flexed slightly.

URINARY FREQUENCY

This occurs during the first 3 months of pregnancy, because the growing uterus places increased pressure in the bladder. Frequency will usually improve as the uterus rises out of the pelvis by the second trimester. However, it may return near the time of delivery as the baby's head engages and pressures against the bladder.

Pain during urination is NOT normal, however, and you should be checked by your physician if this occurs.

MEDICATIONS FOR PREGNANT PATIENTS

SYMPTOM

MEDICATION

Headache

Tylenol or extra strength Tylenol
2 tablets every 4 hours as needed

Cold, stuffy head

Claritin
Zyrtec
Sudafed
Dimetapp
Ocean Mist nasal drops

Cough

Robitussin Liquid

Heartburn, gas, sour stomach

Riopan liquid or tablets Mylanta
(natural bulk). Colace, Senokot,
Surfak, Doxidan (stool
softeners) Pericolace (laxative and stool
softeners)

Diarrhea

Immodium or Call for Rx if needed.

Nausea, Vomiting

Emetrol or call for Rx If needed.

Painful Urination

CALL DOCTOR!

ALL MEDICATIONS LISTED ABOVE ARE AVAILABLE AT YOUR DRUG STORE WITHOUT A PRESCRIPTION, EXCEPT WHERE NOTED. IF YOU NEED A PRESCRIPTION DRUG, CALL THE OFFICE WITH YOUR PHARMACY PHONE NUMBER.

WHEN YOU SEE ANOTHER PHYSICIAN OR DENTIST: 1) BE SURE HE/SHE KNOWS THAT YOU ARE PREGNANT. 2) NO X-RAYS UNLESS ABSOLUTLY NECESSARY. 3) CLEAR ANY MEDICATIONS WITH OUR OFFICE. 4) AVOID ALL UNNECESSARY MEDICATION IN THE FIRST TRIMESTER (12 WEEKS).

PLEASE CALL OUR OFFICE BEFORE USING ANY OTHER MEDICATION(S).

SEX DURING PREGNANCY

These days, people can and do talk about sex more easily than ever before. Nevertheless, when it comes to the subject of sex during pregnancy, a little of the old stand-offishness seems to persist. Women are often reluctant to bring up the question with their obstetricians. Worse, both husbands and wives frequently keep their innermost fears and feelings to themselves.

Particularly if this is your first child, your pregnancy will probably be a time of erratic mood swings...for you *and your* husband too. *You may* alternately feel fatigued...exhilarated, content...depressed, eager...fearful, motherly and beautiful...uncomfortable and unattractive. *He* on the other hand may range from feeling proud at having fathered a child, to anxious about new financial responsibilities, from protective toward you and the growing fetus, to jealous of your new preoccupation.

All these mood changes will in turn have their changing effect on your attitudes toward each other...and on your desire for sex. The most important thing is not what you feel, not how silly you think it is, but that you share those feelings with each other. In this way, you can make necessary adjustments and accommodations for a sexual relationship that continues to be as fulfilling as possible for both of you.

Following are some answers to questions about sex that commonly trouble expectant couples. If, after you and your husband have read it, you have further questions, or if at any time during your pregnancy you encounter a sexual problem or conflict that you cannot resolve yourselves, do not hesitate to ask your doctor. Be assured that nothing you say will shock her. No matter how bizarre you may think the discussion, other people have probably had the same problem. And as she counseled them, so can she counsel you...sympathetically and knowledgeably.

QUESTIONS THAT TROUBLE PREGNANT WOMEN

1. Will my desire for sex decrease during my pregnancy?

No two women react the same way to pregnancy. In most women, pregnancy has no significant effect on their interest in sex. In those women for whom contraception was in interruption or psychological obstacle, pregnancy may be a period of carefree and uninhibited sexual indulgence. At certain times, some women may feel they are "losing their figure and looks" during pregnancy. They may shy away from love making, feeling undesirable. Or they may desire sex more often than usual as reassurance that their husbands still love them and find them attractive.

Occasionally, there will be a woman who feels an absolute distaste for intercourse throughout the course of her pregnancy. It is thought that this may be related to a conscious or unconscious fear of hurting the fetus for t usually disappears after the baby is born.

2. Can vigorous intercourse harm the baby?

It is virtually impossible to harm the fetus in the uterus. The fluid it floats in, the membranes which contain it, the womb itself, the abdominal wall and the bony pelvis all serve to protect the new life from injury.

3. Is it harmful to have orgasm during pregnancy?

Not at all. Orgasm is just as beneficial then as at any other time. And your having an orgasm will make no difference to the baby.

4. How often is it safe to have intercourse during pregnancy?

There is no ideal frequency and frequency is safe. Frequency varies remarkably from couple to couple and from month to month with the same couple. Some women are disinterested during the first three months, partly due to fatigue that may accompany this period. But they tend to regain their energy in the fourth month and will often experience a new surge of sexual feeling.

5. Can I have intercourse any time during pregnancy?

Generally, sexual intercourse is permitted throughout pregnancy until the last few weeks, when- some doctors feel- it might possibly cause premature rupture of membranes. However, many doctors do not agree with this precaution and you would do best to follow your own physician’s instructions.

Intercourse should be curtailed and your doctor consulted if: 1) your “bag of waters” has broken; 2) you have vaginal bleeding or itching and discharge; 3) you feel pain in the vagina or abdomen.

6. I have a history of miscarriages. Must I abstain from intercourse?

It is customary to abstain for the first three months of your pregnancy. Your doctor will probably tell you also not to take bumpy car rides or indulge in strenuous physical activity. This is to give the placenta a chance to develop sufficiently so that trauma to the uterus will not bring on bleeding or cramps.

7. I don’t have pain. But the pressure during intercourse causes me great discomfort.

If it is simply your husband’s weight that is causing you discomfort, this can be remedied by changing position. For instance, he may kneel astride you, or approach you from side or back, or you may sit astride him. If you feel internal pressure, it is wise to avoid deep penetration. Changing position or using pillows under you to change the angle of entry into the vagina may

help. Also, additional lubrication with cream or jelly made for this purpose may relieve any vaginal discomfort.

8. It is very difficult to talk to my husband about the way I feel. I think I look ugly and undesirable. He never tells me otherwise and he doesn’t cuddle anymore.

Occasionally, a few men are physically “turned off” during their wife’s pregnancy. It is only temporary and it shouldn’t be viewed as a rejection. On the other hand, your husband’s seeming neglect probably has nothing to do with your looks, since the majority of men find their wives most beautiful during this time. He may have inner anxieties and mixed feelings about his coming fatherhood that make him seem different. Or you may be unconsciously so involved with your “inner” life that you are perhaps somewhat neglectful of him. Possibly your husband and you just need to talk things out more.

9. Is it permissible to douche during pregnancy?

NO.

This is another subject of some disagreement, so you’d best consult your own doctor. When permitted, you should use a douche bad or can (not bulb syringe) and keep the water source lower than two feet to minimize the force of the water flow. With the nozzle inserted no more than a couple of inches into the vagina, allow the water to run in and out freely. Remember that douching is a matter of preference and is not considered absolutely necessary for proper vaginal hygiene.

QUESTIONS THAT TROUBLE EXPECTANT FATHERS

1. I have a strong need for sex but since her pregnancy, my wife isn’t interested. It is causing tension between us. What can we do?

As with other marital disagreements, some form of loving compromise is probably the healthiest solution. See if you can talk it out with your wife, and perhaps settle on some lesser frequency or alternate method for you that requires less complete participation on her part. Remember, too, that it is sometimes hard for a woman to feel interested in sex when she herself doesn’t feel desirable. Frequent reassurance from you that she is still

beautiful and love despite her bulging belly may also help matters.

2. When I feel the baby moving in my wife’s belly while we’re making love, it puts an end to my sexual interest.

No doubt you are unconsciously worried that you might hurt the baby. You won’t. As discussed above, the fetus is well protected. And it’s kicking’s and turnings have nothing to do with your sexual activity. However, if you are still bothered by this, try another position so you don’t feel the baby.

IMPORTANT REMINDERS

I. EMERGENCIES TO BE REPORTED TO THE DOCTOR

1. Constant Headache
2. Unusual swelling or generalized puffy feeling
3. Blurred vision and/or fainting.
4. Bleeding from vagina heavier than a menstrual period.
5. Fever
6. Persistent abdominal pain which is not false labor.
7. Burning with urination.

II. HOW TO TIME CONTRACTIONS TO SEE HOW FAR APART THEY ARE:

1. Place hand on uterus, feel when the muscles start to tighten. Time from the beginning of tightening of one contraction to the beginning of the next contraction.
2. To time the length of the contraction: Place hand on uterus when uterus begins to tighten until it begins to soften.

III. WHEN TO CALL THE DOCTOR

1. First baby: contractions 4-5 minutes apart, 2-60 seconds long for 1 hour
2. Not first baby: 7-10 minutes apart
3. Water breaks. Signs: A) a sudden gush of water from the vagina; can happen anywhere. Do not wait for contractions to start or fluid to stop. You will keep making more fluid until after the baby is born and you can develop serious problems if you wait for contractions. B) Constant leaking of fluid from the vagina. May be difficult to tell from urine, so if there is a question of a possible leak, come in so the doctor can examine you.
4. Bleeding from vagina. Anything besides bloody show, as already explained, should be investigated by the doctor.

Prepare two bags to take with you to the hospital. One for use in labor and one for the remainder of your hospital stay. Leave your hospital bag in the car until after you have been transferred to the postpartum room.

LABOR BAG

Lip gloss
Food for coach
Warm socks
Camera
Phone book

HOSPITAL BAG

Two clean bras
Going home clothes
Baby clothes for going home
Two gowns, robe, slippers

PERSONAL CARE

Toothbrush
deodorant
Shampoo
Blow Dryer

POSTPARTUMINSTRUCTIONS

VAGINALDELIVERY

ACTIVITY-EXERCISE

1. To help regain your figure, you may want start a few exercises after the first week. (Kegal, pelvis tilt, arm raising, partial sit-ups).
2. Start slowly- gradually increase repetitions.
3. Avoid pushing yourself beyond the point that it hurts your stitches.
4. Gradually work up to more strenuous exercises (leg raises, full sit ups, etc.)
5. Strenuous exercise such as tennis or running should be delayed until after your 6 week check-up.
6. You may begin driving as soon as your stitches don't pull or irritate you when you puch down on the accelerator about 5-7 days after delivery.
7. You will need a lot of rest during the first several weeks while your body and hormone levels return to normal. Try to nap when the baby does.
8. Do NOT try to keep up with the housework for the first few weeks.
9. Avoid heavy lifting, don't lift anything heavier than your baby.

POSTPARTUM DISCOMFORTS

1. *Uterus*
Will return to normal size in 5-6 weeks; may contract and relax for the first 2-3 days after delivery (“after birth pains”); cramping becomes more intense with each subsequent pregnancy.
2. *Lochia (Vaginal Discharge)*
Will be bloody and mucosal for the first 3-5 days; it will gradually turn more watery and pink in color until about the 10th day, when the lochia occurs in a smaller amount and is almost colorless; About 3 weeks after delivery, you may experience a brownish “small period” that may persist another 3-6 weeks. This bleeding is coming from the site where the placenta once was.
3. *Stretch marks*
These will remain, but will become less conspicuous over time. Creams and lotions sold over the counter will aid only to soften the skin, not preventing or treating stretch marks.
4. *Episiotomy*
Your episiotomy will heal in a couple of weeks. The stitches dissolve and do not have to be removed. You will notice tenderness around the perineum area; itching is also common as the episiotomy is healing. To aid with discomfort, a heating pad can be placed on the area and you can continue to use wither sitz baths and/or analgesic sprays. Cleanse genital area by wiping from front to back after using the toilet (This prevents fecal material from infecting your episiotomy). Use your peri-bottle filled with water and liquid, mild soap to rinse the perineum after you use the bathroom. Pat yourself dry.
5. You may notice that from 2-5 days after delivery, you may have to urinate more frequently. This is your body's way of getting rid of excess fluid. It is not uncommon for you to be incontinent of urine (no control of bladder) for several days after delivery, and this may be increased when you laugh, sneeze or cough. If after one week you still have frequency and/or burning with urination, please contact the office.
6. *Bowels/Hemorrhoids*
To prevent constipation, drink 6-8 glasses of fluids per day (especially water). Walk frequently and eat a diet high in fiber and fresh fruits. Effective stool softeners that can be bought over the counter and Surfax, Colace or Metamusil. If one of these doesn't work, you may try Milk of Magnesia or a Dulcolax Suppository to relieve constipation. If this still isn't effective, you may buy a Fleets enema from the drug store.
7. *Skin Changes*
You may notice bouts of sweating during the first few days after delivery. This is due to hormonal changes and your body getting rid of excess fluids. Broken blood vessels in the eyes which may occur during the pushing phase of labor will usually go away in 7-10 days. Such skin changes as the “mask” of pregnancy, edema, red spots and linea nigra (line down the abdomen) will generally fade and disappear.
8. *Breasts*
Wear a well-fitting, supportive bra at all times (even at night). If you are breast feeding and breasts become engorged (hard and full) take a hot shower and allow water to flow over breasts. **DO NOT MASSAGE BREASTS!** This will stimulate milk production and thus more engorgement. If you are bottle feeding and your breasts become engorged, decrease your fluid intake and apply ice packs to the breasts. You may take Tylenol to help ease the discomfort.

POSTPARTUMINSTRUCTIONS

CESAREANDELIVERY

ACTIVITY-EXERCISE

1. Move around in bed as often as you can. This will help decrease gas pain and will increase circulation to all body parts.
2. Initially movement will be uncomfortable; however, this will gradually decrease as days go by.
3. As you begin walking, you may feel a pulling sensation as your incision. Don't worry, your stitches WON'T SPLIT!
4. Wait two weeks after delivery and you are no longer using pain medications before you begin driving. Make sure you are able to apply the brake without a pulling sensation on your incision. Prior to starting the engine, try moving your foot quickly from the accelerator to the brake. If you have any discomfort, DO NOT DRIVE!
5. The only danger in climbing stairs is the possibility of falling. Your center of gravity has changed since delivery, so be very careful.
6. Strenuous exercise such as tennis and running should be delayed until after the 6 week checkup.
7. Shower is preferred to tub bath the first 3-4 days.

POSTPARTUMDISCOMFORTS

1. Uterus
Will return to normal size in 5-6 weeks
May contract and relax for the first 2-3 days after delivery ("after birth pains")
Cramping becomes more intense with each subsequent pregnancy, may also have pains when breast feeding for the first week.
2. Lochia (vaginal discharge)
Will be bloody and mucosal for the first 3-5 days; it will gradually turn more watery and pink in color until about the 10th day. When lochia occurs in smaller amount and is almost colorless. About 3 weeks after delivery you may experience a brownish "small period" that may persist another 3-6 weeks. This bleeding is coming from the site where the placenta once was.
3. Stretch marks
These will remain, but will become less conspicuous over time. Cream lotions sold over the counter will aid only in softening skin, not preventing or treating stretch marks.

SEX/CONTRACEPTION

1. You can safely resume intercourse after you have seen the doctor for your postpartum visit. Usually, it can be resumed if your bleeding has stopped and your episiotomy has healed (6 weeks postpartum).
2. Let comfort be your guide; if it isn't comfortable, don't do it!
3. For the first six weeks to six months, you may need to use water soluble gel (K-Y) to aid with decreased lubrication of the vagina.
4. Do the Kegel exercise to strengthen your vaginal muscles
5. If you haven't already done so, be thinking about a means of contraception you desire.

DIET

1. Continue taking your prenatal vitamins for 3 months after you deliver. If you are breast feeding, continue taking them through out lactation and then an additional 3 months
2. Eat 3 well balance meals per day. If you are breast feeding, you will need slightly more calorie intake (500 calories) per day, including milk (4-6 glasses) per day.
3. Generally, you will see a 10-20lb weight loss immediately after delivery. Another 5lb. will be lost early in postpartum period due to water loss.
4. If you need to diet, wait until 6 weeks postpartum. Your body needs this time to heal properly and return to its pre-pregnant state.

CALLTHEOFFICEIF:

1. You have a temperature of 100.4.
2. You have bright red bleeding or large blood clots.
3. You are soaking through more than one pad every hour.
4. Your breasts develop red streaks or become very hard.
5. You have burning or pain with urination and/or problems voiding.
6. You have leg pain (tender calves), swelling or red streaks going down your legs.
7. You have difficulty breathing.

LIST OF PEDIATRICIANS THAT PRACTICE IN THE NORTHWEST ATLANTA AREA

You will need to call the pediatrician's office 2 months before your due date to ask them to be your baby's pediatrician and make sure they accept your insurance. If the pediatrician you choose does not practice at Kennestone Women and Children's Center, we will be happy to arrange for an on-staff pediatrician to see your newborn during your hospital stay, and then after your newborn is discharged from the hospital, he/she can be seen by your chosen pediatrician.

Wellstar: Kenmar Pediatrics

Dr. Larry Clements
Dr. Elizabeth McGee
Dr. Gordon Luk
Dr. Candace Holladay
Dr. Robert Dixon
Dr. Amy Kewin
Dr. Didre Green
760 Kennesaw Ave.
Marietta, GA 30060
770-427-0183
www.kenmarpediatrics.org

Wellstar North Cobb Pediatrics

Dr. Jeffrey Hasty
Dr. Charles Hutchinson
Dr. James Nalley
205 Hawkins Store Rd.
Suite B1
Kennesaw, GA 30144
770-925-0862

Wellstar Kennestone Pediatrics

Assoc.
Dr. Jose Rodriguez
Dr. Jonathan Schuh
121 Marble Mill Rd., NW
#101
Marietta, GA 30060
770-422-8315

Northside Pediatrics-Woodstock

Dr. Wendy Greenberg
Dr. Ruth Brown Dr.
Sally Marcus Dr.
Michael Levine
Dr. William Robert Smith
Dr. Alison Hill
Dr. Amy Hardin
Dr. Jeffrey Hopkins
250 Parkbrooke Place
Suite 200
Woodstock, GA 30189
770-928-0016

Cobb Pediatrics

Dr. F. Clark Cantrell
Dr. Robert Forbes
Dr. Julia Gaines
Dr. Dara Hosch
Dr. Craig Lebish
Dr. Garrett Loventhal
Dr. Erika Van Putten
Dr. Nikki Roberts
410 Villa Rica Way
Marietta, GA 30064
678-504-1199
www.cobbped.com

Wellstar Towne Lake Pediatrics

Dr. Roma Klicius
Dr. Samuel Gold
Dr. Mohammad Midani
2230 Town Lake Pkwy.
Bldg. 300, Suite 100
Woodstock, GA 30189
770-517-1900

East Cobb Pediatrics

Dr. Eric B. Karlen
Dr. Marian Gadea
Dr. Elizabeth Kemp
Dr. Shefali Chheda
Dr. Salathiel Kendrick
1121 Johnson Ferry Rd.
Suite 220
Marietta, GA 30068
770-977-0094
www.eastcobbped.com

Pediatric Assoc. Johnson Ferry

Dr. Mary Grace Ani
Dr. Robert Licata
Dr. Gail Pikholtz
3000 Johnson Ferry Rd.
Suite 204
Marietta, GA 30062
770-993-2922

Pediatrics at West Cobb Medical Center

Dr. Lori Corley
Dr. Daniel Saade
3707 Largent Way
Marietta, GA 30064
770-581-5690

Wellstar Pediatric Professionals

Dr. Enid Colon
1880 West Oak Parkway
Suite 101
Marietta, GA 30062
770-795-8783

Kennesaw Pediatrics

Dr. Mark Long
Dr. Briana Bruger
3745 Cherokee Street, #401
Kennesaw, GA 30144
770-429-1005
www.kennesawpediatrics.com

Pediatrics at Whitlock

Dr. Stephanie Poole
707 Whitlock Ave.
Suite D30
Marietta, GA 30064
770-499-8909

Cartersville Pediatrics Assoc.

Dr. Richard Young
Dr. William Payne
Dr. Jennifer Collier
Dr. Natalie Hutton
Dr. Steven Thomas
Dr. Nancy Miller
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