

PRENATAL CARE FROM WOMEN'S HEALTH SERVICES

THIS IS YOUR
MOMENT.
WE'LL HELP
DELIVER IT.



BaylorScott&White
CLINIC

ROUND ROCK 302 UNIVERSITY

A department of Baylor Scott & White Medical Center – Round Rock

Dear expectant mother,

Congratulations on your pregnancy! If this is your first pregnancy, this can be a very exciting time that is also filled with questions and the unknown. If this is not, every pregnancy brings new adventures and differences that will add memories to a life already filled with precious events. We want you to know that we are available to address your questions and concerns. If we don't know the answer, we will do our best to find it for you. One of our goals is to learn about you and your family so that we can provide you with comprehensive obstetrical care.

You have received a copy of *Your Guide to a Healthy Pregnancy*. In it, you will find a vast array of information related to your pregnancy. Please take the time to read it cover-to-cover, as it will provide important information and answers for many questions you may have. It is divided so that it covers a majority of pregnancy and after-delivery topics. Along with this, we will give you the best medical advice possible. Please remember, if you have any questions of an urgent or emergent nature, PLEASE call the clinic or Labor and Delivery. Those numbers are provided to you on the back of your *Great Expectations* booklet.

While you will primarily see one physician throughout your pregnancy, we work very much as a team. While it is the goal to attend the deliveries of our own patients, this may not always be possible. For a variety of reasons, we may be unavailable, but someone will always be on call to cover Labor and Delivery. That physician will attend your delivery. After hours and weekends will also be covered by the on-call physician who will attend to patients while on duty.

In order to meet other members of the team, you may have routine prenatal appointments with the other providers. This will allow you to ask specific questions of that individual physician and have a familiar face in the delivery room.

Please refer to the phone numbers on the back of the booklet to contact our clinic or Labor and Delivery. After hours and on weekends, you may speak to a registered nurse who will take your information, questions or concerns and refer them to the physician, if needed. We thank you for choosing us for your medical needs. We look forward to providing you with excellent care!

Sincerely,

Your healthcare team at Baylor Scott & White

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NUTRITIONAL NEEDS

Your body's needs for certain nutrients increase during pregnancy, and adequate nutritional intake is vital for the growth and development of your baby and your own health. Many studies have shown that appropriate nutrition can decrease your baby's risk for birth defects, miscarriage and low birth weight and can also increase overall health.

Calories

Don't let the saying "You're eating for two" fool you! While you do need to consume enough nutrients for yourself and your baby, you don't need to eat excessive amounts of calories that can lead to unnecessary weight gain and other complications.

Extra calories needed:

1st trimester	0 calories
2nd trimester	300 calories
3rd trimester	300 calories
Lactating	500 calories

The average woman aged 14 - 50 needs about 1,800 - 2,000 calories per day.

Protein

Protein is an important nutrient needed for the growth and development of your baby. It is found in meats, beans, milk, cheese, eggs and peanut butter. Be sure to eat two to three servings of protein-rich foods every day.

Folic acid

Folic acid is needed, especially prior to conception and during the first trimester, to prevent neural tube defects. Folic acid is also needed to reduce the risk of miscarriage, pre-term labor and low birth weight in your baby. Good sources of folic acid are green leafy vegetables, dried beans, nuts, enriched breads, rice and pasta, orange juice, and soy. In addition to eating good dietary sources, most women also need a folic acid supplement to adequately meet their needs.

Calcium

The need for calcium in a pregnant woman is not higher than for a non-pregnant woman because the mother's body becomes more efficient at using calcium during pregnancy. However, many women do not meet the minimum requirement of 1,000 - 1,300 mg of calcium. This can easily be met by drinking three servings of milk or other dairy products every day. Calcium is needed to form strong bones in your baby and is also necessary to make milk for breastfeeding.

Iron

Your blood supply increases greatly during pregnancy, which increases the body's need for iron. If the body doesn't have enough iron, you may become anemic and will be less able to tolerate hemorrhage during birth. A well-balanced diet is necessary, and some women may need an iron supplement. Iron supplements should be taken between meals and not be taken with milk, tea or coffee, which can affect absorption.

OTHER CONCERNS

Alcohol

Alcohol should **NOT** be consumed during pregnancy. This prevents fetal alcohol syndrome, which can cause growth failure, developmental delays, and facial and skeletal abnormalities. The use of alcohol during pregnancy can also increase your risk for miscarriage and low birth weight.

Caffeine

There has been no conclusive evidence that caffeine intake during pregnancy causes any kind of risk to the baby or mother. However, caffeine should be consumed in moderation. The recommendation is less than 200 mg/day, which is the equivalent of two cups of coffee.

WEIGHT GAIN

Gaining too much weight or too little weight during pregnancy can affect your baby's wellness and the outcome of the pregnancy. The average healthy weight gain during pregnancy is 22 - 30 lbs. Those who are underweight at conception may need to gain more than 30 lbs. If you are overweight, pregnancy is NOT the time to lose weight, and you should still gain a minimum of 15 lbs. for appropriate growth of the baby.

Ideal rate of gain

1st trimester	2.5 lbs.
2nd trimester	1 lb. per week
3rd trimester	1 lb. per week

REDUCING NAUSEA AND VOMITING

Many women often experience "morning sickness" during pregnancy, which can make it hard to get all the nutrients for a healthy baby. Tips to reduce nausea and vomiting include:

- Avoid fried and greasy foods
- Avoid spicy foods
- Try small, frequent meals and snacks rather than large meals
- Drink liquids between meals rather than with meals
- Have cold foods rather than hot foods
- Avoid foods with strong odors
- Eat a starchy food like crackers or dry cereal before getting out of bed in the morning

REDUCING CONSTIPATION

- Drink six to eight glasses of caffeine-free fluid per day
- Eat whole-grain breads, cereals and pastas
- Eat at least five servings of vegetables and fruits every day, especially prunes and figs
- Increase physical activity as able

SAMPLE MENU

Breakfast

½ cup orange juice, calcium-enriched
½ cup oatmeal
1 slice whole-grain toast
2 tsp. peanut butter
Decaffeinated coffee or tea

Midmorning snack

Banana
½ cup high-fiber cereal
½ cup nonfat or low-fat milk

Lunch

Turkey sandwich on whole-grain bread with lettuce and tomato and 1 tsp. mayonnaise or mustard
Green salad with carrots
2 tsp. salad dressing
Fresh peach
1 cup nonfat or low-fat milk

Midmorning snack

1 cup nonfat or low-fat milk
4 squares of graham crackers

Dinner

3 oz. baked chicken breast
Baked potato with reduced-fat cheese
½ cup steamed broccoli
Green salad
2 tsp. salad dressing

Evening snack

¼ cup nonfat yogurt
Fresh strawberries

Adapted from Krause's Food, Nutrition, and Diet Therapy, 10th edition



OVER-THE-COUNTER MEDICATIONS SAFE TO USE DURING PREGNANCY

Nausea

VITAMIN B6: 25 mg three times daily, with DOXYLAMINE (Unisom) 1/2 tablet in the morning, 1/2 tablet in the afternoon and 1 tablet at bedtime (may cause drowsiness).

GINGER: 250 mg three times daily and eat foods containing ginger.

Headache

ACETAMINOPHEN: (Tylenol) regular or extra strength (do not exceed 4 grams in 24 hours); aspirin-free Excedrin

Cold/sinus

BEFORE 12 WEEKS (FIRST TRIMESTER): Tylenol cold and sinus, Mucinex, Flonase, NasalCrom, Breathe Right strips, Vicks rub, Zyrtec, Allegra, Claritin

AFTER 12 WEEKS (SECOND AND THIRD TRIMESTER): Tylenol cold and sinus, Mucinex, Flonase, NasalCrom, Breathe Right strips, Vicks rub, Zyrtec, Allegra, Claritin, Actifed, Zyrtec D, Allegra D, Claritin D, Robitussin DM

Any medication containing pseudoephedrine should not be taken for more than three consecutive days.

Sore throat

Cepacol, Sucrets, Chloraseptic lozenges

Heartburn/indigestion

Tums, Mylanta, Maalox, Pepcid, Prevacid

Diarrhea

Imodium

Constipation

Prune juice, Surfak, Fibercon, Citrucel, Metamucil, Konsyl, Milk of Magnesia, Colace, MiraLAX

Hemorrhoids

Anusol, Analpram 1%, Tucks, Preparation H, witch hazel

Gas

Mylicon, Gas-X, Maalox Gas, Mylanta Gas, Phazyme

Rash

Benadryl cream, Calamine lotion, hydrocortisone cream; may also use Benadryl for itching

Insect repellent

Use a repellent with one of the following active ingredients: DEET, picaridin, IR3535, oil of lemon eucalyptus or para-menthane-diol, or 2-undecanone

Questions?

BSWRRLDChildbirthEducation@BSWHealth.org

More information on women's services
BSWHealth.com/YourMomentRoundRock

FOOD SAFETY for Baby and Me

Learn the food safety steps that will keep expecting moms safe from foodborne illness.

FOODS TO AVOID WHILE PREGNANT		
Foods to Avoid	Here's Why	Foods to Eat
Raw seafood	May contain parasites or bacteria	Fish cooked to 145 °F
Unpasteurized juice, cider and milk	May contain <i>E. coli</i> or <i>Listeria</i>	Pasteurized versions are safer alternatives.
Soft cheese and cheese made from unpasteurized milk	May contain <i>E. coli</i> or <i>Listeria</i>	Hard cheese & cheese made with pasteurized milk
Undercooked eggs	May contain <i>Salmonella</i>	Eggs with firm yolks
Premade deli salads (egg, pasta, chicken, etc.)	May contain <i>Listeria</i>	Make these dishes at home
Raw sprouts	May contain <i>E. coli</i> or <i>Salmonella</i>	Cook thoroughly
Cold hot dogs and luncheon meats	May contain <i>Listeria</i>	Reheat to steaming hot or 165 °F
Undercooked meat and poultry	May contain <i>E. coli</i> , <i>Salmonella</i> , <i>Campylobacter</i> , <i>Toxoplasma gondii</i>	Meat and poultry at or above the USDA recommended internal temperature

SAFE INTERNAL COOKING TEMPERATURES

145 °F

Beef, pork, veal and lamb steaks, roasts and chops with a 3 min rest time

Fish

160 °F

Egg dishes

Ground beef, pork, veal and lamb

165 °F

Whole, ground, or pieces of chicken, turkey and duck

DANGERS OF LISTERIA AND TOXOPLASMA GONDII

Listeria monocytogenes



Pregnant women are **10 times more likely** to get Listeriosis.

50% of Toxoplasmosis infections in the U.S. are acquired from food.

Toxoplasma gondii



These foodborne illnesses can infect your baby even if you do not feel sick.

Listeriosis can cause:



Miscarriages



Premature labor



Low-birth weight



Infant death

Toxoplasmosis can cause babies to develop:



Hearing loss



Blindness



Intellectual disability



Brain or eye problems later in life

REMEMBER

CLEAN



Clean: Wash hands and surfaces often.

SEPARATE



Separate: Keep raw meat and poultry separate from ready-to-eat foods.

COOK



Cook: Cook foods to the proper internal temperature.

CHILL



Chill: Get leftovers to the fridge within 2 hours of being cooked.



For more food safety tips, go to FoodSafety.gov

ADDITIONAL SOURCE: CDC

REFRIGERATOR & FREEZER STORAGE CHART

These short but safe time limits will help keep refrigerated food 40° F (4° C) from spoiling or becoming dangerous. Since product dates aren't a guide for safe use of a product, consult this chart and follow these tips.

- Purchase the product before "sell-by" or expiration dates.
- Follow handling recommendations on product.
- Keep meat and poultry in its package until just before using.
- If freezing meat and poultry in its original package longer than 2 months, overwrap these packages with airtight heavy-duty foil, plastic wrap, or freezer paper; or place the package inside a plastic bag.

Because freezing 0° F (-18° C) keeps food safe indefinitely, the following recommended storage times are for quality only.

Product	Refrigerator	Freezer	Product	Refrigerator	Freezer
Eggs			Soups & Stews		
Fresh, in shell	3 - 5 weeks	Don't freeze	Vegetable or meat-added & mixtures of them	3 - 4 days	2 - 3 months
Raw yolks, whites	2 - 4 days	1 year	Bacon & Sausage		
Hard cooked	1 week	Don't freeze	Bacon	7 days	1 month
Liquid pasteurized eggs or egg substitutes, opened	3 days	Don't freeze	Sausage, raw from pork, beef, chicken or turkey	1 - 2 days	1 - 2 months
unopened	10 days	1 year	Smoked breakfast links, patties	7 days	1 - 2 months
TV Dinners, Frozen Casseroles			Fresh Meat (Beef, Veal, Lamb, & Pork)		
Keep frozen until ready to heat		3 - 4 months	Steaks	3 - 5 days	6 - 12 months
Deli & Vacuum-Packed Products			Chops	3 - 5 days	4 - 6 months
Store-prepared (or homemade) egg, chicken, tuna, ham, macaroni salads	3 - 5 days	Don't freeze	Roasts	3 - 5 days	4 - 12 months
Pre-stuffed pork & lamb chops, chicken breasts stuffed w/dressing	1 day	Don't freeze	Variety meats (tongue, kidneys, liver, heart, chitterlings)	1 - 2 days	3 - 4 months
Store-cooked convenience meals	3 - 4 days	Don't freeze	Meat Leftovers		
Commercial brand vacuum-packed dinners with USDA seal, unopened	2 weeks	Don't freeze	Cooked meat & meat dishes	3 - 4 days	2 - 3 months
Raw Hamburger, Ground & Stew Meat			Gravy & meat broth	1 - 2 days	2 - 3 months
Hamburger & stew meats	1 - 2 days	3 - 4 months	Fresh Poultry		
Ground turkey, veal, pork, lamb	1 - 2 days	3 - 4 months	Chicken or turkey, whole	1 - 2 days	1 year
Ham, Corned Beef			Chicken or turkey, parts	1 - 2 days	9 months
Corned beef in pouch with pickling juices	5 - 7 days	Drained, 1 month	Giblets	1 - 2 days	3 - 4 months
Ham, canned, labeled "Keep Refrigerated," unopened	6 - 9 months	Don't freeze	Cooked Poultry, Leftover		
opened	3 - 5 days	1 - 2 months	Fried chicken	3 - 4 days	4 months
Ham, fully cooked, whole	7 days	1 - 2 months	Cooked poultry dishes	3 - 4 days	4 - 6 months
Ham, fully cooked, half	3 - 5 days	1 - 2 months	Pieces, plain	3 - 4 days	4 months
Ham, fully cooked, slices	3 - 4 days	1 - 2 months	Pieces covered with broth, gravy	3 - 4 days	6 months
Hot Dogs & Lunch Meats (in freezer wrap)			Chicken nuggets, patties	3 - 4 days	1 - 3 months
Hot dogs, opened package	1 week	1 - 2 months	Fish & Shellfish		
unopened package	2 weeks	1 - 2 months	Lean fish	1 - 2 days	6 - 8 months
Lunch meats, opened package	3 - 5 days	1 - 2 months	Fatty fish	1 - 2 days	2 - 3 months
unopened package	2 weeks	1 - 2 months	Cooked fish	3 - 4 days	4 - 6 months
			Smoked fish	14 days	2 months
			Fresh shrimp, scallops, crawfish, squid	1 - 2 days	3 - 6 months
			Canned seafood	after opening	out of can
			(Pantry, 5 years)	3 - 4 days	2 months



FDA U.S. FOOD & DRUG ADMINISTRATION

ADVICE ABOUT EATING FISH

For Those Who Might Become or Are Pregnant or Breastfeeding and Children Ages 1 - 11 Years

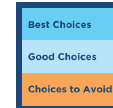
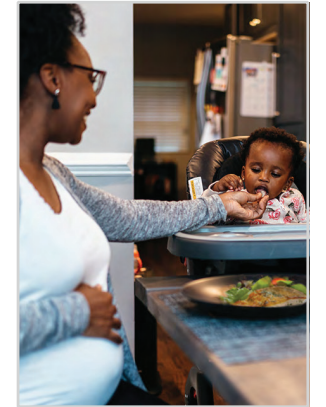


Fish† provide key nutrients that support a child's brain development.

Fish are part of a [healthy eating pattern](#) and provide key nutrients during pregnancy, breastfeeding, and/or early childhood to support a **child's brain development**:

- Omega-3 (called DHA and EPA) and omega-6 fats
- Iron
- Iodine (during pregnancy)
- Choline

Choline also supports development of the **baby's spinal cord**. Fish provide iron and zinc to support **children's immune systems**. Fish are a source of other nutrients like protein, vitamin B12, vitamin D, and selenium too.



Choose a variety of fish that are lower in mercury.

While it is important to limit mercury in the diets of those who are pregnant or breastfeeding and children, many types of fish are both nutritious and lower in mercury.

This chart can help you choose which fish to eat, and how often to eat them, based on their mercury levels.

What is a serving? As a guide, use the palm of your hand.



Pregnancy and breastfeeding:
1 serving is 4 ounces

Eat 2 to 3 servings a week from the "Best Choices" list
(OR 1 serving from the "Good Choices" list).

Childhood:
On average, a serving is about:

- 1 ounce at age 1 to 3
- 2 ounces at age 4 to 7
- 3 ounces at age 8 to 10
- 4 ounces at age 11

Eat 2 servings a week from the "Best Choices" list.



Best Choices			Good Choices		
Anchovy	Herring	Scallop	Bluefish	Monkfish	Tilefish (Atlantic Ocean)
Atlantic croaker	Lobster, American and spiny	Shad	Buffalofish	Rockfish	Tuna, albacore/white tuna, canned and fresh/frozen
Atlantic mackerel	Mullet	Shrimp	Carp	Sablefish	Chilean sea bass/Patagonian toothfish
Black sea bass	Oyster	Skate	Groupers	Sheepshead	Snapper
Butterfish	Pacific chub mackerel	Smelt	Halibut	Spanish mackerel	Tuna, yellowfin
Catfish	Perch, freshwater and ocean	Sole	Mahi mahi/dolphinfish	Striped bass (ocean)	Weakfish/seatrout
Clam	Pickering	Squid	Choices to Avoid HIGHEST MERCURY LEVELS		
Cod	Plaice	Tilapia	King mackerel	Shark	Tilefish (Gulf of Mexico)
Crab	Pollock	Trout, freshwater	Marlin	Swordfish	Tuna, bigeye
Crawfish	Haddock	Tuna, canned light (includes skipjack)	Orange roughy		
Flounder	Salmon	Whitefish			
Haddock	Sardine	Whiting			
Hake					

What about fish caught by family or friends? Check for [fish and shellfish advisories](#) to tell you how often you can safely eat those fish. If there is no advisory, eat only one serving and no other fish that week. Some fish caught by family and friends, such as larger carp, catfish, trout and perch, are more likely to have fish advisories due to mercury or other contaminants.

www.FDA.gov/fishadvice
www.EPA.gov/fishadvice



Syphilis, HIV, and Hepatitis B Testing and Pregnancy: State Requirements for Texas Clinicians

Texas law ([Texas Health and Safety Code § 81.090](#)) requires physicians or others permitted by law to attend a woman during pregnancy or at delivery to test her for syphilis, Human Immunodeficiency Virus (HIV), and hepatitis B virus (HBV). She must be tested for syphilis, HIV, and HBV at her first prenatal visit. She must be re-tested for syphilis and HIV during the third trimester, but not earlier than 28 weeks' gestation. She must also be re-tested for syphilis and HBV at delivery. If there is no record of HIV testing during third trimester, an expedited² delivery HIV test must also be performed. Expedited² HIV testing of infants at delivery is also required if a mother's results are undetermined.

Time of Test	Prenatal and Perinatal Tests Required by Texas Law
First Prenatal Visit	• Syphilis, HIV, and HBV tests required
Third Trimester	• Syphilis test required no earlier than 28 weeks' gestation ¹ • HIV test required
Delivery	• Syphilis test required • Expedited HIV test required if no third trimester result available ² • HBV test required
Newborn Tests	• Expedited HIV test required if no record of third trimester or delivery result ²

¹ CDC recommends testing between weeks 28 and 32. Treatment should begin 30 days before delivery for optimal results.
² Expedited test. Test must be expedited and result obtained < 6 hours. For newborn test, blood must be drawn < 2 hours after birth.

Pregnancy Stage	Additional Recommended Prenatal Tests and Newborn Precautions ³
First Prenatal Visit	• Chlamydia and gonorrhea screening for women • Retest 3 months after treatment for chlamydia or gonorrhea
Second Trimester	• Syphilis test for women who have a fetal death after 20 weeks' gestation
Third Trimester	• Chlamydia and gonorrhea retest for women at increased risk ⁴
Newborn Vaccinations and Precautions	• First of three HBV vaccinations is given • Required prophylaxis of erythromycin to prevent ophthalmia neonatorum (conjunctivitis sometimes caused by gonorrhea or chlamydia bacteria) • All infants born to women with reactive syphilis serology should have a quantitative nontreponemal serological test performed and be evaluated in accordance with the appropriate and recommended guidelines

³ Recommendations from the CDC.
⁴ Examples of increased risk include prior history of STD, new or multiple sex partners, sex partners with concurrent partners, or sex partners who have an STD.

Why test pregnant women?

Timely testing and treatment during pregnancy dramatically decreases rates of Congenital Syphilis (CS), perinatal HIV and HBV. Left untested and untreated, a mother living with HIV has about a 25 percent chance of transmitting HIV to her unborn child. When pregnant women living with HIV are provided with appropriate care and treatment, including treatment for the newborn, the HIV transmission rate can be reduced to 1 percent or less. Even when medicine is not started until labor and delivery, transmission rates are reduced to 10 percent. Therapy includes antiretroviral medication as well as cesarean deliveries for women with high HIV viral loads (>1,000 copies/ml).

In 2019*, there were 528 infants diagnosed with congenital syphilis in Texas, including 13 stillbirths. Not all infants with a CS diagnosis are symptomatic at birth, which makes screening, evaluation, and treatment of infants a valuable tool in preventing long-term complications like bone and teeth abnormalities, hearing loss, blindness, and developmental delays. Transmission of hepatitis B to high-risk babies can be prevented 85-95% at the time of labor and delivery by providing appropriate post-exposure prophylaxis (PEP) within 12 hours of birth.



Consent and Information Distribution

Before testing a patient for HIV, the patient must be informed that the test will be performed unless they object. General consent and verbal notification is acceptable. Most pregnant patients consent to be tested.

If a patient objects, the clinician should refer her to an anonymous HIV testing site. In addition to the referral, the clinician can discuss testing with the patient. Women refuse testing for different reasons. Listen to the patient and provide information about risk factors, advantages of testing, ease of testing, and HIV-related resources if the result is positive. Medical records should reflect that the test was explained to the patient and if consent was obtained.

All women, regardless of consent, must receive printed materials about HIV, syphilis, and HBV. Materials must include information about the diagnosis, disease transmission and prevention, and treatment(s). Medical records should document that the patient received printed materials.

When possible, materials should be provided in the appropriate languages and literacy levels for patient understanding. Materials are available in [English and Spanish from DSHS](#).

Positive Test Results

If a patient receives a preliminary positive HIV result for an expedited test at labor and delivery, Centers for Disease Control and Prevention (CDC) and American College of Gynecologists (ACOG) recommend immediate prophylaxis treatment for the patient and her infant. When a pregnant woman tests positive for syphilis, HIV, or HBV, the clinician must provide the appropriate treatment information that the patient can understand. The clinician may also refer the patient to another clinic for appropriate treatment.

Clinicians must provide the opportunity for individual, face-to-face counseling for each pregnant woman with a positive HIV test result immediately upon receiving test results.

Post-test HIV counseling must include the:

- Meaning of the test result;
- Possible need for additional testing;
- Measures to prevent transmission of HIV and other STDs;
- Benefits of partner notification;
- Availability of confidential partner notification services through local health departments; and
- Availability of health care services, including mental health, social and support services, in the area where the patient lives.

Post-test HIV counseling should:

- Increase understanding of diagnosis;
- Explain potential need for confirmatory testing;
- Explain ways to change behavior to prevent transmission;
- Encourage the patient to seek appropriate medical care; and
- Encourage the patient to access partner services through the local health department and/or to notify their sex and/or needle-sharing partners.

For more information, additional resources and a list of free patient education materials, visit dshs.texas.gov/hivstd/info/pregnancy.shtm.

* All 2019 data are provisional.

Perinatal Hotline

Call 888-448-8765 for a free 24-hour clinical consultation and advice on treating pregnant persons with HIV and their infants as well as indications and interpretations of rapid and standard HIV testing in pregnancy.

Anonymous Test

An anonymous test means that the patient's name is not used.

Confidential Test

A confidential test means the test result is in the medical record.

Visit the [DSHS HIV and STD testing page](#) to find an HIV or STD testing site.

Visit Your Texas Benefits to find other Texas benefits and resources.

Texas HIV Medication Program Refer patients unable to pay for HIV medications to 800-255-1090.

[Congenital Syphilis Infant Evaluation Flowchart \(PDF\)](#)

DSHS HIV/STD Program

(737) 255-4300
dshs.texas.gov/hivstd/

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