

Women's Health Partners, LLC

Stewart Newman, M.D., F.A.C.O.G.

Jane E. Rudolph, M.D., F.A.C.O.G.

Gostal Arcelin, M.D., F.A.C.O.G.

Melissa Friedman, M.D., F.A.C.O.G.

Lauren Feingold, D.O., F.A.C.O.G.

Patricia Chen, M. D., J. F.A.C.O.G.

Teri Defilippo, C.N.M.

Rachel Devaney, C.N.M.

Joy Boscove, C. N. M.



PRENATAL INSTRUCTIONS & INFORMATION

CONGRATULATIONS! Pregnancy can be one of the most gratifying experiences in your lifetime. We are excited you chose our practice to provide your obstetrical care. In order to help you, we have gathered this information to start you on your way. It will help you answer many common questions that occur throughout pregnancy, so please keep this information handy. Remember, each pregnancy will be different, even for the same person.

We date your pregnancy from your last menstrual period; your due date will be 40 weeks later. Most patients deliver within the two weeks before or the two weeks after their due date. Induction for being late is usually done by 42 weeks. A baby is considered mature after 37 weeks and premature before that time.

PHONE CALLS:

We ask that you make non-urgent calls during business hours. (Monday to Friday 9am-5pm). Routine information and prescription refills should be handled during your visits. **Calls to the answering service should be for emergencies and labor only. Always call us before going to the hospital.** We make every effort to return emergency calls immediately and other calls within a 24 hour period. **When calling the answering service you must turn off your caller ID to receive return calls.**

	BOCA	BOYNTON
Office	561-368-3775	561-734-5710
Emergency (After Hours)	561-226-6425	561-374-5881
Insurance	368-3775 ext. 227	561-734-5710 ext. 21
Surgical Scheduling	368-3775 ext. 224	561-734-5710 ext. 21
Billing	954-426-1169	954-426-1169
West Boca Medical Center	561-488-8000	561-488-8000
Boca Raton Community Hospital	561-395-7100	561-395-7100

OFFICE VISITS: Patients usually visit every four weeks until 28 weeks; then every two to three weeks until the last month which is weekly. Patients with special problems will be seen as directed by the physician. During routine prenatal visits, you will meet each of the physicians on a rotating basis. This is important, since whichever doctor is on call will deliver your baby. In addition to medical checkups, we encourage you to make lists of questions to be answered, and have your prescriptions refilled during these visits.

TESTING: Your initial lab work includes evaluation for anemia, blood type, Cystic Fibrosis, antibodies, rubella immunity, hepatitis B & C, syphilis, gonorrhea, Chlamydia, HIV (optional but recommended) and a pap smear. Patients of African-American descent should also have sickle cell testing and Eastern European Jewish patients, testing for Ashkenazi diseases. At about 16 weeks, genetic screens (for Down's syndrome and Spina bifida), amniocentesis, and ultrasounds are performed when indicated. At about

28 weeks, diabetes screening is done, and Rhogam is given if you are Rh negative. Finally, Group B strep screening is performed at 35 weeks by vaginal culture. About 25% of patients will be positive for this test, and will be given preventive antibiotics in labor, which reduces newborn infections.

ULTRASOUNDS: Ultrasound testing is an important part of medical care during pregnancy, and is considered the safest way to evaluate a fetus in the womb. It can give us certain medical information, but is not a guarantee of a "perfect" child. Occasionally the sex of the child can be seen, but the results are not guaranteed. A "Routine" ultrasound is performed at 16 weeks. Follow up ultrasounds are done when medically needed and ordered by the physician. **Ultrasounds done at patient request for non-medical reasons can be arranged, but these are not covered by insurance.** In addition, 3-D ultrasound is available & best performed at 28-32 weeks. It is also not covered by insurance.

SMOKING, ILLICIT DRUGS, AND ALCOHOL: these increase the risks of miscarriage, bleeding, smaller babies, premature babies, developmental delays, and other serious complications. All of these substances are thought to be dangerous in pregnancy and should be stopped as soon as possible. Talk to one of our providers if you need help.

TRAVEL: In uncomplicated pregnancies, you may travel by any means until the beginning of your last month. High risk patients are generally discouraged from traveling after 24 weeks. If problems have been occurring, check with us before you make your plans. Most pregnant women will require extra rest while on vacation, especially if you are going to a higher altitude. When you travel, be sure to move your legs at least each hour to avoid blood clots.

HAIR TREATMENTS: Because of the lack of scientific studies on the effects of chemical treatments on your hair, we must advise that you do it at your own risk. If you choose to treat your hair, we recommend that you wait until after 12 weeks gestation. At this time there is no reason to believe that treating your hair is associated with any consequences to the baby.

INTERCOURSE: Intercourse is safe during pregnancy. Exceptions to this are vaginal bleeding, ruptured membranes, multiple gestation, or premature labor.

DENTAL CARE: It is very important to continue with routine dental care during pregnancy. If something more serious arises, you can receive Novocain injections without epinephrine, but no gas analgesia. Dental X-rays are permitted after 12 weeks with an abdominal shield.

WATER: Water is an important nutrient in a good diet. However, it cannot be stressed enough that during pregnancy water is essential. The body

has increased circulation through blood vessels, and without a large increase in water, pregnant women will be dehydrated. It plays an important role in decreasing constipation, preventing preterm contractions, decreasing swelling, and preventing dizziness. We recommend that you drink 8-10 glasses of water per day.

DIET AND WEIGHT: Maintaining good health with a proper diet is important and not complicated. An average weight gain in pregnancy is 22 to 35 pounds. Excessive weight gain is more of a cosmetic problem and not dangerous to the developing fetus. A healthy, well-balanced, low fat diet is recommended. Your increased calories will come from an increased appetite, so it is not necessary to eat more "just because you are pregnant." Most weight gain will occur in the second half of pregnancy, and an inability to eat properly in the early months because you are nauseated, is not dangerous. If you are too sick in the beginning to tolerate a normal diet, change to a diet of clear liquids, bland starches (pretzels, potatoes, rice, pasta, breads) and suspend your prenatal vitamin if it makes you nauseous. When you are feeling well, you should restart your vitamin, and add about 1000 mg of calcium to your daily routine. Prenatal vitamins do not require a prescription and are available at pharmacies, our office, and other retail outlets.

Many women have questions concerning DHA supplements during pregnancy. DHA is a supplement that helps with brain and eye development. Many prenatal vitamins contain a DHA supplement with them. However, if you are taking a vitamin that does not contain this, you can take an additional supplement if you choose.

Caffeine should be limited during pregnancy. If you like to drink coffee and sodas, we recommend that you use decaffeinated products. Avoid nutra-sweet or sweet-n-low products. Splenda and sugar are safe alternatives.

Certain fish contain increased levels of mercury which can be harmful to the developing fetus. It is recommended that you keep your fish intake to no more than 12 ounces of fish per week. Fish to avoid include: swordfish, shark, tilefish, king mackerel, and marlin. Safe fish to eat include: salmon, sardines, tilapia, shrimp, scallops, clams and cooked oysters. Canned tuna, mahi mahi, and sea bass should be limited to once a week.

Avoid unpasteurized milk and juice, feta cheese, brie cheese, camembert cheese, blue veined cheese, and Mexican style queso

Avoid cat litter and soil. These may contain toxoplasmosis, a harmful parasite. Your cat is safe, but the litter may not be. Do not change cat litter while pregnant. When gardening, wear rubber gloves and wash fruits and vegetables well.

EXERCISE: If you have not been exercising, the addition of walking,

swimming, or some aerobic activity should become part of your routine. It is good for your stamina, circulation, weight control, and decreased feeling of fatigue. If you have been exercising, you may want to continue to do what your body is accustomed to. If you are new to exercising, we want you to start off slowly and increase with time. ACOG considers the following conditions to be incompatible with vigorous exercise in pregnancy: history of 3 or more miscarriages, ruptured membranes, preterm labor, incompetent cervix, bleeding or placenta previa, heart disease or multiple gestations. Always speak with a provider if you are unsure about a particular activity. Keep well hydrated with water or Gatorade-like liquids. Avoid the use of hot tubs, saunas, or steam rooms due to the heat.

The following are general guidelines to exercising:

1. Start off slowly, and warm up and cool down adequately
2. If you feel breathless, dizzy, or overtired, stop and rest
3. Do not hold your breath during exercising
4. Exercise should be performed slowly and in control. Avoid pushing, pulling, or leaning that will strain muscles or cause you to lose your balance. Remember, your center of gravity is different when you are pregnant.
5. Wear supportive footwear and comfortable clothing
6. Keep pulse rate under 140 beats per minute
7. Avoid exercise in hot, humid weather
8. Be sure to drink plenty of water during exercise

Good Activities during Pregnancy:

- low impact aerobics
- swimming
- treadmill and walking
- prenatal yoga

Forbidden Activities during Pregnancy:

- scuba diving
- skydiving
- waterskiing
- downhill skiing
- rock climbing

TRAVEL: In uncomplicated pregnancies, you may travel by any means until the beginning of your last month. If problems have been occurring, check with us before you make your plans. Most pregnant women will require extra rest while on vacation, especially if you are going to a higher altitude. When you travel, be sure to move your legs at least each hour to avoid blood clots.

MEDICATIONS: When you are pregnant, you must approach things

differently. Medications are taken only when absolutely necessary, not just for our comfort. If you are taking any medications from another physician, please let us know. It is best to avoid taking any medication, however, there will be times that taking a medication is both safe and helpful. Any prescription medication we give you will be safe in pregnancy. Other, over the counter medications are also considered safe. If at any time you are unsure or what we have suggested is not effective, please feel free to call us for assistance. The following guidelines should be used when choosing medications and should be taken as directed on the label. **Ibuprofen and aspirin are not recommended during pregnancy.**

Nausea: Vitamin B-6 (50mg, 2 times per day), Ginger (in the form of ginger ale, ginger tea, or ginger tablets), seabands (available at the drug store), Emetrol, eat small frequent light meals. If these do not help, notify the office and we can recommend other treatments. Nausea is very common during the 1st trimester.

Headache of fever over 101: Tylenol, 500mg every 4 hours as needed

Nasal congestion or cold: warm salt water gargles, cold air humidifier, Sudafed or Actifed, Benadryl 50mg every 6 hours, Tylenol cold medications, ocean nasal spray, Robitussin DM or CF.

Cough: Robitussin or Robitussin DM, one teaspoonful every 4-6 hours

Constipation: increase water intake, Metamucil, citrucel, senokot, Fibercon, Konsyl or a stool softener

Diarrhea: Immodium, Kaopectate

Hemorrhoids: Tucks pads, anusol, or preparation H with cortisone, ointment or suppositories

Heartburn: Tums, Maalox, Mylanta, Pepcid AC, Zantac 75, Tagament HB

Skin irritation: Alpha Keri, Aveeno, Caladryl, or Benadryl lotion, spray or cream

Sleep: Tylenol PM

Yeast Infection: Monistat or Gynelotrimin

CHEMICAL EXPOSURE: Many patients ask about hair coloring, finger nail polish, cosmetics, topical skin medications, household cleaning agents, paint, and insecticides. We allow you to use such items but encourage you to avoid anything that is unnecessary until the fetus is formed or about 12 weeks of pregnancy. Use them only as directed. Remember, if you are concerned; avoid the use of any unnecessary products. We cannot guarantee their safety.

PREGNANCY SYMPTOMS AND CHANGES

Most pregnancies have some related discomforts which may vary widely from each person and pregnancy. They are caused by your body adapting to physical change and changes in your hormone levels. They are not dangerous for you or your baby.

BREAST TENDERNESS — Generally occurs early in pregnancy and gradually disappears.

NAUSEA AND OCCASIONAL VOMITING — Generally the second symptom to appear. It usually improves after 10-12 weeks of pregnancy, but may return in mild form throughout pregnancy.

HEADACHES — Often appear when nausea improves, may occur daily, and usually lessen after 14-16 weeks. Unusually severe headaches should be reported to us.

PREMENSTRUAL-LIKE CRAMPING — Can occur throughout the first 12 weeks, is usually mild and not dangerous.

VAGINAL DISCHARGE — Increases throughout pregnancy, and appears somewhat like nasal mucous. It is usually not bloody, foul smelling, watery, or itchy. In the last month, it may have a slight blood tinge or brown color.

FATIGUE — This occurs throughout the first trimester. It may feel as if you have taken some form of sleeping pill, especially in the afternoon. You may also have some difficulty sleeping at night.

ROUND LIGAMENT PAIN — This appears around the 14th week and peaks at 18-20 weeks with relief by around 26 weeks. These are sharp, stabbing pains on the sides of your lower abdomen caused by pulling of uterine ligaments. They are aggravated by physical activity and turning motions and usually resolve by simply taking it easy and resting. Pains that are severe or persist should be evaluated by the physician.

BACKACHE — This usually occurs in the second half of pregnancy and can be associated with sciatica (pain radiating down the legs). It is caused by the change in your posture from enlarging abdomen. Avoid high-heeled shoes and prolonged sitting. It is treated with heating pads, massage, and physical therapy.

SWELLING (EDEMA) — This also occurs in the second half of pregnancy, and is mostly limited to the lower legs. It is not associated with problems, unless it progresses to the hands and face, and your blood pressure becomes elevated. Edema will usually resolve with bed rest on your side.

Thirty minutes standing or walking in a swimming pool will work very well for leg edema.

LEG CRAMPS — These occur most often at night and usually resolve with increased potassium (have a glass of grape juice daily and eat bananas).

VARICOSE VEINS — These veins will frequently appear on the lower extremities or vulvar area as pregnancy progresses. They can become worse with each pregnancy. The use of support hose and leg elevation is recommended.

SKIN CHANGES — Pregnancy is associated with increased pigmentation, enlargement of existing moles, mild acne, and the appearance of small red spots called hemangiomas. Most lesions will disappear or become smaller after pregnancy ends.

DIZZINESS AND FAINTING — On occasion you may feel weak and may even "pass out." This is caused by a combination of low blood pressure and/or low blood sugar. Always stay well hydrated and carry some candy or crackers with you for emergency situations. Very frequent episodes should be reported.

SHORTNESS OF BREATH AND PALPITATIONS — Can occur but usually resolve by resting. Severe, persistent symptoms should be evaluated.

FETAL MOTION — In your first pregnancy, this appears by the 22nd week: earlier in subsequent pregnancies. Consistent motion is established after the 24th week and is most noticeable after meals and from 10 pm to 12 midnight. Motion may decrease slightly in quantity in the last month, but the fetus still should move several times everyday. Please notify us if it does not. A simple test of your babies well being is a "kick count." After 26 weeks fetal motion of any kind should occur at least 10 times in the hour after a meal.

CONTRACTIONS — By 24-28 weeks you may notice non-painful tightening of the uterus (Braxton [licks) about 3 times per hour. These are normal. Painful contractions at 5 times per hour, which do not resolve with rest and fluids over the next hour may be the sign of premature labor and should be reported. In the last month, increased irregular and sometimes painful contractions are common as the uterus "prepares" for labor.

PROBLEMS IN PREGNANCY

VAGINAL BLEEDING: In the first third of pregnancy, bleeding that is menstrual-like or heavier can be a sign of a problem. Although it is not uncommon to bleed, first trimester bleeding should be evaluated. Light staining or spotting after sex is common and is generally not a problem.

After the first trimester, bleeding is unusual (except staining after sex), and should be reported. Heavy bleeding can be associated with placenta previa or abruption, emergency situations. When you are in the last few weeks of pregnancy, it is not unusual to get a discharge with blood called "show." This is usually no heavier than a menses.

PREMATURE RUPTURE OF THE MEMBRANES: When this occurs prior to 37 weeks, special precautions must be taken. Notify the doctor and we will instruct you what to do. When the water breaks, it is usually obvious or you will have a persistent "trickling" of clear fluid from the vagina. If you are uncertain, walk around for a few minutes; leaking will persist over time. If it continues, notify the physician. It is not always necessary to go to the hospital immediately if your water breaks at full term. Call the physician for instructions.

TOXEMIA: This is a combination of high blood pressure, swelling, and protein in the urine. You may also have headaches, nausea and vomiting, abdominal pain, and spots in front of your eyes, all occurring after the 20th week of pregnancy. Again, notify us for an evaluation.

COLDS AND OTHER ILLNESS:

When a cold occurs during pregnancy, it may be more severe than at other times. Symptoms usually last 7-10 days and require rest and fluids. The flu is very similar but may be more severe with muscle aches, higher fever, and fatigue. **Antibiotics are not used** as these are viral illnesses which do not respond. Please refer to the list of medicines for your symptoms. If the cold progresses to bronchitis or pneumonia, which is heralded by fever and persistent cough, see the physician for an examination.

Chickenpox (varicella) exposure often takes place during pregnancy. If you have had the illness already do not worry as you are immune. If you have never contracted the illness, let us know as we can test for immunity. Treatments depend on where you are in the pregnancy and must be individualized.

PREPARING FOR LABOR:

By the 28th week of pregnancy you should register at West Boca Medical Center or Boca Raton Community Hospital. Please discuss this with the doctor before you register. By your 20th week, we strongly advise that you register for a childbirth preparation class which helps you prepare for labor no matter what approach you have chosen. Pain relief in labor is

available to all patients unless medically contraindicated. It is only necessary to preregister for an epidural if you have no insurance coverage. In your last month we will supply you with a list of labor instructions which tell you when to contact us and how.

You will also need to become familiar with a pediatrician. He / She will examine your new baby while at the hospital, and after discharge. We will be glad to help you with referrals.

ABOUT DISABILITY:

When medically appropriate, we will recommend that a pregnant patient be placed on disability leave from her job. Such leave is rarely required, however, and in the absence of a serious condition that would endanger the health of the mother or baby, medical ethics prevent us from making such a recommendation. We will, however, do what we can to reduce or eliminate pregnancy-related difficulties you may be having at work, by making recommendations to your employer.

INSURANCE:

We participate with over fifty health plans, so we ask that you always have your insurance information with you. **Please notify us immediately of any change in your coverage. Failure to do so could leave you responsible for your medical bills.** Read your insurance manual to be aware of your responsibility for referrals, copayments, and proper use of the correct hospitals and diagnostic centers. Please investigate your insurer's policy on number of hospital days allowed for maternity care, before you deliver.

Finally, we try very hard to individualize our care with our patients. We hope that you will feel comfortable in our office.

Welcome!

HURRICANE INSTRUCTIONS FOR PREGNANT PATIENTS

- ✓ If you are 2 weeks or more away from your due date, follow evacuation instructions and go to a safe shelter.
- ✓ If you have had a high risk pregnancy with active preterm labor, placenta previa, or some other unstable condition, please call for instructions.
- ✓ If you are less than two weeks away from your due date and have had cervical dilation and contractions, call for instructions; otherwise go to a safe shelter.
- ✓ Please do not call the office or hospital unless it is necessary, as this will overload our ability to handle those patients who do need care.
- ✓ If you are having an emergency and cannot reach us, go to the hospital.
- ✓ Take an adequate supply of medications with you if you evacuate the area.
- ✓ If you are instructed to go to the hospital there will not be space for family members other than your spouse. All other members should report to a safe shelter.

Women's Health Partners, LLC

6853 S.W. 18th Street, Suite 301, Boca Raton, FL 33433-7056
(561) 368.3775

5000 W. Boynton Beach Blvd., Suite 200, Boynton Beach, FL 33436
(561) 754-5710
www.whamd.com