



Your Guide
To A
Healthy
Pregnancy



Woman's Health Centers
Caring for Any Woman, Any Time.

www.womanshealthcenters.com

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Office-Based Providers



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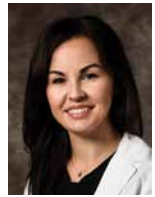
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Welcome to Pregnancy

Congratulations on your pregnancy! We welcome you to Woman's Health Centers. We thank you for choosing us as your care provider. Our providers and staff are all dedicated to your health and we look forward to getting to know you over the course of the coming months.

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

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

Thank you for placing your trust in our care.

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Office Information

Office hours and locations

Our office hours and locations are listed on the back page of this book. Provider on call 24/7 at 407-518-1074.

How to contact our office

You may call our main number at 407-518-1074 Monday – Friday for both emergency and non-emergency questions or concerns. If you need to contact the office on weekends or after business hours, you may call the same number. Our answering service will give an on-call provider your message to return your call.

Appointment Schedule

Your first visit

When you come to the office for your first visit, we ask that you bring your medical history forms and other registration materials completed. During this visit, you will have a physical exam including a pelvic exam. There will also be a series of prenatal labs that will test your blood type and blood count for infections (syphilis, hepatitis B and C, HIV and rubella). All of the results will be reviewed with you at your next appointment.

After your first visit

Between now and 28 weeks, we would like you to schedule a visit every four weeks. Around 30 weeks, your visits will increase to every two weeks, then once a week after 36 weeks until delivery. We will request to see you more frequently if you are high risk. During each visit, you will have your weight, blood pressure, and urine checked. The fetal heartbeat can be heard after 12 weeks. At approximately 24 weeks, the provider will do a fundal height evaluation. Several additional tests are done at scheduled markers throughout your pregnancy.

These include:

Anemia and gestational diabetes screening – this screening is performed between 24-28 weeks. You will be given a sugar drink and instructions for how/when to drink it. One hour after you finish the sugar drink, your blood will be drawn. You do not need to fast.

Vaginal culture for group B strep – this swab of your vaginal area is performed at your 36 week appointment. Group B Strep can be naturally found on the body and is not harmful unless your baby is exposed at the time of delivery. If you test positive for this bacteria, you will receive antibiotics during labor and delivery.

Optional Testing

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

Cystic Fibrosis screening – this blood screening test will determine if you are a gene carrier. Speak with your provider regarding the next steps if you are a carrier.

AFP-4 (Quad screen) – this blood screening test is performed between 15-20 weeks. The test determines high or low risk for Down Syndrome, Trisomy 18 and birth defects of the spinal cord and skull.

Amniocentesis – this screening is performed after 16 weeks. The test can determine abnormal genes associated with Down Syndrome. A needle is inserted through the mother's abdomen into the baby's sac of fluid, which is removed for genetic testing. If you are having a high-risk pregnancy, you may be referred to see a maternal-fetal medicine specialist where the option of amniocentesis may be offered.

Cell Free Fetal DNA – this is a non-invasive blood test performed in the office during the pregnancy after 10 weeks to screen for Down Syndrome, Trisomy 18 and Trisomy 13.

Ultrasounds

We recommend an ultrasound around 19-22 weeks in the pregnancy to evaluate fetal anatomy. Additional ultrasounds will be performed based on the medical need. Insurance will only cover this service if there is a medical need.

The Rh factor

We will test your blood for the Rh factor. If your blood type is Rh negative, then you may be at risk for Rh disease, which affects about 10% of people. Rh disease is a pregnancy complication in which your immune system attacks the baby's blood and can result in a life threatening situation for the baby if left unknown. Fortunately, it can be prevented with a shot called Rhogam which is given at 28 weeks or anytime if vaginal bleeding occurs. If you are Rh negative, contact our office immediately if you develop bleeding or trauma to your belly.

Vaccinations

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

Prenatal vitamins

We recommend a prenatal vitamin that contains folic acid prior to conception, throughout pregnancy and postpartum while breastfeeding. Please check with your provider before taking any vitamins, herbs or other supplements as some may be unsafe during pregnancy.

Your Baby's Growth



Week 4

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



Week 8

Your baby's tiny fingers and toes start to develop



Week 12

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



Week 16

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



Week 20

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



Week 24

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



Week 28

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



Week 32

Your baby's movements could start to change



Week 36

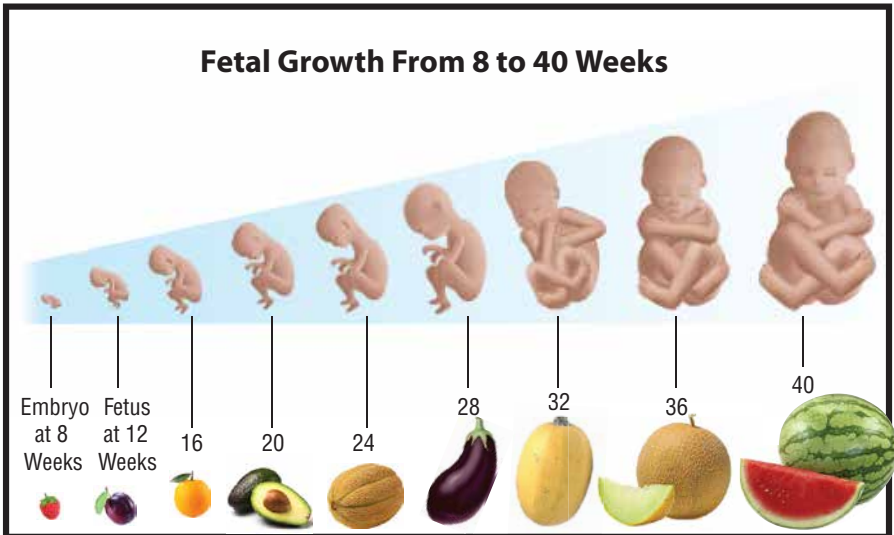
Although your baby's bones are hardening, his skull remains soft and flexible for birth



Week 40

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

Fetal Growth From 8 to 40 Weeks



Common Symptoms of Pregnancy

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

Discharge – an increase in vaginal discharge that is white and milky is common in pregnancy. If the discharge is watery or has a foul odor, call the office.

Spotting – light bleeding can be common, especially in the first 12 weeks of pregnancy. It may occur after intercourse, cervical exams, vaginal ultrasounds or strenuous activity or exercise. If the bleeding is heavy, is accompanied by pain, or you have an RH negative blood type, please contact us immediately.

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

Cramping – experiencing some cramps and contractions are normal. When they occur, empty your bladder, drink 1-2 glasses of water and try to rest. If you are less than 36 weeks pregnant and having more than six contractions in an hour after trying these measures, contact the office.

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

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

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

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

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



Medications in Pregnancy

Avoid fetal drug exposure, when possible, especially in the first trimester since it is the major period of fetal organ development. If you are already taking chronic medications, please try to discuss your current prescriptions with your primary care provider prior to the start of a new pregnancy. Information about adverse effects on mom or baby is limited because pregnant women are generally not included in studies to determine the safety and use of new medications.

When a medication needs to be taken, discuss with your provider on the risks and benefits of taking versus not taking the drug. This list may change as the most up to date literature on medication use changes.

Medications to AVOID:

- **Acne:** Avoid Tetracycline, Spironolactone, Retinoids, Differin
- **Antibiotics:** Avoid Aminoglycosides, Tetracyclines, Fluoroquinolones, Bactrim. Avoid Macrobid in first trimester
- **Bipolar Disorder:** Avoid Lithium
- **Clotting Disorder:** Avoid Warfarin
- **Diabetes:** Avoid Glipizide, Janumet
- **Heartburn:** Zantac
- **Hair Loss:** Avoid Minoxidil/Rogaine
- **High Blood Pressure:** Avoid Lisinopril/Captopril, Losartan/Valsartan
- **High Cholesterol:** Avoid Statin
- **Nausea:** Avoid Zofran
- **Pain:** Avoid Ibuprofen, Naproxen, Motrin
- **Seizures/Epilepsy:** Avoid Carbamazepine, Phenytoin, Depakote

Medications to Consider:

- **Acne:** Benzyl Peroxide. Consult with your dermatologist for prescription medications.
- **Antibiotics:** Cephalosporins, Penicillin, Macrobid (15-35 weeks), Azithromycin
- **Allergies:** Flonase, Zyrtec, Claritin, Benadryl (drowsy). Attempt to avoid after 36 weeks.
- **Bloating/Gas:** Remove foods from diet that cause bloating and gas. Simethicone (Gas-X, Mylicon, Phazyme) only if necessary.
- **Constipation:** Increase vegetable, fruit, and water intake. Docusate Stool Softener, Miralax, Metamucil only if necessary.

- **Cough/Cold:** Gargle with salt water, Cough Drops, Robitussin/Mucinex (Guaifenesin) with or without DM only if necessary.
- **Headache:** Tylenol or Excedrin (avoid if allergic to Aspirin) only if necessary.
- **Heartburn:** Avoid lying down for one hour after meals, spicy food, acidic food. Tums (limit 4/day) or Pepcid only if necessary.
- **Hemorrhoids:** Increase vegetable, fruit, and water intake. Anusol/Anusol HC, Preparation H, Tucks, or Vaseline lotion applied to tissue only as necessary.
- **Herpes:** Notify your provider if you have a history of herpes. You may be recommended to start daily oral Acyclovir or Valtrex therapy starting at 36 weeks.
- **Nausea:** Eat multiple small bland meals throughout the day. Ginger Root 250mg 4 times daily. If vomiting continues: consider Vitamin B6 25mg 3 times daily; Unisom 1 tablet at bedtime; Vitamin B6 and Unisom before bedtime; Dramamine before bedtime; OR Benadryl before bedtime.
- **Pain:** Tylenol only if necessary.
- **Prenatal Vitamins:** Over the counter prenatal vitamins with zinc and minimum 0.4mg of folic acid can be taken. The OTC gummy vitamins typically do not contain iron, consider supplementing. DHA can be integrated into the prenatal vitamin or supplemented in the form of fish oil.
- **Rash or Itching (Notify clinic for persistent rash):** Moisturize well after showering. Benadryl at night or 1% hydrocortisone cream for 1-2 weeks topically only if necessary.
- **Scabies/Lice:** Permethrin.
- **Sleep Aids:** Sleep hygiene, black out curtains, stress management, chamomile tea, warm milk. Benadryl, Unisom, Tylenol PM only if necessary.
- **Tooth Pain:** Call your dentist, apply ice to site of pain, the office can provide a dental note for pregnant patients.
- **Yeast Infection:** Monistat 7 or Terazol 7 for itchy thick white vaginal discharge. Notify clinic immediately if discharge is clear and watery with no odor/if you suspect your water broke.

Nutrition and Pregnancy

Recommendations for weight gain during pregnancy

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

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

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

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

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

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

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

Healthy diet

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

Key nutrients during pregnancy

Nutrient	Reason for Importance	Sources
Calcium (1000 mg)	Helps build strong bones and teeth	Milk, Cheese, Yogurt, Sardines
Iron (27 mg)	Helps create the red blood cells that deliver oxygen to the baby and also prevents fatigue	Lean Red Meat, Dried Beans and Peas, Iron-Fortified Cereals
Vitamin A (770 mcg)	Forms healthy skin, helps eyesight, helps with bone growth	Carrots, Dark Leafy Greens, Sweet Potatoes
Vitamin C (85 mg)	Promotes healthy gums, teeth, and bones. Helps your body absorb iron.	Oranges, Melon and Strawberries
Vitamin B6	Helps form red blood cells, helps body use protein, fat and carbohydrates	Beef, Liver, Pork, Ham, Whole Grain Cereals, Bananas
Vitamin B12 (2.6 mcg)	Maintains nervous system, needed to form red blood cells	Liver, Meat, Fish, Poultry, Milk (only found in animal foods, vegetarians should take a supplement)
Folate (600 mcg)	Needed to produce blood and protein, helps some enzymes	Green Leafy Vegetables, Liver, Orange Juice, Legumes and Nuts

Foods to Avoid in Pregnancy

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

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

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

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

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

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

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

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

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

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

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

Special concerns

Vegetarian diet

Be sure you are getting enough protein. You may need to take supplements such as iron, vitamin B12, or vitamin D.

Lactose intolerance

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

Artificial sweeteners

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



Common Questions

When will I feel my baby move?

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

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

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

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

Can I use a Jacuzzi?

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

Can I travel?

Traveling is safe during pregnancy for uncomplicated pregnancies. After 32 weeks, we recommend staying close to home. When you do travel, be sure to take breaks to stand up/walk around at least every two hours. If traveling by vehicle, wear a seat belt, positioning it under your abdomen as your baby grows. If you are involved in a car accident, please call the office immediately. You may need to be monitored.

Can I care for my pets?

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

What do I need to know about dental care?

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

Can I go to the salon for treatments?

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

Can I exercise?

30 minutes of exercise is recommended daily in uncomplicated pregnancies. This could include walking, jogging, biking, aerobic class, yoga, swimming, etc. Weight training is acceptable. Listen to your body during exercise and drink plenty of fluids. After 20 weeks, avoid lying flat on your back and avoid activities with a high risk of falling or trauma to your belly (i.e. snow skiing, kickboxing, horseback riding).

Can I have sex?

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

Alcohol and Smoking

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

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

- **Low birth weight baby:** Low birth weight can be caused by prematurity (birth less than 37 weeks), poor growth, or a combination of both. Prematurity is increased in pregnant smokers and is the number one cause

of neonatal death and chronic illness in babies. Problems such as cerebral palsy, life-long lung, kidney, or other organ problems, mental retardation and learning disabilities are much more common in premature and low birth weight babies.

- **Placenta previa:** Low-lying placenta that covers part or all of the opening to the uterus. Placenta previa blocks the exit of the baby from the uterus causing the mother to bleed.
- **Placental abruption:** The placenta tears away from the uterus causing the mother to bleed.
- **Preterm premature rupture of membranes:** The water breaks before 37 weeks of pregnancy, which is associated with an increase of preterm and low birth weight births.
- **Stillbirth:** The fetus has died in the uterus.

Ways to Quit Smoking

No matter what your approach to quitting, a conversation with us can make the difference between success and failure. We can help you choose a method right for you.

The March of Dimes recommends women stop smoking prior to becoming pregnant and remain smoke-free throughout pregnancy and once the baby is born. The more a pregnant woman smokes the greater the risk to her baby. However, if a woman stops smoking by the end of her first trimester (first three months), she is no more likely to have a low birth weight baby than a woman who never smoked. Even if a woman is not able to stop smoking during her first or second trimester, stopping during the third trimester (the last three months) can improve her baby's growth.

The effects smoking has on your baby continue when you take him/her home. Children exposed to smoke in the home have higher levels of lung problems such as asthma, pneumonia, or bronchitis. They also suffer from

more ear infections than children not exposed to smoke. Even more troubling is the increased incidence of Sudden Infant Death Syndrome (SIDS) found in children exposed to smoking in the home. A child exposed to smoking in the home during the first few years of life are at an increased risk of developing asthma.

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



When to Go to the Hospital

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

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

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

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

Illness/Symptom	Call the Office/On-Call Doctor if:	Go to the Hospital Immediately if:	Home Treatment:
Urinary Urgency and/or Pain With Urination <ul style="list-style-type: none"> • Frequency is common in early and late pregnancy 	<ul style="list-style-type: none"> • Pain with urination • Feeling of urgency to void with little urine produced 	<ul style="list-style-type: none"> • Temperature of 101°F or higher • Pain in upper back • Contractions occur • Blood in urine 	<ul style="list-style-type: none"> • Urinate at regular intervals • Increase fluid intake to 8-12 glasses daily
Swelling	<ul style="list-style-type: none"> • Recent, noticeable increase in feet and ankles • Swelling of face and hands 	<ul style="list-style-type: none"> • Swelling accompanied with headache or upper abdominal pain • Swelling with decreased fetal movement • Elevated blood pressure if using home monitoring 	<ul style="list-style-type: none"> • Lie on left side and elevate legs • Avoid salty foods (e.g. ham, pizza, chili)
Cold and Flu	<ul style="list-style-type: none"> • Temperature of 101°F or higher • Green or yellow mucus develops • Persistent cough for more than 5 days 	<ul style="list-style-type: none"> • Breathing is difficult or wheezing occurs 	<ul style="list-style-type: none"> • Tylenol, Actifed, Sudafed, and any Robitussin • Increase fluids • Rest • Use vaporizer • Ibuprofen OK in 2nd trimester only
Rupture of membranes		<ul style="list-style-type: none"> • Water breaks; small leak or as a gush 	



Preparing for Labor and Delivery

Hospital Affiliations

Woman's Health Centers provides outpatient prenatal care in addition to labor and delivery services. We are affiliated with the following hospitals:

- AdventHealth Celebration Hospital, 400 Celebration Pl, Kissimmee, FL 34747
- HCA Florida Osceola Hospital, 700 W Oak St, Kissimmee, FL 34741
- UFC Lake Nona Hospital, 6700 Lake Nona Blvd, Orlando, FL 32827
- HCA Florida Oviedo Medical Center, 8300 Red Bug Lake Rd, Oviedo, FL 32765
- HCA Florida Lake Monroe Hospital, 1401 W Seminole Blvd, Sanford, FL 32771

You may schedule a tour of the birthing suites at your convenience.

Consider a birth plan

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

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

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

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

Research cord blood banking

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

Attend educational courses

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

Register with your pediatrician

You will need to decide on a doctor for your baby by the time you deliver. The hospital will send your baby's information and test results to your chosen doctor. Your baby is commonly seen within 1 week after birth.

Obtain and install a car seat

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

Learn more about breastfeeding

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

Consider circumcision

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

Labor and Delivery

When will I know I'm in labor?

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

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

Induction

Your due date is considered 40 weeks. Anticipate delivery sometime the week of your due date. We recommend additional testing for your baby at 40-41 weeks. We induce labor then or sooner if there are concerns. Induction is a process where we give medication to stimulate contractions. It can take more than 24 hours to work and can increase cesarean delivery, especially if your first. It is important to allow your baby to fully grow and develop before we schedule a delivery.

Cesarean birth and recovery

A cesarean birth may be planned or unplanned. Nurses, anesthesia staff and your physician will be with you in the operating room. If necessary, a group of neonatal health care providers also will be with you. Your blood pressure and heart rate/rhythm will be monitored, and a nurse will listen to your baby's heart rate. Your baby will be delivered in a short period of time once surgery

begins. Once delivered, it will take approximately 45-60 minutes to complete surgery. Your incision will be closed with staples or sutures. You will then be moved to the Recovery Room.

Initial recovery after Cesarean birth

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

Episiotomy/forceps/vacuum

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

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



Breastfeeding

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

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

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

Breastfeeding Options for Working Mothers

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

About 7 to 14 days prior to returning to work begin practicing with expressing milk by hand or with a pump to become familiar with the technique. It will take about 3 to 4 times before you become proficient.

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

Milk can be stored in baby bottles, a pitcher or any clean container in the refrigerator. Don't worry if you only get a small amount when you begin. Fresh milk can be added to the milk you already have in the refrigerator as long as the new milk is chilled first. Milk can be kept in the refrigerator for 5 days. After 5 days it should be frozen or discarded. Breast milk, when removed from the refrigerator or freezer, may appear discolored (yellow tinged, bluish green, even a little brown). This does not mean the breast milk is bad. Always check breast milk to be certain it does not smell sour or taste bad. Because breast

milk does not look like cow's milk when stored, taste and smell, not color, should determine if the refrigerated breast milk is good.

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

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

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

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

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

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



About 7 to 14 days prior to returning to work eliminate one or two feedings that you will miss while you are at work. Replace breastfeeding at those feedings with a bottle of formula or breast milk. If your breasts are uncomfortable place some ice on your chest or express just enough for comfort. This will reduce the amount of stimulation your breasts receive and thereby decrease the milk supply a little.

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

Sore Nipple Management

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

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

Cradle Position

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

Football/Clutch Position

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

Lying Down Position

- Lie on your side with pillows supporting your back and your top leg, which is bent forward.
- Place your baby on his side facing you.
- Follow steps a, b, c, and d under the Cradle position.

Vary nursing positions for the first week.

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

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

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

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

If your nipples do become sore, try these suggestions:

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

Suggested Books on Breast Feeding

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

"Breastfeeding Your Baby" by: Sheila Kitzinger

"Bestfeeding: Getting Breastfeeding Right for You" by: Mary Renfrew, Chloe Fisher, Suzanne Arms

"The Nursing Mother's Companion" by: Kathleen Huggins

Postpartum Instructions

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

12. Abstain from intercourse for 6-8 weeks or longer if your stitches are still painful. Contraception options may need to be discussed with your doctor at your check-up or earlier if you have special needs.
13. You may climb stairs 2-3 times a day in the first 2 weeks. Too much activity delays episiotomy and incisional healing.
14. Please call the office if you have a fever of 101°F or greater, swelling, tenderness or redness in the lower leg.
15. If you had a cesarean delivery, keep your incision clean with soap and water. Bandage with gauze only if instructed. Call the office if the incision is swollen, red or has any unusual drainage. Remove any steristrips after 10 days.
16. Tub bathing and showering are permitted.

Postpartum Depression

40-80% of women experience mood changes after their delivery. This most commonly starts 2-3 days after delivery and usually goes away by 2 weeks. It is important to eat properly, get adequate sleep and reduce stress during this time to help with the symptoms. Sometimes the symptoms require treatment especially if mom is not bonding or enjoying her baby; unable to care for herself or the baby; feeling excessive sadness, depression or anxiety.

Please schedule an appointment if you feel a problem is occurring. We are known for our compassionate care and have effective treatments for postpartum depression.





Woman's Health Center



Appointment Requests

Locations

Avalon Park Woman's Health Center

3718-3722 Avalon Park East Blvd • Orlando, FL 32828
M-Th 8a-5p

Celebration Woman's Health Center

1420 Celebration Blvd, Suite 309 • Celebration, FL 34747
M-F 8a-5p

Hunter's Creek Woman's Health Center (Extended Hours)

1160 Cypress Glen Circle • Kissimmee, FL 34741
M/W 8a-5p • T/TH/F/Sa 7a-7p

Kissimmee Woman's Health Center

13 Neptune Rd • Kissimmee, FL 34744
M-F 8a-5p

Lake Nona Woman's Health Center (Extended Hours)

6718 Lake Nona Blvd, Suite 130 • Orlando, FL 32827
M-F 7a-7p

Oviedo Woman's Health Center

2078 Winter Springs Blvd • Oviedo, FL 32765
M-F 8a-5p

Poinciana Woman's Health Center

1018 Cypress Pkwy • Kissimmee, FL 34758
M-Th 8a-5p