



YOUR

Pregnancy Journey

A guide to pregnancy, birth & beyond



COMPREHENSIVE OB-GYN

8880 Royal Palm Blvd, Suite 100 | Coral Springs, FL 33065

Tel: 954-753-2411 | Fax: 954-753-1176

www.compobgyn.com

Welcome to Pregnancy

Congratulations on your pregnancy and welcome to Comprehensive OBGYN. We appreciate the trust and confidence you have placed in our practice. In return, we are committed to providing you with the best health care possible. Every pregnancy is unique and we pride ourselves in developing individual relationships with each one of our patients.

Having a baby is one of the most memorable and important experience for a woman. We will do all we can to ensure your pregnancy experience is safe, healthy and happy.

This booklet is provided to you to help answer common questions you may experience along the way. We encourage you to keep it nearby as a resource throughout your pregnancy. You can also visit our website at www.compobgyn.com for valuable information.

Thank you for placing your trust in our care.

In Case of Emergency

If you have a life-threatening emergency at any time, you should call 911.

If you need to speak to one of our providers after regular business hours and cannot wait until the office opens again, you can call the office telephone number and follow the prompts to be connected directly to the on call physician

Thank you for choosing Comprehensive OBGYN for your care. Please feel free to call us anytime with your questions or concerns.

We look forward to a long healthy relationship with you

Sincerely,

Comprehensive OBGYN

Your Providers



Dr. Carlos J. Jurado
Obstetrician-Gynecologist



Dr. Marsh McEachrane
Obstetrician-Gynecologist



Dr. Jessenia Magua
Obstetrician-Gynecologist



Dr. Luis Santiago
Obstetrician-Gynecologist



Dr. Kimberly Bernard
Obstetrician-Gynecologist



Dr. Nitin Wadhwa
Obstetrician-Gynecologist



Lorena Kuschel
MSN, APRN, FNP-BC



Poonam Yadav
APRN

Office Information

Our Office Hours

We are open Monday thru Friday 8:30 a.m. to 5:00 p.m.

Visiting Our office

To schedule an appointment, call our office at 954-753-2411. You can also request appointments online at www.compobgyn.com.

We recognize that your time is valuable, and we make every effort to see you at the appointed time. We understand that unexpected circumstances happen. If for some unforeseen reason you are going to be late for your appointment, please call and notify our office.

Visiting Our Website

It is important to Comprehensive OBGYN that you have all the information you need to make the right decisions about your healthcare which is why we have a section on our website dedicated to Patient Resources found at www.compobgyn.com.

Find answers ranging from contraception, gynecological problems, special procedures, especially for teens, labor, delivery, postpartum care and so much more on our website! Please check www.compobgyn.com for updates regarding office closure during hurricane season.

Our online resource is there for you 24/7 so you can obtain answers to your questions anytime. Some individualized questions can only be answered by a doctor and then we welcome your appointment by calling 954-753-2411.

Insurance Coverage:

We are happy to bill your insurance company and ask you bring your insurance information with you at the time of your first visit. If any insurance changes occur during your care, we must be notified as soon as possible. For obstetric patients, we will bill your insurance company for your "Global" services, which includes your routine visits, the delivery of your baby and your postpartum visits. There will be miscellaneous fees that are not included in the Global fee which will be billed to your insurance company in the month they occur. These include ultrasounds, blood draws, and visits unrelated to pregnancy. Our billing coordinator will review your insurance benefits and discuss them with you before your second visit with the doctor. These benefits are not guaranteed, as occasionally we are misquoted by the insurance company or changes have been made to your plan after we have obtained the benefits. We can typically estimate your financial responsibility. We will schedule a monthly payment plan so you will have paid the expected charges for your prenatal care and delivery by the end of your 32nd week. The hospital will bill you separately for their charges after your delivery. If any questions or problems arise, please feel free to contact us.

Appointment Schedule

Your first visit

On your initial visit, please bring your medical history forms and other registration materials completed. During this visit, you will have a physical exam including a pap smear. You may be given a lab requisition for a series of prenatal labs that will test your blood type and blood count for infections (syphilis, hepatitis B and C, HIV and rubella as well as genetic testing). All of the results will be reviewed with you at your next appointment.

What to expect:

At your initial OB visit:

OB Profile consists of the following - CBC w/diff - The CBC measures the hemoglobin and cell counts, which provides information on iron storage and possible infections.

- The RPR or VDRL is to test for exposure to syphilis.

- **HBSAG** - The hepatitis antigen is a test that detects recent or old hepatitis B infections.

Rubella IgG - The Rubella test (German measles) determines if you are protected from Rubella. If a woman is not protected and has been exposed to Rubella another titer will be drawn to determine if she has become infected.

Type & Rh - The blood typing will alert us to Rh incompatibility. When the Rh test is negative, you will receive a Rhogam injection at 28 weeks of pregnancy.

- **Ab screen** - The antibody screen is done to detect unusual antibodies that may have arisen during a prior pregnancy or from a transfusion.

- **HIV** - You will be required to have an HIV titer drawn. This is the test used to detect the presence of the AIDS virus.

- Pap smear with culture for Gonorrhea and Chlamydia

• Genetic Screening includes

- Spinal Muscular Atrophy

- Any additional genetic test ordered will be based upon the questionnaire you filled out.

- **Zika** - This information changes frequently. You can visit cdc.gov for the most recent update. We recommend both you and your partner wear bug spray with DEET. Use condoms for the duration of your pregnancy.

• If there is a history of gestational diabetes - provider may do a 1 hr Glucose Tolerance Test early in the pregnancy and again at 24-28 weeks

Your Prenatal Visits

Prenatal Vitamins

Prenatal vitamins containing folic acid prior to conception, through pregnancy and postpartum while breastfeeding are recommended. Please check with your provider before taking any vitamins, herbs or other supplements as some may be unsafe during pregnancy

After your first visit

Between now and 28 weeks, your visit will be every four weeks. Around 30 weeks, your visits will be every two weeks, then once a week after 36 weeks until delivery. You will be seen more frequently if you are high risk. During each visit, you will have your weight, blood pressure, urine and fetal heartbeat checked. At approximately 20-24 weeks, the provider will do a fundal height evaluation. Several additional tests are done at scheduled markers throughout your pregnancy

Ultrasound

Standard obstetrical care includes 1 ultrasound. Additional ultrasounds will be performed based on medical necessity. Insurance will only cover this service if there is a medical need.

11-20 weeks (Most insurance companies only pay for 1 ultrasound unless medically necessary)

- Confirms your due date
- Checks for multiple pregnancies
- Screens for Down Syndrome

18-20 weeks

Anatomy scan. View baby's anatomy - head, brain, long bones and organs etc. At this ultrasound the sex of the baby is usually revealed

Third Trimester Labs

28 weeks

- Anemia and gestational diabetes screening and STD's - this screening is performed at 28 weeks. You will be given glucose and instructions for how/ when to drink it. One hour after you finish the glucose, your blood will be drawn. You do need to fast.
- If this is abnormal a 3 hour FASTING Glucose Tolerance Test will be done at Quest or LabCorp
- The Rh factor- We will test your blood for the Rh factor. If your blood type is Rh negative, then you may be at risk for Rh disease, which affects about 10% of people. Rh disease is a pregnancy complication in which your immune system attacks the baby's blood and can result in a life threatening situation for the baby if left unknown. Fortunately, it can be prevented

Your Prenatal Visits

with a shot called Rhogam which is given at 28 weeks or anytime vaginal bleeding occurs. If you are Rh negative, contact our office immediately if you develop bleeding or trauma to your belly

- Antibody screening on ALL Rh Negative patients.
- State of Florida requires a repeat HIV, Hepatitis, Gonorrhea, Chlamydia, and Syphilis. If you decline, your baby will be tested prior to discharge from the hospital

Count the Kicks!

Do you know how many times a day your baby moves? All babies move inside their mother regularly

- We recommend that you download the 'Count the Kicks' App today Keep track of your baby's movements at 28 weeks. Be prepared to discuss your baby's activity with your provider at each visit
- If you are at least 7 months pregnant and you feel your baby is moving less please call your doctor, clinic, hospital or go to your local hospital immediately
- **Call your doctor immediately if** - You do not feel 10 movements within 2 hours it takes longer and longer for your baby to move 10 times - You have not felt the baby move all day
- **DO NOT WAIT UNTIL TOMORROW TO CALL YOUR HEALTHCARE PROVIDER**

Vaccinations

The Centers for Disease Control (CDC. ACOG. APA) recommends that women pregnant during the flu season receive the flu shot. Patients are also advised to receive a COVID vaccine. Also, pregnant women who haven't had a dose of Tdap (vaccine to protect mom and baby against tetanus, diphtheria and pertussis, should get one after 20 weeks. Receiving the vaccine in pregnancy gives your baby extra protection against whooping cough which can be very dangerous for newborns

36 weeks

Vaginal culture for group B strep - this swab of your vaginal area is performed at your 36 week appointment. Group B strep is a normal bacteria that is naturally found in the vagina of 20% of women and is not harmful to women or a developing fetus. However it can be harmful to your infant if exposed at time of delivery. if you test positive for this bacteria, you will receive antibiotics during labor and delivery

Genetic Testing

You will have the opportunity to test for potential of genetic disorders/diseases. If you are interested in any additional tests, please check with your insurance plan to see if these tests are covered. Questions you may have regarding these tests can be discussed at your first appointment. There are risks associated with amniocentesis. Please discuss with your provider.

Cystic Fibrosis screening - this blood screening test will determine if you are a genetic carrier. Further testing is then required if the test is positive to find out if the baby has Cystic Fibrosis. Cystic fibrosis is a chronic mucus condition affecting lungs, which can lead to lung transplant and early death.

Spinal Muscular Atrophy - A genetic test to determine whether or not the fetus has inherited two copies of SMA gene mutation. SMA can cause muscle weakness causing severe disability.

Early screen/nuchal translucency - this ultrasound and blood test is performed between 11-13 weeks and will determine high or low risk for Down Syndrome, Trisomy 13 and 18

AFP-4 (Quad screen) - this blood screening test is performed between 15-22 weeks to determine the risk for Down Syndrome, Trisomy 18 and birth defects of the spinal cord and skull.

Amniocentesis - this screening is performed after 16 weeks. The test determines abnormal genes associated with Down Syndrome as well as many other genetic problems. A sample of amniotic fluid is withdrawn from the baby's sac and tested.



Your Baby's Growth

Week 4



Your baby's body now has three distinct layers from which all of his organs will develop.

Week 8



Your baby's tiny fingers and toes start to develop.

Week 12



Your baby's facial features continue to become more defined, particularly his nose and chin.

Week 16



Your baby's skeletal system and nervous systems start to coordinate movement.

Week 20



Your baby's skin thickens and develops layers under the vernix.

Week 24



Your baby's movements can reveal to your doctor more about your baby's development.

Week 28



Your baby is starting to take 20- to 30-minute naps.

Week 32



Your baby's movements could start to change.

Week 36



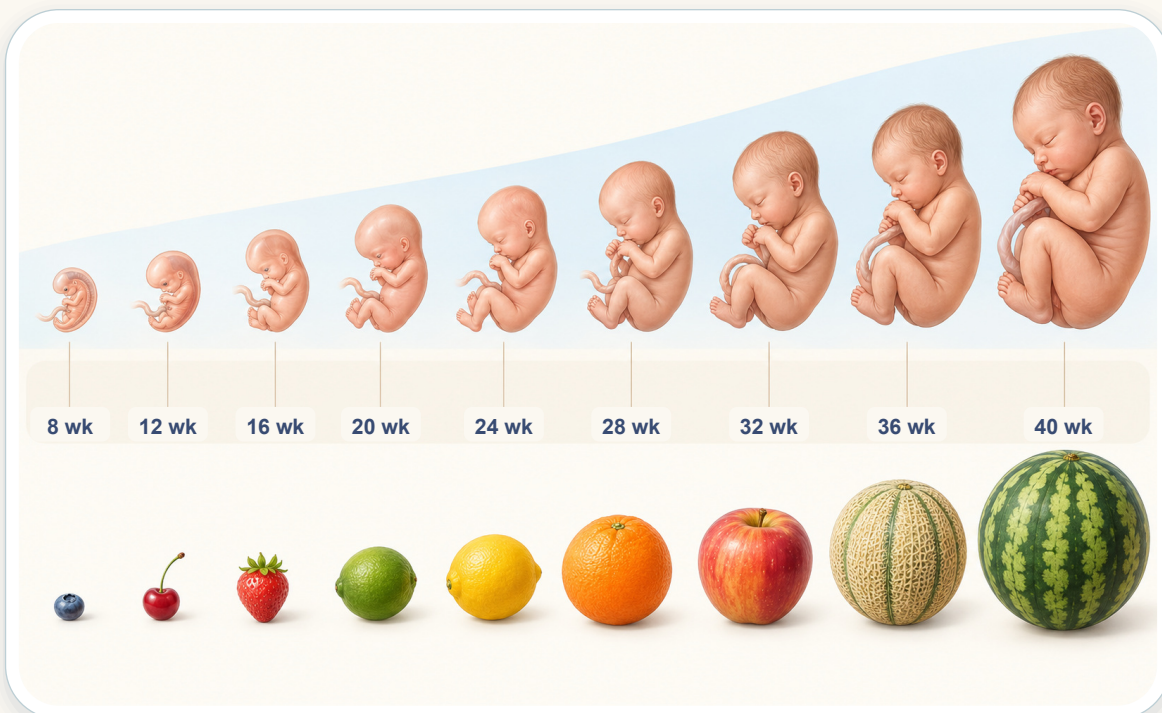
Although your baby's bones are hardening, his skull remains soft and flexible for birth.

Week 40



A surge of hormones in your baby's body could play a part in initiating labor.

Fetal Growth From 8 to 40 Weeks



Common Symptoms of Pregnancy

Nausea/Vomiting - feeling nauseous during the first three months of pregnancy is very common. For some women, it can last longer, while others may not experience it at all. Try to eat 5-6 smaller meals per day in order to keep your hunger satisfied. Try bland foods like plain crackers, toast, dry breakfast cereal as well as carbonated drinks like ginger ale or 7-Up. Ginger is a natural treatment for nausea. Peppermint can also be used. Some over-the-counter medications are also safe, like Vitamin B6. If the symptoms become severe or you are unable to keep fluids down without vomiting for more than 12 hours, contact the office.

Discharge - white and milky discharge is common in pregnancy. If the discharge is watery or has a foul odor, schedule an appointment.

Spotting - light bleeding occurs commonly, especially in the first 12 weeks of pregnancy. It may happen after intercourse, cervical exams, vaginal ultrasounds or strenuous activity or exercise. If the bleeding is heavy or is accompanied by pain, proceed to the emergency room.

Constipation - is a common complaint which can be related to hormonal changes, low fluid intake, increased iron or lack of fiber in your diet. Include whole grains, fresh fruit, vegetables and plenty of water into your daily food intake. There are also safe over-the-counter medications. If you develop hemorrhoids, try sitz baths three to four times per day for 10-15 minutes each time. If the pain persists, schedule an appointment.

Cramping - experiencing some cramps and contractions are normal. When they occur, empty your bladder, drink 1-2 glasses of water and try to rest. If you are having more than six contractions in an hour after trying these measures, contact the office.

Leg cramps - cramping in your legs or feet can also be common. Eating bananas, drinking more lowfat/nonfat milk and consuming more calcium-rich foods like dark green vegetables, nuts, grains and beans may help. Stretching your leg with your foot flexed toward your body may alleviate a cramp. A warm, moist towel or heat pad wrapped on the muscle may also help.

Dizziness - you may feel lightheaded or dizzy at any time during your pregnancy. Try lying down on your left side and drink 1-2 glasses of water. If symptoms persist, contact the office.

Common Symptoms of Pregnancy

Insomnia - get plenty of exercise during the day. Have a bedtime routine that includes calm music, a quiet soak in a warm tub, a light snack that includes a hot drink, such as herbal tea, and other activities that are relaxing to you. Try to avoid napping during the day. Be sure to avoid coffee or green tea, colas, chocolate and other foods and drinks that contain caffeine.

Backache - Practice good posture when sitting or standing. Avoid wearing high heels and boots. Perform exercises often to strengthen your spine and pelvic floor. Avoid standing or sitting for long periods of time. When standing, elevate one foot 6 to 12 inches using a box or stepping stool. Sleep on your side on a supportive mattress. Have someone massage your back.

Hemorrhoids - Drink a minimum of eight glasses of water a day and include plenty of fiber in your diet so that bowel movements will be soft. Avoid lifting heavy objects. Use witch hazel pads to decrease inflammation. Apply ice packs for severe cases.

Swelling - because of the increased production of blood and body fluids, normal swelling, also called edema, can be experienced in the hands, face, legs, ankles and feet. Elevate your feet, wear comfortable shoes, drink plenty of fluids and limit sodium. Supportive stockings can also help. If the swelling comes on rapidly, or is accompanied by headache or visual changes, contact us immediately.

Heartburn - you may experience heartburn throughout the pregnancy, especially during the latter part of your pregnancy when your baby is larger. Try to eat 5-6 smaller meals a day and avoid laying down immediately after eating. Some over-the-counter medications are also safe for use.

Aches and pains - As your baby grows, backaches are common. You may also feel stretching and pulling pains in the abdomen or pelvic area. This is due to pressure from your baby's head, weight increase and the normal loosening of joints. Practice good posture and try to rest with your feet elevated. You may also treat with heat and Tylenol®.



Safe Medications

Over-the-counter medications that are safe to use during pregnancy.

Condition	Medicine
Acne	Cetaphil Gentle Skin Cleanser CeraVe Hydrating Cleanser Glytone (benzoyl peroxide)
Allergy	Alavert or Claritin (loratadine) Benadryl (diphenhydramine) Zyrtec (cetirizine)
Constipation	Citrucel or Unifiber (methylcellulose) Colace (docusate sodium) Ex-lax Maximum Strength Stimulant Laxative (sennosides) or Senokot (senna) Fiber caplets or FiberCon (calcium polycarbophil) Metamucil (psyllium) Milk of magnesia (magnesium hydroxide) Mineral oil (one ounce) in juice ClearLax, MiraLAX (polyethylene Glycol 3350)
Cough (alcohol-free syrup)	Vicks Nature Fusion Cough (dextromethorphan hydrobromide) Delsym 12-Hour Extended-release Suspension (dextromethorphan polistirex) Coricidin HBP Chest Congestion and Cough or Adult Robitussin Peak Cold Cough and Chest (dextromethorphan, guaifenesin) Mucinex (guaifenesin)
Diarrhea	Imodium (loperamide)
Fever	Tylenol (acetaminophen) Take 650 milligrams (mg) every four hours for temperature higher than 100.4 degrees F. If you have a fever for 12 hours, call your health care provider.
Gas	Gas-X Chewable Tablets or Maalox Anti-Gas or Mylanta Gas Maximum Strength Chewable Tablets (simethicone)
Heartburn	Mylanta Maximum Strength Liquid or Maalox Advanced Maximum Strength Liquid (aluminum hydroxide, magnesium hydroxide, simethicone) Gaviscon (aluminum hydroxide, magnesium carbonate) Maalox tablets or Rolaids or Titalac or Tums (calcium carbonate). Take less than 2,000 mg. Maalox Advanced Regular Strength Liquid or Mylanta Regular Strength Classic Liquid (aluminum hydroxide, magnesium hydroxide, simethicone) Pepcid AC (famotidine) Zantac (ranitidine)

Safe Medications

Condition	Medicine
Hemorrhoids	Anusol-HC hemorrhoidal ointment or Preparation H Hydrocortisone (hydrocortisone) Preparation H° (phenylephrine, pramoxine, glycerin, petrolatum) Tucks pads (witch hazel)
Nausea, vomiting, motion sickness	Emetrol Syrup (phosphorated (phosphoric acid] carbohydrates (dextrose, fructose] syrup) Dramamine (dimenhydrinate) Ginger tabs (ginger) Vitamin B-6. Take 25 mg four times a day. Sea-Band Unisom SleepTabs (doxylamine succinate). Take one-half of 25 mg tablet and 25 mg of vitamin B-6 three to four times a day.
Pain Call your clinic if your pain is in your abdomen (stomach).	Tylenol (acetaminophen) Take 650 to 1,000 mg every four hours as needed. Do not take more than 4,000 mg in 24 hours. If you don't have relief in 24 hours, call your clinic.
Rash Call your clinic if you have an allergic reaction, or no relief.	Aveeno Soothing Bath Treatment (colloidal oatmeal) Caladryl Clear lotion (pramoxine, zinc acetate) or calamine lotion (calamine, zinc oxide) Cortaid 1% (hydrocortisone) cream Gold Bond Medicated Anti-itch Cream (menthol, pramoxine) Benadryl (diphenhydramine). Take one 25 to 50 mg pill three to four times a day.
Sinus congestion and cold	Clor-Trimetron (chlorpheniramine) Coricidin HBP Chest Congestion and Cough (dextromethorphan, guaifenesin) Ocean Mist nasal spray (saline (sodium chloride] nasal sprays) Sudafed (pseudoephedrine) Avoid in the first trimester. Avoid all products with phenylpropanolamine and phenylephrine.
Sleep problems	Unisom SleepTabs (doxylamine succinate) Tylenol PM (acetaminophen, diphenhydramine HCl)
Sore throat	Cepacol Maximum Strength Sore Throat Spray or Sucrets lozenges (dyclonine hydrochloride) Chloraseptic lozenges (benzocaine) or spray (phenol) Do not take longer than two days. Halls or Robitussin lozenges (menthol) Vicks lozenges with honey (dextromethorphan hydrobromide)
Vaginal yeast infection	Gynazole-1 (butoconazole) Gyne-Lotrimin (clotrimazole) Monistat 7 vaginal cream (miconazole)

Nutrition and Pregnancy

Recommendations for weight gain during pregnancy

Underweight women with a low weight gain during pregnancy appear to have an increased risk of having a low birth weight infant and preterm birth. On the other hand, obese women have an increased risk for having a large for gestational age infant, post term birth, and other pregnancy complications.

There is an increased risk of small for gestational age births in women who gain less than the recommended weight, based on pre-pregnancy weight. Women who exceed the weight gain recommendations double their risk of having a very large infant. It may also increase the risks of childhood obesity and makes weight loss more difficult after delivery:

Recommendation for weight gain during a singleton pregnancy are as follows:

Underweight women (BMI less than 20): 30-40 lbs

Normal weight women (BMI 20-25): 25-35 lbs

Overweight women (BMI 26-29): 15-25 lbs

Obese women (BMI >29): up to 15 lbs

Healthy diet

The first step toward healthy eating is to look at your daily diet. Having healthy snacks that you eat during the day is a good way to get the nutrients and extra calories that you need. Pregnant women need to eat an additional 100-300 calories per day, which is equivalent to a small snack such as half of a peanut butter and jelly sandwich and a glass of low fat milk.

MyPlate Plan

The United States Department of Agriculture (USDA) provides a special website with nutrition information for pregnant and breastfeeding women. It is found at <http://www.choosemyplate.gov>. The site includes many useful topics, such as nutritional needs, pregnancy weight gain, dietary supplements, breastfeeding weight loss and food safety.

At the site, the USDA also offers a "MyPlate Plan" tool to help you determine your calorie intake throughout pregnancy. You can enter in your age, height, pre-pregnancy weight and physical activity level. You'll be provided with a personalized food plan.

Recommended Foods

Some foods are particularly good for you during pregnancy. They supply nutrients that are frequently lacking in pregnant women's diets. Try to eat these foods often.

Focus on Food Groups

Fruits	Vegetables	Grains, dairy & protein
Apricots; avocado; bananas; cantaloupe; honeydew melon; mangoes; oranges and orange juice; prunes and prune juice; red or pink grapefruit.	Carrots; cooked greens; pumpkin; red sweet pepper; spinach; sweet potatoes; tomatoes and tomato sauces; winter squash.	Fortified cooked and ready-to-eat cereals; wheat germ. 1% milk; skim milk; fat-free or low-fat yogurt. Clams, crab, oysters and shrimp; cooked dry beans and peas; lean beef, lamb and pork; nuts and seeds; fish low in mercury.

Your personalized MyPlate Plan gives you daily food amounts in cups and ounces. See below for what equals a cup or an ounce in each food group. Tips to help you make the best decisions for a healthy diet also are included.

Vegetables

Any of the following equals 1 cup from this group: 1 cup of raw or cooked/canned vegetables, 1 cup of 100% vegetable juice, 2 cups of raw leafy salad greens. Eat a variety of vegetables in a rainbow of colors.

Fruits

Any of the following equals 1 cup from this group: 1 cup fresh, frozen or cooked/ canned fruit, 1 cup of 100% fruit juice, 1/2 cup of dried fruit. Vary your fruit choices because each fruit has a different nutritional content.

Grains

Grains include all foods made from wheat, rice, oats, cornmeal, barley and other cereal grains. Any of the following equals 1 ounce from this group: 1 slice of bread, 1 cup of ready-to-eat cereal, 1/2 cup of cooked rice, pasta or cereal. At least half of all grains consumed should be whole grains.

Protein

Any of the following equals 1 ounce from this group: 1 ounce of cooked/canned lean meats, poultry or seafood, 1 egg, 1 tablespoon of peanut butter, 1/4 cup cooked dry beans or peas, 1/2 ounce of nuts or seeds. Select lean meats, and bake, grill or broil them. Vary your proteins by including beans, peas, nuts and seeds in your diet.

Dairy

This group includes most dairy products that retain their calcium content, such as milk, yogurt and cheese. Any of the following equals 1 cup from this group: 1 cup of milk or yogurt, 1 cup fortified soy beverage, 1½ ounces of hard natural cheese (eg. cheddar, Swiss, mozzarella), 2 ounces of processed cheese (American). Most dairy group choices should be fat-free or low-fat. Cream cheese, cream and butter have little or no calcium and are not part of this group.

Foods to Avoid in Pregnancy

Raw meat - Avoid uncooked seafood and undercooked beef or poultry due to risk of bacterial contamination, toxoplasmosis and salmonella.

Fish with mercury - Avoid fish with high levels of mercury including shark, swordfish, king mackerel and tilefish. For other fish, limit consumption to two servings per week

Smoked seafood - Refrigerated, smoked seafood should be avoided due to risks of listeria contamination.

Raw shellfish - including clams, oysters, and mussels can cause bacterial infections. Cooked shrimp is safe.

Raw eggs - Raw eggs or any foods containing raw eggs can be contaminated with salmonella. This includes some homemade caesar dressings, mayonnaise, and homemade ice cream. Cook eggs thoroughly, until the yolk is firm.

Soft cheeses - imported soft cheeses may contain listeria. Soft cheeses made with pasteurized milk are safe.

Unpasteurized milk - May contain listeria which can lead to miscarriage.

Pate - Refrigerated pate or meat spreads should be avoided due to risks of listeria.

Caffeine - Limit caffeine intake to the equivalent of 1 cup of coffee a day or less. Excess caffeine may be associated with miscarriage, premature birth, low birth weight, and withdrawal symptoms in infants.

Unwashed vegetables - Wash all vegetables well to avoid exposure to toxoplasmosis which may contaminate the soil where vegetables are grown.

Avoid spilling fluids from raw meat and hotdog packages on other foods, utensils, and food preparation surfaces. In addition, wash hands after handling hot dogs, luncheon meats, delicatessen meats, and raw meat (such as, chicken, turkey or seafood or their juices.)

Special concerns

Vegetarian diet - Be sure you are getting enough protein. You will probably need to take supplements, especially iron, B12 and vitamin D.

Lactose intolerance - During pregnancy, symptoms of lactose intolerance often improve. If you are still having problems after eating or drinking dairy products, talk with us. We may prescribe calcium supplements if you cannot get enough calcium from other foods. Remember, calcium can also be found in sardines, certain types of salmon, spinach, and fortified orange juice.

Artificial sweeteners - These are OK to use but we would recommend limiting it to 1-2 servings per day. If you have diabetes, the artificial sweeteners are better than sugar to help control your blood sugars.

Common Questions

When will I feel my baby move?

Sometime between 16-25 weeks of pregnancy, mothers will begin to feel movement. Initially, movements will be infrequent and may feel like butterfly flutters. As your baby grows, you will feel movement more often. It is recommended to start counting fetal movements beginning at 28 weeks once daily until you get 10 movements within 2 hours. A good time to do this is 20-30 minutes after breakfast and dinner. If you are concerned about movement, eat or drink something with sugar or caffeine, lie on your side and press your hands on your belly. If you have concerns about feeling baby movements or notice a decrease in movements, contact the office.

Why am I so tired? What's the best sleep position?

It's normal to feel more tired. You may also notice you need more sleep than usual. Try to get at least 8-10 hours per night. Listen to your body.

Try to sleep on your side to allow for maximum blood flow to baby. Lying on your back can cause your blood pressure to drop. You may also find it helpful to put a pillow behind your back and between your knees to improve comfort. As your pregnancy progresses, use more pillows and frequent position changes to stay comfortable.

Can I use a hot tub?

Using a hot tub or whirlpool bath is not recommended during the first trimester and should be limited to 15 minutes or less in the second and third trimester with the water temperature not exceeding 100 degrees.

Can I travel?

Traveling is safe during pregnancy for uncomplicated pregnancies. After 32 weeks, we recommend staying close to home. When you do travel, be sure to take breaks to stand up/walk around at least every two hours. If traveling by vehicle, wear a seat belt, positioning it under your abdomen as your baby grows. If you are involved in a car accident, please call the office immediately. You may need to be monitored. No flying after 35 weeks. Check for travel advisories.

Can I care for my pets?

If you have cats, please let us know. Avoid changing the litter box or use gloves to change it. Toxoplasmosis is a rare infection that you can get from cat feces.

What do I need to know about dental care?

Your teeth and gums may experience sensitivity throughout the pregnancy. Inform the dentist of your pregnancy and shield your abdomen if x-rays are necessary. Contact our office with any questions about dental care.

Can I go to the salon for treatments?

Hair coloring and nail care should always be done in large, well-ventilated areas. If possible, avoid treatments in the first trimester.

Common Questions

Can I dye my hair?

Yes, as long as it is a product you have used in the past.

Can I exercise?

30 minutes of exercise is recommended daily in uncomplicated pregnancies. This could include walking, jogging, biking, aerobic class, yoga, swimming, etc. Weight training is not acceptable. Listen to your body during exercise and drink plenty of fluids. After 20 weeks, avoid lying flat on your back and avoid activities with a high risk of falling or trauma to your belly (i.e. snow skiing, kickboxing, horseback riding).

Can I have sex?

You can have sex unless you are having complications or sex becomes too uncomfortable. There are times when exercise and sex should be avoided. This includes vaginal bleeding, leaking amniotic fluid, preterm labor, chest pain, regular uterine contractions, decreased fetal movement, growth restricted baby, headache, dizziness or general weakness.

Alcohol and Smoking

There is no safe amount of alcohol so we recommend avoiding all alcohol during pregnancy. Drinking alcohol can cause birth defects, mental retardation and abnormal brain development.

If you smoke, so does your baby. This is a very important fact of pregnancy. Here are some known complications from smoking during pregnancy:

- Low birth weight baby: Low birth weight can be caused by prematurity (birth less than 37 weeks), poor growth, or a combination of both. Prematurity is increased in pregnant smokers and is the number one cause of neonatal death and chronic illness in babies. Problems such as cerebral palsy, life-long lung, kidney, or other organ problems, mental retardation and learning disabilities are much more common in premature and low birth weight babies.
- Placenta previa: Low-lying placenta that covers part or all of the opening to the uterus. Placenta previa blocks the exit of the baby from the uterus causing the mother to bleed.
- Placental abruption: The placenta tears away from the uterus causing the mother to bleed. This is life threatening for both mother and baby.
- Preterm premature rupture of membranes: The water breaks before 37 weeks of pregnancy, which is associated with an increase of preterm and low birth weight births.
- Stillbirth: The fetus has died in the uterus.

Ways to Quit Smoking

Great Start (1-866-66-START) is a national pregnancy specific smoker's quit line operated by the American Legacy Foundation.

quitnow.net

tobaccofreeflorida.com



Exercising for Two

Exercise is an important part of a healthy pregnancy. Exercise will make you feel better and will lessen common complaints such as backache, tiredness, constipation and insomnia (sleeplessness). It will help you maintain or improve your cardiovascular (heart and blood vessels) health and muscle strength so that you'll be better prepared for labor and delivery. Exercise will also reduce stress and make healing after your baby is born go faster. Low impact cardiovascular exercise is best. Examples of this type of exercise are walking, cross country skiing, stationary biking, rowing, swimming, tai chi, water aerobics and yoga.

Your baby will benefit from your exercise, too. When you increase your cardiovascular fitness, you increase the amount of oxygen in your blood and improve your blood flow. For your growing baby, that means more oxygen and a better flow of blood bringing necessary nutrients.

Check with your healthcare professional before starting any exercise program. Then exercise at a pace that is comfortable for you. Don't allow yourself to get breathless or very tired. The following are some exercise suggestions.

- Walking is one of the best ways to get exercise before, during and after pregnancy. Brisk walking is best. Walk in an area that has level ground.

- Swimming is an excellent exercise while pregnant. It is safe and can help you to relax. The sidestroke and back stroke are easiest at this time. Also, try walking across the shallow end of the pool while lifting your legs up high and stretching them out. Stretching is also a fun water exercise that helps the joints be more flexible and relaxed. Stand with your back against a rail or wall with your feet apart and your arms straight out on either side. Then bend to the left with your right arm over your head and try to touch your left arm (Fig. 1). Do the same for the other side.

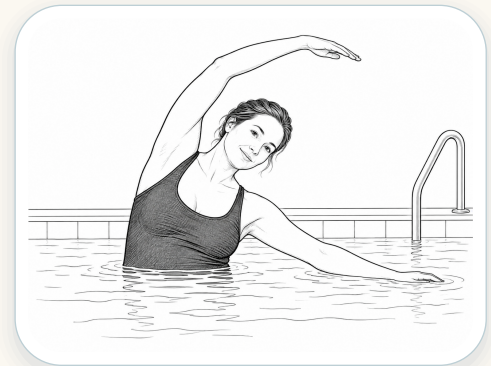


Fig. 1

- Pelvic floor (Kegel) exercises strengthen the muscles around the birth canal (the area around your vagina and pelvis). These muscles help support the baby and the uterus (womb). While sitting, lying down or standing, pull in the muscles through which the baby will be born (as if holding back urine). Hold tightly for a few seconds, then relax. Repeat this "tightening" exercise four to six times at first, building up gradually to 10 times per session. This exercise can be done anywhere at any time!

Exercising for Two

- Sit up on a firm surface with your legs stretched out in front of you. Then, bend and stretch your ankles (Figs. 2-3); bend and stretch your toes (Fig. 4); and roll your feet around in circles, first in one direction then the other, while keeping your legs close together (Fig. 5). Repeat this exercise 10 times. It is excellent for reducing swelling in the ankles, varicose veins and discoloration of the legs, and for alleviating cramps.

- The upper-back stretch (Fig. 6) can be performed sitting or standing. With a straight back and even shoulders, extend your arms outward, forming a 90 degree angle between your body and arms. Intertwine your fingers with palms facing out. Hold this position for 10 seconds and repeat 10 times.

- Use the cat stretch (Fig. 7) to release tension in your back and shoulders. Kneel on all fours with your fingers pointing forward and your toes pointing back. Begin with a flat back, and then drop your head down. Push your shoulder blades upward and elevate your upper back. Hold for five seconds and repeat 10 times.

- The pelvic tilt (Fig. 8) will help strengthen your lower back and abdominal (stomach) muscles. To start, stand with your back against a wall and your feet flat on the ground. Your head, shoulders and buttocks should be touching the wall. The lumbar (lower) part of your back should not touch the wall. From here, contract your abdominal muscles. Then pull your buttocks forward and upward. It is normal for your knees to bend and you to be on your tiptoes. Once your lower back is against the wall, hold the position for five seconds. Repeat 10 times.



Figs. 2-3



Fig. 4



Fig. 5



Fig. 6

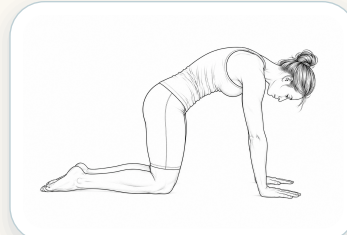


Fig. 7

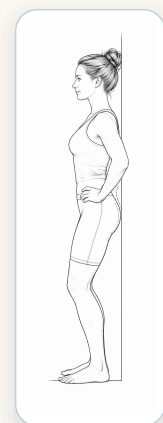


Fig. 8

Exercises & Weight - Remember

- You should not participate in any activities where there is a danger of falling, such as horseback riding and gymnastics.
- Limit any cardiovascular workout to 20-30 minutes.
- Check that your heart rate does not exceed 140 beats per minute.

When to Go to the Hospital

If you experience any of the following, please go to the hospital immediately as these are considered emergency:

- Continuous leaking of fluid (water broken)
- Abdominal trauma or car accident
- Heavy bleeding
- Decreased fetal movement
- Headache with vision changes
- Painful contractions greater than 6 times an hour if less than 36 weeks
- Fever greater than 101°

Please use this chart on pages 22 & 23 to determine how you should treat certain illnesses or symptoms throughout your pregnancy. If in doubt, go to the hospital.

Illness / symptom	Call the office if	Go to hospital if	Home treatment
Bleeding / cramping Some bleeding / spotting may occur after an internal exam.	Bleeding is less than a period with mild cramping; common in 1st trimester.	Bleeding is heavy (using a pad every 2 hours). 2nd & 3rd trimester cramping or painless heavy bleeding. Cramping is equal to or worse than menstrual cramps.	Rest. Avoid heavy lifting (more than 20 pounds).
Vomiting Common in 1st trimester.	Unable to keep down liquids and solids for more than a 24-hour period. Weight loss of more than 3-5 pounds.	Signs of dehydration occur (e.g. dry mouth, fatigue/lethargy, poor skin turgor). Abdominal pain accompanied with vomiting.	Vitamin B6 25 mg three times a day. Separate liquids from solids (e.g. dry cereal followed by a glass of milk 1 hour later). Plain popcorn. Rest; avoid hot sun.
Decreased fetal (baby) movements after 24 weeks	Baby moves less than 4 times in a 30-minute period while you are resting, during a normally active period of baby.	No fetal movement if accompanied by severe abdominal pain.	Rest. Drink juice or soft drink. Eat a small snack.
Labor	Contractions stronger than Braxton-Hicks (mild, irregular contractions), but may not be regular. If less than 36 weeks, call if contractions are every 15 minutes.	Contractions every 5 minutes apart for 1 hour. Water breaks, small leak or gush. Bleeding is more than a period. Pain or contractions won't go away.	Rest (you'll need energy for real labor). Increase fluids to 8-12 glasses daily. Dehydration can cause contractions, especially in summer.

When to Go to the Hospital

Illness / symptom	Call the office if	Go to hospital if	Home treatment
Urinary urgency and/or pain with urination Frequency is common in early and late pregnancy.	Pain with urination. Feeling of urgency to void with little urine produced.	Temperature of 101°F or higher. Pain in upper back. Contractions occur. Blood in urine.	Urinate at regular intervals. Increase fluid intake to 8-12 glasses daily.
Swelling	Recent, noticeable increase in feet and ankles. Swelling of face and hands.	Swelling accompanied with headache or upper abdominal pain. Swelling with decreased fetal movement. Elevated blood pressure if using home monitoring.	Lie on left side and elevate legs. Avoid salty foods (e.g. ham, pizza, chili).
Cold and flu	Temperature of 101°F or higher. Green or yellow mucus develops. Persistent cough for more than 5 days.	Breathing is difficult or wheezing occurs.	Tylenol, Actifed, Sudafed, and any Robitussin. Increase fluids. Rest. Use vaporizer.
Rupture of membranes		Water breaks, small leak or gush.	



Preparing for Labor and Delivery

Pre-register with hospital

We are affiliated with Broward Health Coral Springs and Northwest Medical. One of our providers is on-call at all times. You will be provided a registration packet for Broward Health Coral Springs or Northwest Medical. Patients are advised to pre- register at the hospital starting at 28 weeks gestation. Please register before you are in labor as this will make admitting you to the hospital smoother. You may schedule a tour of the birthing suites at your convenience.

Pain Management in Labor

If you have a birth plan, please share it with your provider. If desired, there are several options to provide pain relief while you are in labor. We are supportive of whatever you choose.

Nubaine (Stadol) Fentanyl - This narcotic is given through injection or IV and helps take the edge off strong contractions. It can make you sleepy if given early in labor. We avoid giving this near delivery time.

Epidural - This safe and popular option is administered by an anesthetist and requires a fine, thin catheter or tube to be placed in your back during active labor. Medicine slowly drips through the tubing to provide pain relief throughout labor. It is removed after delivery.

Local - Many patients deliver without pain medication. Sometimes we need to give a small injection of numbing medicine for stitches called lidocaine. It feels like a small pinprick.

Research cord blood banking

Your baby's blood is a valuable source of cells that could be used by your baby or another family member to treat some life-threatening diseases. It can easily and safely be obtained immediately after delivery. Parents can choose to have their baby's blood saved; however the decision must be made before birth. Insurance does not generally cover this. If interested, you can order a kit and bring it with you to delivery. Ask your provider for information.

Attend educational courses

There are educational courses on labor and delivery, breastfeeding, infant CPR and baby care available. Consider these classes especially if you are a first time parent!

Choose a doctor for your baby

You will need to decide on a doctor for your baby by the time you deliver. The hospital will send your baby's information and test results to your chosen doctor. Your baby is commonly seen within 1 week after birth. You will need to contact the doctor's office prior to delivery and make sure they are accepting your insurance and are taking new patients. We can provide you with a list of doctors if you have trouble locating one.

Labor and Delivery

Obtain and install a car seat

You must have a car seat installed in your vehicle before taking baby home. By law, children must be in a federally approved, properly installed, crash-tested car seat for every trip in the car beginning with the trip home from the hospital.

Learn more about breastfeeding

Human milk is perfectly designed nutrition for babies. Babies who are breastfed get fewer infections and are hospitalized less. Mothers that breastfeed burn 500 calories a day which can help lose extra weight and reduce a woman's risk of developing breast cancer. After delivery, the nurses and a lactation specialist are there to help you learn the art of breastfeeding.

Consider circumcision

A circumcision is the removal of excess foreskin from the penis of baby boys. We can perform this optional procedure for you. It may help reduce infections and penile cancer. Please let your provider know if you would like to schedule. We respect your choice if you decide not to.

When will I know I'm in labor?

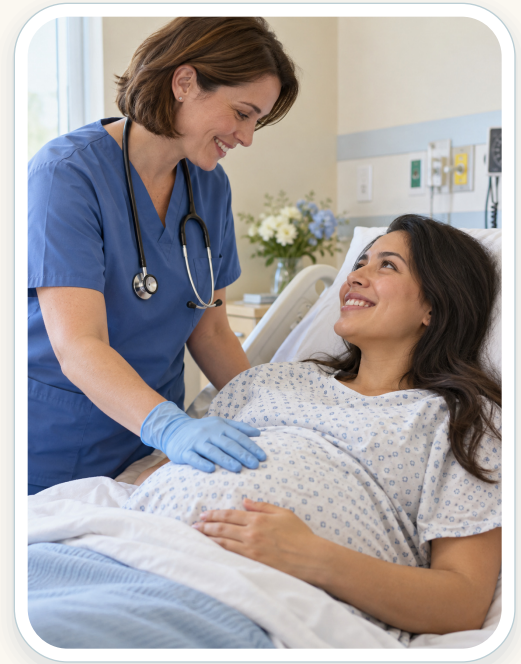
The chart below will help determine if you are in labor. If you have signs of true labor, contact the labor and delivery unit. If your water breaks, notify labor and delivery immediately, day or night.

True labor	False labor
Contractions are regular, get closer together and last 40 to 60 seconds.	Contractions are irregular, do not get closer together and last 20 to 40 seconds.
Contractions continue despite movement.	Contractions may stop when you walk or rest or may change with change of position.
Pain/discomfort usually felt in back and moves around to front.	Pain/discomfort often felt in abdomen.
Contractions steadily increase in strength.	Contractions usually are weak and do not get much stronger.
Cervix dilates.	Cervix does not dilate.
Bloody show may be present.	Usually no bloody show is present.

Delivery and Recovery

Induction

Your due date is considered 40 weeks. Anticipate delivery sometime the week of your due date. We recommend additional testing for your baby at 40-41 weeks. We induce labor then or sooner if there are concerns. Induction is a process where we give medication to stimulate contractions. It can take more than 24 hours to work and can increase cesarean delivery, especially if it is your first. It is important to allow your baby to fully grow and develop before we schedule a delivery. No elective induction before 39 weeks.



Cesarean birth and recovery

A Cesarean birth may be planned or unplanned. Nurses, anesthesia staff and your physician will be with you in the operating room. If necessary, a group of neonatal health care providers will also be with you. Your blood pressure and heart rate/rhythm will be monitored and a nurse will listen to your baby's heart rate. Your baby will be delivered in a short period of time once surgery begins. Once delivered, it will take approximately 45-60 minutes to complete surgery. Your incision will be closed with staples or sutures. You will then be moved to the Recovery Room.

Initial recovery after Cesarean birth

The immediate recovery period is similar to the recovery period of a vaginal birth. Rest to conserve your strength. You, your baby and your support partner will remain in the Labor and Delivery Recovery Room for approximately two hours. During this time you and your baby will be monitored closely. Whenever possible baby will be in the room with you.

Episiotomy/forceps/vacuum

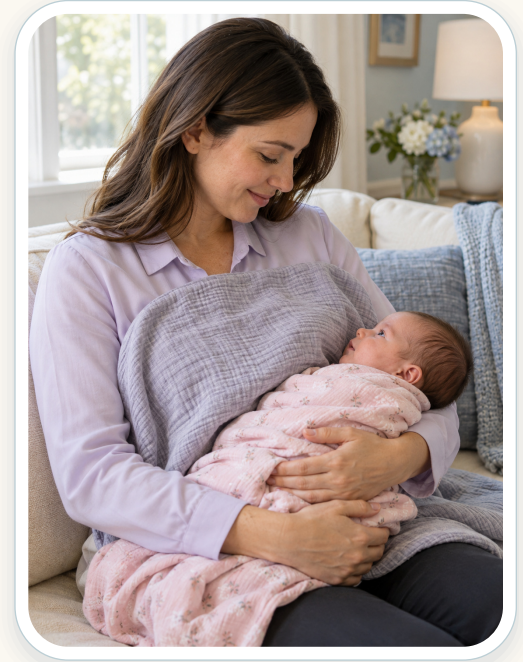
We plan to help you deliver your baby with the least amount of trauma. Episiotomies are not routinely needed and many deliver without the need for any stitches. Sometimes we need to make a small incision at the vaginal opening to help deliver. We make sure you are numb if you don't have an epidural, and will stitch the area after delivery. The stitches dissolve over time and do not need to be removed. We provide you with medicine to keep you comfortable after delivery.

We are highly skilled in the use of vacuum and forceps for deliveries. We will recommend using them only if medically indicated. Our goal is to deliver your baby in the safest manner. There are definitely times when this is the safest way to help your baby into this world.

Breastfeeding

Whether to breastfeed your baby or not is a very personal choice and is your decision to make. Mother Nature, though, has provided you with the best food to feed your baby. Human milk is a unique combination of fats, sugars, mineral proteins, vitamins and enzymes, custom-made to promote brain and body growth.

Colostrum, also called first milk, is a milky or yellowish fluid secreted by the mammary glands a few days before and after birth. Colostrum provides unmatched immunity against bacteria and viruses. Colostrum also acts as a natural laxative to clear the meconium (first bowel movement) from the baby's intestine, thereby, decreasing the chance of jaundice.



There are several breastfeeding advantages such as breast fed babies have fewer ear and diarrhea infections, decreased vomiting and acute respiratory illnesses, a lower risk for diabetes, lymphomas and Crohn's disease and breast fed babies tend to have higher IQ's than bottle fed babies.

You will receive additional information at Broward Health Coral Springs or Northwest Medical.

Breastfeeding Options for Working Mothers

Full time Nursing means you can nurse the baby during the workday OR you want to express milk often enough (at least every 3-4 hours) to be able to provide all the milk your baby needs while separated from you. Formula will be used in only rare instances when you don't have quite enough breast milk.

About seven to fourteen days prior to returning to work begin practicing with expressing milk by hand or with a pump to become familiar with the technique. It will take about 3 to 4 times before you become proficient.

Most women find they have more success expressing milk in the morning. Try this about one hour after the baby nurses. Just express for 10 to 15 minutes at the most and do it consistently each day. Expressing more than 1-2 times per day is not recommended while concurrently breastfeeding.

Milk can be stored in baby bottles, a pitcher or any clean container in the refrigerator. Don't worry if you only get a small amount when you begin. Fresh milk can be added to the milk you already have in the refrigerator as long as the new milk is chilled first.

Breastfeeding & Returning to Work

Milk can be kept in the refrigerator for 5 days. After 5 days it should be frozen or discarded. Breast milk, when removed from the refrigerator or freezer, may appear discolored (yellow tinged, bluish green, even a little brown). This does not mean the breast milk is bad. Always check breast milk to be certain it does not smell sour or taste bad. Because breast milk does not look like cow's milk when stored, taste and smell, not color, should determine if the refrigerated breast milk is good.

Remember that you only need enough milk for your first day back to work. What you express each day at work is what is used the next day.

Occasional bottle-feeding should begin at about 4-6 weeks after delivery even if you are not planning on returning to work until your baby is several months old. Introduce the baby to the bottle 1-3 times per week by letting dad or someone else feed some of your expressed milk by bottle. It doesn't need to be a full feeding; the intent is for the baby to get used to how to drink milk from a rubber nipple and bottle.

When you are at work express milk every 2-4 hours. You do not have to express at the same time every day but express milk often enough to prevent engorgement.

You should nurse as soon as you can when you get home and as exclusively as you can. If you find that your breast milk supply has dropped, try expressing milk before bedtime to help stimulate the supply a little.

Part time Nursing involves the ability to nurse the baby or express milk occasionally during the workday. You do not expect to be able to feed or express milk often enough to maintain a full milk supply and meet all of your baby's needs with your breast milk. Formula will be used frequently to provide all or most of the milk your baby needs while you are at work,

This option works better when babies are older and mothers do not have long workdays and long commutes. Mothers with babies less than 3-4 months old risk losing more of their milk supply than they planned on if they are not able to express milk at all during the day. "Comfort Expressing" (removing just enough milk to avoid discomfort from overly full breasts) can help you meet this goal better. Another variation of this option is expressing milk (even on a limited basis) at work until the baby reaches 3-4 months of age and then discontinuing it and using formula while you are working and continued frequent breastfeeding when you are at home.

About seven to fourteen days prior to returning to work eliminate one or two feedings that you will miss while you are at work. Replace breastfeeding at those feedings with a bottle of formula or breast milk. If your breasts are uncomfortable place some ice on your chest or express just enough for comfort. This will reduce the amount of stimulation your breasts receive and thereby, decrease the milk supply a little.

Try to express your milk while at work if you can, even if it is not every day or the same time every day. Nurse as much as you can when you are home.

Sore Nipple Management

Breastfeeding is meant to be a comfortable, pleasant experience. However, many new mothers still find their nipples tender for the first few days when the baby starts nursing. This usually disappears by 1-2 weeks.

To help prevent nipple tenderness, start with the correct positioning and latch on.

Cradle Position

Place a pillow or two in your lap to support your baby.

- Place your baby's head on the crook of your arm
- Make sure your baby is turned toward you chest to chest at breast level
 - a. Support your breast with your hand in an 'L' or 'C' position, thumb on top of your breast, fingers below, away from areola.
 - b. Tickle your baby's lower lip until he opens WIDE, and then quickly pull him onto your breast. Be patient. This may take a minute.
 - c Make sure your baby's lips are behind the nipple, encircling the areola.
 - d. The tip of your baby's nose should be touching the breast.

Football/Clutch Position

- Put a pillow or two at your side to help support your arm and your baby.
- Support your baby's neck and the lower back of his head in your hand, with your forearm supporting his upper body against your side.
- Follow steps a, b, c and d under the Cradle position

Lying down Position

Lie on your side with pillows supporting your back and your top leg, which is bent forward.

- Place your baby on his side facing you.
- Follow steps a, b, C, and d under the Cradle position.

Vary nursing positions for the first week.

Breastfeed frequently, about every one and one-half to three hours. Keeping your baby on an artificially longer schedule may make him frantically hungry and increase the likelihood of vigorous nursing and tender nipples.

Release the suction before you remove your baby from the breast. Do this by placing a clean finger in the side of your baby's mouth between his jaws.

Don't take him away until you feel the suction break.

Breastfeeding Comfort

After nursing your baby, express a little breast milk and massage it into your nipples and areola, then air dry. Leave them open to the air as much as possible. Never use soap, alcohol or breast creams on your breasts or nipples. Water is all that is needed to clean your breasts when you shower or bathe.

If your nipples do become sore, try these suggestions:

- Use deep breathing, soft music or other relaxation techniques before and during breastfeeding
- Limit the nursing time on the sore nipple.
- Express a little milk first to stimulate let down.
- Massage your breasts while nursing. This helps stimulate the milk to flow:
- Use non-plastic lined bras and/or bra pads. Change the pads frequently to keep the nipple dry.
- If your nipples become dry or cracked, use a little USP Modified Lanolin on them. This forms a moisture barrier so they stay dry

Suggested Books on Breast Feeding

"The Womanly Art of Breast Feeding" by: LaLeche League International

"Breast Feeding your baby" by: Sheila Kitzinger

"Best feeding: Getting Breast feeding right for you" by: Mary Renfew, Chloe Fisher, Suzanne Arms

"The Nursing Mothers Companion" by: Kathleen Huggins.



Postpartum Instructions

1. Make an appointment to see the doctor for a check-up 6 weeks after vaginal delivery, 2 weeks after cesarean for an incision check and then at 6 weeks postpartum.
2. Refrain from douching, tampons and swimming until after your post-partum check-up.
3. You may ride in a car but no driving for about 2 weeks.
4. If breastfeeding, continue your prenatal vitamins daily, eat a well balanced diet, and increase your fluid intake to 10-12 glasses of water per day. With any signs or symptoms of a breast infection (fever, flu-like symptoms, pain or redness in the breast) call the office for further instructions.
5. If not breastfeeding, continue to wear a good supportive bra, bind if necessary, use ice packs, take Tylenol" for discomfort, and call the office if the problem persists or worsens.
6. Vaginal bleeding may continue for 6-8 weeks while the uterus is returning back to prepregnancy state. You may have spotting and/or menstrual-like flow, Increased activity increases the flow. If bleeding or cramping increases to greater than a period, take two Advil and get off your feet. If bleeding is persistently heavy, call the office for further instructions.
7. Avoid lifting anything heavier than your baby until after your post-partum check-up
- 8. Exercise** - Avoid sit-ups, jumping jacks and aerobics until after your post-partum check-up. You may do simple abdominal tightening exercises, Kegel exercises, and walking.
9. Constipation is very common, Drink 6-8 glasses of liquids every day. Citrucel, Metamucil, and stool softeners (Colace) may be used, Include food like bran cereal, fresh fruits and vegetables in your diet. Stool softeners are recommended while taking Percocet or Vicodin.
10. Hemorrhoids usually are more symptomatic after delivery, If they are a problem for you, we can prescribe medication to relieve symptoms.
- 11. Post-partum blues** - Sadness, crying and blues are normal responses to hormonal changes in your body after the baby is born. Please let us know if you need additional assistance or if you are concerned that the blues have turned into depression.

Postpartum Care

12. Abstain from intercourse for 6 weeks or longer if your stitches are still painful. Contraception options may need to be discussed with your doctor at your check- up or earlier if you have special needs.
13. You may climb stairs 2-3 times a day in the first 2 weeks. Too much activity delays episiotomy and incisional healing
14. Please call the office if you have a fever of 101°F or greater, swelling, tenderness or redness in the lower leg.
15. If you had a Cesarean delivery, keep your incision clean with soap and water. Bandage with gauze only if instructed. Call the office if the incision is swollen, red or has any unusual drainage. Remove any steristrips after 10 days.
16. Tub bathing and showering are permitted

Postpartum Depression

40-80% of women experience mood changes after their delivery. This most commonly starts 2-3 days after delivery and usually goes away by 2 weeks. It is important to eat properly, get adequate sleep and reduce stress during this time to help with the symptoms. Sometimes the symptoms require treatment especially if mom is not bonding or enjoying her baby, unable to care for herself or the baby: feeling excessive sadness, depression or anxiety. Please schedule an appointment if you feel a problem is occurring. We are known for our compassionate care and have effective treatments for postpartum depression.



Summary of My Visits

My Pharmacy and Phone Number:

Notes & Questions



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