OBSTETRICAL CARE

Congratulations and thank you for choosing The Women's Group to assist you with your pregnancy and delivery. We provide this booklet for your orientation to our practice and for education regarding the many aspects of this experience. Our goal is to meet as many of your needs as possible during your pregnancy and this packet has been tailored to reflect our commitment to excellent care. Our Mission Statement is "To be the OB/Gyn practice of choice for the Pensacola Bay Area. We strive to offer our patients a positive experience – from the first phone call to the last visit – by providing the best medical care in a personal, caring way." We invite you to voice any concerns you may have during our association as this will decrease anxiety on your part and help us be the best we can be for you.

The Women's Group obstetrical care services represent the practices of **Dr. Ana Antonetti, Dr. Jeanne Eckert, Dr. John Grammer, Dr. Dina Navarro, Dr. Jill Prafke, Dr. Guinevere Redick, and Dr. David Turner.** We provide our patients with 24-hour obstetrical coverage, at Baptist Hospital and Sacred Heart Hospital, and participate in a vast array of insurance plans that may influence your choices. Our 24-hour obstetrical coverage should give you the security of knowing that regardless of when you deliver we will be readily available. At any one time, a physician is on call for emergency care. Ask your doctor for the particulars of his or her coverage relationship.

(850) 476-3696

(877) 507-2200 (toll free)

www.TheWomensGroup.org

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Revised 09-2019

WHAT TO EXPECT DURING YOUR PRENATAL VISITS

We cannot always predict what will happen during the course of your pregnancy; however, we can alert you to the routines of normal prenatal care. Below, you will find information about the care to expect during the course of your pregnancy. This information will remind you of what tests and special arrangements you need to plan for over the next nine months. We will order additional tests or increase the frequency of your visits if you have special needs.

First Prenatal Visit: A complete history, physical examination, and routine blood work will be performed. Certain risk factors may necessitate genetic counseling, if desired. An initial transvaginal ultrasound may be performed to establish the health and due date for the pregnancy. Optional testing will be offered as well. This optional testing might include screening for Down syndrome, neural tube defects, cystic fibrosis, HIV, and amniocentesis or chorionic villus sampling when indicated. Prenatal vitamins will be prescribed. Follow-up visits will usually be on a monthly basis. We will also verify your insurance benefits at this time.

Second Prenatal Visit: The viability and health of your baby will be confirmed on each visit. This will often be done with a hand-held Doppler that will allow us to hear the baby's heartbeat. If the pregnancy is too early, the heartbeat can sometimes not be heard. In these instances, a brief ultrasound will be performed. Early screening for Down syndrome other genetic syndromes will be offered at this visit.

16-Weeks Gestation: If not performed already, testing for Down syndrome will be offered (Quad screen or fetal free DNA). If Down syndrome testing has already been performed, screening for neural tube defects might be offered (alpha-fetoprotein). A discussion of these tests is found in this packet. A formal Diagnostic Ultrasound will typically be scheduled after 20 weeks of pregnancy.

20-22 Weeks Gestation: A formal Diagnostic Ultrasound will be performed. Prenatal classes need to be explored and arranged if desired. We strongly encourage these!

24-28 Weeks Gestation: Testing for gestational diabetes typically occurs at a regular office visit. This involves drinking a glucose solution with a blood glucose level determination one hour after the drink. (A book and a baby sitter make this time pass quicker!) Rh Negative mothers will typically receive their Rhogam injection at about 28 weeks. Another hemoglobin level will be checked as well. Repeat testing for HIV will also be offered at this time.

30-Weeks Gestation: Visits may be on a two to three week interval at this time and may include pelvic exams if indicated. Prenatal classes will usually begin by now. Don't forget to meet your obligations for epidural consent. The film and forms are available in our office.

36-Weeks Gestation: Weekly visits including pelvic examinations, to check for cervical dilation and to confirm the baby's head is pointing down, will begin. A culture for Group B Strep will be performed. Your birth plan will be reviewed to make sure we understand your expectations.

38-42 Weeks Gestation: Full term delivery is expected at this time. Testing for fetal well being may begin if you do not deliver by your due date.

REMINDERS FOR OB VISITS

1. In preparing for your visits, please wear clothes that make it easy to have a blood pressure, abdominal examination, and pelvic examination (when necessary).

2. Be prepared to leave a urine sample at each visit, so don't empty your bladder before arrival.

3. Write down your questions before your visit to avoid forgetting any important concerns.

4. Please turn off your cell phone when you are in the examination room so you are not distracted.

5. Because of the reality of the OB business, your doctor may be called away for a delivery or emergency during your scheduled visit. Our staff will try to estimate the delay time to allow adjustments or rescheduling. You might be offered a visit with one of the other providers, if available.

6. We strive to be as careful with your time as possible; however, the nature of the business necessitates frequent work-in visits that might one day involve you. For this reason an untimely wait is less stressful if you are aware that it may occur and are prepared with a book, magazine etc. Arranging a sitter for your child(ren) may be a wise choice, if possible.

7. Finally, NEVER hesitate to call if you have a question or problem. We prefer that you get sound medical advice from our doctors or nurses rather than from well-meaning relatives, friends, or on the internet. We are available 24/7 by calling our main office number (850) 476-3696.

TESTING

OBSTETRICAL PROFILE: These are the laboratory tests that are normally performed on, or ordered at, the first prenatal visit:

- Pap smear
- Cervical cultures for Gonorrhea and Chlamydia
- Urine culture for identification of possible urinary tract infection
- Complete blood count: testing for anemia, infection, and clotting abilities
- RPR: testing for syphilis (required by the state)
- Rubella titer: testing for immunity to German measles
- Hepatitis B surface antigen testing for exposure to the Hepatitis B virus
- Blood type, RH factor, and antibody screen
- Optional testing may include Sickle cell screening, Cystic Fibrosis carrier screening, toxoplasmosis antibody screening, and HIV testing.

HIV TESTING: Early diagnosis of HIV infection in pregnant women will allow us to implement treatment that can reduce the risk of HIV transmission to the baby and help to improve the overall health of the patient. Undiagnosed mothers may transfer the infection to their baby 25% of the time. Antiretroviral medication during pregnancy reduces the transmission rate to 8%. For these reasons, the American Academy of Pediatrics and the American Congress of Obstetricians and Gynecologists recommend universal testing as a routine component of prenatal care. Even if you have no apparent risk factors, The Women's Group endorses this policy for the protection and well being of mother, baby, and health care workers.

GENETIC SCREENING: The American Congress of Obstetricians and Gynecologists suggests that all patients be offered screening for genetic syndromes such as Down syndrome. This screening may be in the form of:

(1) Fetal free DNA (after nine weeks)
or
(2) Quad Screen Test (between 16 to 18 weeks)

These screening tests do not give a diagnosis of a genetic syndrome, but they help to estimate the risk of a genetic syndrome and determine whether further evaluation of the pregnancy may be needed. Prenatal screening is used to identify expectant mothers whose babies may be at increased risk for Down syndrome or other chromosomal abnormalities.

Down syndrome is a condition in which the baby has an extra chromosome 21. Approximately 1/800 pregnancies will be affected by Down syndrome. The chance of having a baby with Down syndrome increases as the mother's age increases. Babies with Down syndrome have varying degrees of developmental and intellectual delays. Trisomy 18 (Edwards syndrome) and Trisomy 13 (Patau syndrome) affect approximately 1/5,000-20,000 pregnancies. The risk of these problems also increases with the age of the mother. Babies born with Edwards and Patau syndrome typically have severe birth defects and will likely die before or shortly after birth. Turner syndrome is a condition where a female baby lacks one of its X chromosomes. Affected babies will have varying birth defects and cognitive deficits. DiGeorge syndrome is caused by rearrangement of genetic material on some of the chromosomes and results in poor development of several body systems, developmental delays and learning problems.

- Fetal free DNA

  This test can be performed after nine weeks of pregnancy. Blood is drawn from the pregnant patient. Genetic testing can be performed on placental tissue that is sloughed off into the maternal circulation. This testing can screen for Down syndrome, Trisomy 13 and 18, Turner syndrome, and DiGeorge syndrome. This is a highly accurate test with very few false positive or false negative results. If desired, you can also find out the sex of the baby with this test. This testing might not be covered by all insurance companies and does not screen for neural tube defects.

- Quad Screen test

  You may also choose to have a Quad Screen to screen for Down, Edwards & Patau syndromes. The Quad Screen also screens for problems related to closure of the tissue around the spine or the abdominal wall. The Quad Screen is a blood test performed on the mother where the levels of alpha feto-protein, estriol, Inhibin A and beta hCG hormones are measured to determine a patient's individual risk of these problems. If the risk of a problem is sufficiently high, then further testing may be recommended such as fetal free DNA or amniocentesis. Using the quad screen test, the detection rate for fetuses with Down syndrome is 75%-80%, with a false-positive rate of about 5%

It must be emphasized that none of these tests are perfect and may miss problems. Their use is limited to the above mentioned settings. No test will look for all problems, such as whether your child has an extra finger, cleft lip, or mental or emotional problems. There may be cases where further evaluation is indicated based on the result of the above tests. This evaluation may include testing fetal cells obtained by chorionic villus sampling or amniocentesis. If screening and further diagnostic testing lead to the detection of a chromosomal abnormality, adjustments in prenatal care and delivery preparation may be made. Also, early detection of a chromosomal abnormality allows time for psychological and economic preparation by the family.

We will discuss these tests with you at your visits. If you have any questions about these tests, please do not hesitate to ask. We will ask that you sign a consent indicating whether you do or do not desire testing.

BLOOD GLUCOSE SCREEN: Screening for gestational diabetes (GDM) is typically performed between 24-28 weeks. The testing may be performed earlier in the pregnancy if certain risk factors are present. GDM is a condition that develops during the pregnancy and is characterized by the inability of the mother to metabolize sugar normally. The screening test involves drinking 50 grams of a pure glucose solution (glucola) followed by a measurement of a blood glucose level one hour later. Fasting before the test is not necessary. It is a good idea to avoid a heavy carbohydrate meal prior to the test. In addition, eating or drinking anything, including chewing gum or eating mints during or immediately before the test will alter the result. If the results are elevated, more extensive testing will be required. The detection and treatment of GDM may reduce the risk for several adverse outcomes including excessive birth weight and birth trauma, and fetal hypoglycemia (low blood sugar).

ULTRASOUND: The ultrasound examination is a valuable tool in obstetrics. Studies done to date show no risk to the fetus or mother from the scan. Ultrasound provides valuable information about the health and well-being of the fetus. It also provides confirmation of gestational age and location of

placenta. For these reasons our practice recommends an early scan in the first trimester to establish fetal viability and to confirm the age of the baby. The early scan in the first trimester is usually performed with a vaginal transducer, or probe, that is covered with a condom. A full bladder is not necessary. In addition, at approximately 20-22 weeks gestation, a more detailed scan will be performed with an abdominal transducer. The details from this study allow for an evaluation of the health and well being of your unborn child and the detection of certain types of birth defects. It looks at the baby's anatomy and structure, position of the placenta, and various measurements of the baby, amniotic fluid level, length of the cervix and the uterus. Not all abnormalities can be detected by ultrasound. Also, the ultrasound may or may not be able to give you information regarding the sex of your unborn child; no ultrasound can make a 100% determination whether you are expecting a boy or a girl. Ultrasounds during pregnancy are usually covered under most insurance plans, although they may be billed separately from the global fee. If you have questions regarding the coverage under your specific plan, please consult with our financial counselor.

ALPHA-FETOPROTEIN BLOOD TESTING (AFP): Alpha-fetoprotein is a protein produced by the fetus that can be measured in the blood of the mother. The maternal serum alpha-fetoprotein, or MSAFP, is a screening test for fetal neural tube defects (NTD). Neural tube defects represent a failure of closure of the neural tube during embryonic development. The neural tube extends from the brain to the tip of the spinal column. An opening of the tube leaves portions of the nervous system exposed. The two most common types of NTD are anencephaly (failure of closure of the brain) and spina bifida (failure of closure of the spinal canal). Anencephalic babies do not typically live more than a few hours. Babies with spina bifida may have disabilities ranging from minimal to severe, depending on the location and extent of the defect. Disabilities may include inability to walk, urinary incontinence, or developmental delays.

MSAFP does not determine whether or not your baby has a NTD. It merely reports the risk, as a number: e.g. 1 in 80, or 1 in 800. The risk is never reported as zero, so the risk of having a baby with one of those problems cannot be totally excluded even with a negative screen. If the risk is greater than 1 in 270, it is reported as positive screen. With a positive screen, additional testing will be offered even though the risk at that level is still very low (less than half of one percent).

In the United States, about 1-2 births per 1,000 are found to have a neural tube defect. The large majority of NTD come from mothers with no risk factors (i.e. family history.) Certain medications, maternal diabetes, and folic acid deficiency have been associated with increased risk of developing this disorder.

MSAFP might be offered if a quad screen has not been performed. If the test is positive, further evaluation will be offered. This testing may include simply repeating the test, ultrasound evaluation, and/or amniocentesis. While normal tests results are not a guarantee, many couples find them reassuring. In the case where an abnormality is suspected, some parents may find the information gives them the time necessary for difficult decisions and future planning.

CYSTIC FIBROSIS SCREENING: Cystic fibrosis is an inherited disorder that primarily affects the lungs, pancreas, liver, and intestines. It affects the cells that produce mucus, sweat and digestive juices. The most serious problem from this condition is difficulty breathing because of recurrent lung infections caused by the abnormal secretions. People affected with cystic fibrosis can die at an early age. This condition is most prevalent in people with Central and Northern European ancestry. Babies affected with this condition have two abnormal genes, one from each parent. Approximately 1 in 30

white individuals carry the gene that causes cystic fibrosis. Cystic fibrosis is the most common inherited disease leading to a shortened lifespan among white people in the United States and is less common in other ethnic groups. Currently, there is no cure for cystic fibrosis, but many promising therapies are on the horizon. We can perform testing to see if you are a carrier for the gene that causes cystic fibrosis. If you are a carrier, the father of the baby will need to be tested in order to tell you if you have a chance of having a baby with cystic fibrosis. If you are not a carrier, it is very unlikely you would have a baby with cystic fibrosis.

GROUP B STREP SCREENING: Group B streptococcus (GBS) is a bacterium that can be found in approximately 25% of women. It is one of the many bacteria that do not usually cause serious illness and may be found in the digestive tract and reproductive tracts. People who have the bacteria but show no symptoms are said to be colonized. It is different from group A streptococcus that causes "strep throat". GBS is not a sexually transmitted infection. Women with GBS can pass the bacteria on to the baby. This most typically occurs during labor. Most babies exposed to GBS from their mothers do not have any problems however a few will become ill. Only 1-2% of mothers with GBS colonization will pass the bacteria to the baby causing an infection. Sites of infection include the baby's blood, lungs, brain, or spinal cord and a serious infection can lead to death of the newborn in about 5% of infected babies. For this reason, it is standard practice to obtain a culture for GBS at around 36 week gestation to identify women at risk for the neonatal infection. Mothers who test positive for GBS and those whose GBS status is unknown are given antibiotics during labor to reduce the risk of passage of the bacteria to the newborn. This protocol has dramatically reduced the incidence of neonatal GBS infection. It is important to remember that no treatment offers perfect protection against GBS and some infections, even fatal ones, will still occur despite treatment.

Rh FACTOR: Just as there are different major blood types, such as A, B, or O, there is also a Rh factor that is the type of protein on the red blood cell. More than 85% of people in the world have the protein and are called Rh positive. During your pregnancy, you will have a blood test to find out your blood type and Rh factor. If your blood lacks the protein (antigen), it is called Rh negative. Problems can arise when the fetus' blood has the Rh factor and the mother's blood does not. Normally, there is a total separation of the mother's and the baby's blood. In some circumstances some of the baby's blood can get into the mother and antibodies are formed in the mother to fight the Rh factor as if it were a harmful substance. This is called Rh sensitization and for all future pregnancies this new antibody can seriously harm any Rh positive fetuses. To prevent this sensitization from occurring, all Rh negative mothers are given an injection called Rhogam to prevent them from responding to any Rh positive cells. The only exception to this is in the case when the father is also RH negative. Rhogam is usually given at 28 weeks gestation and after delivery if the baby is Rh positive.

OTHER ANTEPARTUM TESTING: In certain high risk conditions (e.g. diabetes, hypertension, or even postdate pregnancies), testing of the health of the baby may be performed to reassure that the baby is thriving and not under excessive stress. This sometimes is accomplished with fetal monitoring called a non-stress test. In addition to the non-stress test ("NST"), ultrasound surveillance is frequently used to establish fetal well being. This is called a biophysical profile ("BPP"). Your doctor will explain which tests will be used to gather the best information in your particular situation.

VACCINES

Pregnant Women and Influenza (Flu): Influenza/flu is more likely to cause severe illness in pregnant women than women who are not pregnant. Changes with the immune system as well as other physiologic changes make pregnant women more prone to severe illness, hospitalization and even death when they become infected with the flu. The flu also places the unborn baby at greater risk for problems, including preterm labor. Receiving a flu shot while you are pregnant is the most important step in protecting against the flu. The flu shot can provide protection for the mother and for the baby. The flu shot is safe to take during pregnancy. It has been given to millions of pregnant women over many years flu shots have not been shown to cause harm to pregnant women or their babies. It is very important for pregnant women to get the flu shot. If you get sick with the flu, it is important to contact your doctor right away. If you come in contact with the flu, we might prescribe medication to reduce your risk of getting the flu.

If you develop the flu and have any of the following, go to the hospital for evaluation

- difficulty breathing or shortness of breath
- pain or pressure in the chest or abdomen
- severe dizziness
- confusion
- severe or persistent vomiting
- high fever that is not relieved with Tylenol
- decreased fetal movement

Tetanus, Diptheria and Pertussis (Tdap): Because of a dramatic and persistent increase in Pertussis disease in the United States, the Center for Disease Control has recently updated its guidelines for Tdap vaccination during pregnancy. The new guidance was issued to minimize the risk of whooping cough disease on vulnerable newborn babies. The recommendation is for patients to receive the Tdap vaccination during each pregnancy, irrespective of the patient's prior history of receiving Tdap. This helps to maximize the transfer of antibodies to the newborn baby in order to provide protection at birth. The optimal time for administration of the vaccine is between 27 and 36 weeks. There is no evidence of adverse fetal effects from vaccinating pregnant women with this vaccination. Again, this vaccination will help protect you and your baby from the whooping cough.

DRUGS AND PREGNANCY

Smoking: Numerous studies show that there is a strong relationship between maternal cigarette smoking and delivery of a smaller, less healthy baby. The greater the number of cigarettes smoked, the smaller the baby. In addition, smoking mothers are at risk for miscarriage, ectopic pregnancy, premature delivery, and even stillbirth. Smoking increases the risks of problems such as placenta previa and abruption of the placenta, either of which can seriously compromise the health of the baby and the mother. Second hand smoke can also be harmful, and children of smoking parents (this includes Dads) tend to have more problems with respiratory illnesses, ear infections, growth and learning development delays, and even Sudden Infant Death Syndrome (crib death). Obviously, we feel it is very important that you stop smoking if you are pregnant. Bringing up your child in a smoke free environment is one of the best gifts you can give your baby. If you feel you need help to quit smoking, please discuss it with your provider. There are many excellent programs available in the community to help you quit smoking.

Alcohol: Alcohol consumption during pregnancy poses several risks to the developing fetus and to the newborn. Moderate alcohol consumption (1-2 drinks twice a week) has been associated with an increased incidence of miscarriage as well as with growth and developmental delays in newborns. Heavy consumption (4-5 drinks per day) is associated with a group of problems known as fetal alcohol syndrome. Fetal alcohol syndrome is characterized by low birth weight, brain damage, and growth problems. Because even modest alcohol consumption has been associated with damage to the fetus, no safe level of intake can be set. We recommend that you do not consume alcohol in any form while you are pregnant. If you feel you have a problem with alcohol abuse or addiction, please do not be ashamed or hesitant to discuss it with your provider. We are here to help you have a healthy baby.

Caffeine: To date, no studies have been able to definitely link maternal caffeine consumption with detrimental effects on the fetus. When consumed in large amounts (5-6 cups of coffee or soda per day), caffeine has been associated with infertility. We advise you to be moderate in your caffeine consumption. Fluid intake during pregnancy is an important aspect of good nutrition and we urge you to drink a variety of non-caffeinated beverages, especially water.

Other drugs: All drugs, even prescription drugs such as Valium or diet pills, are potentially harmful to your baby during pregnancy. Illegal drugs such as cocaine, marijuana, crack, etc. also cross the placenta and can have adverse effects on the developing fetus. Long-term use of some of these drugs may lead to your baby being born addicted to the drug. Please do not take any drug during your pregnancy unless under the supervision of your doctor. If you feel that you have a problem with drug dependency or abuse, please do not hesitate to discuss it with your provider. We want you to have a healthy baby.

PROBLEMS THAT REQUIRE IMMEDIATE ATTENTION

The following problems usually require immediate attention and/or treatment. If you experience any of these problems please call our office at (**850) 476-3696**. This number is good both day and night. Please have the name and number of your pharmacy ready in case a medication is prescribed.

Fever: An elevated temperature may be associated with either viral or bacterial infection. In viral illnesses the temperature will usually subside within 24 hours. In bacterial infections the temperature will usually not subside without proper treatment. Any fever associated with urinary symptoms, sinus drainage, sore throat, or mucus that is anything but clear should be reported to your doctor promptly. A temperature above 100.4 degrees F for more than 24 hours should be reported.

Urinary symptoms: Urinary burning, pain, or frequency may be a sign of an infection and should be reported immediately. Infected urine may also have a strong odor and color.

Vaginal bleeding: Any vaginal bleeding, even if it is light spotting, at any time during pregnancy should be reported to your provider. The only occasion where it may be permissible to delay reporting is immediately after a cervical examination in the office or after intercourse. Spotting in these situations usually is light and stops within several hours.

Severe vomiting: Nausea and vomiting during the first trimester is very common due to the hormonal changes of pregnancy and usually goes away by the fourth month. The nausea diet described in this booklet (page 15) may be helpful in reducing this common discomfort; however, being unable to keep anything down (solids or liquids) for 24 hours can lead to dehydration. This is usually associated with a decreased urinary output and/or concentrated urine and should be reported to your physician. Treatment may require intravenous fluids in addition to medication. Severe vomiting beyond the first trimester can have other causes and should also be reported.

Measures that you might use to help with nausea and vomiting include:

(1) Taking Vitamin B6 (pyradoxine), 25 mg along with Unisom Sleep Tab (doxylamine) 25 mg at bedtime. If nausea is not adequately controlled, you may take one Vitamin B6 (25mg) and ½ Unisom Sleep Tab (12.5 mg) in the morning. These medications are available without prescription.

(2) Sometimes, prescription medications are necessary if the symptoms are not relieved by over-the-counter medications. Prescription medications include: (1) Phenergan (promethazine) as an oral tablet or suppository or (2) Reglan (metoclopramide).

(3) In cases where nausea and vomiting are difficult to control and there is concern about dehydration, Zofran (ondansetron) might be considered. Although there are many studies showing the use of Zofran to be safe during pregnancy, a recent Danish study showed a twofold increased risk for congenital heart defects associated with use of Zofran during the first trimester of pregnancy. To put this in perspective, there is a 3.5% risk of birth defect without the use of Zofran compared to a 4.7% risk with first trimester exposure. Most babies will not have any problems with this medication, but its use will be limited to those who have severe symptoms of nausea and vomiting.

Swelling: Mild swelling, or edema, of the lower extremities is not unusual, especially in late pregnancy. Elevation of your legs above the level of your heart and reduction of salt intake may help reduce the swelling. Sudden or excessive swelling particularly involving the face and hands, may indicate a more serious condition and should be reported promptly.

PROBLEMS REQUIRING IMMEDIATE ATTENTION (continued)

Severe headaches, blurred vision, or spots before eyes: Headaches during pregnancy may have a variety of causes including fatigue, stress, eyestrain, or sinus congestion. Most headaches are relieved by rest and Tylenol. If they persist, please contact your provider. Any visual disturbance should also be reported.

Abdominal or pelvic pain: Any sharp or continuous pain should be reported.

Unusual vaginal discharge or leaking fluid: It is not unusual to have a heavier vaginal discharge during pregnancy due to the increased estrogen levels. Any color other than white may indicate an infection and should be reported. Any leaking of watery fluid from the vagina, even a small amount, requires immediate evaluation. If you suspect that your membranes may be ruptured regardless of the gestational age, please notify your provider at once or go to the hospital.

Decreased or absent fetal movement: Normally fetal movement is first felt around 20-week's gestation. In the beginning, the baby's movement will feel "fluttery" but gradually become stronger and more noticeable. Any change in this pattern is important to note particularly when the quality of movement has been consistent. After 32 weeks gestation, fetal movement should be consistent and predictable, and serves as an indication of fetal well-being. One method of monitoring the baby's movements is called "kick counts". You can do this at home: Select a regular time each day (for example, after breakfast or dinner) and keep track of the movements. Normally your baby will move at least 10 times in an hour. As soon as you have felt the baby move ten times, you can stop counting and make note of the length of time required to feel the ten kicks. This will serve as the benchmark to compare one day to the next. Any significant change in this pattern should be reported. Likewise if the baby does not move at all in a 12-hour period this should be reported to your doctor. Please do not hesitate to call if you are the least bit concerned over the movement pattern of your baby. If it is after office hours and you experience significant decrease in fetal movement, it is best to go to the hospital so the baby can be monitored.

Pre-term Contractions: It is not uncommon for pregnant mothers to experience periodic contractions at the beginning of the third trimester (26 weeks gestation). They may occur 3-4 times a day and are frequently associated with physical activity or a full bladder. These contractions are usually very mild in intensity and last less than one minute in duration and have been termed "Braxton-Hicks" contractions. Contractions that occur more than 6 times in an hour for more than one hour should be reported. Pre-term labor is defined as labor prior to 37 weeks gestation so it is important to evaluate a contraction pattern that is too frequent, too strong, and too early.

WHAT OVER-THE-COUNTER MEDICATIONS CAN I TAKE WHILE I AM PREGNANT?

During the first trimester, the developing baby is most vulnerable to potential harmful effects of medications. If you are on a prescription medication, please notify your doctor to determine what risks may be present. The following list represents over-the-counter medications that pose no obvious hazard to the developing baby, particularly after the first trimester.

Condition	Medication/Treatment		Condition	Medication/Treatment
Allergies	**Allegra, Benadryl, Claritin, or Zyrtec**		Back Pain	Try more frequent resting periods, proper posture, heating pads and **Tylenol**. May use a pregnancy belly/back brace. *Especially noted at the end of pregnancy
Cold, Flu, Sinus, and Sore Throat	**Tylenol** (acetaminophen) or **Tylenol Cold, Sinus, or Flu;** Saline nasal gel, spray or rinse (**Ayr**); Warm salt water gargle; **Mucinex**; Throat lozenges, **Neosynephrine** or **Afrin** (only for 3 days); Neti Pot/Sinus Rinse *Colds usually last 7-10 days *It is important to increase clear fluids in order to thin mucus secretions		Dizziness	Breathe deeply and try to avoid sudden movements and position changes. Take your vitamins and increase your fluid intake. *Especially noted at the beginning of pregnancy.
Constipation	First, try whole grain breads and cereals, fresh fruits and vegetables, 6 to 8 glasses of water per day and daily exercise. If there is no relief, try **Fibercon**, **Metamucil** or **Citracel** daily. Still no relief, try Laxatives: **Fibercon**, **Miralax** or **Senokot-S** Stool Softeners: **Colace** For severe constipation, use **Fleets Enema** one time only and call our office		Moodiness	Ask for more emotional support from your family and get out and have fun. Inform us if you have a history of depression/anxiety and if you feel you need a prescription for depression or anxiety.
Cough	**Robitussin**, any type, or **Mucinex**		Nausea and/or Vomiting (Morning Sickness)	This can occur at any time of the day. Eat a few crackers first thing in the morning when waking up and try small, more frequent meals versus 3 large meals during the day. You may try **Dramamine** or **Bonine** or **Unisom Sleep** Tabs (1 tablet) and **Vitamin B6** (1 tablet of 25 mg) (take Unisom and B6 together at bedtime).

Condition	Medication/Treatment		Condition	Medication/Treatment
Diarrhea	**Imodium AD** or **Kaopectate** and increase fluid intake		Nosebleeds	If blood is pouring or trickling out of your nose, put head down by leaning forward and apply ice pack to the bridge of your nose. If no relief within 10 minutes, go to the emergency room. Minor streaks of blood from blowing your nose or from dry, irritated sinuses can be treated with OTC saline products.
Headache	**Tylenol** or **Tylenol Extra Strength**; rest in a dark, quiet room. Sometimes a damp cloth on the forehead helps. Notify our office if severe, continuous headaches are unresponsive to Tylenol products. NO ASIRIN AND NO IBUPROFEN (including Advil, Motrin and Aleve)		Rashes	**Benadryl**, **Caladryl Lotion**, or **Cortisone Cream** or Oatmeal bath (**Aveeno**)
Heartburn	Eat smaller, more frequent meals. Lay down 2 hours after food intake and do not eat late at night. If symptoms continue, try **Mylanta**, **Maalox**, or Tums. If still having heartburn, try **Prilosec** or **Prevacid**.		Shortness of Breath	Lay on your left side with head and shoulders elevated on pillows and take slow, deep breaths. *Especially noted in the middle and end of pregnancy as the uterus gets bigger.
Hemorrhoids	Soak in a warm tub, avoid constipation and straining for bowel movement (Sitz bath). Use **Preparation H**, **Anusol**, or **Tucks Pads**.		Swelling	Especially of the ankles, feet, and hands. Elevate feet as much as possible, drink 8 glasses of water per day, and avoid salty foods. *Especially noted at the end of pregnancy.
Leg Cramps	May need to increase your calcium or potassium. Drink more milk, eat more cheese, bananas, avocados. Increase your fluid intake with water, Gatorade, and/or Propel water.		Tired-Feeling Run Down	Take your **Prenatal Vitamins** and try to get adequate rest. Take **Vitamins B12 and B6**. You may need an iron supplement if your blood work comes back showing anemia. *Especially noted in the beginning and end of pregnancy.
Urinary Frequency	Report any signs of urinary tract infection to our office. Stay close to a bathroom. *Especially noted at the beginning and end of pregnancy.		Yeast Infections	**Monistat 7**. Call if there is an increase in odor or discharge.

Please do not hesitate to contact our office if you have any questions regarding medications or treatment.

OTHER TOPICS

WORK: Continuing to work until your expected delivery date is acceptable as long as no complications occur and if the work is not too strenuous or physically exhausting. In situations that may be too strenuous, limitations may be recommended by your employer or your provider and the three of you will need to formulate a schedule that is safe and reasonable. Remember there is a difference between maternity leave which may simply be a choice allowed within certain employment guidelines and disability which requires medical documentation. Maternity leave is generally requested by the patient and disability is usually labeled by the doctor. Normally it is advisable to limit working to 8 hours a day/ 40 hours per week. If you are doing well, it may be acceptable to work until labor occurs.

TRAVEL: Travel during pregnancy is acceptable, as long as your pregnancy is uncomplicated. This includes travel by plane. Be aware that sitting for long periods of time in climate controlled vehicles can lead to leg cramps, swelling, backache, and dehydration. It is helpful to stretch your legs and walk every 2-3 hours as this reduces the risk of developing blood clots in the lower extremities. When traveling by car, remember to wear you lap and shoulder belts. Finally is it inadvisable to travel any significant distance after 36 weeks gestation as there is always a possibility of labor. If emergency travel is required after 36-weeks gestation, copies of your medical records may be obtained in case you need to seek medical care at another facility.

SEXUAL INTERCOURSE: Sexual intercourse during pregnancy is not considered harmful as long as the pregnancy is normal and uncomplicated. Problems such as bleeding, premature labor, and certain vaginal infections will necessitate a modification of sexual activity and specific instructions will be discussed by your doctor.

During pregnancy women experience a wide variation in their desire for sexual activity. There is certainly a hormonal basis for interest, along with fatigue and nausea that may interfere with your sexual energy level. Because of all of the physical and emotional changes, it is important for you and your partner to communicate openly and develop an understanding of each other's feelings. Physical contact such as hugging and relaxing massage can keep couples from growing distant during this time. The last trimester of your pregnancy may be a time for trying new positions to accommodate your enlarging abdomen. Couples should avoid excessive breast stimulation as this may cause added uterine contractions. Also if you experience painful intercourse, bleeding, or suspect your membranes have ruptured, please contact your doctor promptly.

EXERCISE: Exercise is recommended during pregnancy. If you are currently involved in a routine form of exercise, you may continue that exercise as long as you are comfortable and your doctor endorses it. It is not recommended that you take up a new strenuous exercise such as jogging or aerobics if you were not actively involved in those activities before pregnancy. Skydiving and scuba diving during pregnancy are considered hazardous activities. Special prenatal exercise classes are offered by various groups in town. For information about these classes, check with our staff. Home video tapes of pregnancy exercise routines are also available in local bookstores and on-line. The American Congress of Obstetricians and Gynecologists has an exercise video that is also available. You do not need to invest in expensive classes or video tapes to meet your prenatal exercise needs. Brisk walking (1-3 miles, 3 times per week, during the coolest times of the day) is an excellent form of exercise during your pregnancy. As with all forms of exercise, be good to yourself and don't over do it.

OTHER TOPICS (continued)

EXERCISE (continued): If you feel short of breath, overheated, weak or light headed, stop the activity until you feel better and then proceed at a less strenuous pace. Be sure to stay hydrated while exercising.

Pelvic Tilt and Pelvic Rock: An important exercise during pregnancy is known as the pelvic tilt or pelvic rock. This exercise improves the flexibility of your lower back muscles and strengthens your abdominal muscles. This, in turn, will help relieve backache during pregnancy.

Practice the pelvic rock by lying on your back with your knees bent and feet flat on the floor. Tighten your lower abdominal muscles and the muscles of your buttocks. The object is to press the small of your back to the floor. Hold to a count of 10 then, slowly relax the abdominal muscles and the muscles of the buttocks. Rest for one- minute then repeat.

Another way to practice the pelvic rock is to get down on your hands and knees with legs slightly apart and elbows and back straight. While inhaling, arch your back upward, using the muscles in your lower abdomen. Hold for a count of 10, then slowly exhale and relax your muscles, allowing your back to sag. Rest, then repeat.

Kegel Exercise: The single most important exercise for any woman to learn and practice is the Kegel exercise. The exercise involves the muscles of the pelvic floor, and the muscles surrounding the vagina and urethra. Exercising this muscle group will help increase and improve muscle tone and blood circulation which in turn improves pelvic support, bladder control, enhanced healing of tissues after birth, and sexual pleasure for both partners.

This exercise is simply a slow and deliberate tightening of the pelvic floor muscles. Tighten the muscles around the urethra and vagina, as if to cut off a stream of urine. Hold to a count of 10, then slowly release. It may help to visualize an elevator traveling up your vagina for 10 floors as you slowly tighten the muscles up into your abdomen. Then slowly relax the muscles as you visualize the elevator traveling back down 10 floors. Perform at least 10 contractions of the pelvic muscles during a session. The goal is to hold the contraction for 10 seconds and to rest for ten seconds. Repeat the session of 10 contractions at least 5 times per day. You can do it any place and any time. No equipment is needed and you need not be in a special position.

DIET

The average weight gain during pregnancy is 25 to 35 pounds above your ideal weight over the nine-month period. Underweight women may need to gain more weight, while overweight women may benefit from less weight gain. Weight loss is not uncommon in the first 3 months of pregnancy. Too much weight gain (greater than 35 pounds) can contribute to the development of high blood pressure (hypertension), excessive fetal weight, and difficulty with postpartum weight loss. Control of food cravings and not eating too many sweets, fast foods, fried foods, and dairy products will minimize your weight gain. Your ideal weight gain should be 3-4 pounds during the first 3 months of pregnancy and 3-4 pounds per month during the remainder of your pregnancy. If you are at your ideal body weight prior to pregnancy, you will need to increase your calorie intake approximately 10%. If you are under or over your ideal weight prior to pregnancy, you will need to modify your caloric intake accordingly. In general, your calorie needs may vary between 2,200-2,600 calories per day, depending on your pre-pregnant weight, frame size and activity level. The ideal diet during pregnancy will contain a variety of foods:

Protein Foods – 6 to 6 ½ ounces daily 1 ounce equals: 1 oz cooked lean meat, poultry or fish ¼ cup light tuna 1 egg ¼ cup cooked beans or tofu 1 tablespoon peanut butter ½ oz nuts or seeds		**Vegetables** – 3 to 3 ½ cups daily 1 cup equals: 1 cup vegetables 2 cups leafy salad greens 1 cup vegetable juice
Dairy – 3 cups daily 1 cup equals: 1 cup milk or yogurt 1 ½ oz natural cheese 2 oz processed cheese 1 cup pudding 1 ½ cups ice cream, ice milk or frozen yogurt		**Grains** – 7 to 9 oz daily 1 ounce equals: 1 slice bread ½ cup cooked cereal, rice or pasta 1 cup (1 oz) dry cereal 5 to 6 whole grain crackers 1 4-inch waffle or pancake 1 6-inch tortilla ½ hamburger bun, roll, or 3 inch bagel
Fruits – 2 cups daily 1 cup equals: 1 cup fruit 1 cup fruit juice ½ cup dried fruit, such as raisins or prunes		**Oils** – total of 6 to 8 teaspoons every day One teaspoon (5 grams) oil equals: 1 teaspoon liquid vegetable oil 1 tablespoon low-fat mayonnaise 2 tablespoons light salad dressing 1 teaspoon margarine with zero trans fat
Fluids - Drink enough water and other fluids to quench your thirst. Avoid sugary drinks.		**Extras** - Make choices that are low in "extras". Extras are added sugars and solid fats in foods like sugary drinks, desserts, fried foods, cheese, whole milk and fatty meats.

To get your own Daily Food Plan for Moms, go to ChooseMyPlate.gov and click on the Pregnant & Breastfeeding tab. If you need guidelines for appropriate portion sizes, dieticians at the area hospitals are available to help you plan a nutritious diet. Ask your doctor or nurse for a referral.

NAUSEA DIET FOR MORNING SICKNESS

Many pregnant women experience nausea as a sign of early pregnancy. During the first trimester, this may be as mild as queasiness upon waking in the morning to as severe as vomiting throughout the day. To reduce the symptoms of morning sickness try some of the below:

- Have available in the morning: crackers, vanilla wafers, unbuttered popcorn, dry toast, dry cereal, or other simple carbohydrates
- Drink liquids between meals: fruit juices, ginger ale, skim milk, or Gatorade
- Avoid greasy, spicy, or rich foods
- Eat small, frequent snacks of high protein foods to keep blood sugar stable, especially before bedtime
- Avoid hard to digest foods e.g. beef and nuts
- Rest frequently as fatigue will aggravate nausea
- Allow fresh air in your bedroom while sleeping
- Avoid coffee, alcohol, and tobacco
- Vitamin B6 at a dose of 25mg three times a day may also be helpful
- Please refer to the list of medications approved during pregnancy for treatment of nausea (page 9 and page 11)

FISH CONSUMPTION

Why Eat Fish? A pregnant or breastfeeding woman who eats fish high in omega-3 fatty acids will pass these nutrients to her babies and support healthy brain and eye development.

How Much Fish is OK? Health experts recommend that women eat 8-12 ounces each week and children (ages 2-6 years) eat 2 ounces each week. Three ounces of fish is about the size of a deck of cards.

Before Eating Locally Caught Fish, check with the state's health department for a fish consumption advisory for locally caught fish and avoid eating highly contaminated fish.

Don't Eat Raw Fish if you're pregnant, avoid eating raw oysters, raw fish (sushi) or refrigerated smoked fish. Don't feed raw fish to infants or children.

Learn More by visiting www.doh.state.fl.us/floridafishadvice/ and www.fish4health.net for more information.

Best Choices Lowest in Mercury & Highest in Healthy Fats	Lowest Mercury 12 ounces per week	
Eating as little as 6 ounces each week of these fish provides the recommended amount of healthy omega-3 fatty acids Anchovies Herring Mackerel (Atlantic, Jack, Chub) Rainbow Trout – farm raised Salmon – wild or farm raised Sardines Shad – American Whitefish	Catfish – farm raised Clams Cod Crab Flatfish-Flounder, Plaice, Sole Haddock Herring Mackerel–Atlantic, Jack, Chub Oysters-cooked Pollock	Rainbow Trout-farm raised Salmon-wild or farm raised Sardines Scallops Shrimp Squid Tilapia Tuna-canned Skipjack or Light Whitefish

Moderate Mercury 4 ounces per week		High Mercury/PCB DO NOT EAT	
Bass-Saltwater, Black	Sablefish	Bass-Striped	Sea Lamprey
Buffalo Fish	Sea Trout-Weakfish	Bluefish	Shark
Carp	Snapper	Chilean Sea Bass	Spanish Mackerel-Gulf of Mexico
Grouper	Spanish Mackerel-South Atlantic	Golden Snapper	Swordfish
Lobster-Northern, Maine, Atlantic	Tilefish-Atlantic	King Mackerel	Tilefish-Gulf of Mexico
Mahi Mahi-Dolphin-fish	Tuna-canned Albacore, Yellowfin or White	Marlin	Tuna-all fresh or frozen
Perch-freshwater	White Croaker-Pacific	Orange Roughy	Walleye-Great Lakes
Pompano-Florida			

Excessive mercury can pass through the placenta or breast milk and harm your baby. Do not eat fish from the high mercury category. If you eat 4 ounces from the moderate category, don't eat any more fish from this category until the next week.

EDUCATION

We strongly recommend obtaining education regarding pregnancy, labor and delivery, postpartum issues, and newborn care. Fully educated patients are empowered to participate in their care, to be effective decision-makers, and to care for themselves and their families with confidence. They understand the changes occurring in their bodies, and they have a more satisfying childbirth experience.

Even for those patients who choose to use epidural analgesia for their labor, we believe that childbirth preparation is important. Epidural analgesia is not appropriate for all women and it cannot be started until labor is well established. Many women find the coping skills they learn in childbirth classes to be very beneficial.

We encourage breastfeeding as the optimum way to nourish your infant. Although breastfeeding is normal and natural, most women benefit from instruction in breastfeeding.

Parenting classes offer new parents knowledge and skills to care for their infants. Sibling classes offer children the opportunity to learn about being a big brother or sister, what a new baby is like, and where Mom will be when she goes to the hospital to have the new baby. Classes can help children participate in and cope with the major changes in their lives that the new baby will bring.

A variety of classes are available to meet the individual needs of each expectant mother and her family. The following is a listing of classes available in this community. Patients are encouraged to call for complete information as times, dates, and fees are subject to change.

Baptist Hospital:
Baptist Hospital offers a variety of classes including:

- Baptist Birth Experience – Overview of the Baptist Women's Center
- Breastfeeding – How breastfeeding works, the best way to start, and choices that will result in a rewarding breastfeeding experience
- Prepared Childbirth – Prepares you and your partner for the labor and delivery journey
- Baby Care Basics– What to expect in the hospital and at home
- Sibling Class – (Ages 3 to 8) – Helps prepare your children for the arrival of the new member of the family!

Costs for the classes vary. A Registration Form, schedule of classes and additional information is available on line ebaptisthealthcare.org/birth/Baptist-babies or by contacting the Baptist Women's Center (850) 434-4567.

EDUCATION (continued)

Sacred Heart Hospital:
Sacred Heart Women's Hospital offers a variety of childbirth and parenting education classes including:

- Prepared Childbirth Series – helps prepare the you and your partner for the birthing process.
- Childbirth Refresher – Update and review for couples and mothers who have attended a complete Prepared Childbirth Series in the past 3 years.
- "My Family's Growing" Sibling Fair – Prepares children ages 3 through 10 for a new baby in the family.
- Newborn Parenting – Prepares parents in caring for your new bundle of joy, from birth through the first few weeks at home.
- Breastfeeding – Teaches techniques for breastfeeding success and addresses common concerns to make your experience as smooth as possible.
- "My Family's Growing" Sibling Class – (Ages 3-10) – Prepares soon-to-be siblings for the arrival of a new baby in their family.
- Mommy & Me Support Group - Provides mothers with babies with an opportunity to share experiences, gain support, and develop friendships.
- Infant/Child CPR – Teaches CPR to new parents, family members and friends who will be caring for a baby or young child.
- Online Class: Understanding Birth – Experience comprehensive childbirth education from the comfort of your own home.

Costs for the classes vary. Sign-up by calling Monogram Maternity at (850) 416-6378. Additional details and a calendar are available online at healthcare.ascension.org/Specialty-Care/OB-Gyn

Florida Department of Health in Escambia County:

Florid Healthy Start Program – A Healthy Start Coordinator will help you arrange a variety of services as needed to meet your needs and goals for having a healthy baby. Services include:

- Home health visits by health professionals
- Childbirth education
- Breastfeeding support and education
- Parenting education
- Smoking cessation support and education
- Counseling services
- Referrals for nutrition counseling

For more information call (850) 595-6641 or go online to www.EscambiaHealth.com/Healty_Start/Healthy_Start.htm.

Women, Infant and Children Program (WIC)
The WIC program offers the MOM to MOM breastfeeding class at the Fairfield WIC location and it is open to anyone. To sign-up, call (850) 595-6668 ext 212. Additional information is also available online at www.EscambiaHealth.com/wic/Breastfeeding.htm

EPIDURAL ANESTHESIA

Many women choose to use epidural anesthesia during labor. Anesthesiologists at each hospital want to ensure that patients are fully informed about the risks and benefits of epidural analgesia.

For Baptist Hospital and Sacred Heart Hospitals, the anesthesiologists require that you watch their informational film during your pregnancy. After doing so, you should fill-out the paperwork and mail it to the address listed on the paperwork. The film is available in our office, and may be viewed when you are in the office for a regular appointment.

HEALTHY START

Healthy Start is a program offered to all residents of Florida who are pregnant. Your provider will address medical risk factors, but many women have other concerns that impact the health and safety of the pregnancy or the new baby. Healthy Start helps to address those needs. Women who qualify for the program and who choose to participate will be contacted by a Healthy Start nurse at least once each trimester to determine her needs and to make referrals to help meet those needs. Services that may be addressed include things such as smoking cessation, parenting classes, home visits by a nurse, assistance with transportation to medical appointments, etc.

All pregnant women who reside in Florida will be asked to fill-out a Healthy Start Screening form on their first or second visit to document that they were offered the service. They can choose whether or not to be screened, but we do encourage screening and participation in the program for those women who qualify for it. For more information, call (850) 595-6641 or go online at www.escambiahealth.com/healty_start/healthy_start.htm.

WIC

The Federal Supplemental Nutrition Program for Women, Infants and Children (WIC) provides Nutrition Education, Healthy Foods at no cost, Breastfeeding information and support, Breast pump loans, and Referrals for healthcare. To be eligible, you must be (1) A pregnant woman or (2) A breastfeeding woman or (3) A woman who has recently delivered or (4) An infant or child under 5 years old and meet the WIC income guidelines. Call (850) 595-6670 for more information or go online at www.escambiahealth.com/wic/wic.htm.

CORD BLOOD

Arrangements may be made through private cord blood stem cell banking companies for the storage of stem cells. The collection process is simple and safe and occurs at the time of the baby's birth. The umbilical cord is clamped and cut and the physician collects the blood that remains in the umbilical cord and placenta using the supplies provided in the collection kit from the banking company you have chosen.

Stem cells from cord blood have special properties that make them unique for certain medical treatments such as hematologic diseases and disorders of children and adolescents including leukemia's, lymphomas, severe anemia's, and certain metabolic disorders. These diseases are relatively rare. Stem cells from the newborn will be a perfect tissue match for the baby, and at least a 1 in 4 match for the baby's siblings. There are several banking companies that provide stem cell storage. The privately banked cells are the property of the family and a fee is charged for this storage. You will also be charged a one time collection fee by us. Please ask your provider for additional information regarding stem cells and the companies that provide the cord blood banking and preservation service.

BLOOD TRANSFUSIONS

Childbirth is a process that is associated with some amount of blood loss. In most instances, blood loss associated with both vaginal delivery and cesarean section does not require transfusion with blood or blood products. There are a number of changes that occur during pregnancy that reduce the likelihood of requiring transfusion, even with heavy bleeding. Taking your prenatal vitamins and iron will help to reduce the likelihood of anemia occurring with pregnancy. In some instances, people can become severely anemic related to blood loss with delivery. If someone is symptomatic from anemia, transfusions might be necessary. Transfusions can be associated with mild and serious side effects. These include allergic reaction, formation of antibodies, fever, hemolytic reactions, lung injury, and various infections. Infections are quite rare with transfusion, but can include hepatitis B, hepatitis C, and HIV. We are very conscientious about these risks and will only transfuse if we feel that it is medically necessary. Please let your doctor know if you have an objection to transfusion.

FINANCIAL INFORMATION

Following the completion of the confirmation of a viable pregnancy, which is usually determined on the first or second visit, a financial representative will explain the routine obstetrical fees, document and verify your particular insurance, and outline your responsibilities for deductibles, co-payments, or non-covered services.

The estimated routine obstetrical fees are as follows:

- $4,800 for obstetrical care, normal vaginal delivery, and postpartum visit
- $5,750 for obstetrical care, cesarean section, and postoperative/ postpartum visit

Obstetrical care usually involves a complete review of your medical history and physical examination. Diagnostic ultrasounds are typically included in maternity benefits by insurance companies, but may be subject to deductibles and co-insurance. Routine laboratory studies likewise are usually covered depending upon your particular insurance plan, although some optional lab testing may not be covered. Should you have any questions regarding your particular coverage, please contact our financial counselor at 476-3696 extension 129.

With regards to the documentation of your particular insurance, please have your insurance card available for scanning in to our billing system. In the case of managed care plans (Health Options, Coventry, Healthy Kids, Tricare Prime and the Medicaid Managed Care Plans), patients are required to obtain an authorization from their Primary Care Physician. Failure to obtain the appropriate authorization may result in a denied claim. Non- insured or self-pay clients will be required to sign a promissory payment agreement, with payment in full required by 28 weeks gestation. If we are unable to verify eligibility at the time of your visit, you will be considered self pay.

In cases of deductibles, percentages due, co-payments, and non-covered services, your financial responsibility will be calculated for your particular insurance plan. The amount of your out-of-pocket costs will be due by 28 weeks gestation. A payment plan will be prepared and discussed with you. Additional amounts may also be due for ultrasounds and other testing and these are payable on the date of service. Our financial counselor has a thorough understanding of the complexities of the many plans and will be helpful in making sure you understand your insurance benefits. If there are any changes to your insurance coverage during your pregnancy, please let us know as soon as possible. If you do not have insurance, the financial counselor will meet with you to establish a payment plan which will be payable throughout your pregnancy.

Finally, by the completion of your second trimester, you will need to register at the hospital and we will provide you with a registration packet.

If you have any questions, please call our financial counselor at (850) 476-3696 extension 129.

FLORIDA BIRTH-RELATED NEUROLOGICAL INJURY COMPENSATION ASSOCIATION

The birth of a baby is an exciting and happy time. You have every reason to expect that the birth will be normal and that both mother and child will go home healthy and happy.

Unfortunately, despite the skill and dedication of doctors and hospitals, complications during birth sometimes occur. Perhaps the worst complication is one which results in damage to the newborn's nervous system – called "neurological injury." Such an injury may be catastrophic physically, financially and emotionally.

In an effort to deal with this serious problem, in 1988, the Florida Legislature passed a law that creates a Plan that offers an alternative to lengthy malpractice litigation processes brought about when a child suffers a qualifying neurological injury at birth. The law allowed for creation the Florida Birth-Related Neurological Injury Compensation Association.

EXCLUSIVE REMEDY

The law provides that awards under the Plan are exclusive. This means that if an injury is covered by the Plan, the child and its family are not entitled to compensation through malpractice lawsuits.

CRITERIA AND COVERAGE

Birth-related neurological injuries have been defined as an injury to the spinal cord or brain of a live-born infant weighing at least 2500 grams at birth. In the case of multiple gestations, the live-born infant must weigh 2000 grams. The injury must have been caused by oxygen deprivation or mechanical injury, and must have occurred in the course of labor, delivery or resuscitation in the immediate post delivery period in a hospital. Only hospital births are covered.

The injury must have rendered the infant permanently and substantially mentally and physically impaired. The legislation does not apply to genetic or congenital abnormalities. Only injuries to infants delivered by participating physicians are covered by the Plan.

COMPENSATION

Compensation may be provided for the following:

- Actual expenses for necessary and reasonable care, services, drugs, equipment, facilities and travel, excluding expenses that can be compensated by state or federal government or by private insurers.
- Funeral expenses are authorized up to $1,500.
- In addition, an award, not to exceed $100,000, to the infant's parents or guardians.
- Reasonable expenses for filing the claim, including reasonable attorney's fees.

FLORIDA BIRTH-RELATED NEUROLOGICAL INJURY COMPENSATION ASSOCIATION (continued)

The Association is one of only two (2) such programs in the nation, and is devoted to managing a fund that provides compensation to parents whose child may suffer a qualifying birth-related neurological injury. The Plan takes the "no-fault" approach for all parties involved. This means that no costly litigation is permitted, and the parents of a child qualifying under the law who file a claim with the Division of Administrative Hearings may have all actual expenses for medical and hospital care paid by the Association.

You are eligible for this protection if your doctor is a participating physician in the Association. Membership means that your doctor has purchased this benefit for you in the event that your child should suffer a birth-related neurological injury, which qualifies under the law. Our physicians participate in this program.

If you would like more information or would like to receive a copy of the Florida Statute 766.301 which details the provisions of the Neurological Compensation Act, please call or write:

Florida Birth-Related Neurological Injury
Compensation Association
Post Office Box 14567
Tallahassee, FL 32317-4567
Attn: Executive Director
Telephone: (850) 488-8191
Toll Free: 1-800-398-2129

You will be asked to sign a document confirming that you have been informed of this association, that your provider is a participant, and that you are eligible for the benefits with certain limitations. Thank you for your review of this important program.

HOW TO KNOW IF YOU ARE IN LABOR

Labor is the name given to the process that causes your cervix to dilate and the baby's head to move through the birth canal to the vaginal opening. These events are caused by the muscular contractions of the uterus. For simplicity, you should think of the uterus as a muscular tube containing a baby in its center. The top of the tube contracts or tightens to push the baby down the tube. The baby will only move down the tube if the muscles are all working together with coordinated contractions on a timely rhythmic basis. In turn, as the muscles tighten and get harder and harder you can be expect to be uncomfortable. Between each contraction is a period of muscle release when you may feel more comfortable. Determining when you are in labor may not be easy, but a few guidelines will help you decide when to go to the hospital to be checked.

1. In early labor, or before the onset of labor, the sac of fluid surrounding the baby may break causing a gush or dripping of watery fluid with specks of whitish material. If this happens, you need to go to the hospital for evaluation and admission. When the sac breaks, your baby is no longer protected from infection.

2. When you fee contractions, lie down of your left side and time them. If the contractions are 5-7 minutes apart or closer and have been going on for 30-40 minutes or more, you need to plan to go to the hospital. First deliveries usually take longer so if you have had a previous delivery then you may need to go to the hospital sooner. If the contractions are closer than 5 minutes, you may need to go sooner, especially if they are uncomfortable. Also if your cervix is already dilated you may need to go sooner. If the contractions are greater than 7 minutes apart, you may wait until they are more regular and closer together.

3. If you notice vaginal bleeding, that may be a danger sign and you need to be evaluated at the hospital. If you are dilating, you may have bloody mucus discharge called "show" which is common. Nonetheless, you still need to go to the hospital to be checked.

4. Finally, when in doubt, do not hesitate to go to the hospital to be checked. If it is a false alarm then we can always send you home. If you think you are in labor, your membranes have ruptured, or you are bleeding, go to the hospital where you plan to deliver for evaluation. It is not always possible to tell from a phone description whether you are in true labor, so if you call we will more than likely recommend that you come in for an evaluation.

5. Don't forget to prepare for your baby's first car ride home from the hospital by securing an infant car seat. It is not only the safe thing to do but also a Florida law.

GUIDELINES FOR SEATBELT USE FOR PREGNANT WOMEN

Florida law requires that all automobile passengers wear safety belts including pregnant women. The lap and shoulder combination offers the best protection. For pregnant women, it is really important to wear your seat belt correctly.

- The lap belt should be placed below your belly, touching your thighs, and low snug on your hip bones.
- Never wear the belt above or across your belly.
- Always use the shoulder belt which should fit snugly across the center of your shoulder and chest.
- Never place the shoulder belt under your arm or behind your back.
- If you are driving, make sure you keep your belly a safe distance away from the air bag. Your breast bone should be at least 10 inches away from the dashboard or steering wheel. You may have to move your seat back as your belly grows.

PURPOSE OF BIRTH CERTIFICATE

A birth certificate is a statement of facts concerning an individual's birth and is a permanent legal record. Birth certificates are needed for entrance to school, voter registration, marriage license, passports, veteran's benefits, public assistance, social security benefits, and obtaining a driver's license.

WHERE TO OBTAIN YOUR CHILD'S BIRTH CERTIFICATE

Florida Birth Certificates are issued through the Vital Statistics Office at the Florida Department of Health in Escambia County. Orders may be placed in person, by mail, or online through vitalchek.com. A valid photo ID (driver's license, state ID, passport, or military ID) is required with all orders. Birth certificate fees are $11 for the first copy; $10 for each additional copy. Hospitals may present the patient a Certificate of Birth for your own personal records, however it is not an official certified document.

The local Vital Statistics Office is located at:

1295 W. Fairfield
Pensacola, FL 32501
Phone: (850) 595-6531
Fax: (850)
Office hours 7:30 am to 4:30 pm Monday thru Friday

Additional information is available online at www.escambiahealth.com/vital_stats/vital_stats.htm

CORRECTIONS TO A FLORIDA BIRTH CERTIFICATE

If there is a mistake on your child's Florida birth certificate, contact the State Office of Vital Statistics Office in the Jacksonville, Florida at 904-359-6900 ext. 9005. Amendment forms are available online at www.FloridaVitalStatisticsOnline.com or can be picked up at the Florida Department of Health in Escambia County. The Amendment Form must be notarized.