



CAMIL MARRERO
MD, MPH, FACOG

954-474-2229
954-452-0356
www.marreroobgyn.com
1200 N University Dr.,
Plantation FL 33322

Welcome to Women's Care of Davie, LLC

Congratulations in your new pregnancy!

A pregnancy is an incredible experience for you and your family. We would like to take this opportunity to thank you for choosing us for your obstetrical care. We are committed to help guide your pregnancy to have the best possible outcome.

The following information is provided to help answer some questions you might have during your pregnancy. Please feel free to ask any questions you have at your visits. Our goal is for you to have an enjoyable obstetrical experience and the delivery of a healthy baby.

Welcome to our practice!

A handwritten signature in black ink, appearing to read "Cam", is positioned above the name "Dr Marrero".

Dr Marrero

CONTACTING US:

Your appointments are approximately 4 weeks apart till 28 weeks, every 2 weeks until 36 weeks and weekly until delivery.

After business hours and on weekends, for emergencies only; you may contact the on-call doctor through the office number. If we determine you need to be evaluated immediately, we will have you come to HCA Florida University Hospital in Davie.

DOCTORS ON CALL: Dr Marrero, Dr Talavera and Dr Malik. We also have physicians in the hospital that help us in case of any emergency

We encourage the following:



- **Folic Acid:** also known as folate, is a B vitamin that is important for pregnant women. Before pregnancy and during pregnancy, you need 400 micrograms of folic acid daily to help prevent major birth defects of the fetal brain and spinal cord. Current dietary guidelines recommend that pregnant women get at least 600 micrograms of folic acid daily from all sources.

- **Iron:** is used by your body to help red blood cells oxygen to carry oxygen to your organs and tissues. During pregnancy, you need extra iron, that helps your body make more blood to supply oxygen to your fetus. The daily recommended dose of iron during pregnancy is 27 mg, which is found in most prenatal vitamin supplements. You also can eat iron-rich foods, including lean red meat, poultry, fish, dried beans and peas, iron fortified cereals, and prune juice.

- **Calcium:** is used to build your fetus's bones and teeth. All women, including pregnant women, aged 19 years and older should get 1,000 mg of calcium daily; those aged 14–18 years should get 1,300 mg daily. Milk and other dairy products, such as cheese and yogurt, are the best sources of calcium. You can also get calcium from other sources, such as broccoli; dark, leafy greens; sardines; or a calcium supplement.

- **Exercise:** As long as you don't have any medical issues or high-risk pregnancy complications, you can do exercises for 30 minutes of low-impact exercise at least five days a week. Along with keeping your weight it can ease constipation, insomnia, lower back pain, and decrease risks as Gestational Diabetes, preeclampsia and help you get more energy for labor and delivery and decrease c section.

- **Weight gain:** The amount of weight gain that is recommended depends on your health and your body mass index before you were pregnant. During your first 12 weeks (the first trimester) you may gain only 1-5 pounds or no weight at all. In your second and third trimester, if you had a healthy weight before pregnancy, you should gain between half a pound and 1 pound per week. If you were underweight before pregnancy, you should gain more weight than a woman who was a normal weight before pregnancy. If you were overweight or obese before pregnancy, you should gain less weight.

- **Caffeine intake:** Research suggest that moderate caffeine consumption (less than 200 mg per day) does not cause miscarriage or preterm birth. That is one 12-ounce cup of coffee a day. It is important to remember that caffeine is also found in soft drinks, teas and chocolate. Caffeine could interfere with your sleep cycle and contribute to nausea and lightheadedness and also increase urination that can lead to dehydration.

- **Fish consumption:** The American College of Obstetricians and Gynecologist advice to eat 2-3 servings a week (8-12 ounces in total) of some types of fish as anchovy, Atlantic mackerel, black seabass, clams, cod, crab, shrimp, lobster, flounder, haddock, salmon, sardines, scallop, squid, tilapia, canned tuna, whitefish and whiting. Eat only 1 serving per week (no more than 6 ounces) of some fish such as albacore tuna, Chilean seabass, grouper, halibut, mahi mahi, snapper, Spanish mackerel, yellowfin tuna.

-Please avoid fishes with high mercury levels as King mackerel, marlin, shark, swordfish, orange roughy tilefish and Tuna bigeye.

-**Dental appointment:** You can visit your dentist and undergo most common procedures with precautions without any adverse effect on your pregnancy and it can reduce your risk of going into preterm labor. We can provide a note for you dentist.

- **Travel:** If you have a healthy pregnancy and you are no high risk, You can travel up to 36 weeks of pregnancy although most doctors prefers up to 28 weeks. You should always wear your seatbelt. It is important to change position or stretch in regular intervals to decrease risks of blood clots. It is also recommended to wear loose-fitting clothing, drink lots of fluid without caffeine or gas.

- **Vaccine:** Please get your flu and covid shot. The benefits of vaccination are significant and help protect you during this pregnancy.

- **Nausea/Vomiting of Pregnancy** – Use Vitamin B6 and Ginger ale. Avoid large meals or spicy foods. For persistent vomiting, call the office for medications that can be taken to mitigate symptoms.



Dont's of pregnancy

- Smoking
- Alcohol
- Avoid hot tubs
- Avoid Vitamin A derivatives or ACNE products as Accutane
- Avoid raw meat, uncooked meat, raw fish, unpasteurized milk, unpasteurized cheese, unpasteurized yogurt, unpasteurized ice cream, deli meats.
- Avoid cleaning the cat litter box.
- Avoid NSAIDs (aspirin, ibuprofen, advil), unless approved by your doctor.
- Avoid lifting >20 lbs of weight.

Prenatal Screening

- **Pap Smear** (done in the first trimester)
- **Urine Culture**
- **Prenatal Blood Work** (First trimester)
 - Blood type and Rh factor, Complete blood count (CBC), Rubella titer, VDRL (screening test for syphilis), HIV, Hepatitis B and C, Chlamydia, Gonorrhea, Complete Metabolic Panel, thyroid.
- **Ultrasound** (1st trimester & 20 weeks) – Done to confirm your due date and to screen for abnormalities.
- **Gestational Diabetes Screening** (24-28 weeks) – You drink a sugary drink and one hour later We draw your blood.
- **Group B Streptococcus** (35 weeks) – a test for bacteria found in some pregnant women that can be passed to the infant during delivery. Obtained via vaginal and rectal swab. If positive, you will need antibiotics in labor.

- **Genetic Screening Tests:** Genetic screening test can be accomplished via a combination of blood test and Ultrasound analyses. If screening test is positive, further diagnostic testing may be needed.



Non-Invasive Prenatal Testing (NIPT) to screen baby for chromosomal abnormalities as early as 10 weeks.

We **request level II Ultrasound with a Perinatologist** in the community to assess fetal anatomy around 18 weeks. If both the above tests are negative, you are at low risk for fetal chromosomal abnormalities

Safe Medications during pregnancy

Symptom	Medications
Symptoms	Medications
<ul style="list-style-type: none"> Cold / Congestion 	<ul style="list-style-type: none"> Tylenol Cold and Sinus (Avoid drugs with Phenylephrine) Nasal decongestant spray <3 days or Pseudoephedrine in 2nd and 3rd trimester Sudafed Mucinex Heated, humidified air
<ul style="list-style-type: none"> Pain (headache, backache) 	<ul style="list-style-type: none"> Tylenol
<ul style="list-style-type: none"> Morning Sickness 	<ul style="list-style-type: none"> Ginger Ale Vitamin B6 Unisom (Doxylamine) – one tablet at bedtime
<ul style="list-style-type: none"> Heartburn 	<ul style="list-style-type: none"> Tums Maalox / Mylanta Pepcid
<ul style="list-style-type: none"> Cough 	<ul style="list-style-type: none"> Robitussin Mucinex Cough Drops
<ul style="list-style-type: none"> Allergies 	<ul style="list-style-type: none"> Benadryl Chlorpheniramine Saline Nasal Rinse Steroid nasal sprays (Flonase, Nasonex, Rhinocort) Claritin (Loratadine) Zyrtec (Cetirizine) Do not use Pseudoephedrine during first 3 months of pregnancy.
<ul style="list-style-type: none"> Constipation 	<ul style="list-style-type: none"> Metamucil or Fibercon Colace (Docusate) – stool softener Miralax Milk of Magnesia Mineral Oil
<ul style="list-style-type: none"> Diarrhea 	<ul style="list-style-type: none"> Rest, Hydration, If needed Imodium BRAT diet (bananas, rice, applesauce, toast can help)
<ul style="list-style-type: none"> Hemorrhoids 	<ul style="list-style-type: none"> Any over the counter preparation is okay as Preparation H or Tucks