Women's Health Partners, LLC

Stewart Newman MD, FACOG
Jane E. Rudolph MD, FACOG
Gostal Arcelin MD, FACOG
Lauren Feingold DO, FACOG
Rachel Ciaccio MD, FACOG
Kristine Tibavisky MD, FACOG
Tara Ruberg MD, FACOG
Stephanie Figueira MD, JACOG
Alexandra Levy MD, JACOG
Rachel DeVaney MSN, CNM
Laurie Gibbons MSN, CNM
Tyler Halvaksz MSN, CNM
Carlee Rothman MSN, CNM
Corrie Henry ARNP
Jessica Hoke DPN, ARNP
Danielle Rice PA-C



PRENATAL INSTRUCTIONS & INFORMATION

www.myobgynoffice.com

CONGRATULATIONS! Pregnancy can be one of the most gratifying experiences in your lifetime. We are excited you chose our practice to provide your obstetrical care. To help you, we have gathered this information to start you on your way. It will help you answer many common questions that occur throughout pregnancy, so please keep this information handy. Remember, each pregnancy will be different, even for the same person.

A typical pregnancy lasts 40 weeks from the first day of your last menstrual period. Most women go into labor within 2 weeks of their due dates—either before or after. Induction for being late is usually done by 41 weeks. A baby is considered mature after 37 weeks and premature before that time.

PHONE CALLS:

We ask that you make non-urgent calls during business hours. (Monday to Friday 9am-5pm). Routine information and prescription refills should be handled during your visits. **Calls to the answering service should be for emergencies and labor only. Always call us before going to the hospital.** We make every effort to return emergency calls immediately and other calls within a 24-hour period. **When calling the answering service, you must turn off your caller ID & privacy block to receive return calls.**

	BOCA	**BOYNTON**
Office	561-368-3775	561-734-5710
Emergency (After Hours)	561-226-6425	561-374-5881
Insurance	561-368-3775 ext. 227	561-368-3775 ext. 227
Surgical Scheduling	368-3775 ext. 224 & 278	368-3775 ext. 224 & 278
Billing	368-3775 ext. 285	368-3775 ext. 285
West Boca Medical Center	561-488-8000	561-488-8000
Boca Raton Regional Hospital	561-395-7100	561-395-7100

OFFICE VISITS:

Patients usually visit every four weeks until 32 weeks; then every two to three weeks until 36 weeks. In the last month, visits occur on a weekly basis. Patients with special problems will be seen as directed by the physician. During routine prenatal visits, you will meet each of the physicians on a rotating basis. This is important, since whichever doctor or midwife is on call, will deliver your baby. In addition to medical checkups, we encourage you to make lists of questions to be answered, and have your prescriptions refilled during these visits.

Website:

We encourage you to use our website located at www.myobgynoffice.com. Here, you can obtain a lot of useful information and frequently asked questions. You can also download registration forms and contact our front office via email for non-medical questions. It also includes links to

information on common disorders in pregnancy.

TESTING:

During pregnancy, certain routine lab tests are done on all women. Depending on your health history and the results of your routine tests, your doctor may recommend that you have other tests. These tests may include:

- Urine tests. A urine sample is checked to look for sugar, protein, and bacteria, which can signal diabetes or a bladder or kidney problem.
- Blood tests. Blood samples are checked for immunity, and certain infections. Your blood type and Rh factor also are noted.
- Pap test or cervical culture. The cells from the cervix collected during a pelvic exam may be checked for signs of infection, cancer, or conditions that could lead to cancer.
- Glucose screening test. The sugar level in the woman's blood is measured to test for gestational diabetes between 24-28 weeks.
- Group B streptococcus (GBS) testing is performed between 35-37 weeks. The cells from the woman's vagina and rectum are tested for the presence of GBS, which can be passed to the baby during delivery and cause infection.
- Screening for various genetic disorders is also offered and recommended, this includes testing for disorders you may carry recessively and require you and your partner to be tested.

Testing for Birth Defects and Genetic Disorders:

The American College of Obstetricians and Gynecologists (ACOG) recommends that all pregnant women be offered options for genetic testing. Genetic counseling is recommended to all pregnant women who will be 35 years old or older at delivery and is available to all pregnant women.

Generally, the risk of chromosome abnormalities becomes greater as the age of the expectant mother increases. For mothers 35 years of age or more at the time of delivery, the standard recommendation has been to offer genetic amniocentesis, an invasive test which involves the removal of a sample of the amniotic fluid for analysis. Non-invasive prenatal testing (NIPT) using cell-free fetal DNA from maternal blood samples is also available and can be performed as early as 10 weeks into pregnancy.

Non-invasive screening tests using blood samples and/or ultrasound are also available and generally offered to those under the age of 35. These tests are completed during the first and second trimester of the pregnancy and provide information about your risks for carrying a baby affected by Trisomy 21 (Down's syndrome), Trisomy 18 (Edwards's syndrome), Trisomy 13 (Patau syndrome) and open neural tube defects.

It is important to understand that a screening test is limited; a result that shows increased risk does not mean that the baby has an anomaly; a result

that is within the normal range does not necessarily mean that there are no abnormalities present. Mothers whose test results show an increased risk will be offered further evaluation by invasive testing with amniocentesis or chorionic villus sampling (CVS), diagnostic tests that identifies most known chromosomal abnormalities.

It is also important to understand that every pregnancy has some risk (3-5%) for the kinds of birth defects that cannot be diagnosed during pregnancy, such as autism, non-specific intellectual disability, some genetic diseases, and some types of physical birth defects.

We also offer and recommend tests for an array of recessively inherited disorders. A lab test is done on a sample of you and your partner's blood to see if a couple is at an increased risk for giving birth to a child who will have these conditions.

Other tests are done if the results of a screening test or other factors raise concerns about your baby. The results of these tests often show whether the fetus has certain birth defects:

- Amniocentesis. A procedure in which a needle is used to withdraw a small amount of amniotic fluid and cells from the sac surrounding the fetus. This fluid and cells are then sent to a lab and tested. This procedure most often is done between 15 and 20 weeks of pregnancy.
- Chorionic villus sampling (CVS). A procedure in which a small sample of cells is taken from the placenta and tested. This is done between 10 and 13 weeks of pregnancy.

ULTRASOUND TESTING

Ultrasound testing is an important part of medical care during pregnancy and is considered the safest way to evaluate a fetus in the womb. It can give us certain medical information but is not a guarantee of a "perfect" child. Occasionally the sex of the child can be seen, but the results are not guaranteed.

A nuchal translucency ultrasound (NT scan) is usually performed during the 12th to13th weeks of pregnancy. It is a measurement of the back of the baby's neck and can help in the screening for certain birth defects. A targeted ultrasound (Level II) is usually performed at around 20 weeks, by a perinatologist. Follow up ultrasounds are done when medically needed and ordered by the physician. **Ultrasounds done at patient requests for non-medical reasons can be arranged, but these are not covered by insurance**

No test is perfect. A test may not find a birth defect that is present. Or your baby may have a problem that the test was not meant to find. The tests cannot find all birth defects. If the results show that there is a problem, a

counselor can help explain how the baby will be affected. In some cases, it is not known how severe a birth defect will be. Sometimes surgery or treatment is possible. In other cases, there is no treatment for a defect. The counselor and doctor or midwife can explain the results and provide guidance in making choices and considering options.

SMOKING, ILLICIT DRUGS, AND ALCOHOL:

These increase the risks of miscarriage, bleeding, smaller babies, premature babies, developmental delays, and other serious complications. All of these substances are thought to be dangerous in pregnancy and should be stopped as soon as possible. Talk to one of our providers if you need help.

TRAVEL:

In uncomplicated pregnancies, you may travel by any means until the beginning of your last month. High risk patients are generally discouraged from traveling, especially after 36 weeks. If traveling is necessary, please discuss your travel plans with your physician or midwife. Most pregnant women will require extra rest while on vacation, especially if you are going to a higher altitude. When you travel, be sure to move your legs at least each hour to avoid blood clots and consider compression stockings.

HAIR TREATMENTS:

Because of the lack of scientific studies on the effects of chemical treatments on your hair, we must advise that you do it at your own risk. If you choose to treat your hair, we recommend that you wait until after 12 weeks gestation. At this time, there is no reason to believe that treating your hair is associated with any consequences to the baby.

INTERCOURSE:

Intercourse is safe during pregnancy. Exceptions to this are in cases of placenta previa, Cervical insufficiency requiring a cerclage, vaginal bleeding, ruptured membranes, or multiple gestation in some situations, or premature labor.

DENTAL CARE:

It is very important to continue with routine dental care during pregnancy. You can receive Lidocaine injections without epinephrine, but no gas analgesia. Dental X-rays are permitted after 12 weeks with an abdominal shield. We can provide a letter to your dentist if necessary.

WATER:

Water is an important nutrient for a good diet. However, it cannot be stressed enough that during pregnancy, Water is essential. The body has increased circulation through blood vessels, and without a large increase in water, pregnant women will be dehydrated. It plays an important role in decreasing constipation, preventing preterm contractions, decreasing swelling, and preventing dizziness. We recommend that you drink 8-10

glasses of water per day.

DIET:

Maintaining good health with a proper diet is important and not complicated. A healthy, well-balanced, low-fat diet is recommended. Your increased calories will come from an increased appetite, so it is not necessary to eat more "just because you are pregnant." Most weight gain will occur in the second half of pregnancy, and an inability to eat properly in the early months because you are nauseated is not dangerous. If you are too sick in the beginning to tolerate a normal diet, change to a diet of clear liquids, bland starches (pretzels, potatoes, rice, pasta, breads) and suspend your prenatal vitamin if it makes you nauseous, and take folic acid (600 mcg) supplement instead. When you are feeling well, you should restart your vitamin and add about 1000 mg of calcium to your daily routine. Prenatal vitamins do not require a prescription and are available at pharmacies, our office, and other retail outlets.

Many women have questions concerning DHA supplements during pregnancy. DHA is a supplement that helps with brain and eye development. Many prenatal vitamins contain a DHA supplement with them. However, if you are taking a vitamin that does not contain this, you can take an additional supplement if you choose.

Caffeine should be limited during pregnancy. If you like to drink coffee and sodas, we recommend that you use decaffeinated products. Avoid Nutra-sweet or sweet-n-low products. Splenda and sugar are safe alternatives. Caffeine levels ideally should not exceed 200-300mg a day.

WEIGHT GAIN:

An average woman needs about 2,000 calories a day. When you are pregnant, you need about 300 calories more each day to stay healthy and help the fetus grow. A woman whose weight is normal before she becomes pregnant should gain 25–35 pounds during pregnancy. Women who are underweight should gain about 28–40 pounds. Women who are overweight should gain 15–25 pounds. Women who are obese should gain about 15 pounds. Women carrying twins should gain as much as 45 pounds.

If you keep up the good eating habits you began in pregnancy, you will be close to your normal weight within a few months after giving birth. Combining healthy eating with exercise will help the process.

FISH AND SHELLFISH:

Fish and shellfish are an important part of a healthy diet. Fish and shellfish contain high-quality protein and other essential nutrients, are low in saturated fat, and contain omega-3 fatty acids. A well-balanced diet that includes a variety of fish and shellfish can contribute to heart health and children's proper growth and development. Women and young children should include fish or shellfish in their diets due to the many

nutritional benefits. However, nearly all fish and shellfish contain traces of mercury. For most people, the risk from mercury by eating fish and shellfish is not a health concern. Yet, some fish and shellfish contain higher levels of mercury that may harm an unborn baby or young child's developing nervous system. The risks from mercury in fish and shellfish depend on the number of fish and shellfish eaten and the levels of mercury in the fish and shellfish. Therefore, pregnant women, nursing mothers, and young children need to avoid some types of fish and eat fish and shellfish that are lower in mercury.

1. Do not eat Shark, Swordfish, King Mackerel, Tilefish, Marlin, Tuna (Bigeye) or Orange roughy because they contain high levels of mercury.
2. Eat up to 12 ounces (2 average meals) a week of a variety of fish and shellfish that are lower in mercury.

    - Five of the most commonly eaten fish that are low in mercury are shrimp, canned light tuna, salmon, pollock, and catfish.
    - Another commonly eaten fish, albacore ("white") tuna has more mercury than canned light tuna. So, when choosing your two meals of fish and shellfish, you may eat up to 6 ounces (one average meal) of albacore tuna per week.

3. Check local advisories about the safety of fish caught by family and friends in your local lakes, rivers, and coastal areas. If no advice is available, eat up to 6 ounces (one average meal) per week of fish you catch from local waters, but do not consume any other fish during that week. For more information, please refer to www.epa.gov/ost/fish.

LISTERIA:

Listeria is a harmful bacterium that can be found in refrigerated, ready-to-eat foods (meat, poultry, seafood, and dairy - unpasteurized milk and milk products or foods made with unpasteurized milk), and soil. When eaten, it may cause listeriosis, an illness to which pregnant women and their unborn children are very susceptible.

Tips on preventing Listeria:

- Your refrigerator should register at 40° F (4° C) or below and the freezer at 0° F (-18° C). Place a refrigerator thermometer in the refrigerator and check the temperature periodically.
- Refrigerate or freeze perishables, prepared food, and leftovers within two hours of eating or preparation. Follow the 2-Hour Rule: Discard food that is left out at room temperature for longer than two hours. When temperatures are above 90° F (32° C), discard food after one hour.
- Use ready-to-eat, perishable foods, such as dairy, meat, poultry, seafood, and produce, as soon as possible.
- Wash all fruits and vegetables before cutting and eating.

Do not eat:

- Hot dogs and luncheon meats - *unless they are reheated until steaming hot.*
- Soft cheeses like Feta, Brie, and Camembert, "blue-veined cheeses," or "queso blanco," "queso fresco," or Panela - *unless they are made with pasteurized milk*. Make sure the label says, "made with pasteurized milk."
- Refrigerated pâtés or meat spreads.
- Refrigerated smoked seafood - *unless it is in a cooked dish*, such as a casserole. (Refrigerated smoked seafood, such as salmon, trout, whitefish, cod, tuna, or mackerel is most often labeled as "nova-style," "lox," "kippered," "smoked" or "jerky". These types of fish are found in the refrigerator section or sold at deli counters of grocery stores and delicatessens.)
- Raw (unpasteurized) milk or foods that contain unpasteurized milk.
- Bagged chopped lettuce, spinach, and salads. Wash and chop heads of lettuce yourself.

TOXOPLASMOSIS:

Toxoplasmosis is a parasite found in raw and undercooked meat; unwashed fruits and vegetables; water; dust; soil; dirty cat-litter boxes; and outdoor places where cat feces can be found. It can cause an illness called toxoplasmosis that can be particularly harmful to you and your unborn baby.

Tips on preventing Toxoplasmosis:

- Wash your hands with soap and warm water after touching soil, sand, raw meat, cat litter, or unwashed vegetables.
- Wash all cutting boards and knives thoroughly with soap and hot water after each use.
- Thoroughly wash and/or peel all fruits and vegetables before eating them.
- Separate raw meat from other foods in your grocery shopping cart, refrigerator, and while preparing and handling foods at home.
- Cook meat thoroughly. The internal temperature of the meat should reach 160° F (71° C). Use a food thermometer to check.
- Avoid drinking untreated water, particularly when traveling in less-developed countries.

FOR CAT LOVERS:

Toxoplasmosis infects essentially all cats that spend any time outdoors. Cats get this parasite by eating small animals or raw meat that has been infected. The parasite is then passed on through the cat's feces. It does not make the cat sick, so a pregnant woman may not know if her cat has it. Follow these tips:

- If possible, have someone else change the litter box. If you must clean it, wear disposable gloves, and wash your hands thoroughly with soap and warm water afterwards.
- Change the litter box daily. The parasite does not become infectious until one to five days after it is shed in the feces.
- Wear gloves when gardening in a garden or handling sand from a sandbox because cats may have excreted feces in them. Be sure to wash your hands with soap and warm water afterwards.
- Cover outdoor sandboxes to prevent cats from using them as litter boxes.
- Feed your cat commercial dry or canned food. *Never* feed your cat raw meat because it can be a source of the *Toxoplasmosis* parasite.
- Keep indoor cats indoors. Be especially cautious if you bring outdoor cats indoors.
- Avoid stray cats, especially kittens.
- Do not get a new cat while you are pregnant.

EXERCISE:

If you have not been exercising, the addition of walking, swimming, or some aerobic activity should become part of your routine. It is good for your stamina, circulation, weight control, and decreased feeling of fatigue. If you have been exercising, you may want to continue to do what your body is accustomed to. If you are new to exercising, we want you to start off slowly and increase with time. ACOG considers the following conditions to be incompatible with vigorous exercise in pregnancy: history of 3 or more miscarriages, ruptured membranes, preterm labor, incompetent cervix, bleeding, or placenta previa, heart disease or multiple gestations. Always speak with a provider if you are unsure about a particular activity. Keep well hydrated with water or electrolyte liquids. Avoid the use of hot tubs, saunas, or steam rooms due to the heat.

The following are general guidelines for exercising:

1. Start off slowly, warm up and cool down adequately
2. If you feel breathless, dizzy, or overtired, stop and rest
3. Do not hold your breath while exercising
4. Exercise should be performed slowly and in control. Avoid pushing, pulling, or leaning that will strain muscles or cause you to lose your balance. Remember, your center of gravity is different when you are pregnant.
5. Wear supportive footwear and comfortable clothing
6. Avoid exercise in hot, humid weather
7. Be sure to drink plenty of water during exercise

Good Activities during Pregnancy:

- low impact aerobics
- swimming
- treadmill and walking
- prenatal yoga

Forbidden Activities during Pregnancy:

- scuba diving
- skydiving
- waterskiing
- downhill skiing
- rock climbing

WORK:

Most of the time, a healthy woman with a problem-free pregnancy can keep working if her job poses no more risk than daily life. Discuss with your doctor the type of work you do both at your workplace and at home.

There could be hazards in your workplace:

- Do you work around chemicals, gas, dust, fumes, or radiation?
- Do you have to lift heavy loads, work at heights, or use high-speed machines?
- Do you stand for most of your day?

If you think your job may bring you into contact with something harmful, find out for sure by asking your personnel office, employee clinic, or union. Workplace safety hazards and tips can be found on the web sites of the Occupational Safety and Health Administration (www.osha.gov) and the National Institute for Occupational Safety and Health (www.cdc.gov/niosh). Paid maternity–leave policies vary from state to state and employer to employer. The federal Family and Medical Leave Act (FMLA) guarantees some women up to 12 weeks of unpaid leave after giving birth.

ABUSE:

Many women are victims of physical, sexual, or emotional abuse. Abuse often begins or increases during pregnancy, putting both the woman and the fetus at risk. During pregnancy, the abuser is more likely to aim blows at the woman's breasts and abdomen. Dangers to the fetus include miscarriage, low birth weight, and direct injury from the blows. If you are being abused, tell your doctor or midwife. He or she can help you get in touch with support services, such as crisis hotlines, domestic violence programs, legal aid services, or counseling. Shelters exist for abused women and children. A close friend, counselor, or clergy member also may be able to help.

MEDICATIONS:

When you are pregnant, you must approach things differently. Medications are taken only when absolutely necessary, not just for our comfort. If you are taking any medications from another physician, please let us know. It is best to avoid taking any medication, however, there will be times when taking a medication is both safe and helpful. ANY PERSCRIPTION MEDICATION WE GIVE YOU WILL BE SAFE IN PREGNANCY. If at any time you are unsure or what we have suggested is not effective, please feel free to call us for assistance. The following guidelines should be used when choosing medications and should be taken as directed on the label**. Ibuprofen is not recommended during pregnancy.**

Nausea: Vitamin B-6 (50mg, 2 times per day), Ginger (in the form of ginger ale, ginger tea, or ginger tablets), sea-bands (available at the drug store), Emetrol, eat small frequent light meals. Try Unisom ½ 25mg tablet twice daily or 1 tablet at night. If these do not help, notify the office and we can recommend other treatments. Nausea is very common during the 1st trimester.

Headache or fever over 101: Tylenol 500mg 1-2 tablets every 6 hours, do not exceed 3000 mg in 24 hours.

Nasal congestion or cold: warm saltwater gargles, cold air humidifier, Benadryl 50mg every 6 hours, ocean nasal spray, Robitussin-DM. Avoid taking medications containing Pseudo-ephedrine and Flonase.

Cough: Robitussin or Robitussin DM, one teaspoonful every 4-6 hours

Constipation: increase water intake, Metamucil, Citrucel, Senokot, Fibercon, MiraLAX, Milk of Magnesia, Konsyl, or Colace 2-3 times daily.

Diarrhea: Immodium, Kaopectate, BRATT diet (banana's, rice, applesauce, tea, toast).

Hemorrhoids: Tucks pads, Anusol, or preparation-H with cortisone, ointment, or suppositories. Increase fiber & fluids in diet to avoid constipation.

Heartburn: Tums, Maalox, Mylanta, Pepcid AC, Tagamet HB

Skin irritation: Alpha Keri, Aveeno, Caladryl, or Benadryl lotion, spray, or cream

Sleep: Tylenol PM, unisom tablet

Yeast Infection: Monistat (3 or 7 day) or Gyne-Lotrimin

CHEMICAL EXPOSURE:

Many patients ask about hair coloring, fingernail polish, cosmetics, topical skin medications, household cleaning agents, paint, and insecticides. We

allow you to use such items but encourage you to avoid anything that is unnecessary until the fetus is formed or about 12 weeks of pregnancy. Use them only as directed. Remember, if you are concerned, avoid the use of any unnecessary products. We cannot guarantee their safety.

PREGNANCY SYMPTOMS AND CHANGES

Most pregnancies have some related discomforts which may vary widely from each person and pregnancy. They are caused by your body adapting to physical change and changes in your hormone levels. They are not dangerous for you or your baby.

BREAST TENDERNESS — Generally occurs early in pregnancy and gradually disappears.

NAUSEA AND OCCASIONAL VOMITING — Generally the second symptom to appear. It usually improves after 10-12 weeks of pregnancy but may return in mild form throughout pregnancy.

HEADACHES — Often appear when nausea improves, may occur daily, and usually lessen after 14-16 weeks. Hydration is important to prevent headaches adequately. Unusually severe headaches should be reported to us.

PREMENSTRUAL-LIKE CRAMPING — Can occur throughout the first 12 weeks, is usually mild and not dangerous.

VAGINAL DISCHARGE — Increases throughout pregnancy and appears somewhat like nasal mucous. It is usually not bloody, foul smelling, watery, or itchy. In the last month, it may have a slight blood tinge or brown color.

FATIGUE — This occurs throughout the first trimester. It may feel as if you have taken some form of sleeping pill, especially in the afternoon. You may also have some difficulty sleeping at night.

ROUND LIGAMENT PAIN — This appears around the 14th week and peaks at 18-20 weeks with relief by around 26 weeks. These are sharp, stabbing pains on the sides of your lower abdomen caused by the pulling of uterine ligaments. They are aggravated by physical activity and turning motions and usually resolve by simply taking it easy and resting. Pains that are severe or persist should be evaluated by the physician.

BACKACHE — This usually occurs in the second half of pregnancy and can be associated with sciatica (pain radiating down the legs). It is caused by the change in your posture from enlarging your abdomen. Avoid high-heeled shoes and prolonged sitting. It is treated with heating pads,

massage, wearing a belly band and physical therapy. Prenatal yoga can be very helpful as well.

SWELLING (EDEMA) — This also occurs in the second half of pregnancy and is mostly limited to the lower legs. It is not associated with problems, unless it progresses to the hands and face, and your blood pressure becomes elevated. Edema will usually be resolved with bed rest on your side. Thirty minutes standing or walking in a swimming pool will work very well for leg edema.

LEG CRAMPS — These occur most often at night and usually resolve with increased potassium (have a glass of grape juice daily and eat bananas).

VARICOSE VEINS — These veins will frequently appear on the lower extremities or vulvar area as pregnancy progresses. They can become worse with each pregnancy. The use of support hose and leg elevation is recommended.

SKIN CHANGES — Pregnancy is associated with increased pigmentation, enlargement of existing moles, mild acne, and the appearance of small red spots called hemangiomas. Most lesions will disappear or become smaller after pregnancy ends.

DIZZINESS AND FAINTING — On occasion you may feel weak and may even "pass out." This is caused by a combination of low blood pressure and/or low blood sugar. Always stay well hydrated and carry some candy or crackers with you for emergency situations. Very frequent episodes should be reported.

SHORTNESS OF BREATH AND PALPITATIONS — Can occur but usually resolve by resting. Severe, persistent symptoms should be evaluated.

FETAL MOTION — In your first pregnancy, this appears by the 22nd week: earlier in subsequent pregnancies. Consistent motion is established after the 24th week and is most noticeable after meals in the evenings. Motion may decrease slightly in quantity in the last month, but the fetus still should move several times every day. Please notify us if it does not. A simple test of your baby's well-being is a "kick count." After 26 weeks, fetal motion of any kind should occur at least 10 times in the two hours following a meal.

CONTRACTIONS — By 24-28 weeks you may notice non-painful tightening of the uterus (Braxton-Hicks) about 3 times per hour. These are normal. Occasionally, excessive activity or dehydration can be the cause of uterine contraction. If you are less than 37 weeks and are having regular painful contractions, try emptying your bladder, resting and increasing your fluid intake for the next hour. If the contractions persist or any bleeding occurs,

it may be a sign of premature labor, and you should contact us immediately. In the last month of pregnancy, increased irregular and sometimes painful contractions are common as the uterus "prepares" for labor.

PROBLEMS IN PREGNANCY

VAGINAL BLEEDING: In the first third of pregnancy, bleeding that is menstrual-like or heavier can be a sign of a problem. Although it is not uncommon to bleed, first trimester bleeding should be evaluated. Light staining or spotting after sex or a difficult bowel movement is common and is generally not a problem.

After the first trimester, bleeding is unusual (except staining after sex) and should be reported. Heavy bleeding can be associated with placenta previa, placental abruption, or other emergency situations. When you are in the last few weeks of pregnancy, it is not unusual to get a discharge with blood called "show." This is usually not heavier than menses.

PREMATURE RUPTURE OF THE MEMBRANES: When this occurs prior to 37 weeks, special precautions must be taken. Notify the provider and we will instruct you what to do. When your water breaks, it is usually obvious with a persistent "trickling" of clear fluid from the vagina. If you are uncertain, walk around for a few minutes: leaking will persist over time. If it continues, notify the physician. It is not always necessary to go to the hospital immediately if your water breaks at full term. Call the physician or midwife for instructions.

PREECLAMPSIA (Previously know as TOXEMIA): This is a combination of high blood pressure, swelling, and protein in the urine. You may also have headaches, nausea and vomiting, abdominal pain, and spots in front of your eyes, all occurring after the 20th week of pregnancy. Again, notify us for an evaluation.

COLDS AND OTHER ILLNESS:
When a cold occurs during pregnancy, it may be more severe than at other times. Symptoms usually last 7-10 days and require rest and fluids. Please refer to the list of medicines for your symptoms. If the cold progresses to bronchitis or pneumonia, which is heralded by fever and persistent cough, call our office for an examination.

Chickenpox (varicella) exposure often takes place during pregnancy. We test for immunity at the beginning of pregnancy. Treatment depends on where you are in the pregnancy, your immunity status and must be individualized.

VACCINATIONS AND PREGNANCY:
We recommend all pregnant women to receive the inactivated influenza vaccine and a COVID-19 booster at any gestational age. Influenza and

COVID-19 are particularly problematic in pregnant women and can be prevented by vaccination. Compared with women of the same of the same age who are not pregnant, pregnant people with COVID-19, or influenza seem to be more likely to get very sick and need to stay in the Intensive Care Unit (ICU). Maternal immunization can prevent severe illness and additionally provides passive protection of the infant in the first few months of life.

The frequency of miscarriage due to COVID-19 does not appear to be increased. Pregnant people who get COVID-19 might have an increased risk of preterm birth. This is when the baby is born 37 weeks before pregnancy. This seems to be more of a risk in people who get very sick and have pneumonia. Preterm birth can be dangerous, because babies who are born too early can have serious health problems.

Over 95 percent of newborns to COVID-19 positive mothers have been in good condition at birth. Most are asymptomatic, and those with symptoms generally have mild illness (no shortness of breath). Call our office (or seek emergency medical care) if you experience worsening shortness of breath, unremitting fever (>39°C/>102°F) despite the appropriate use of acetaminophen (Tylenol), inability to tolerate oral hydration and medications, persistent chest pain, confusion, preterm contractions, vaginal bleeding, or rupture of membranes. Home care is generally supportive. Hydration, adequate rest, and frequent ambulation with more advanced activity as soon as tolerated are advised.

We also recommend the administration of the tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine (Tdap) to all pregnant women in each pregnancy between 27 and 36 weeks of gestation, even if a woman has a previous history of pertussis or previously vaccinated. Tdap is given to reduce the risk of maternal pertussis (whopping cough), and thus transmission to the infant, in whom pertussis can be deadly. Placental transfer of maternal antibodies may also provide a degree of passive protection of the infant against pertussis for two to six months after birth. Additionally, a single dose of the RVS vaccine (Abrysvo) is recommended at 32-36 weeks to protect the baby from severe RSV disease. This reduces hospitalization by 68% in the first 3 months and by 57% in the first 6 months. Severe outcomes (incubation or ICU admission) were even further reduced by 82% in 3 months and 69% in 6 months.

We also recommend that all individuals who will be in contact with your newborn should be vaccinated with the Tdap vaccine, COVID-19 and the flu to protect your newborn. This includes siblings, parents, grandparents, childcare providers, and healthcare providers.

PREPARING FOR LABOR:

By the 28th week of pregnancy you should register at West Boca Medical Center or Boca Raton Regional Hospital. Please discuss this with your

provider before you register. By your 20th week, we strongly advise that you register for a childbirth preparation class which helps you prepare for labor no matter what approach you have chosen. Pain relief in labor is available to all patients unless medically contraindicated. It is only necessary to preregister for an epidural if you have no insurance coverage. In your last month we will supply you with a list of labor instructions which tell you when to contact us and how.

You will also need to become familiar with a pediatrician. S/He will examine your new baby while at the hospital, and after discharge. We will be glad to help you with referrals.

ABOUT DISABILITY:

When medically appropriate, we will recommend that a pregnant patient be placed on disability leave from her job. Such leave is rarely required, however, and in the absence of a serious condition that would endanger the health of the mother or baby, medical ethics prevent us from making such a recommendation. We will, however, do what we can to reduce or eliminate pregnancy-related difficulties you may be having at work, by making recommendations to your employer.

INSURANCE:

We participate with over fifty health plans, so we ask that you always have your insurance information with you. **Please notify us immediately of any change in your coverage. Failure to do so could leave you responsible for your medical bills.** Read your insurance manual to be aware of your responsibility for referrals, copayments, and proper use of the correct hospitals and diagnostic centers. Please investigate your insurer's policy number of hospital days allowed for maternity care, before you deliver.

Finally, we try very hard to individualize our care with our patients. We hope that you will feel comfortable in our office.

If you encounter any difficulties with the care provided by our office, please do not hesitate to mention it to your provider or one of our office managers. We will be happy to help.

Welcome
To our practice!

HURRICANE INSTRUCTIONS FOR PREGNANT PATIENTS

- ✓ If you are 2 weeks or more away from your due date, follow evacuation instructions and go to a safe shelter.
- ✓ If you have had a high-risk pregnancy with active preterm labor, placenta previa, or some other unstable condition, please call for instructions.
- ✓ If you are less than two weeks away from your due date and have had cervical dilation and contractions, call for instructions; otherwise go to a safe shelter.
- ✓ Please do not call the office or hospital unless it is necessary, as this will overload our ability to handle those patients who do need care.
- ✓ If you are having an emergency and cannot reach us, go to the hospital.
- ✓ Take an adequate supply of medications with you if you evacuate the area.
- ✓ If you are instructed to go to the hospital, there will not be space for family members other than your spouse. All other members should report to a safe shelter.

Women's Health Partners, LLC

www.myobgynoffice.com