

PRENATAL INFORMATION BOOKLET



Miami Center of Excellence for
Obstetrics & Gynecology



Foreword by Randy A. Fink, MD, FACOG

Getting the room ready, buying baby clothes and dreaming of a future with your new baby is one of life's most treasured gifts. Pregnancy is also a time when the unknown can be quite overwhelming and scary! Being informed about the birthing process is one way to relieve this anxiety! We have prepared this prenatal booklet to give you an overview of your prenatal care, basic guidelines, and instructions. Please read this booklet in its entirety and keep it handy when you need it. You will find information about medications safe in pregnancy to warning signs for labor and what to pack for the hospital.

We are excited to be your partner in this journey and look forward to a healthy and happy pregnancy.

Sincerely,
Randy A. Fink, MD, FACOG
Medical Director

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Welcome! We are happy to be involved during this exciting and interesting time in your life. We are available to answer your questions and encourage you to ask them so that you may better understand and enjoy your pregnancy. Your prenatal appointments will be arranged at approximately four-week intervals for the first seven months and closer thereafter. It is an established fact that good prenatal care contributes to the health of the mother and infant, so please keep your appointments!

Your pregnancy will be cared for by Alejandra Turmero-Angel, MD, Arin Semel-Saldana, MD, Jaclyn Ferro, MD, Stephanie Fink, MSN, NP, CNM, and Maggie Wardlaw, MS, CNM. We make every effort to deliver all of our own patients. However, we do have "cross coverage" arrangements with other highly trained and respected OB/GYNs in the area when needed.

Scheduling

Never leave the office without an appointment to return! If the computer is down please call the office the next day for your appointment or our staff will call you to schedule. Have a plan of who is going to call whom before leaving the office!

You will rotate between all the providers once then you may follow with the provider of choice. It is necessary that we are all familiar with all of our patients.

Fees and Payments:

The fees are best handled on a pay-as-you-go basis. If you have partial or complete insurance coverage, the billing staff will assist you in determining what your insurance will cover, and help you make arrangements so that the portion of our bill that your insurance does not cover will be paid by the time you are 28 weeks pregnant. Insurance claims will be submitted after the delivery for the remainder of the bill. If you should leave our care before delivery, you will be charged for each office visit, laboratory tests, and any other services performed. Any overpayment will be refunded to you. Please contact our office manager if you have any questions.

Our Fees Include:

- Office visits during your pregnancy for pregnancy related issues.
- Complete care of the mother at the time of delivery.
- Your six week postpartum check up.

There are additional fees for the following:

- Laboratory and other tests (i.e. pap smears, cultures, non-stress tests, ultrasounds, etc...)

- Injections such as the flu shot
- Cesarean section and/or other surgery (i.e. tubal ligation)
- Circumcision of male infant (consent form included with hospital registration forms)
- If you are seen for a primary care issue during your pregnancy, your co-pay will be collected. Examples are sinus infection, strep throat, etc...
- Non-routine care (i.e. hospitalization)
- Cord blood collection
- Some insurances do not cover the blood work for the Ultra-screen genetic testing
- FMLA paperwork or other paperwork required by your employer or disability insurance.

Hospital information and charges:

All of our obstetrics patients deliver at Baptist Hospital. For information on hospital charges, please contact them directly. To find out more information about Baptist Hospital go to www.baptisthealth.net.

Please make arrangements beforehand for your pediatrician to examine your newborn baby. If you need some help choosing a pediatrician, we will be happy to discuss it with you. Also, if there are other children at home in your care, please make arrangements for childcare well before your due date. Children are not allowed in the labor room. In addition to mom, up to 3 people are allowed in the delivery room. Photographs are allowed, but videotaping the delivery is prohibited.

Maternity Pre-Registration Forms

Pre-admitting with Baptist Hospital at 24-28 weeks of pregnancy will ensure that your records are ready when it is time to have your baby. Go to www.baptisthealth.net, this site contains the forms and accompanying information to register for your maternity stay at Baptist Hospital. Please complete the maternity pre-registration forms and click send. Please print and keep a copy for your records.

If you have any questions, please call the Maternity Pre-Admissions Coordinator at:
Baptist Hospital: 786-595-5959

DO NOT go to any other hospital beside Baptist on Kendall Drive, or else we will not be able to care for you. Do not go to South Miami, West Kendall Baptist, or Homestead Baptist Hospitals!

Blood Transfusions:

While we do not expect to have to give you a blood transfusion during your delivery, there are circumstances and emergencies that may occur requiring it. In other countries, blood loss is the most common cause of maternal death. Fortunately, the need for blood transfusion is rare. Your doctor is the only person who can order a blood transfusion for you and only in a true emergency, when your life depends on it. We recommend that you sign the hospital papers allowing blood transfusion if it is necessary. If you wish to arrange for "designated donors" to give blood in your name prior to your delivery, please call the blood bank at Baptist Hospital. We do not allow pregnant women to donate their own blood. Checking "no" in the hospital's papers indicates you would rather die than receive a life saving transfusion. If you have any questions or you are not planning to sign "yes" for transfusions, Please discuss this with us. Please do not check no!

Routine Labs:

Routine prenatal visits are of great value to ensure the health of you and your baby. In addition to their medical necessity, the visits are also educational for you and your partner, allowing you to ask questions and feel comfortable with the many changes your body is undergoing.

There are specific objective data that are obtained at each visit. This includes maternal weight, blood pressure and urine testing for sugar and protein. In addition, we measure the increase in abdominal size (fundal height) and listen to the fetal heartbeat. The first visit is typically longer and includes a complete medical and obstetric history and a physical examination, including a pelvic exam, cervical culture and pap smear (if not performed recently). Additional laboratory tests, which are routinely performed at the first visit, are the following:

- ❖ Complete blood count, including a test for anemia
- ❖ Blood type and antibody screen
- ❖ Rubella test (to check for immunity to German measles)
- ❖ Hepatitis B carrier test
- ❖ Syphilis test
- ❖ Urinalysis and Urine culture for infection
- ❖ Any additional tests indicated from your history
- ❖ HIV test*
- ❖ Pap test
- ❖ Cervical/vaginal cultures for gonorrhea and Chlamydia
- ❖ Urine toxicology screen

* HIV screening is routinely performed in our practice for all obstetrical patients. The rate of HIV transmission from an HIV infected woman to her fetus has been estimated at 30-50%, and the rate

of transmission to the baby can be substantially reduced if an HIV positive mother is treated during her pregnancy.

Also included in the first visit is a discussion about prenatal testing for genetic disorders and other birth defects that might be indicated, as well as a discussion about the appropriate timing for these tests. These include first trimester testing (discussed later in this handbook), AFP at 15-18 weeks, CVS at 10-12 weeks, and/or amniocentesis at about 15-20 weeks.

From 24-28 weeks we test everyone for gestational diabetes. You do not need to be fasting for this test, but please do not consume sugary foods or drinks prior to your appointment. If this screening test is elevated, we will perform a more specific three hour glucose tolerance test to confirm the diagnosis of gestational diabetes. We also test for anemia (low iron) at this time and depending on the results we may ask you to take a specific iron supplement. If your blood type is Rh negative, you will undergo some extra tests and receive an injection of a medication call Rho-gam at about 28 weeks of pregnancy. This medicine helps to protect pregnancies from blood-related immune problems.

At thirty-six weeks a vaginal culture is obtained to screen for Group B Streptococcus (GBS). Four out of ten pregnancies will be positive for GBS. If you have a positive result for GBS then you will receive an antibiotic during labor, usually every 4 hours, to prevent transmission to your baby. An internal exam is also performed at the 36 week visit to check for cervical dilatation and effacement (thinning of the cervix). This internal exam also allows us to confirm that the baby is presenting in the normal, head down position and that the head is appropriately moving down into the birth canal. Cervical exams will be repeated at each subsequent visit. Although these assessments cannot predict the exact onset of labor, they do give us a sense of the progress you are making.

In addition to the routine tests and procedures discussed above, other tests may be performed, depending on specific problems or high-risk situations that arise. We will be discussing these with you as necessary. If you have special concerns, please let us know.

Genetic tests:

Your "New OB" blood work is typically performed in our office at 10 weeks as we can send for a variety of non-invasive prenatal tests (NIPT) at the same time. The following is a list of the available non-invasive genetic tests:

- **Ultra-screen:** combines part blood (at 10 weeks) and part ultrasound (at 12 weeks) results to give you a risk assessment for Down Syndrome and Trisomy 13/18. It is 95-96% accurate. www.ntdlabs.com
- **Panorama:** gives you a personalized risk score and tell you if your baby is at high risk or low risk for certain genetic conditions such as Down syndrome, Edwards syndrome, Patau syndrome and triploidy. It can also identify Turner syndrome by looking at the sex chromosomes, and can even tell you the sex of the baby, if you want to know. www.panoramatest.com
- **MaterniT21:** tests and detects fetal abnormalities for chromosomes 21, 18, and 13 in singletons, twins and higher order multiple pregnancies in the following populations: Advanced maternal age, fetal ultrasound abnormality suggestive of a chromosomal abnormality, personal/family history of chromosomal abnormalities, and positive serum screening test. It can also tell you the sex of the baby. www.sequenomCMM.com
- **InheriGen Pan-Ethnic Carrier Testing:** is a comprehensive carrier screen that tests for over 160 inherited diseases and more than 500 mutations from a single blood sample. If you are found to be a carrier for an autosomal recessive disorder, carrier screening is recommended for your partner to determine the risk of having a child with this condition. If both you and your partner are found to be carriers for the same autosomal recessive condition, then there is a 25% chance to have a child with that disorder with each pregnancy.

Ultrasounds:

While having a sonogram is a fun and exciting way to see your baby, your insurance company limits the sonograms you can have. Unless there is a specific medical reason, your insurance generally pays for only one or two ultrasounds. Your "anatomy" ultrasound is performed between 16-20 weeks, and is looking to be sure your baby's anatomy is normal. This is the time at which you may also be able to find out the gender of your baby! We do provide 3D/4D ultrasounds in our office between 28-31 weeks; this type of ultrasound is not covered by insurance. We have affordable packages and you go home with pictures of your baby and a DVD.

Nurse Midwifery Care

For more information about our Certified Nurse Midwives, please see our section in your new ob folder under *in-Touch Midwifery* to find out more about our delivery options and services. You may also check out our website at www.miamiobgyns.com/midwife

Doula Care

If you desire to hire a doula for labor support, please talk to our doctors or nurse midwives first. We only work with “practice approved” doulas in the community. For a list of approved doulas, please ask one of our nurse midwives for the list. Please be aware, when you have a doula assisting your labor, the nurse midwife will not be assisting with your labor support as well. The nurse midwife will be managing your care and delivery.

Medications Safe in Pregnancy & Recommendations:

- For most people, ideal **weight gain in pregnancy is about 25-35 lbs.** from your pre-pregnancy weight. Pregnancy is not a time to diet and yet it is also not a time to go “wild” with eating. Try to eat a balanced diet and stay away from “junk food”. Bear in mind that most of the weight gained is during the second half of the pregnancy.
- **Limit your consumption of caffeine;** consider drinking caffeine-free sodas, coffee and tea. If you do consume caffeine please consume less than 100mg per day (about one serving size).
- It is also important for you to have a **diet low in extra salt.** Please see the enclosed diet sheet. A diet low in salt may help control the swelling that all pregnant women experience.
- In general, you **should not drink alcohol** during pregnancy, as it can be dangerous for your baby.
- **DO NOT TAKE ASPIRIN or IBUPROFEN** (Advil), or any medications containing these ingredients. Tylenol is okay to take for pain, headaches, or fever (you may take 2 extra-strength every 4-6 hours as needed).
- **Indigestion/heartburn:** Maalox, Mylanta, Tums, and over the counter Zantac or Pepcid.
- **Cold/Flu Symptoms:** Tylenol Cold, Robitussin, Mucinex, Benadryl, Claritin, and Zinc containing lozenges such as Cold-Eeze (should be started at the beginning of symptoms). Please get the flu shot if in season, as pregnant women are at risk for pneumonia that contract the flu. If you suspect you have the flu, please call us.
- **“Stomach Bug”:** You may take Imodium AD for diarrhea. Take 2 tablets with the first episode of diarrhea, then one tablet with each loose stool thereafter, to a maximum of 8 pills in a 24 hour period. Increase your fluids as diarrhea puts you at risk for dehydration.
- **Constipation and Hemorrhoids:** Increase the fiber in your diet by using Metamucil or Benafiber powder, or taking Fibercon tablets. You may also use a stool softener such as Senakot. You may use Preparation H for hemorrhoids, but

also talk to Dr. Fink because there may be an excellent, painless treatment that will rid you of hemorrhoids- but it can only be done after your pregnancy.

- **Nausea:** read list on next page....
 - **Smoking:** Please use this as an opportunity to quit or at least cut way down. Smoking hurts your baby! There are 80 known cancer causing chemicals in tobacco, so don't risk it! If you smoke while pregnant it is like putting a cigarette in your newborn baby's mouth. Please don't do this!
 - **Exercise:** Keep doing what you have been doing! Unless you play a contact sport. We do not recommend high impact aerobics, mountain biking or horse-back riding. Swimming, floor exercises, and walking/jogging, are excellent forms of exercise. Keep your heart rate below 150. Stay well hydrated.
 - **Sexual intercourse** is fine during pregnancy as long as you are not having any complications such as vaginal bleeding, cramping, and infections or suspect that your "bag of water" has broken.
 - **Douching** is not recommended at all or applying heat to your abdomen. Bathing or a hot tub is okay, but it should not be hot enough for you to sweat.
 - Please take a **prenatal vitamin with DHA** and get at least 1000mg of calcium daily. Your prenatal does not have nearly enough calcium. We will prescribe you an iron pill if you need it.
 - **Vacationing** is okay when pregnant. You may fly, drive, cruise or travel as you wish. Make sure you do not sit in one place for extended periods of time. You must "keep your blood circulating". Travel is not recommended after 36 weeks.
 - You do not need to get rid of your **dog or cat** family member! If you are pregnant and have a cat, someone else should change the cat litter. Please see the Toxoplasmosis information sheet.
 - Avoid **painting** a room during pregnancy; your partner can do this. Make sure to ventilate the area well, and use low VOC paint. Try to avoid using aerosol cans or industrial strength cleaners when cleaning your home.
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Nausea in Pregnancy

- Eat small frequent meals
- Eat before you are hungry
- Eat a substantial bedtime snack including protein
- Try eating before getting out of bed in the morning then take it slowly
- Separate liquids from your meals; be sure to get enough liquids!
- Avoid foods that make you feel sick
- Sea bands or motion sickness bands may help; they are available at the pharmacy for about \$10
- Ginger gum, ginger pops (by RX), ginger ale, sprite and crackers
- B.R.A.T. diet: bananas, rice, apple sauce, and toast
- Mints such as peppermint candy or aromatherapy with peppermint
- 25-50mg tablets of vitamin B6 cut in half and then take 3 times daily. At night take ½ to one tab of Unisom. Only take Unisom when you are ready to go to bed. It will help you sleep, but also has a dramatic effect on nausea when combined with vitamin B6.
- Take your prenatal with food at night.
- Acupuncture from a certified acupuncture physician may work for some
- Emetrol is available over the counter, but it can make you drowsy
- Call our office with your pharmacy number if the above suggestions do not help.
 - Remember medications such as Phenergan can cause drowsiness
 - If we call in Zofran or Diclegis for you, some insurance companies will not cover this medication or will not cover refills.
- Do not drive your car when drowsy
- Please remember that most pregnancy related nausea usually subsides by 12-14 weeks for pregnancy, so hang in there!

Pregnancy and Exercise

- Basic rule of thumb is to keep your heart rate at or below 150 beats per minute.
- Continue exercises you are currently performing unless we instruct you otherwise or if there is a risk of falling or getting "hit".
- You are responsible for protecting yourself from injury to yourself and your baby. Please discuss any form of exercise with us or consult with us prior to starting a new regimen.
- For more detailed information about exercise please ask us for a copy of the American College of Gynecologist guidelines for exercise, especially if your trainer is requesting or needs it.

Diet

Extra calories:

It is not necessary to "eat for two" during pregnancy. It's true that you need extra calories from nutrient-rich foods to help your baby grow, but you generally need to consume only 100 to 300 more calories than you did before you became pregnant to meet the needs of your growing baby.

Protein:

During pregnancy you will need to consume approximately 70 grams of protein daily. You may find that you do not like meat products while pregnant. No worries, many other types of foods have protein.

Calcium:

Your prenatal will not have enough calcium for your pregnancy. You will need 1000 mg of calcium in divided doses daily. You may buy pills, chocolate chews, Tums or Maalox for your calcium needs. You will need to continue 1200mg of calcium while you are breastfeeding postpartum.

Foods high in salt:

A pregnant woman tends to "retain water", so it is important to limit your salt intake. Watch out for processed, canned, fried, condiments and eating out. We will restrict your salt intake if you have high blood pressure during pregnancy.

Please wash all fruits and vegetables prior to consuming!

LIMIT THE AMOUNT OF RICE, PASTA, BREAD & CARBS! These cause you to put on unnecessary weight. Whole wheat and whole grains should be substituted for “white” rice, pasta, and bread! These types of carbs are better for you and should be a part of your diet in moderation.

You should not consume or need to limit:

- **Fast Food...**
- **Soda:** unless it is ginger ale, caffeine free, and artificial sweetener free. La Croix sparkling water is a great substitute. You can find this at Publix.
- **Caffeine:** Decaffeinated products are okay. At 200mg or higher of caffeine consumption there was an increase in miscarriages in the first trimester in one study. This could be one cup of coffee from Starbucks, so be careful!
- **Artificial sweeteners:** Splenda and Stevia are okay. No pink or blue packets please.
- **Green Tea:** May decrease your absorption of folic acid and contains caffeine.
- **Deli meats or “cold cuts”:** May be contaminated with Lysteria which can cause preterm labor and maternal illness.
- **Unpasteurized milks or cheeses**
- **Any of the following fish:** Shark, Swordfish, King Mackerel, Tilefish. These fish contain high levels of mercury, which can be harmful to your baby.
- **Foods deemed unsafe or tainted by the CDC:** keep up to date with news releases. You may follow us on Facebook at Miami Center of Excellence for Obstetrics & Gynecology, as we will post news updates here. We will not call you to warn you about food alerts.
- **No raw or under cooked meats**
- **Do not consume more than 6 to 8 ounces of fruit juice daily!** Eat your fruit do not drink it.

A note about Fish:

You may eat up to 12 ounces (2 average meals) a week of a variety of fish and shellfish that are low in mercury. Five of the most commonly eaten fish that are low in mercury are shrimp, canned light tuna, salmon, sea bass, and catfish. Albacore or canned “white tuna” has higher Mercury levels than canned light tuna. So, when choosing your two meals of fish and shellfish, you may eat up to 6 ounces (one average meal) of albacore tuna per week. The same holds true for tuna steaks; do not eat more than 6 ounces per week. For more information about the risks of mercury in seafood, call the

U.S. Food and Drug Administration's food information hotline at 1-888-SAFEFOOD or visit FDA's Food Safety website: www.fda.gov

The Dentist!

Did you know that women who received routine dental care were less likely to have preterm labor vs. those who did not? Please see your dentist for cleanings at least every 6 months or as recommended by your dentist. You can request to not have x-rays at this time, but it is safe to do so if shielded. We can fax a dental release to your provider if necessary! Do not wait to address a dental issue till you have had the baby. If you have tooth or mouth pain during pregnancy please consult with your dentist. If your dentist will not see you during your pregnancy we can refer you to a dentist who will.

Vaccines in Pregnancy

- **Influenza Vaccine:** The "flu" is a contagious disease that spreads around the US every winter, usually between October and May. Pregnant women are on the list of recommended populations to receive the flu shot. You may receive the flu vaccine in any trimester during pregnancy. Pregnant women who contract the flu are at risk for developing pneumonia and being seriously ill requiring hospitalization. We will offer the flu vaccine (while supplies last) in our office during the flu season. A small fee will apply.
- **Tdap:** The CDC recommends that pregnant women receive the whooping cough vaccine during each pregnancy between 27-36 weeks gestation. After receiving the vaccine, your body will create protective antibodies and pass some of them to your baby before birth. These antibodies provide your baby some short-term protection against whooping cough in early life. It is recommended that all family members who will care for your newborn be immunized with the Tdap vaccine.

Common Complaints of Pregnancy

- Extreme fatigue, especially in the 1st trimester. This should get better by 14 weeks.
- If you are having difficulty getting a deep breath, just relax and lay down if necessary. Severe chest pain and not being able to breathe is an emergency. Proceed to the ER.

- Breast tenderness and breasts getting larger. Some women experience nipple discharge during pregnancy. If bloody or an unusual color call the office.
- Gums and nose may bleed easily.
- Increase in milky white vaginal discharge.
- Feeling of heart palpitations occasionally. Again, chest pain is not normal. If you are having a lot of palpitations let us know.
- Heart burn: do not lie down after eating for 2 hours, decrease spicy foods. Sleep with two pillows. See our list of recommended medications.
- Cramping like your period is very common early on as the uterus is enlarging.
- Mild swelling of feet
- Carpal tunnel symptoms

When to Call the Office for a Non-emergency

- Abnormal discharge: itching, odor, green, or unusual for you
- Bladder infection, painful urination or urine odor
- Vomiting without relief from nausea medication
- If your primary care doctor will not see you for a cold or other primary care issue.

Emergency Warnings First and Early Second Trimester

- Bleeding
- Severe pelvic pain
- Continually cramping after 20 weeks
- Contractions that do not go away after 20 weeks
- Fever 100.4
- OB patients 18 weeks and under will be seen in the ER

Always call the office during office hours if possible. We are better able to manage your calls this way. Only call after hours with true emergencies. Sometimes if you are stable, the physician or midwife will ask that you come to the office first thing in the morning instead of going to the ER. You could be at Baptist ER for 30 hours before being seen. We cannot meet you there to see you; you must be cleared by

the ER first. In most cases it is safe to wait until we are open to see you. If in doubt, please call. Occasionally, the physician may send you to the ER.

Emergency Warnings 28 Weeks till Delivery

- OB patients 18 weeks or greater will proceed to "OB Triage" at Baptist Hospital in emergency if pregnancy related.
- Decreased fetal movement (refer to kick count sheet)
- Vaginal bleeding
- You think your water has broken
- Severe headaches unrelieved with Tylenol and rest
- Unusual persistent vision changes
- Severe abdominal pain
- If you think you are in labor or pre-term labor
- Fever 100.4

Labor Precautions

PLEASE CALL US IF ANY OF THE FOLLOWING OCCUR DURING THE HOURS OF 8:00 AM TILL 10:00 PM

IF THESE OCCUR BETWEEN THE HOURS OF 10:00 PM-8:00 AM, PLEASE GO DIRECTLY TO LABOR & DELIVRY AT BAPTIST HOSPITAL. YOU DO NOT NEED TO CALL, AS THE HOSPITAL WILL CONTACT US UPON YOUR ARRIVAL.

1. Strong, regular contractions.
2. Heavy bleeding. Some bleeding mixed with mucous substances usually represents your "bloody show" and is normal but call if you are not sure. This is especially normal after being examined in the office.
3. If you think your "bag of water" (amniotic fluid) has broken or is leaking. Call immediately, day or night, even if you are not having any contractions.
4. If there is a decrease in the amount of fetal activity or movements.

Remember, if you think you are in labor or your bag of water has broken, do not eat or drink anything.

The office phones are answered 24 hours a day, either by the office staff or an automated answering service.

Kick Count Instructions

FETAL KICK COUNTS

Fetal kick counts are an important way a mother can assist us in determining that the baby is healthy. If the number of fetal movements is too low, other tests may need to be done. Follow these steps to count the baby's movements:

1. Count kicks for 30 minutes three times a day: morning, afternoon, and evening.
2. Lie down while counting, preferably on your left side with feet and legs propped up or supported.
3. Count either "kicks" or "rolling" or "turning" type movements. If the baby has hiccoughs, stop counting until they stop, then start over.
4. If you count 5-6 movements in 30 minutes, stop counting.
5. If the movements are less than 3 in 30 minutes, count for one hour. If still less than 3 movements, count for 6-8 hours.

WARNING SIGNS FOR DECREASED MOVEMENT

Go to Triage if you have any of these signs:

1. If you count less than 3 movements in 6-8 hours or less than 10 movements in 12 hours.
2. If no movement is felt in the first 2 hours after arising in the morning. Make sure you have eaten breakfast!
3. If the number of movements are much less than usual!
4. If movements change from strong and rolling to weak.
5. Try to call the office during business hours. If after hours please leave a message on the emergency voicemail.

Banking Your Cord Blood

It is important for you to be aware of the potential value of the stem cells found in your newborn's umbilical cord. Because you only have one chance to collect your newborn's stem cells, we believe it is very important for you to be fully educated so you can make an informed choice regarding your banking options.

Cord blood is the blood that remains in the umbilical cord after your baby has been delivered. Like bone marrow, this blood is a rich source of stem cells that are used in many lifesaving medical treatments today, and are showing promise in the treatment of conditions such as brain injury and juvenile diabetes. Your cord blood counseling session in the office will occur between 24-28 weeks. You will receive handouts and general information.

Baptist Hospital now has a public cord blood bank. If you plan to donate your cord blood, please let the Labor & Delivery nurse know upon admission to the hospital. Many forms and labs need to be drawn, so if you are about to deliver, you may not be able to donate your cord blood.

It is then your responsibility to sign up with the cord blood banking company of your choice by 36 weeks gestation or earlier if we suspect you to deliver early. Baptist Hospital does not stock cord blood kits, so if you forget your kit, you cannot save your baby's cord blood. Please ask us about our recommendations for cord blood companies. We will be aware of the most scientifically up to date information, as well as which are the more affordable. Please do not necessarily believe everything you read in advertising. Let us help!

Birth Plan

Many patients ask us about the necessity of preparing a birth plan. A birth plan usually consists of specific requests related to the labor, delivery, and recovery period. It is not necessary to have a formal birth plan in writing; however, it is always best to express specific preferences to the physicians, midwives, and nursing staff when you are in the hospital. Labor and delivery is an unpredictable process in all cases, and a birth plan that strictly prohibits specific interventions (episiotomy, cesarean section) in all circumstances will not be acceptable. It is always best to discuss specific preferences with your provider prior to the onset of labor. This will facilitate a better understanding of the usual procedures associated with the hospital, and allow for possible modifications of these procedures if appropriate.

What to Pack!

We suggest that you start packing your bags at 36 weeks.



List for the Hospital **Stephanie Fink, MSN, NP, CNM, & MOM**

- Paper/pen to keep a list of flowers and gifts sent for thank you notes later.
- List of phone numbers and email addresses to call/email family members.
- CD player with CD's (or Ipod with player) of restful relaxing music to play in the delivery room.
- Camera with extra film/memory cards, video recorder. Note that at Baptist, you cannot videotape until after the delivery.
- Diversions for labor: playing cards, magazines.
- Favorite hand lotions, massage lotions for labor if desired.
- Fragrant room spray or plug-in air-freshener to give that aromatherapy touch! Candles are not allowed!
- Birthing ball if going all-natural or any natural birthing aid.
- Your favorite pillow and blanket! I brought a blanket that my grandmother made me when I was born; it was very special to have. Remember: hospitals are usually cold.
- Snacks for your labor coach and for postpartum time. I had friends bring me Gatorade and diet coke to have in the room after I delivered. It was great for everyone to have snacks.
- Socks, slippers.
- Toothbrush, toothpaste, toiletries (shampoo, conditioner, hair dryer, etc.).
- Hairbrush, clips and hair bands.
- 2-3 pairs of night gowns or PJ's. Pajamas with front buttons are good for breast feeding.
- Robe
- Favorite brand of maxi-pads, but the hospitals are fine.
- Lanolin cream for sore nipples. Soothies pads are great too!
- Antibacterial hand gel. Have your guests use it or wash their hands before they hold your baby.
- 5 changes of underwear.
- Nursing Bra (2).
- Going home outfit (could be a nice set of PJ's, keep in mind you will still have a tummy!)
- Infant car seat already in place and ready to go.

- Any cute signs for the postpartum room door you want (or have a friend be in charge of this).
- Your boppy/infant support device for breast feeding (optional, I just used pillows).
- Unless you live far away, someone can go home and get what you need if you leave in a hurry and forget something.
- Drive safely to the hospital!
- If you are banking cord blood, don't forget your kit. Do not store it in your car.

Baby clothes/supplies

- Onesies (2-3)
- Mittens
- Going home outfit
- Outfit for hospital picture
- Infant care kit
- Receiving blankets (2-3)
- Diaper cream/ointment
- Diaper bag with a few diapers for the way home in case
- Pacifier (optional)

Congratulations on the new addition to your family!

Randy A. Fink, MD Medical Director

Alejandra Turmero, MD

Arin Semel, MD

Stephanie Fink, MSN, NP, CNM

Maggie Wardlaw, MS, CNM

Leah Rubin, MSN, CNM



Find us on Facebook for the latest practice news, midwifery updates, and spa specials! We would love for you to post a picture of your new family at the hospital!

- **Miami Center of Excellence for Obstetrics & Gynecology**
- **Florida Keys Obstetrics & Gynecology**
- **Sky & Sea Spa**

Postpartum

After the hospital:

If you had a cesarean section, you will need to come in for a wound check 7-14 days after you leave the hospital and then again at 6 weeks for your postpartum visit. If you had a vaginal delivery, schedule your postpartum 6 weeks after you get home. Your obstetric fee includes a wound check and a six-week postpartum examination.

Your first annual exam after having the baby is performed 3-6 months after your postpartum visit. Please call the office with any concerns or problems you may be experiencing once you get home. Congratulations on the new addition to your family!

Reasons to contact the office postpartum:

- Feeling depressed for 2 weeks or more
- Thoughts of hurting yourself or the baby
- Soaking more than one pad an hour for over 3 hours
- Fever 100.4 or higher
- Suspected breast infection
- Foul odor from the vagina or c-section incision
- Suspected wound infection
- Not feeling well

For breastfeeding challenges:

- Lactation services at Baptist Hospital:
786-596-2671 Mon-Fri
baptistchildbirth@baptisthealth.net
- The Gathering Place:
786-953-6417
www.theplacewegather.com
- Upper Keys Lactation
Alanna Dixon, IBCLC
850-510-2614