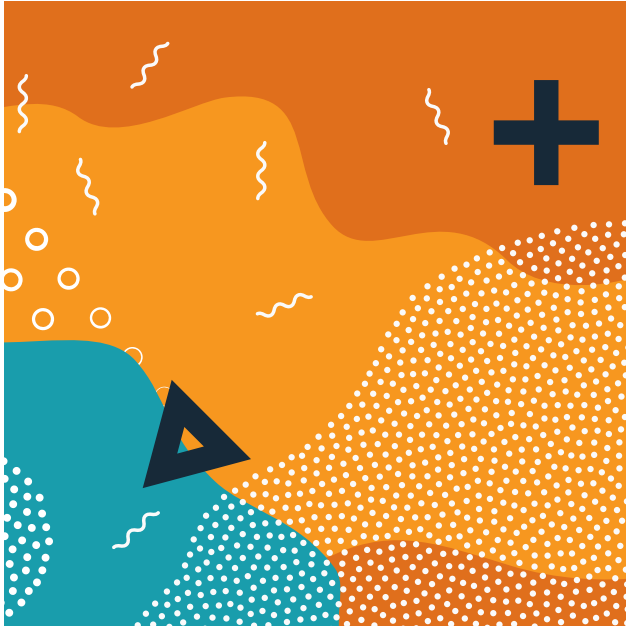




The University of Texas at Austin
UT Health Austin



OBSTETRICAL WELCOME PACKET

Women's Health Institute

ABOUT UT HEALTH AUSTIN

ABOUT OUR PRACTICE

UT Health Austin, the group practice designed and managed by the faculty and staff of the Dell Medical School, focuses the expertise of a team of experienced medical professionals to deliver comprehensive care of uncompromising quality for all patients.

HOW TO CONTACT US

Office Phone: (833) 882 - 2737
Office Phone Hours: M - F, 8 - 5 PM
Non-emergent calls received after 4 PM will be addressed the next business day.

If you are having a medical emergency, please call 911 .
For after-hours obstetrical concerns, please call (512) 458-1121.
(If you call after hours, you will be directed to the in-hospital physician on labor and delivery at Seton Medical Center Austin.)

Email: Via our Patient Portal
<https://16041-1.portal.athenahealth.com/>
Non-emergent messages may also be sent via the portal and will be answered within 2 business days.

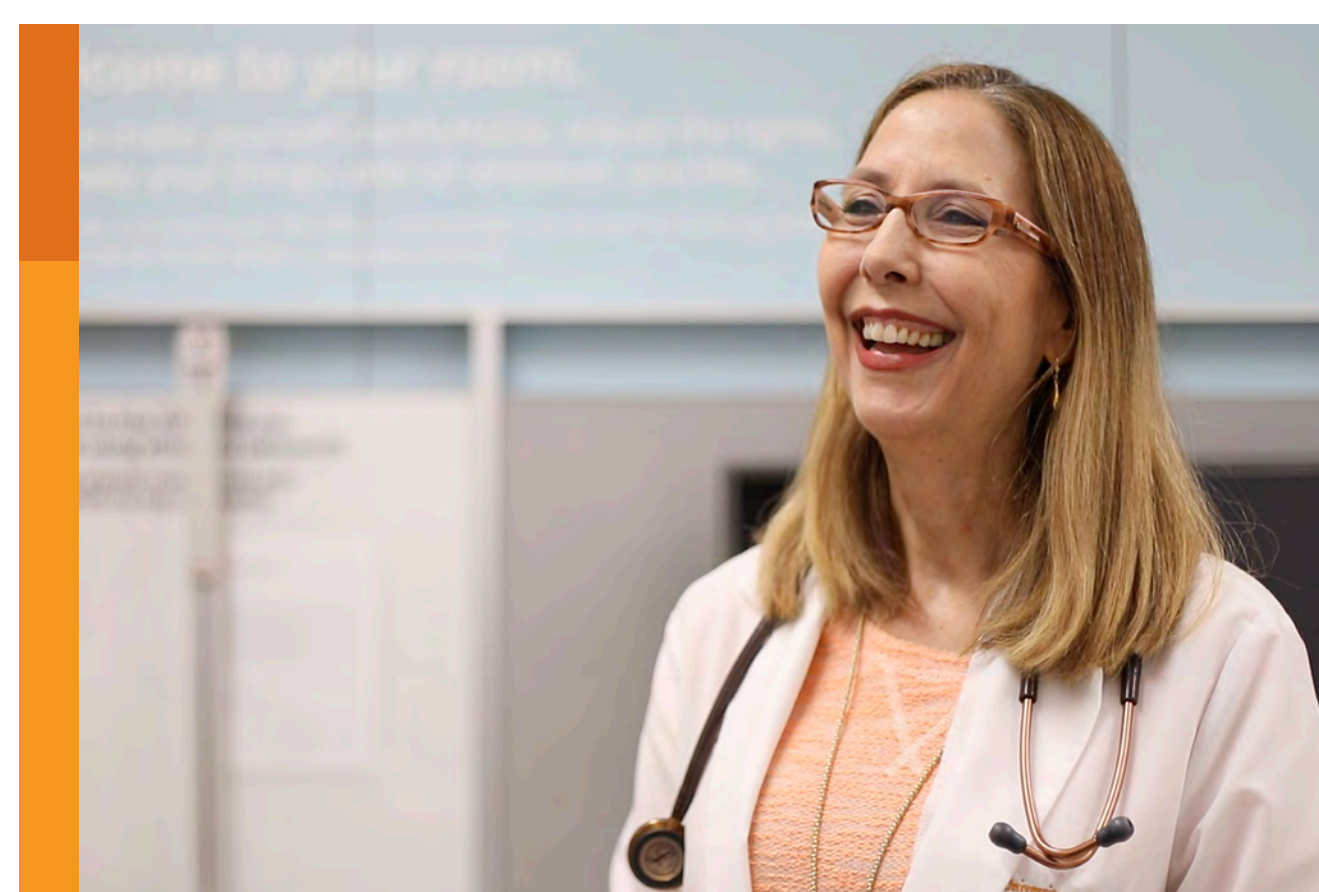
PLEASE CALL IF YOU EXPERIENCE ANY OF THE FOLLOWING SYMPTOMS:

- Moderate or heavy vaginal bleeding
- Spotting (if unknown blood type or Rh negative)
- Fluid leaking from vagina (can be trickle or gush)
- Decreased or no fetal movement after 23 weeks
- Trauma to abdomen (fall, motor vehicle accident)
- Temperature exceeding 100.4°F
- Severe abdominal pain or cramping
- Persistent vomiting or diarrhea
- Chest pain, trouble breathing
- Severe uncharacteristic headache
- Vision changes, sudden facial swelling

WELCOME

The Women's Health Institute is dedicated to providing comprehensive, compassionate care and ongoing support all women deserve to live healthier more fulfilling lives. The Women's Health care team delivers a coordinated, whole-woman approach to care.

The information presented in this booklet was created using resources from the American College of Obstetricians and Gynecologists and the Department of Health and Human Services, Office of Women's Health. All content in this booklet was created for informational purposes only. It is not intended to be a substitute for professional medical advice and should not be relied on as health or personal advice.



YOUR CARE TEAM

At the Women's Health Institute, we offer welcoming individualized, whole-woman care before, during, and after pregnancy. Here, you'll have access to obstetricians, associate providers, dietitians, pelvic floor physical therapists, behavioral health specialists, and more throughout your pregnancy and after delivery.

Alongside your care team, you will meet UT Health Austin residents and students. Our learners are a vital part of your care team. Not only can learners provide helpful insights, but your participation can help them learn how to better care for future generations of women and their babies.

Learners may present in the clinic as well as in labor and delivery. They may act in addition to, not in lieu of, your provider. Learners enhance your care by increased attention and adherence to the best practices on a national level.



HEALTHY WEIGHT GAIN

PRE-PREGNANCY BMI	TOTAL WEIGHT GAIN (LBS)	RATES OF WEIGHT GAIN IN 2ND AND 3RD TRIMESTER (LBS/WEEK)
Less than 18.5	28 – 40	1
18.5 – 24.9	25 – 35	1
25 – 29.9	15 – 25	0.61
More than 30	11 – 20	0.5

Depending on your BMI before your pregnancy, the Institute of Medicine gives guidelines on how much weight gain is healthy for the development of your baby as well as the sustainment of your health. It's important to talk to your provider for an individualized target that best benefits you and your baby.

SUGGESTIONS FOR NAUSEA

- Eat a handful of crackers, dry toast, pretzels, or a handful of dry cereal before getting out of bed
- Eat small frequent meals instead of 3 large meals
- Drink liquids between your meals instead of with them
- Avoid spicy/greasy foods with strong smells, opt for bland foods instead
- Delay brushing your teeth until later in the day
- Try ginger - Ginger ale with real ginger, ginger tea, ginger candy, ginger capsules
- Vitamin B6, 10 – 25 mg up to 3 – 4 times daily and Doxylamine, 12.5 mg 3 – 4 times daily (may cause sedation)

**B6 + doxylamine are the active ingredients in a prescription medication called Diglegis. If your doctor has prescribed this, do not take both.



YOUR FITNESS



Regular physical activity improves/maintains physical fitness, helps with weight management, reduces risk of diabetes in obese women, and enhances psychological well-being. Exercise is safe for most women (unless restricted by your provider). Safe physical activity shouldn't include laying flat on your back after 20 weeks.

SAFE	UNSAFE
<ul style="list-style-type: none">• Walking• Jogging/Running• Swimming• Stationary cycling• Low impact aerobics• Modified yoga/Pilates• Strength training• Racquet sports	<ul style="list-style-type: none">• Contact sports (hockey, soccer, basketball)• Fall risk (cycling, skiing, horseback, gymnastics)• Scuba/sky diving• Hot yoga

American College of Obstetricians and Gynecologists. Committee Opinion: Physical Activity and Exercise During Pregnancy and the Postpartum Period, Number 650, December 2015.



YOUR NUTRITION

CAN I EAT SEAFOOD?

Yes! Omega 3 Fatty acids can aid in your baby's brain development. You will want to get 8 -12 oz./week while pregnant and breastfeeding. However, some fish have higher levels of mercury which has been linked to birth defects.

To limit your mercury exposure:

- Choose from a variety of seafood low in mercury, such as: salmon, shrimp, polluck, tilapia, cod, trout, and catfish

- Limit white (albacore) tuna to 6 ounces per week

- Avoid shark, swordfish, king mackerel, and tilefish

- Check local advisories at:

www.epa.gov/choose-fish-and-shellfish-wisely/fish-and-shellfish-advisories-and-safe-eating-guidelines

PLANNING MEALS IS EASIER THAN YOU THINK!

Make an individualized meal plan for you and your baby at:

www.choosemyplate.gov/mom-pregnancy-breastfeeding

IMPORTANT NUTRIENTS DURING PREGNANCY

- Folic Acid 400 mcg/d – prevents spina bifida
- Calcium 1000 mg/d – healthy bones and teeth
- Vitamin D 600 IU/d – healthy skin, eyes, bones and teeth
- Omega 3 Fatty Acids – important in brain development
- Iron needs double in pregnancy – prenatal vitamins adequate in amount

** Please discuss special diets such as being vegan, gluten free, or lactose-intolerant with your provider.

TIPS TO HELP YOU AND YOUR BABY STAY HEALTHY

- Wash all raw produce thoroughly
- Avoid all raw and undercooked seafood, eggs and meat, particularly sushi made with raw fish
- All meats must be cooked to a safe internal temperature
- Wash all cutting boards, knives, etc. thoroughly with hot soapy water
- Avoid unpasteurized milk and milk products as well as soft cheeses
- Avoid processed meats (hot dogs, cold cuts, lunch meat) unless they are heated until steaming hot
- Avoid refrigerated smoked seafood and meat spreads
- Limit caffeine to no more than one ~12 oz. cup or 200 mg/day

BREAST OR BOTTLE?

We support each woman's choice to make an informed decision about infant feeding that is best for them as an individual.

The American College of Obstetricians and Gynecologists strongly supports exclusive breast feeding as the preferred feeding method until 6 months of age, at which time solid foods may be introduced. There are policies in place that protect the right of a woman and her child to breastfeed in public and that accommodate milk expression, such as insurance coverage for breast pumps, paid maternity leave, on-site childcare, break time for expressing milk, and a clean, private location for expressing milk, are essential to sustaining breastfeeding.

BENEFITS OF BREASTFEEDING

Infants	Moms
<ul style="list-style-type: none">• Decreased rates of common childhood infections, asthma and obesity	<ul style="list-style-type: none">• Decreased rates of high blood pressure, high cholesterol, diabetes, heart disease, breast and ovarian cancer, postpartum depression and unintended pregnancies• Increased postpartum weight loss

HELPFUL LINKS FOR MORE INFORMATION ABOUT BREASTFEEDING

American College of Obstetricians and Gynecologists
<http://www.acog.org/breastfeeding>
American Academy of Pediatrics
<http://www.aap.org>
American Academy of Family Physicians
<http://www.familydoctor.org>
Women, Infants, and Children—United States Department of Agriculture, Food and Nutrition Services
<https://lovingsupport.fns.usda.gov/>
La Leche League International
<http://www.llli.org/>
American College of Nurse—Midwives
<http://www.midwife.org/Share-With-Women>
Office on Women's Health, U.S. Department of Health and Human Services
<http://www.womenshealth.gov/breastfeeding/>
International Lactation Consultant Association
<http://www.ilca.org/>
MotherToBaby
<http://mothertobaby.org>

MEDICATIONS

Every medication carries risks and benefits. Many medications are safe to use in pregnancy while others are contraindicated in pregnancy. Consult with your provider if you have any questions about medications before taking them.

In general, it is wise to avoid unnecessary medications and consider the most conservative measures first. It is important to discuss with your provider all prescriptions and non-prescriptions you take or may consider taking.

Listed are the medications that are thought to be safe for occasional use during pregnancy. This list also includes additional vitamins and herbal supplements thought to be safe for occasional use during pregnancy.

IF YOU PLAN ON TAKING MEDICATION

Avoid any non-steroidal, anti-inflammatory such as aspirin, ibuprofen (i.e. Advil, Motrin), or naproxen (i.e. naprosyn, Aleve) unless prescribed by your physician

Avoid Pepto-Bismol

Avoid any mega dose vitamins, especially if they contain high doses of vitamin A

Do not take any form of Accutane during your pregnancy

Do not discontinue any previously prescribed medications unless you have consulted with the prescribing provider or your provider in our office. The side effects of the symptoms may be more dangerous to your baby than the medication, so it is always important to consult your doctor before stopping or discontinuing any medications.

MEDICATIONS SAFE DURING PREGNANCY

- **ALLERGIES/CONGESTION:** Benadryl, Claritin, Mucinex, Zyrtec, Allegra, Neti Pot
- **COUGH/COLD:** Robitussin/Mucinex/Humabid (avoid DM), Tylenol
- **CONGESTION:** Same as allergies above. Can use Afrin (oxymetazoline) once daily IF in 3rd trimester and for NO MORE than 3 days. Use decongestants (i.e. Actifed, Sudafed, etc.) very sparingly. Avoid altogether in 1st trimester.
- **SORE THROAT:** Chloraseptic & Cepacol sprays and lozenges
- **PAIN:** Tylenol. For HEADACHES you may add 1 – 2 cups of a caffeinated beverage.
- **SKIN IRRITATION:** Calamine lotion, Caladryl lotion, Cortisone-10, Benadryl Cream
- **CONSTIPATION:** Colace, Metamucil, Fibercon, Miralax, Milk of Magnesia, fluids
- **DIARRHEA:** Imodium, hydrate with electrolytes, other fluids
- **HEARTBURN:** Mylanta, Tums, Maalox, Pepcid, Zantac
- **HEMORRHOIDS:** Tucks, Preparation H, Anusol, Stool softeners (Collace), Sitz Baths
- **GAS PAINS/BLOATING:** Mylanta, Mylicon, Gas X, Tums

MEDICATIONS TO AVOID DURING PREGNANCY

- All brands of ibuprofen (Advil, Motrin, Nuprin, etc.)
 - All brands of naproxen (Aleve, Orudis)
 - Aspirin unless prescribed by your provider
 - Coricidin, Alka-Seltzer, Pepto-Bismol, Kaopectate
 - Herbal medications and nutritional supplements are not regulated by FDA, risk/benefit unclear
 - Decongestants (ok for short use, severe symptoms)
- **This list is not all-inclusive. If it is not on our list of approved OTC meds, you should always ask us first.**

CONTRACEPTION

PREVENTING PREGNANCY AFTER YOU GIVE BIRTH

It's never too soon to start thinking about what you might want to use to prevent pregnancy after you deliver. The World Health Organization recommends waiting at least 2 years after a delivery before becoming pregnant again. Close birth spacing can increase your risk for having a preterm delivery or a baby with low birth weight. Having a plan for birth control after you deliver is an important part of your pregnancy care.

There are many different options for birth control out there. Choosing one can seem overwhelming so your provider will be talking to you throughout your pregnancy about your options. Here are a few resources on birth control options:

www.bedsider.org/methods
www.acog.org/Patients/FAQs/Postpartum-Birth-Control

<https://www.plannedparenthood.org/learn/birth-control>

CONTRACEPTION EFFECTIVENESS

Less than 1 pregnancy per 100 women in one year	<ul style="list-style-type: none">- Implant 0.05%<ul style="list-style-type: none">• effective for 3 years- IUD 0.2-0.8%<ul style="list-style-type: none">• effective for up to 3, 5 or 10 years- Sterilization 0.15%-0.5%<ul style="list-style-type: none">• for women or men
6-12 pregnancies per 100 women in one year	<ul style="list-style-type: none">- Injection 6%<ul style="list-style-type: none">• shot once every 3 months- Pill 9%<ul style="list-style-type: none">• take a pill every day at the same time- Patch 9%<ul style="list-style-type: none">• change patch every week- Vaginal ring 9%<ul style="list-style-type: none">• change ring every week- Diaphragm 12%<ul style="list-style-type: none">• use every time you have sex
18 or more pregnancies per 100 women in one year	<ul style="list-style-type: none">- Male condom 18%<ul style="list-style-type: none">• use every time you have sex- Female condom 21%<ul style="list-style-type: none">• use every time you have sex- Cervical cap 17-23%<ul style="list-style-type: none">• use every time you have sex- Sponge 12-24%<ul style="list-style-type: none">• use every time you have sex-Fertility awareness based methods 24%<ul style="list-style-type: none">• use a barrier method or abstain from sex during certain time periods- Spermicide 28%<ul style="list-style-type: none">• use every time you have sex

POSTPARTUM MENTAL HEALTH

Did you know the #1 complication of childbirth is Postpartum Depression? 1 in 7 women experience Postpartum Depression and various Postpartum Mood Disorders.

Postpartum Depression is not the same as “baby blues”, which as many as 80% of women will experience in the first few days, perhaps up to 2 weeks after giving birth. The baby blues will go away by itself, so if the problem continues or is interfering with daily life, seeking help is important.

Postpartum Mood Disorders (PPMDs) showcase a variety of symptoms. They can include:

- Anxiety
- Post-Traumatic Stress Disorder (PTSD)
- Depression
- Obsessive Compulsive Disorder (OCD)
- Psychosis

PPMDs can begin during pregnancy and happen to dads, same-sex partners and adoptive parents. Although tragic cases of postpartum psychosis get a lot of media attention, it is very rare. PPMDs are highly treatable and there are many excellent resources available.

Untreated maternal mental health disorders have been associated with poor pregnancy and infant outcomes. Individualized treatment is recommended and available. If you have questions or concerns, do not hesitate to ask! Your care team is here to help you throughout your entire journey, including the months following your pregnancy.

10 THINGS YOU CAN DO ANYTIME, ANYWHERE TO HELP WITH MILD DEPRESSION AND ANXIETY SYMPTOMS

1. Step outside and get some fresh air
2. Take a walk around the block (with baby, or by yourself) even for 10 minutes
3. Have a mantra - write it down, say it everyday (examples: I am a woman, My body is a miracle, it's ok to feel whatever I feel, I am a good mom, I can do this)
4. Take a shower, change your clothes, get dressed in whatever makes you feel good
5. Put on your favorite movie, watch funny videos online, anything that makes you laugh
6. Write your thoughts down - in a journal, your computer, phone, a scratch piece of paper, record your voice
7. Go online and read other moms experiences through support groups/forums
8. Eat a healthy meal and drink a big glass of cold water
9. Turn on some music! Listen to your favorite tunes
10. Take 5 slow deep breaths, in through your nose, out through your mouth

HELPFUL HOTLINES

Postpartum Support International:

1-800-944-4 773 (then dial 1 for Spanish, 2 for English)

National Suicide Prevention Lifeline:

1-800-273-8255

Crisis Text Hotline:

Text HOME to 741741 to instantly text with a trained Crisis Counselor

RESOURCES

Postpartum Support International (PSI)

Organization offering support, encouragement and resources. Has a warmline in Spanish and English, Chat with an Expert for Dads, and local coordinators who can help you get connected to resources.

English <http://www.postpartum.net>

Spanish: <http://www.postpartum.net/en-espanol>

Local PSI Coordinators

Melissa Bentley (512) 920 - 3737

Beth Thomas (512) 590 - 1853

Pregnancy and Postpartum Health Alliance of Texas (PPHA)

Austin-based non-profit organization dedicated to helping families in Central Texas struggling with any PPMD. Website provides a regularly updated list of local resources, including: support groups, therapists and psychiatrists that have special training/experience in treating postpartum issues. <http://pphatx.org>

COMMON TREATMENT OPTIONS

Support groups - an amazing opportunity to hear from other moms that are struggling too and the ideas for managing anxiety and care for themselves that have worked for them.

Individual Therapy with a counselor (LPC - Licensed Professional Counselor, LCSW - Licensed Clinical Social Worker, PhD - Psychologist).

Postpartum Doula - for moms with newborns, a postpartum doula can provide support and encouragement for new moms who are struggling by helping with household tasks and adjustment.

Medication - prescribed by a medical professional (psychiatrist, general practitioner, nurse practitioner), ideally one who has training in Perinatal Mood and Anxiety Disorders.

FREE SUPPORT GROUPS

PPHA updates and maintains a comprehensive list of free support groups in Central Texas.

Please visit <http://pphatx.org/who-can-help> and look under “Support Groups”

PSI Online Support Group

English-speaking online group meets on Tuesdays at 5:30pm Central

Spanish-speaking online group meets on Tuesdays at 7:30pm Central

More information for both: <http://www.postpartum.net/psi-online-support-meetings>

RESOURCES FOR DADS

Chat with an Expert: Dad's Chat

First Monday of the month at 7 PM Central.

<http://www.postpartum.net/chat-with-an-expert/chat-with-an-expert-for-dads>



OTHER HEALTH CONCERNS

HOW SMOKING AFFECTS YOUR BABY

Smoking affects the baby's normal growth and healthy development. It increases your risk for preterm labor, can cause premature rupture of membranes, and can also cause premature separation of the placenta. If you find yourself in need of help, let's talk about it. Reach out to any member of your care team for support and guidance at any point before, during or after your pregnancy.

HOW ALCOHOL AFFECTS YOUR BABY

Alcohol passes freely across the placenta to your baby and can affect your baby's growth and healthy development. Drinking alcohol can cause Fetal Alcohol Syndrome which can lead to brain damage and growth problems. There is no known safe amount of alcohol consumption during pregnancy. If you drank in early pregnancy, stop consuming alcohol now. If you suffer from alcohol abuse and need help, let us know today. Again, your care team is available to support you and your baby in every aspect before, during and after your pregnancy.

SAFE TRAVEL

- Air travel is generally safe in pregnancy
- Airlines do not typically allow travel past 36 weeks
- Normal use of seatbelts, airbags
- Reasonable precautions: support stockings, periodic movement
- Take a copy of prenatal records



DENTAL CARE

- Check-ups every 6 months
- Gums may bleed more easily
- Avoid screening x-rays but diagnostic x-rays can be safely performed by shielding your abdomen with a lead apron
- Dental procedures such as crowns, fillings, root canals, local anesthetics, and antibiotics can be safely performed during pregnancy but be certain your doctor knows that you are pregnant
- Brushing and flossing become even more important when you are pregnant in order to avoid decay and gum disease

SEX DURING PREGNANCY

- Sex is safe for you and your baby unless your provider has told you otherwise
- There are certain high risk pregnancies where sex is avoided but you will be advised of that by your doctor
- Avoid sex after experiencing any bleeding until you've been cleared by your doctor





INFECTIONS

Be mindful of avoiding exposure to Cytomegalovirus, Fifth's disease, chicken Pox, influenza, tuberculosis, and the Zika virus. Good handwashing especially around toddlers will prevent the spread of many of these diseases.

The Zika virus can cause significant birth defects. Zika can come from a mosquito bite in an area where mosquitos are or an infected sex partner. Positive test results are indicated by symptoms of Zika virus infections such as fever, rash, conjunctivitis (pink eye), and muscle aches. Check www.cdc.gov for the latest updates on where this virus is being transmitted.

If you or your sexual partner have traveled to, or live in an area with known Zika virus transmission and have present symptoms, contact us immediately.

Do not travel to areas with known Zika virus transmission, cover up with long-sleeved shirts and long pants, and use an insect repellent with DEET according to product directions. Remove standing water collections at home. Use a condom if partner is at risk for infection. Treat clothing with permethrin.

ENVIRONMENTAL HAZARDS

- Workplace Hazards
- Chemicals
- Radiation
- Toxoplasmosis (applicable to cat owners)
- Contagious illnesses (avoid known sick people when possible)

VACCINATIONS

- Flu Vaccinations: Pregnancy makes you more prone to develop severe complications from the flu, including death. You should get the flu shot as soon as it is available.
- Tdap: Prevents potentially life threatening Pertussis, "whooping cough," exposure to your baby. Make sure anyone around your baby has an up to date Pertussis vaccine (Tdap, not just Td) by at least 2 weeks prior to interaction with baby.
- Most vaccinations are safe during pregnancy. There are a few exceptions, so be sure to discuss with your provider.

TESTING FOR GENETICS & BIRTH DEFECTS

Whether or not you want to be tested for any genetic or birth defects is a personal choice. Knowing beforehand allows you to make an informed decision about the future of your pregnancy. If you decide to continue the pregnancy, it can give you the time to prepare for having a child with a particular disorder and to organize care that your child may need.

Carrier screening tests for conditions that are inherited and only requires you to be checked once in your lifetime. The effect on baby may be dependent on both parents' carrier status. The American College of Obstetricians and Gynecologists recommends Spinal Muscular Atrophy and Cystic Fibrosis screening for all women and other screening depending on your personal and family history.

Prenatal genetic screening tests for conditions that are not inherited. These screening tests must be done in each pregnancy because the results are specific to the baby.

There are two type of tests: screening and diagnostic

- Screening: Non-invasive and without risk to the pregnancy, usually a combination of blood work and an ultrasound.

Requires a diagnostic test if abnormal and cannot confirm a diagnosis

- Diagnostic: Invasive with some risk to the pregnancy but provides diagnosis. Typically performed if screening test is abnormal but may be done first in some cases.



FETAL KICK COUNTS

- The optimal number of movements or duration of monitoring are not known. However, a decreased perception of fetal movement may precede fetal death by several days.
- A reasonable approach is to monitor daily starting at 32 weeks for 10 movements in the span of 2 hours. This can be done while lying on your left side in a quiet place. You may discontinue counting once 10 discrete movements are felt.
- If you are concerned about having decreased fetal movement, and your baby hasn't moved, please notify us immediately.

DISCOMFORTS DURING PREGNANCY

Always try these conservative measures first:

- Increased fluids (8 – 10 glasses of water/day)
- Sleep with pillows for added support
- Muscle and joint pain: warm showers or baths can help as well general relaxation benefits
- Constipation: increase fiber intake (whole grains, raw fruits and vegetables)
- Heartburn: eat small frequent meals, eat at least 2 hours before lying down, eat slowly and don't overeat, avoid trigger foods

AM I IN LABOR?

- Signs of pre-term labor: less than 37 weeks, contractions more than 4x per hour, continuous backache or abdominal cramps like a menstrual period
- Signs of labor: more than 37 weeks, contractions every 3 – 5 minutes, lasting 45 – 60 seconds for over an hour and are strong enough for you to have trouble walking or talking



APPOINTMENTS DURING PREGNANCY

- Initial OB appointment to confirm dates, meet with your provider
- First, second and early third trimester, appointments every 5-6 weeks
- 36 weeks - delivery weekly appointments

FAQ'S

- Can I carry my toddler?
 - Yes.
- Can I sit in a hot tub?
 - No, hot tubs are not safe in pregnancy, but you may take warm baths.
- Can I perm/color my hair?
 - Yes, but it may turn out differently, and make sure it is performed in a well-ventilated area.
- Can I get a manicure/pedicure?
 - Yes, but again, needs to be done in a well-ventilated area.

OTHER CONSIDERATIONS

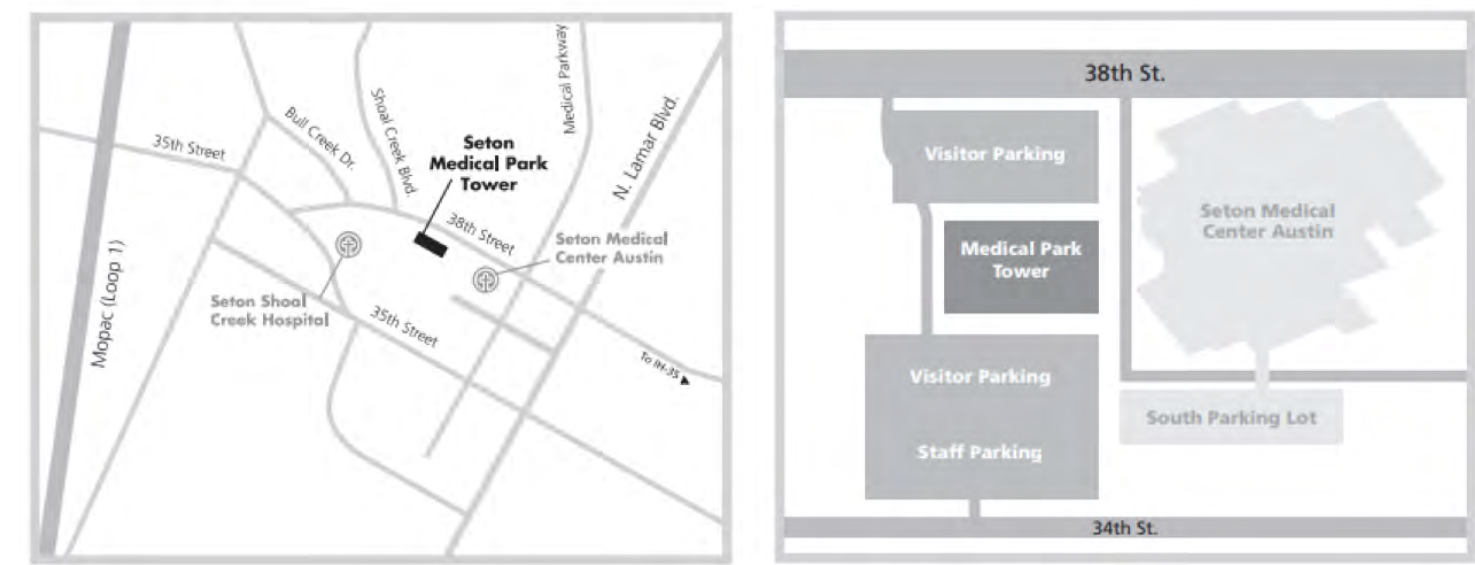
It is important to discuss occupational exposures and physical activity limitations during and after pregnancy with your provider.

If you need FMLA paperwork filled out, submit it no later than 32 weeks, it will take at least 14 days to be completed.

Your baby will be born at Seton Medical Center Austin, unless arrangements have been made for delivery elsewhere. The hospital prefers that you complete your hospital registration by 32 weeks. You will be given a registration packet prior to that time by our office. Included in that packet is information about maternity classes and tours.



SETON MATERNAL FETAL MEDICINE



Seton Healthcare Family’s Maternal Fetal Medicine is located directly west of Seton Medical Center in Medical Park Tower. We can be found on the third floor in Suite 315.

PARKING INFORMATION

There is parking in the front and rear of the building. You can access the rear parking lot from either 38th Street or 34th Street.

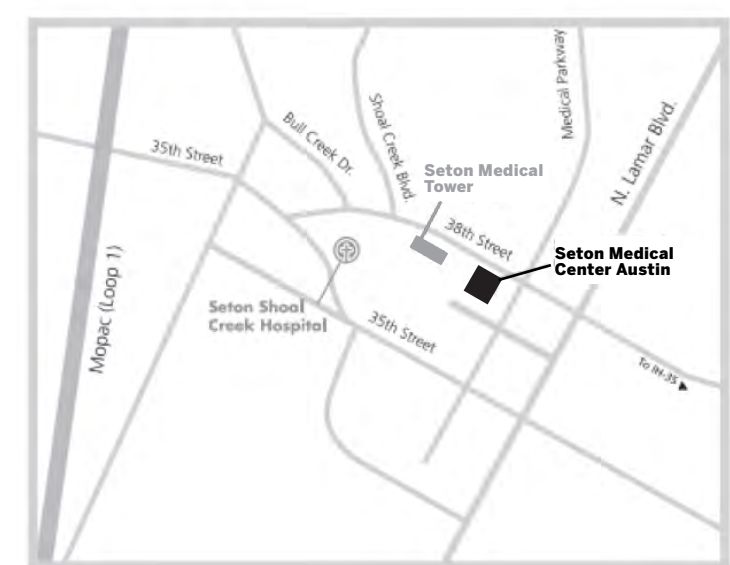
- 0 - 30 minutes = Free
- 31 - 60 minutes = \$2.00
- 1 - 2 Hours = \$3.00
- Senior (55+) = 25% Discount
- Disabled Discount = 25% Discount
- Lost Ticket = \$10.00

DRIVING DIRECTIONS

- From IH-35:**
- Take IH-35 to the 38th St. exit.
 - Drive west on 38th Street.
 - Two blocks past Lamar Blvd, turn left into the driveway just past the hospital.
- There is parking in the front and rear of the building.

- From Loop 1 (Mopac):**
- Take Loop 1 to the 35th St. exit.
 - Drive east on 35th St. and it will become 38th St.
 - Turn right into the driveway just before Seton Medical Center Austin.
- There is parking in the front and rear of the building.

SETON MEDICAL CENTER AUSTIN



PARKING AT ASCENSION SETON MEDICAL CENTER AUSTIN

Ascension Seton Medical Center parking garage is available for patients and visitors. The parking garage is located at the south entrance.

DAILY GARAGE RATES

- 0 – 30 Minutes = Free
- 30 Minutes – 1 Hour = \$2
- 1 – 2 Hours = \$3
- 2 – 3 Hours = \$4
- 3 – 4 Hours = \$5
- 4 – 5 Hours = \$6
- 5+ Hours = \$9 (24 hour max is \$9, rates resume at the 25th hour)

*Senior Citizens (55 and over) receive a 50% discount on all parking fees.

DRIVING DIRECTIONS

- From IH-35:**
- Take IH-35 to the 38th St. exit.
 - Drive west on 38th Street.
 - Two blocks past Lamar Blvd, turn left into the driveway for the hospital.

- From Loop 1 (Mopac):**
- Take Loop 1 to the 35th St. exit.
 - Drive east on 35th St. and it will become 38th St.
 - Turn right into the driveway for Seton Medical Center Austin.
- * There is parking in the rear of the building.



Notes/Suggestions