



**FEMCARE OB-GYN, LLC**  
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## **PRENATAL CARE AND GUIDELINES**

Congratulations! We are thrilled to be able to care for you during this very exciting time in your lives! Pregnancy is a time of many changes, both physical and emotional, and close prenatal care is an essential part of maintaining a healthy pregnancy. Our goal is first and foremost to achieve a healthy mother and baby, and we hope to make this as enjoyable a process as possible. Please do not hesitate to discuss any concerns you might have with us to enhance your experience over the next several months.

### **Hospital:**

All deliveries are performed at Baptist Hospital. Please take a moment to fill out the pre-registration forms found in the Baptist Hospital packet so that there will be no additional delays when you are admitted to the hospital. When it comes time to deliver, and any other time you might need to be seen at the hospital or emergency room, please make sure you go to Baptist Hospital, as we will be unable to care for you if you are at any other hospital.

### **Labor:**

In the final month of pregnancy, you will be instructed on what should prompt an evaluation either in the office or in the hospital, and what to expect upon admission to the hospital. You may have up to three 'coaches' with you in the delivery room (one if you are having a cesarean section). Unfortunately, children are not allowed in the delivery room, so please make childcare arrangements ahead of time. Photographs are encouraged, but videotaping is not permitted. Prior to delivery, please choose a pediatrician who will care for your newborn baby – we are happy to make recommendations if you need assistance.

### **Circumcision:**

The decision to have your son circumcised is a highly individual one. There is no specific medical recommendation for or against this procedure. If you should decide to have your child circumcised, we would be happy to perform this procedure within the first two weeks after delivery in our office. We can only perform the circumcision if the child is healthy and has received clearance by the pediatrician. It is essential that you notify our office staff if your child will be covered under a different insurance policy than the one under which you were admitted, so that we can bill accordingly. Otherwise, you will be financially responsible for the fee. In addition, one of our physicians, Dr. Jason James, is a certified Mohel. If you should desire a bris, or Jewish ritual circumcision, this can be arranged beforehand. Please discuss this with Dr. James.



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## **COMMON DISCOMFORTS OF PREGNANCY**

### **Nausea and Vomiting**

Nausea and vomiting may be relieved by eating small, frequent meals rather than three large meals daily. Avoid greasy or fried foods. If you are unable to tolerate solid foods, be sure to drink plenty of fluids to reduce your chances of dehydration. Drink fluids such as Gatorade, ginger ale, decaffeinated sodas, sips of water, ice chips and popsicles. Persistent vomiting or the inability to keep any fluids down should be reported. Nausea and vomiting generally subsides by the third to fourth month of pregnancy. Dramamine and other over-the-counter anti-emetics should not be taken. You can try over-the-counter Emetrol. If you are unable to tolerate any foods or drink, please inform your doctor. Prescription medications may be required.

### **Headaches**

Headaches are very common, particularly in the first three to four months of pregnancy. Regular or Extra-Strength Tylenol can be taken as directed. Do not use aspirin, ibuprofen, Motrin, or Advil. Severe headache or headache accompanied by visual changes (blurring and/or spots) should be reported.

### **Heartburn and Indigestion**

These are aggravated by overeating, eating fried or fatty foods and by lying down after eating. Smaller, more frequent meals may decrease these symptoms. Avoid eating one to two hours before bedtime. Antacids such as Maalox, Mylanta, Zantac, Pepcid, and Tums may be used as directed.

### **Constipation**

To help avoid constipation, your diet should include fruits, vegetables, fiber and fruit juices. Increasing your water intake to at least eight glasses per day is also helpful. Daily exercise such as walking or swimming also helps to maintain regular bowel habits. Stool softeners such as Pericolace, Colace or Surfak may be used as directed. Milk of Magnesia, Metamucil, Senokot or glycerin suppositories may be used when a laxative is needed.

### **Diarrhea**

Drink lots of fluids. Eat small amounts of rice (no beans). You may use Kaopectate or Imodium as directed.

### **Exercise and Activity**

Brisk walking, swimming, or other types of aerobic exercise for 30-40 minutes on most days of the week is recommended during pregnancy. Avoid high-impact exercises, mountain-biking, horseback riding, roller coasters, or skiing. Intercourse is safe as long as there is no bleeding, cramping, or infection.



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### **Hemorrhoids**

Hemorrhoids may cause anal itching, burning or bleeding. Avoiding constipation is important in preventing hemorrhoids. Relief of symptoms can be achieved by using ice packs, Tucks, Preparation H, Anusol, or warm sitz baths.

### **Backache**

Increasing pressure from the enlarging uterus, as well as a change in posture during pregnancy, may cause you to experience backache. Tylenol, heat and rest may help in alleviating this discomfort. High-heeled shoes should be avoided—flat shoes or sneakers are preferable. Severe back pain that radiates around to the abdomen or back pain accompanied by tightening of the abdomen should be reported.

### **Ligament Pain**

On either side of the lower portion of the abdomen are ligaments known as round ligaments. As the uterus enlarges and rises in the abdomen, these ligaments are stretched. Pain may be experienced in the lower left or right side of the abdomen and is often described as a grabbing, sharp sensation. This may be felt particularly when walking or changing positions. Tylenol and rest may help lessen this sensation. Severe abdominal pain, cramping or tightening of the abdomen should be reported. Vaginal bleeding accompanying the pain should be reported.

### **Vaginal Discharge**

An increase in vaginal discharge is common in pregnancy. This discharge is usually whitish to yellow in color without odor. Douching is not recommended. Yeast infections (irritation, itching and burning) are also common and can be treated with Monistat vaginal cream or suppositories. Any discharge with a foul odor or leakage of clear, watery fluid should be reported.

### **Leg Cramps**

The exact cause of leg cramps is unknown. Contributing factors include the increased weight of the uterus on the nerves supplying the legs; fatigue and pressure on the pelvic blood vessels causing a decrease in circulation. Relief may be achieved by ensuring an adequate calcium intake, rest, applying heat to the affected area and the use of flat, comfortable shoes. You can also try compression stockings found at the pharmacy.

### **Nasal Congestion and Nosebleeds**

Elevated hormone levels in pregnancy can cause swelling of the mucosa which can result in a feeling of nasal stuffiness and congestion. It can also cause a full or blocked sensation in the ear canal or bleeding of the gums while brushing your teeth. Occasional nosebleeds are common. Cool humidifiers and saline nose drops may be helpful. Do not use nasal sprays such as Afrin.

### **Travel**

Traveling is permitted up to six weeks before delivery. During extended periods of car or plane travel, it is advisable to walk about for approximately ten minutes every two hours. Seat belts should always be worn.



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### **Sunburn**

Aloe, Solarcaine and cold compresses may be used to soothe sunburn pain.

### **Cold and Flu Symptoms**

During your pregnancy you may develop a cold or flu. This should not affect your baby. You can relieve symptoms by using Regular or Extra-Strength Tylenol for pain and fever; plain Robitussin (no alcohol) for cough; Ocean nasal spray or other plain saline nose sprays for nasal congestion and any throat lozenges or Chloroseptic spray for sore throat. Children's doses of Actifed or Sudafed ("non-drowsy" formula) may be used. Avoid nasal sprays such as Afrin and do not use medications such as Contac, Nyquil or Co-Tylenol. Rest and plenty of fluids are important. You should contact the office for fever over 102 and/or persistent vomiting or cold symptoms lasting longer than two weeks. Benadryl may be used occasionally for allergy symptoms or sleeplessness.

### **Diet and Weight Gain**

An overall recommended weight gain is usually 25-35 pounds. The pattern of weight gain generally consists of 2-5 pounds in the first 12 weeks of pregnancy, then approximately 1 pound per week until delivery. Try and eat a healthy, well-balanced diet. Stay away from fast foods, and eat plenty of fruit and vegetables. Meat and chicken are excellent sources of protein, as long as they are well-cooked, and fish is an essential source of fatty acids. However, make sure to avoid fish high in mercury (see below). A diet low in salt may help reduce the swelling most women experience in pregnancy. Artificial sweeteners and caffeine should be kept to a minimum. Avoid cigarette smoking and alcohol consumption during pregnancy – even small amounts can be harmful to your developing baby!

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## **RISK FACTORS FOR SEAFOOD**

The FDA recommends that pregnant women eat two 6-ounce servings per week of fish for their complex proteins, vitamin D and omega-3 fatty acids.

These fish are grouped by those results: lowest in mercury, eat in moderation (no more than one serving per month) and avoid if pregnant.

**SAFE:** Pacific salmon, farmed trout, farmed catfish, shrimp, flounder, fish sticks, croaker, mid-Atlantic blue crab, haddock.

**IN MODERATION:** Canned tuna, mahi-mahi, blue mussels, eastern oysters, cod, Pollock, Great Lakes salmon, Gulf Coast blue crabs, catfish (wild), lake whitefish.

**AVOID:** Swordfish king mackerel, shark, tilefish, tuna steaks, sea bass, Gulf Coast oysters, marlin, halibut, pike, walleye, white croaker.