

Patient Registration

Registracion del Paciente

Date: _____

Patient Information/*Informacion del Paciente:*

Social Security#: _____
Numero de Seguro Social

First Name: _____
Primer Nombre

Last Name: _____
Apellido

Date of Birth: ____/____/____
Fecha de nacimiento

Race/Ethnicity: _____
Nacionalidad

Marital Status: _____
Estado Civil

Employer: _____
Empleador

Email Address/*Direccion Electronica*

Home Address/ *Direccion De Hogar:*

City: _____ State: _____ Zip: _____
Cuidad Estado Codigo Postal

Home Phone: (____) _____
Telefono del Hogar

Cellular Phone: (____) _____
Telefono de Celular

Work Phone: (____) _____
Telefono del Trabajo

Allergies to Meds/ *Allergias a Medicinas:*

Pharmacy Name & Phone / *Farmacia:*

Referred By/ *Referido Por:*

PLEASE PROVIDE YOUR INSURANCE CARD TO THE RECEPTIONIST- POR FAVOR ENTREGUE SU TARJETA DE SEGURO A LA RECEPCIONISTA.

Insurance Information / *Informacion de Seguro:*
____ Commercial ____ Medicare ____ Other _____

Insurance Company: _____
Compania de Seguro

Insured/Card Holder's Name: _____
Nombre del Asegurado

Relationship: _____
Relacion

Policy#: _____
Numero de Poliza

Insurance Phone #: (____) _____

Group#: _____

Primary Insurance Holder / *Primario de Seguro:*

Social Security#: _____
Numero de Seguro Social

Date of Birth: ____/____/____
Fecha de Nacimiento

Relationship: _____
Relacion

Daytime Phone: (____) _____
Telefono durante el dia

First Name: _____
Primer Nombre

Employer: _____
Empleo

Last Name: _____
Apellido

Address: _____
Direccion
City: _____ State: _____ Zip: _____

Emergency Contact / *Contact de Emergencias,*

First Name: _____
Primer Nombre

Home Phone: (____) _____
Telefono del Hogar

Last Name: _____
Apellido

Work Phone: (____) _____
Telefono del Trabajo

Relationship to patient: _____
Relacion al paciente

Cellular Phone: (____) _____
Telefono de celular



7300 SW 62nd Place, 3rd Floor
South Miami, Florida 33143
Tel: (305) 665-1133
Fax: (305) 666-0258
www.southmiamiobgyn.com

FEES AND INSURANCE INFORMATION

All fees are payable at the time services are rendered. We accept Visa, Master Card and American Express. Your medical insurance is a contract between you and your insurance carrier and the terms of the contract vary according to the terms of the policy. Final payment for all charges is the patient's responsibility and should it be necessary for this account to be turned over to either an attorney or collection agency for collection, I understand that I will be liable for any charges incurred, including attorney's fees and court costs.

Todos los honorarios por servicio deben ser pagados al recibir el servicio. Aceptamos Visa, Master card and American Express. Su seguro medico es un contrato entre usted y su compania de seguro. Pagos por nuestros servicios dependen de los terminos de su poliza. El pago final de todos los cargos es su reponsabilidad. Si es necesario tomar accion legal para cobrar esta deuda, usted es responsable de los gastos legales.

We have elected not to carry Medical Malpractice insurance or otherwise demonstrate financial responsibility. However, we agree to satisfy any adverse judgments up to the minimum amounts pursuant to S.458.320(5)(g). Florida Law imposes penalties against non-insured physicians who fail to satisfy adverse judgments arising from claims of medical malpractice. This notice is pursuant to Florida Law.

Hemos elegido para no llevar seguro de negligencia medica o para no demostrar de otra manera responsabilidad financiera. Sin embargo, acordamos satisfacer cualquier juicio adverso hasta las cantidades minimas conforme a S.458.320 (ley 5) (la ley de la Florida impone penas contra los medicos no-asegurados que no pueden satisfacer los juicios adversos que se presentan por demanda de negligencia medica. Este aviso esta conforme a la ley de la Florida.

PHYSICIAN'S RELEASE AND ASSIGNMENT

I hereby authorize payment directly to the physician of all benefits applicable and otherwise payable to me from my insurance carrier, HMO or other third party, payor, for services rendered by the physician. I understand that I am financially responsible to the physician for any and all charges that the carrier declines to pay. I hereby authorize the release of my medical records as deemed necessary for payment of insurance benefits.

Por la presente autorizo el pago directamente a el medico todos los beneficios derivados del seguro que ampara al paciente y que normalmente yo tendria derecho de percibir. Con mi firma autorizo transferir documentos relacionados a mi tratamiento medico a mi compania de seguro para procesar mi reclamacion. Yo entiendo que soy responsable por todos los cargos no cubiertos bajo mi seguro medico.

PATIENT'S / GUARANTOR'S SIGNATURE

DATE



Patient Financial Agreement

PLEASE READ THOROUGHLY AND SIGN BELOW

Upon receiving services from South Miami OB/GYN Associates, you agree:

In order to reduce confusion and misunderstanding between our patients and the practice, we have adopted the following financial policy. If you have any questions about the policy, please discuss them with our billing department. We are dedicated to providing the best possible care and service to you. We regard your complete understanding of your financial responsibilities as an essential element of your care and treatment.

- Your insurance policy is a contract between you, your employer, and the insurance company. We are NOT a party to that contract.
- We will file your insurance claim for you. If your insurance company does not pay the practice within a reasonable length of time (within 90 days), you may be responsible.
- All services are provided to you with the understanding that you are responsible for the cost regardless of your insurance coverage. Please be aware that not all services are a covered benefit with different insurance companies. You are responsible for knowing what services are or are not covered. **KNOW YOUR BENEFITS.**
- Upon check-out, we will collect your deductible, co-pay, and payment for any uncovered services as well as the patient's portion as determined by insurance. We accept cash, check, and credit card of Master Card, Visa, Discover, American Express, and Care Credit.
- If your account is more than 90 days past due, you will receive a letter stating that you have 14 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, it may be sent to a collection agency. If an account is sent to collections, it is the policy of this office to refrain from providing further medical care until the balance is paid in full.

We do understand that temporary financial problems may affect timely payment. We encourage you to communicate any such problems so that we can assist you in the management of your account. Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.

I have read and understand the financial policy and agree to abide by its guidelines.

X _____

Date _____

PRINTED NAME OF PATIENT OR RESPONSIBLE PARTY

X _____

SIGNATURE OF PATIENT OR RESPONSIBLE PARTY



SOUTH MIAMI
OB-GYN
ASSOCIATES

7300 S.W. 62nd Place, 3rd Floor
South Miami, Florida 33143
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Fax: (305) 666-0258
www.southmiamobgyn.com

FOR YOUR INFORMATION

There are times when our physicians will recommend laboratory tests or diagnostic ultrasound for management of your care. Some insurance companies may consider the test to be "screening" and not fit within their reimbursement guidelines and will not pay. Therefore, please be aware that should your insurance company deny the claim, you will be responsible for payment to the laboratory and/or office.

____ Yes, I understand I may be financially responsible.

EXCLUDED TESTS MAY INCLUDE GC & CHLAMYDIA SCREENING

Name: _____

Date: _____



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Dear Patient:

Physicians have always protected the confidentiality of health information and have refused to reveal such information. Today, state and federal laws are also attempting to ensure the confidentiality of this sensitive information.

The federal government recently published regulations designed to protect the privacy of your health information. This "privacy rule" protects health information that is maintained by physicians, hospitals and other health care providers and plans.

The new regulation, effective April 14, 2003, protects virtually all patients, regardless of where they live or where they receive their health care. Every time you see a physician, are admitted to a hospital, fill a prescription or send a claim to a health plan, those professionals will need to consider the privacy rule. All health information, including paper records, oral communication and electronic formats (such as E-mail and electronic claim filing) are protected by the privacy rule.

The *Notice of Privacy Practices*, which is available in our waiting room, contains information about how your confidential health information is protected by this office and describes how you can exercise your rights with regard to your health information. The privacy rule provides you certain rights, such as the right to have access to your medical records; however, because there are exceptions to these rights, they are not absolute. We encourage you to read the *Notice of Privacy Practices* as your signed consent is required.

Please let us know if you have any questions about the *Notice of Privacy Practices*. To contact our Privacy Officer, Call (305) 665-1133.

PRIVACY ACKNOWLEDGMENT

_____ I have read and understand the *Notice of Privacy Practices*.

Date

Printed Name

Signature



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Notice To Obstetrical Patients
(See Section 166.316, Florida Statutes)

I, _____ have been furnished information by (Drs: Hirsch, Vizoso, Guinot, Chi, Paez, Horst, Miranda, and South Miami Hospital) Prepared by the Florida Birth Related Neurological Injury Compensation Association (NICA) and have been advised that (Drs: Hirsch, Vizoso, Guinot, Chi, Paez, Horst, Miranda) are participating physicians in that program wherein certain limited compensation is available in the event certain neurological injury may occur during labor, delivery or resuscitation. For specific information on the program, I understand and I can contact the Florida birth related Neurological Injury Compensation association PO. Box 14567, Tallahassee, Florida, 32317-4567, or 1(800) 398-2129. I further acknowledge that I have received a copy of the brochure Prepared by NICA.

Dated this _____ Day of _____ 201____

Witness: _____

Signature of Patient

Printed Name of Patient



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Medical Care During Your Pregnancy

As your obstetrical physicians we are committed to providing you with the best medical and personal care in order to deliver a healthy baby in the safest fashion. In most cases, we prefer that you go through labor with the goal of a vaginal birth as long as the doctor determines that this is the safest option for you and the baby. However, sometimes a cesarean section will be recommended due to medical reasons. There are some patients that are interested in having an elective cesarean section and they should discuss this with their doctor. We would like to make it clear that we do **not** recommend the Bradley method or "hypno-birth". We will **not** work with "doulas" or "labor coaches" under **any** circumstances. Please discuss your concerns or questions regarding these issues with your physician.

Also, blood transfusions are sometimes required during pregnancy or delivery. In certain critical medical situations it may be necessary for us to administer blood products. **If you are unwilling to receive a blood transfusion in an emergency situation, we cannot provide your pregnancy care and you must seek another group of physicians to take care of you for this pregnancy.**

I _____ understand the above and agree to receive care for my pregnancy as outlined above.

Print Name

Signature

Date

Insurance Issues

There are times when our physicians will recommend laboratory tests or ultrasound for management of your care. Some Insurance companies may consider this not within their reimbursement guidelines. Therefore, please be aware that should your insurance company deny the claim, you will be responsible for payment to the laboratory and/or office. By signing below, I agree to be financially responsible.

Print Name

Signature

Date

Prenatal Screening and Testing

In general, it is very likely that your baby will be born healthy. However, you should at least consider performing a test to try to identify if your baby carries certain problems in the chromosomes. These tests can be divided into two basic types: screening and diagnostic. Screening tests involve taking blood samples from you and a special ultrasound test. These are then used to estimate the risk of certain problems in the babies. These tests do not diagnose chromosomal problems. The results tell you if your baby is at an increased risk for certain chromosomal problems.

Diagnostic tests are used to diagnose certain chromosome or genetic problems. They involve taking a small tissue sample from the placenta or fluid from the amniotic sac. They are almost 100% accurate, but because they are invasive, there is a very small risk of possibly causing a miscarriage. The following are the options within each type of testing:

Screening:

The NIPS, non-invasive prenatal screen, takes fragments of DNA from your baby from your blood, and it identifies whether your baby is at an increased risk of a problem in certain chromosomes called “aneuploidies”. The most common of these are: Trisomy 21 “Down Syndrome”, Trisomy 18 “Edward’s syndrome”, Trisomy 13 “Patau”, or abnormal number of the sex chromosomes. It can also reliably tell you the sex of your baby. This test detects certain aneuploidies with a high level of accuracy, but not as good as a diagnostic test. The benefit is that because it is blood work, there is no risk in doing this test. Also, in comparing the NIPS and the first trimester screen (below), the NIPS has a better detection rate and it is the recommended test by the American College of Obstetrician and Gynecology and The Society of Maternal Fetal Medicine.

The results of a NIPS can help you and your doctor decide the next steps, including whether to have a diagnostic test like chorionic villus sampling (CVS) or amniocentesis (“amnio”) described below or not. The NIPS test can be done in our office although we prefer that you do it at a maternal fetal medicine (MFM) office.

First Trimester Screen: The first part of this test involves doing a special ultrasound and collecting blood between 11 and 13 weeks. If this result comes back “screen positive” then a diagnostic test will be recommended. The First screen detects approximately 90% of babies with Down syndrome and 90% of trisomy 18. There is a 5% chance of a false “positive screen” result. This test is done only at a MFM office.

In addition, all patients have an MSAFP— a screening test done around the time of the anatomic ultrasound to check for open neural tube defects. A negative screen rules out approximately 80% of open neural tube defects.

Diagnostic:

Chorionic Villus Sampling (CVS): This test involves taking a small piece of placental tissue between 11 and 13 weeks. This tissue is sent for analysis of the chromosomes that make up the baby and it can also test for some specific medical conditions. It is close to 100% accurate for detection of these chromosomal abnormalities. The associated risk for miscarriage for the procedure is approximately 0.1-0.5 %.

Amniocentesis: This test involves taking a sample of the amniotic fluid between 16 and 20 weeks. The sample is sent for chromosome analysis. It is also close to 100% accurate for detection of chromosomal abnormalities. The associated risk for miscarriage for the procedure is approximately 0.1-0.5 %.

I understand the above testing options. My questions have been answered. I am aware that some of these tests may not be covered by my insurance.

Patient Signature

Date

PATIENT QUESTIONNAIRE

Genetic History / Exposures

*Patient, Father of the Baby, or Any Member of Either Family
With Any of the Following Conditions*

Genetic History	Yes	No	Comment
Chromosome Abnormality			
Fragile X Syndrome			
Mental Retardation			
Neural Tube Defect / Spina Bifida / Anencephaly			
Muscular Dystrophy			
Huntington's Chorea			
Cystic Fibrosis			
Tay Sachs / Jewish Descendant			
Hemophilia / Bleeding Disorder			
Sickle Cell Anemia			
Congenital Abs. / Birth Defects / Cleft Lip-Palate			
Heart Defects / Limb Defects / Etc.			
Thalassemia / Greek, Italian, Oriental Descendant			
Multiple Miscarriages			
Other Inherited or Genetic Disorders			
Excessive Clotting / Disorders of Coagulation			

Exposures	Yes	No	Comment
Medications since Last Menstrual Period (LMP)			
Drugs / Alcohol since LMP			
Rash or Viral illness since LMP			
Recent exposure to infect. Dis. (HIV, Hep., TB)			
Patient / Partners with Herpes			
Exposure to Radiation / X-Ray since LMP			
Indoor Cats at Home			
Other			

*I have read this questionnaire. To the best of my knowledge,
I have answered the questions correctly.*

Signature: _____ Witness: _____ Date: _____

Carrier Screening in Pregnancy for Common Genetic Diseases

Everyone has a risk to have a baby with problems. There are a few common disorders that can occur even without a family history and can be tested for today. You can have one simple blood test before the baby is born to determine if you carry the gene (DNA change) that causes the disorders shown below.

What is a carrier?

A carrier is a person who has a gene that increases the risk to have children with a genetic disease. People do not know if they are carriers until they have a blood test or an affected child. Some disorders occur only if both parents are carriers and other disorders occur only when the mother is a carrier.

What is a carrier screening?

Carrier screening involves a blood test from one or both parents to determine if they carry a specific gene that increases the risk that their baby is affected. If you turn out to be at risk, prenatal testing such as amniocentesis or chorionic villus sampling (CVS) is available to determine if your unborn baby is affected. All testing is optional and you can choose which disorder(s) to be tested.

Disease	Cystic Fibrosis (CF)	Fragile X Syndrome	Spinal Muscular Atrophy (SMA)
Symptoms of Disease	<i>Most common inherited disease in North America.</i> A chronic disorder that primarily involves the respiratory, digestive and reproductive systems. Symptoms include pneumonia, diarrhea, poor growth and infertility. Some people are only mildly affected, but individuals with severe disease may die in childhood. With treatments today, people with CF can live into their 20's and 30's. CF does not affect intelligence.	<i>The most common inherited cause of mental retardation.</i> Fragile X syndrome is a disorder that causes mental retardation, autism, and hyperactivity. It affects primarily boys. Women who are carriers are at risk to have a child with mental retardation.	<i>Most common cause of inherited infant death.</i> SMA destroys nerve cells that affect voluntary movement. Infants with SMA have problems breathing, swallowing, controlling their head or neck, and crawling or walking. The most common form of SMA affects infants in the first month of their life and can cause death between 2-4 years of age. Less commonly the disease starts later and people can survive into adulthood. SMA does not affect intelligence. There is no cure or treatment.
Inheritance	If both parents are carriers, there is a 1 in 4 (25%) chance to have a child with cystic fibrosis.	If a mother is a carrier, there is up to a 50% chance to have a child affected with fragile X syndrome.	If both parents are carriers, there is a 1 in 4 (25%) chance to have a child with SMA.
General Population Carrier Frequency	1 in 25 Caucasians 1 in 46 Hispanics 1 in 65 African Americans ~1 in 90 Asian Americans	1 in 260 females Occurs in all ethnic backgrounds	1 in 41 Occurs in all ethnic backgrounds
Would you like to be tested? (please circle one)	YES NO	YES NO	YES NO

Patient Signature _____

Date: _____

UMBILICAL CORD BLOOD COLLECTION AND BANKING

This form is to ensure your understanding about the potential health benefit of **Umbilical Cord Blood Banking**. The accompanying literature should be reviewed. If you have questions about cord blood stem cell collection and banking, please feel free to contact our office. Please sign below to ensure us that you have been notified of this service.

- I understand that this program is an elective option to collect and store my newborn's umbilical cord blood. It is my choice to enroll and participate.
- I understand that the program is designed to provide a source of genetically related cord blood stem cells for potential future use and that the birth of my newborn represents the only opportunity to collect them.
- I understand that this program may not be reimbursed or covered by my insurance carrier. I would be responsible for the fees.
- I have had all my questions answered to my satisfaction. I understand the potential implications of cord blood banking for future use by my newborn and family.

I have been provided with information about umbilical cord blood banking.

Patient Signature

Date



Introduction to Our Office

Congratulations from Drs. Hirsch, Vizoso, Guinot, Chi, Paez, Horst, Miranda, Paz-Pabon, Martinez and our staff. We want to wish you a healthy and happy pregnancy. We thank you for choosing us to take care of you. The following should provide useful information so that we can best serve your needs during your pregnancy.

Office Hours:

Monday through Thursday - 8:30 am - 5:30 pm

Friday- 8:30 am - 3:00 pm

Saturday- 10:00 am - 2:00 pm

Sunday – Closed

Telephone Calls:

Our number (305)665-1133 is operational 7 days a weeks, 24 hours a day. We are committed to being available to you 365 days a year.

During regular office hours, our staff will direct your call to the appropriate person to assist you. We also have a triage nurse to assist you with any medical questions or concerns by phone. If she is unable to answer your medical concerns due to further evaluation requirements, she may ask you to come in to see one of our available providers. We have same day appointments for your urgent needs.

We make every effort to answer calls promptly, however, some calls may need to be answered after hours so that we can concentrate on our patients being seen in the office.

If you call us outside of the above office hours, our **Answering Service** will assist you to contact the provider on call for emergencies. If for any reason, you cannot reach us, call the South Miami Hospital Labor Floor at (786)662-5180. If you have an emergency that requires immediate assistance, you should go directly to **South Miami Hospital Labor and Delivery**, located on the 3rd Floor.

Please note that we ONLY deliver babies at South Miami Hospital

Provider Rotation:

The doctors in our office work as a team. Your primary provider will usually see you until the basic tests are done (typically, the first 3-4 visits). Then you will be asked to meet the other providers. This rotation is done to provide you with the best possible care. Our doctors rotate their **On Call** days on a daily basis. Therefore, we recommend you become acquainted with all the doctors in order to feel at ease the day you go in for labor.

Our specialty has a significant amount of emergencies. One of our main goals is to see you promptly as well as properly take care of you in the event of an urgent condition. We are best able to do this by having a doctor “On Call” every 24 hours. This physician has a light schedule, therefore has more time to take care of you during an emergency or if you are in labor.

We realize that most patients frequently feel more comfortable with their primary doctor. If you request to see him/her, we will make every effort to accommodate you. We will always try to treat you in a kind and professional manner.

Finally, we would like to emphasize that we want you to be happy with our services. We strive to always improve the quality of our office. Please tell the doctor or office manager if you have a problem. We also encourage our patients to fill out a “comment card” for both positive and negative feedback. Our staff has an incentive program that is heavily dependent on your comments.

Please monitor your email (including spam/junk) for an invitation to our Office Portal (Healow) from TopLineMD Alliance.

Our Unique Practice Code the Healow app: JIABCD

With our Office Portal you will be able to view your lab results, request appointments, prescription refills and communicate with your provider.



Medication Safety & Pregnancy

Many patients often ask what they can take for common ailments and discomforts in pregnancy. Here is a list of safe medications that you can refer to throughout your pregnancy.

- **Cold & Flu Symptoms**

- Tylenol for aches & pains
- Sudafed, Mucinex for congestion
- Robitussin DM for coughing
- Chloraseptic/Cepacol lozenges for sore throat
- Tylenol Daytime/Nighttime Cold
- If fever > 101, coughing up a lot of phlegm, not getting better in 2-3 days, or anytime you are worried, call the office to schedule an appointment.

- **Allergies**

- Benadryl, Claritin

- **Constipation**

- Benefiber, Metamucil, Senekot, Colace, Milk of Magnesia

- **Heartburn/Gas**

- TUMS, Mylanta, Maalox, Pepcid
- If you have bad abdominal pain, please come in to the office to be seen.

- **Headaches**

- Tylenol, Tylenol Extra Strength
- DO NOT TAKE ASPIRIN, ADVIL, ALEVE
- If you have dizziness, blurred vision, or your headache is not getting better, please come in to the office to be seen.

- **Hemorrhoids**

- Tucks Medicated Pads, Preparation H, Anusol

- **Leg Cramps**

- Oscal 500 or similar over the counter calcium (twice a day)
- Please come in to be seen if you also have swelling, redness, or if your legs are hurting all the time.

First Trimester Instructions

The following are a few brief comments to help you get through the first three months of your pregnancy. You are welcome to ask us for more information at the time of your routine visits, or if you are very worried, by phone.

1. Nutrition and Diet:

Most expectant mothers (and their families!) worry a lot about diet and weight gain. Although you should be careful to eat properly, a well-balanced diet and a few supplements are all that you and your baby needs. You should try to eat daily portions of fruits and vegetables, bread and cereal, milk/milk products, and meat/poultry/fish/eggs. In addition to these, a prenatal vitamin a day is recommended. You should try to avoid excessive fats or sweets. Following these guidelines a person who starts at a normal weight should gain between 20-30 pounds. If you are over-weight you should try to restrict your weight to approximately 15 pounds and underweight patients may gain 30 to 35 pounds.

Also, we suggest that you avoid uncooked meat and fish because of the risk of acquiring certain infections that are potentially harmful to you and your baby.

Recently, the FDA has become concerned with the amount of mercury on certain fish. They have recommended that pregnant women do not eat Shark, Swordfish, King mackerel or Tile Fish. For more information call 1-888-SAFEFOOD or visit www.cfsan.fda.gov.

2. Nausea and Vomiting

The majority of women experience at least some degree of nausea during early pregnancy. One of the most helpful hints is to try to eat frequent small feedings. Small snacks or crackers can be helpful in between meals and early in the morning. You should avoid greasy or spicy foods. If you have frequent vomiting, try to keep liquids down. Fluids that are easier to keep down are Gatorade, Ginger-ale, and Seven up. If you have severe vomiting and are unable to tolerate fluids, you should call us for advice.

3. Activity and Exercise

Most patients are able to maintain their normal activity and employment during pregnancy. Special precautions will be discussed in patients with certain symptoms or conditions. However, normal pregnant women should be able to work until delivery (if your job is extremely physically or mentally strenuous please discuss it with us). We encourage you to remain active and exercise. If possible you may want to take a prenatal exercise class. However, if you experience significant abdominal discomfort, light-headedness, or you feel faint, you should stop immediately and discuss it with us. There is no need to restrict sexual intercourse unless you experience bleeding or unusual discomfort.

4. Bleeding and Cramping

Many women experience cramps or light bleeding in early pregnancy. Most of the times this is just a sign that the placenta is attaching or that the uterus is enlarging. However, these symptoms can also be a sign that you may be having a problem. If your cramps are mild, you can just observe them and tell us about it at your next prenatal visit. If your cramps are moderate to severe, you should call us. Likewise, it is not uncommon for a woman in early pregnancy to have brown or red spotting. You should call us or tell us about this. If this occurs after intercourse, you may call us during office hours. If you have bleeding that is more than spotting or if you experience moderate to severe lower abdominal discomfort, call us immediately.

Most patients will go through their first 3 months uneventfully. We will try to assist you and educate you so that you can make the best of this period. If you are not sure about the significance of a symptom or you have a question, please call us. We are here to help you.

Pregnancy Care Timeline

1. Your estimated "Due Date": _____

Initial Visit:

Basic pregnancy instructions and discussion of general questions
Lab drawing & CF-SMA-FX screening
Instruction sheets: Office policies, 1st Trimester, NICA

11-13 weeks:

Visit MFM for nuchal translucency and blood screen for Downs Syndrome and related anomalies

17-22 weeks:

Basic anatomic ultrasound and AFP at MFM
Enroll in prenatal classes and hospital registration
Flu vaccine if appropriate
Schedule C-Section if elective C-Section

20-26 weeks:

Preterm Labor Precautions

26-30 weeks:

Glucose screen and CBC (blood count)
Rhogam if you are RH Negative

28-32 weeks:

Fetal movement instructions
Tdap vaccine

35-37 weeks:

Group B streptococcus
Labor Instructions
Prepare your bags

39-40 weeks:

Discuss induction guidelines and post-dates management.

Fetal Movement Instructions

One of your most important activities during late pregnancy should be to keep track of your baby's movement. Studies have shown that good movement is a sign of good blood flow to the baby. Decreased movement can be a sign of a decrease blood flow to the baby, although most of the time it only indicates that the baby is asleep or in a quiet "mood". In any event, each baby is different and has his/her own personality and you should know what your baby's normal activity pattern is.

Most babies like to move the most at night or after meals. You should pick a time of the day when your baby is usually very active and do your "counts" during this period. Please follow the 10-2-1 guideline: if your baby moves 10 times in less than 2 hours in 1 day, this is a sign of good health. If your baby does not meet this guideline, you should **call us regardless of the time of the day**. Likewise, if your baby moves considerably less on any particular day, you should call us **that same day**.

If your baby does not meet these guidelines, do not be alarmed. Most of the times our tests will reveal that your baby is in good health. If at any point after your seventh month your baby does not meet these guidelines, or you are in doubt about whether your baby's movement is less than appropriate, do not hesitate to call us.

Preterm Labor Precautions

One of the most common reasons for a newborn baby to have serious problems is prematurity. The chances of your having a premature delivery can be significantly reduced by calling us with early symptoms of preterm labor. If diagnosed early, we have medications and interventions that can sometimes help prevent a premature delivery. Therefore, it is important for you to know which symptoms are normal in the third trimester of pregnancy and which you would need to discuss with us.

Contractions

The uterus (womb) is composed of muscle fibers. Contractions usually feel like a "hardening" of your uterus, or "balling up" of your stomach although they can also feel like mild menstrual cramps. Each contraction may last anywhere from 20 seconds to 1 1/2 minutes. Once you enter the period after 22-24 weeks, it is fairly normal to experience occasional contractions. If you have been on your feet a lot or if you are dehydrated, sometimes these contractions can become more frequent. However if you feel four or more contractions in one hour, you should rest and drink extra fluids. If after resting for an hour or so you still have greater than four contractions, you should call us regardless of the time of the day.

Pelvic pressure

It is also common to feel some pelvic pressure, especially if you have been very active. However, if you feel a large increase in the amount of pelvic pressure and this does not resolve with rest for an hour, you should contact us.

Vaginal Discharge

Some increase in the amount of your vaginal discharge is normal in late pregnancy. A significant increase in the amount of discharge, especially if it is accompanied by increased contractions or vaginal / back pressure can be a sign of early preterm labor and should be reported to us. Also, any bleeding should be immediately reported to us.

In summary, you should call us promptly with any of the following symptoms:

- More than four contractions in one hour or lower abdominal cramps that do not resolve with rest.
- A significant increase in vaginal pressure that does not go away after resting.
- Any bleeding or significant increase in the amount of vaginal discharge.