



A WOMAN'S PLACE

A photograph of a pregnant woman with long brown hair, wearing a white tank top and a pink cardigan. She is smiling and gently holding her belly. The background shows a room with a wooden cabinet, a green plant, and a decorative banner.


Your Guide *to*
Pregnancy



Leave a review



Welcome to Pregnancy



Congratulations on your pregnancy! We welcome you to **A Woman's Place**. We thank you for choosing us as your care providers. 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.awpnaples.com for valuable information.

**Thank you for placing
your trust in our care.**

Your Providers



Dr. Emily Clements



Dr. Jeffrey Heitmann



Dr. Holly Miller



Dr. Su Parker



Dr. Steven Shephard



Jessica Fuentes, CNM



Abby Krembs, PA-C



Lori Votapek, APRN

Like many OB/GYN practices, **A Woman's Place** is a group practice. Our providers have days they work in the office, days they are on-call for deliveries at the hospital and days that they are off. Your primary provider may not be on-call on the day you are in labor and delivery. We want you to have the opportunity to meet all the providers who may deliver your baby so please schedule your regular prenatal visits with as many of the providers as possible.

How to Contact our Office

After your first appointment, log into your Patient Portal to become familiar with it, as it the best way to contact us! Access it from the invitation email or our website at www.awnaples.com. On the Portal, you can send and receive messages and test results. Our office is open to routine calls at (239) 513-0053 between 8:00am – 12:00pm and 1:00 - 4:00pm, Monday thru Thursday. Phone lines are open Fridays from 8:00am – 12:00pm.

Please note, we do not answer portal messages or return calls after 4:30pm or on weekends, so **if you have an emergency, please call 239-498-3227**. To greater serve the growing area, NCH (Naples Comprehensive Health) North Hospital now has **24-hour emergency** obstetric care located at The Birth Place, 11190 Health Park Blvd, Naples, FL, 34110

Billing for Prenatal Care

We understand that maternity benefits can be confusing. Our billing staff is available during office hours to discuss any questions you may have. Please call the office to speak with **billing at 239-513-0053**. We will also review your insurance benefits at one of your early OB visits.

To receive Family Medical Leave Act (FMLA) benefits, the family must provide the office with the paperwork to be filled out, including for any additional family member. This may require a \$25 administrative fee, and take up to two weeks to complete.

Opportunities

We will help guide you through the options during your pregnancy.

Midwifery

A Woman's Place has added a Certified Nurse Midwife (CNM) to the team, who can carry forward our high-quality prenatal care, and help guide you through to your delivery date and beyond. Midwife support can lower the rate of premature births and reduce the number of procedures conducted, which may even reduce your costs. Our CNM works alongside the providers and will provide holistic support to empower you as you make decisions for the journey ahead.

Centering Pregnancy

Launching in 2024, **A Woman's Place** will be offering CenteringPregnancy. Centering will include your prenatal visits in a comfortable group setting, along with people with similar due dates. Starting in your second trimester, 10 meetings will be planned in advance with the healthcare provider and the same group of women. The main focus will be empowering you through education, counseling, and shared decision-making. This experience builds community and life-long friendships that will impact your overall experience in a very positive way.

CenteringPregnancy is supported by a national network. Centering is an enjoyable experience, and it can help reduce the risk of hypertension and preterm labor, which are significant concerns for women in Southwest Florida. Participants report a greater readiness and knowledge for the birth and what may come the journey afterward.



Centering®

What better way to receive care than walking into a room and seeing people who live in your community and share your lived experiences. That's why we're proud of Centering. It makes our groups safe and inclusive that acknowledges diversity while helping patients to realize better health outcomes. When you make your appointment ask about our Centering groups.

Appointment Schedule

How many prenatal visits will I receive?

Typically a patient sees us an **average of 13 visits** during the pregnancy.

Your scheduled visits:

8-10 WEEKS 1ST VISIT	<ul style="list-style-type: none">• Ultrasound to establish a viable pregnancy and confirm your due date• Completion of paperwork• Physical exam (including PAP smear if due)• Order for initial labs including blood type, Complete Blood Count (CBC), STD testing, urine drug screen and urine culture (at the lab).• Discuss genetic testing
11-28 WEEKS MONTHLY VISITS · EVERY 4 WEEKS	<ul style="list-style-type: none">• At each visit: you will be weighed, have your blood pressure taken, measure your growing uterus (fundal height), and listen to fetal heart tones.• 12 weeks: ultrasound performed• 16 weeks: MSAFP testing ordered (performed at lab) for open neural tube defects (spina bifida).• 20 weeks: Fetal Anatomy Ultrasound• 28 weeks: Diabetic screening (performed at the lab).
28-35 WEEKS VISITS EVERY TWO WEEKS	<ul style="list-style-type: none">• At each visit: you will be weighed, have your blood pressure taken, measure your growing uterus (fundal height), and listen to fetal heart tones.• At 36 weeks and after, a Group B Strep (GBS) swab sample will be collected.
36 WEEKS - DELIVERY WEEKLY VISITS	<ul style="list-style-type: none">• At each visit: you will be weighed, have your blood pressure taken, measure your growing uterus (fundal height), and listen to fetal heart tones.• 37-40 weeks: check for cervical dilation (optional)
POST PARTUM UP TO TWO VISITS	<ul style="list-style-type: none">• 2-week incision check (for cesarean births) or health check• 6-week post-partum visit for vaginal and cesarean births

*THE ABOVE INFORMATION IS A GENERAL GUIDELINE. THE PHYSICIANS WILL VARY YOUR VISITS BASED ON YOUR MEDICAL CONDITIONS.



Genetic Testing

Maternal (testing Mom) Carrier Screen

- Per the recommendation of ACOG (American College of Obstetricians and Gynecologists)
- To be performed at any time (pre-pregnancy or at any time during pregnancy)
- Performed only once in a patient's lifetime
- Tests to see if you (the mother to be) are a carrier of diseases such as:
 - **Cystic Fibrosis:** life-threatening disease passed down through families that causes thick, sticky mucus to build up in the lungs, digestive tract and other areas of the body. Most common chronic lung disease in children and young adults
 - **Fragile X-Syndrome:** causes mental retardation, autism and hyperactivity. Affects both boys and girls, although boys are usually more severely affected than girls.
 - **Spinal Muscular Atrophy (SMA):** disease that destroys nerve cells that affect voluntary movement. Infants with SMA have problems breathing, swallowing, controlling their head or neck, and crawling or walking.

If you (the mother-to-be) are found to be a carrier of any of these diseases, your partner's (father-to-be) blood will also be tested to see if he is a genetic carrier of the same exact disease.

If you are both a carrier, there is a 1 in 4 chance that your child could be affected.

Noninvasive Prenatal (testing baby) Screen

- To be performed after 10 weeks of pregnancy
- Can't be performed prior to 10 weeks due to increase risk of inconclusive results
- Performed for each new pregnancy
- Is a screening test and not considered conclusive
- Non-invasive prenatal screen that detects whether a pregnancy is at increased risk of the following chromosome conditions:
 - **Down Syndrome, Trisomy 21:** extra copy of chromosome 21. Babies with DS have intellectual disability and usually have physical anomalies, including increased risk of heart defects.
 - **Edwards Syndrome, Trisomy 13:** extra copy of chromosome 13. Babies with this disorder have profound intellectual disability and low birth weight, defining physical characteristics, and birth defects which can be life threatening.
 - **Patau Syndrome, Trisomy 18:** extra copy of chromosome 18. Babies with this disorder have severe intellectual disability and multiple birth defects.
 - **Gender** (optional)

What if my screening test is abnormal?

If your test is abnormal it means your chance of having a baby with a chromosomal abnormality is high enough for further testing. You will be offered genetic counseling and additional testing such as amniocentesis or CVS (Chorionic Villus Sampling).

AWP IS NOT RESPONSIBLE FOR THE FINANCIAL COST OF ANY BLOOD WORK/GENETIC TESTING DONE.
IT IS IN ADDITION TO THE CHARGES/COST OF CARE AT OUR OFFICE.



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. Safe medications include: Vitamin B6 25mg 3 times daily, Doxylamine (Unisom) 1/4 or 1/2 tablet at bedtime, or Vitamin B6, 25mg and doxylamine 1/2 tablet at bedtime.

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 or is accompanied by pain, contact us immediately.

Leg cramps

Cramping in your legs or feet can also be common. Eating bananas, drinking more low fat/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.

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.

Constipation

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.

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.

Safe Medications

During pregnancy, women can be more susceptible to ailments like cold, flu and other conditions.

Only certain medications are safe during pregnancy. The following are considered safe.

Follow the labels for dosage and directions. Contact the office with questions.

Acne

Benzoyl Peroxide
Clindamycin
Topical Erythromycin
Salicylic Acid

Avoid

Accutane
Retin-A
Tetracycline
Minocycline

Antibiotics

Cefaclor
Cephalosporins
Keflex (Cephalexin)
Macrobid/Macrodantin
Penicillin
Zithromax (Azithromycin,
Z-pak)

Avoid

Ciprofloxacin
Tetracycline
Minocycline
Levaquin (Levofloxacin)

Colds/Allergies

Benadryl
(Diphenhydramine)
Claritin (Loratadine)
Zyrtec (Cetirizine)
Chlor-Trimeton
Dimetapp
Mucinex (Guaifenesin)

Note: Check the active ingredients list as most combination, "Cold and Sinus" products have multiple ingredients. **Confirm all ingredients are safe in pregnancy.**

Constipation

Colace
MiraLAX
Senakot
Dulcolax Suppository
Fibercon
Metamucil

Cough

Cough Drops
Robitussin (plain & DM)

Gas

Gas-X
Simethicone
Mylicon
Phazyme

Headaches

Cold compress
Tylenol (Regular or Extra
Strength)
Acetaminophen

Heartburn/Acid Reflux

Aciphex, Maalox, Mylanta,
Pepcid
Milk of Magnesia
Pepcid Complete
Prevacid, Prilosec, Rolaids
Tums (Limit 4/Day)

Hemorrhoids

Anusol/Anusol H.C.
Hydrocortisone OTC
Preparation H,
Tucks Wipes

Herpes

Acyclovir
Famvir
Valtrex

Leg Cramps

Benadryl
Calcium: 1000mg/Day
Compression socks
Elevate legs above the
heart

Nasal Spray

Saline Nasal Spray

Avoid

Afrin

Nausea

Vitamin B6: 25mg 4/Day
Doxylamine (Unisom) ¼ or
½ tablet at bedtime
Vitamin B6 & doxylamine
(Unisom) together at
bedtime
Dramamine, Emetrol
Ginger Root 250mg 4/Day
High complex carbs at
bedtime
Sea bands-acupressure

Pain

Tylenol
Ice packs
Massage therapy

Rash/Skin Irritation

Benadryl
1% Hydrocortisone cream
Calamine lotion
Zyrtec
Oatmeal bath

Sleep Aids

Benadryl
Chamomile Tea
Doxylamine (Unisom)
Tylenol PM

Throat

Cepacol
Cepastat
Salt water gargle with
warm water
Throat Lozenges

Tooth Pain

Orajel

Yeast Infection

Gyne-Lotrimin, Monistat 7
Terazol-7
Mycelex
Avoid 1-day creams

Nutrition & Pregnancy

Recommendation for Weight Gain

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 BMI LESS THAN 20	Normal Weight BMI 20-25	Overweight BMI 26-29	Obese BMI GREATER THAN 29
30-40LB	25-35LB	15-25LB	None

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.

Nutrient	Reason for Importance	Sources
Calcium (1000mg)	Helps build strong bones and teeth	Milk, cheese, yogurt
Iron (27mg)	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, spinach, broccoli, kale
Vitamin A (770mcg)	Forms healthy skin, helps eyesight, helps with bone growth	Carrots, dark leafy greens, sweet potatoes
Vitamin C (85mg)	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 (2.6mcg)	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 (600mcg)	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. *Albacore tuna has more mercury than other tuna.

Unwashed Vegetables

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

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.

Unpasteurized Milk and Cheeses

May contain listeria which can lead to miscarriage.

Caffeine

Limit caffeine to no more than 2 small caffeinated drinks a day. Excess caffeine (>150mg daily) may be associated with miscarriage, premature birth, low birth weight, and withdrawal symptoms in infants.

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.

Special Considerations:

- 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.)
- **Vegetarian Diet:** Be sure you are getting enough protein. You will probably need to take supplements, especially iron, B12 and 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.



COMMONLY ASKED 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 a 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 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.

Can I exercise?

30 minute exercise is recommended daily in uncomplicated pregnancies. This could include walking, jogging, stationary biking, aerobic class, yoga, swimming (do not swim alone), 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). Target heart rate is <160bpm.

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.**

What do I need to know about dental care?

Dental care is very important in pregnancy. 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. A letter authorizing treatment can be provided/faxed to your dentist.

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.

Can I travel?

In an uncomplicated pregnancy, you can travel until 35 weeks (at the latest). If traveling for a long period of time during pregnancy, try to walk around every 1-2 hours to promote circulation and decrease your risk of blood clots. Cruise lines do not allow you on the ship after 24 weeks of pregnancy.

Can I drink caffeine?

A safe level of caffeine intake is not known. **We recommend limiting your caffeine intake to no more than 12 oz per day (one cup of coffee or tea, one can of soda).** Different drinks have different levels of caffeine in them so be cautious. **DO NOT CONSUME ANY of the energy drinks that are readily available.**

What vaccinations are recommended during pregnancy?

The Centers for Disease Control (CDC) recommends the following vaccines for all pregnant women:

- Flu vaccine. This can be given at any gestational age.
- Tetanus, diphtheria, and pertussis (Tdap) vaccine. This is recommended each pregnancy between 28-36 weeks or postpartum.
- COVID-19 vaccine. This is recommended during any gestational age.

For more up to date information on these and other vaccines including RSV, visit [CDC.gov](https://www.cdc.gov).

Do you recommend a prenatal vitamin?

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.

Can I get a massage during pregnancy?

Massages performed by a licensed massage therapist with a prenatal massage certification are ok during pregnancy. Be sure to inform the massage therapist that you are pregnant and what trimester you are currently in.



When to Call the Doctor

If you experience **any of the following**, please contact us **immediately** as these are considered emergency:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Continuous leaking of fluid (water broken) • Urinary tract infection • Abdominal trauma or car accident • Heavy bleeding (saturating a pad every hour) | <ul style="list-style-type: none"> • Headache with vision changes • Fever greater than 100.4°F • Decreased fetal movement • 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, call the office.**

Illness/Symptom	Call the Office if:	Call the Doctor Immediately if:	Home Treatment:
Bleeding/Cramping <i>Some bleeding/spotting may occur after an internal exam or intercourse</i>	<ul style="list-style-type: none"> • Bleeding accompanied with cramping 	<ul style="list-style-type: none"> • Heavy bleeding (saturating a pad every hour) • 2nd & 3rd trimester cramping or painless heavy bleeding • Cramping is equal or worse than menstrual cramps 	<ul style="list-style-type: none"> • Rest • Avoid heavy lifting (more than 20 pounds) • No intercourse until resolved • Wear only pads

Illness/Symptom	Call the Office if:	Call the Doctor Immediately if:	Home Treatment:
<p>Vomiting</p> <p><i>Common in 1st trimester</i></p>	<ul style="list-style-type: none"> • Unable to keep down liquids and solids for more than a 24 hour period • Weight loss of more than 3-5 pounds 	<ul style="list-style-type: none"> • Signs of dehydration occur (e.g. dry mouth, fatigue/lethargy, poor skin turgor) • Abdominal pain accompanied with vomiting 	<ul style="list-style-type: none"> • Vitamin B6 25mg four times a day • BRAT (bananas, rice, apples, toast) diet • Bland food items • Rest • Avoid hot sun
<p>Decreased fetal (baby) movements after 24 weeks</p>	<ul style="list-style-type: none"> • Baby moves less than 4 times in a 30 minute period while you are resting, during a normally active period of baby 	<ul style="list-style-type: none"> • No fetal movement if accompanied by severe abdominal pain 	<ul style="list-style-type: none"> • Rest • Drink juice or soft drink • Eat a small snack
<p>Labor</p>	<ul style="list-style-type: none"> • If less than 36 weeks 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 	<ul style="list-style-type: none"> • 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 with rest 	<ul style="list-style-type: none"> • Rest (you'll need energy for real labor) • Increase fluids to 8-12 glasses daily • Dehydration can cause contractions, especially in the summer
<p>Urinary Urgency and/or Pain with Urination</p> <p><i>Frequency is common in early and late pregnancy</i></p>	<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 100.4°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
<p>Rash</p>	<ul style="list-style-type: none"> • Increase in itching/rash on palms of hands and soles of feet 		<ul style="list-style-type: none"> • Oral Benadryl • Topical Benadryl
<p>Cold and Flu</p>	<ul style="list-style-type: none"> • Temperature of 100.4F 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 and any Robitussin • Increase fluids • Rest • Use vaporizer
<p>Rupture of Membranes</p>		<ul style="list-style-type: none"> • Water breaks; small leak or as a gush 	



PREPARING FOR Labor and Delivery

We are affiliated with The Birth Place at Naples Comprehensive Health (NCH) North Hospital located at 11190 Health Park Blvd #1000, Naples, FL, 34110, (239) 624-6110. One of our providers is on-call at all times. You will be provided a registration packet.

Please register before you are in labor as this will make admitting you to the hospital smoother.

This is available at www.nchmd.org under “Maternity Services” and “Pre-Registration”.

Consider a Birth Plan

For low-risk patients in early labor, we will allow you to move around, including walking. You can drink clear liquids during labor. Your spouse/support person will remain with you at all times. We do not routinely conduct episiotomies. We reserve assisted vaginal deliveries (vacuum or forceps) and cesarean section for necessary situations. Once your child is delivered, they will be placed on your abdomen, and we will allow your partner to cut the cord. This promotes time or skin to skin contact and delayed cord clamping. Once the infant is dried off and has had an initial assessment by our skilled nursing staff, you will be assisted in breastfeeding. Your newborn will remain in your room for the majority of your hospital stay. You will find the labor and post-partum rooms to be very comfortable and accommodate your needs.

If you have additional birth plan preferences, please share it with your provider.

Epidural Anesthesia

If desired, there are several options to provide pain relief while you are in labor. We are supportive of whatever you choose.

- **Nubaine or Stadol** — These are narcotics 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.

Epidural consent will be provided and reviewed upon admission.

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 from the company you chose for cord blood banking and bring it with you to delivery. In some cases, cord blood can be donated. Ask your provider for information.

Attend Educational Courses

NCH Birth Place offers educational courses on labor and delivery, breastfeeding, first aid and baby care. There are multiple online resources as well. Consider these classes especially if you are a first-time parent! Go to www.nchmd.org/services, select "Maternity Services", then select "Prenatal Classes".

Choose a Doctor for Your Baby (Pediatrician)

It is recommended that you choose a pediatrician (a physician to care for your child after delivery) prior to coming to the hospital for delivery. Some pediatricians will have a "meet & greet" appointment with you during your pregnancy. The hospital staff will inform your designated pediatrician that you have given birth and he/she will see your child during your hospital stay. If you do not choose a pediatrician or if yours does not have privileges at Naples Comprehensive Healthcare, one will be assigned to you for the duration of your hospital stay. Your baby is commonly seen within 1 week after birth upon your discharge from the hospital. We will provide you with a list of pediatricians during the end of your second trimester.

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 optional removal of excess foreskin from the penis of baby boys. It may help reduce infections and penile cancer. Three of our physicians, Dr. Holly Miller, Dr. Emily Clements, and Dr. Steven Shephard, are able to perform this procedure prior to your baby being discharged from the hospital. Let your provider know if you are interested. However, please note this is not a guarantee and is based on provider availability. Please make sure to have an alternate plan available if desired.



Labor and Delivery

When Will I know I'm 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.**

Vaginal Birth After Cesarean (VBAC)

We offer VBAC (Vaginal Birth After Cesarean) to our eligible patients. Patients are eligible for a VBAC if they have had only one prior c-section. An Operative Report from your prior cesarean must be provided (we can request your records from your previous provider). The baby must be estimated to be less than 9lbs. We do not induce for a VBAC. A repeat c-section will be scheduled on your due date, if you have not gone into labor prior to that. During labor, continuous monitoring of the baby is required with a working IV (intravenous line) to give you fluids and medications. As always, if complications arise for you or your child, performing a repeat c-section will be at the discretion of the doctor that is present at the time of delivery.

Induction

Your due date is considered 40 weeks. Anticipate delivery sometime before or after your due date. We induce labor in your 41st week 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 possibility, especially if this is your first delivery. 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 and the person you choose. 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.

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 times when this is the safest way to help your baby to enter this world.



POSTPARTUM Instructions

- **Make an appointment** to see the doctor for a check-up 2 weeks after cesarean section for an incision check and then at 6 weeks postpartum for all patients.
- **Refrain from using tampons and swimming** until after your post-partum check-up.
- You may ride in a car but **minimize driving for 2 weeks**.
- **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.
- **If not breastfeeding**, continue to wear a good supportive bra, bind if necessary, use ice packs, cabbage leaves for engorgement, take Tylenol for discomfort, and call the office if the problem persists or worsens.
- **Vaginal bleeding may continue for 6-8 weeks while the uterus is returning to pre-pregnancy 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 ibuprofen and get off your feet. If bleeding is persistently heavy, call the office for further instructions.
- **Avoid lifting anything greater than 20 lbs** before we give you permission.
- **Exercise — Avoid sit-ups, jumping jacks and intense exercises** until your postpartum check-up. You may do simple abdominal tightening exercises, Kegel exercises, and walking.
- **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.
- **Hemorrhoids usually are more symptomatic after delivery**. You can use all over-the-counter medications.
- **Post-partum blues — Sadness, crying and blues can be a normal response 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.
- **Abstain from intercourse until evaluation at your 6-week postpartum check-up**. Contraception options may need to be discussed with your doctor at your check-up or earlier if you have special needs.
- **You may climb stairs 2-3 times a day in the first 2 weeks**. Too much activity delays episiotomy and incisional healing.
- **Please call the office if you have a fever of 100.4°F** or greater, swelling, tenderness or redness in the lower leg, chest pain or shortness of breath.
- **If you had a Cesarean delivery**, keep your incision clean with soap and water and leave uncovered. **Call the office if the incision is swollen, red or has any unusual drainage**. Avoid baths. Showers are ok. Pat dry incision.

Postpartum Depression

40-80% of women experience mood changes after their delivery. This can start prior to delivery and last for many months after delivery. 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, hopelessness 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.

Your Pelvic Health

- **Pregnancy/Postpartum** · The natural changes of both pregnancy and delivery (either vaginal or C-section) impact the pelvic floor muscles and connective tissue, often causing discomfort and pain for women either during pregnancy or after delivery.
- **During Pregnancy** · Almost half of women experience pelvic girdle pain. Incidences of stress urinary incontinence during pregnancy can affect up to 70% of women.
- **After Delivery** · The pressure from the baby and the delivery and hormonal changes can cause weakness of the pelvic floor muscle. This can result in annoying symptoms like stress urinary or fecal incontinence, pelvic pain, urinary frequency and painful intercourse.
- **The Good News is There is Help!** We can easily treat both pregnancy and postpartum related symptoms with individualized treatment and home exercise programs. Don't let these unwanted symptoms associated with pregnancy distract you from enjoying your new baby. **Ask about our pelvic floor therapy options!**



Alcohol & Smoking

THERE IS NO SAFE AMOUNT OF ALCOHOL

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.

Known Complications

FROM **SMOKING, TOBACCO, MARIJUANA AND VAPING 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.
- **SIDS:** (Sudden Infant Death Syndrome)

Ways to Quit Smoking

No matter what your approach to quitting, a conversation with us can make the difference between success and failure. Quitting cold turkey is a great way. If you want to try a quitting aid such as a nicotine patch, gum, or the medication Zyban or Wellbutrin, 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.

Here are Some Great Resources to Help You Quit Today:

GREAT START (1-866-66-START)

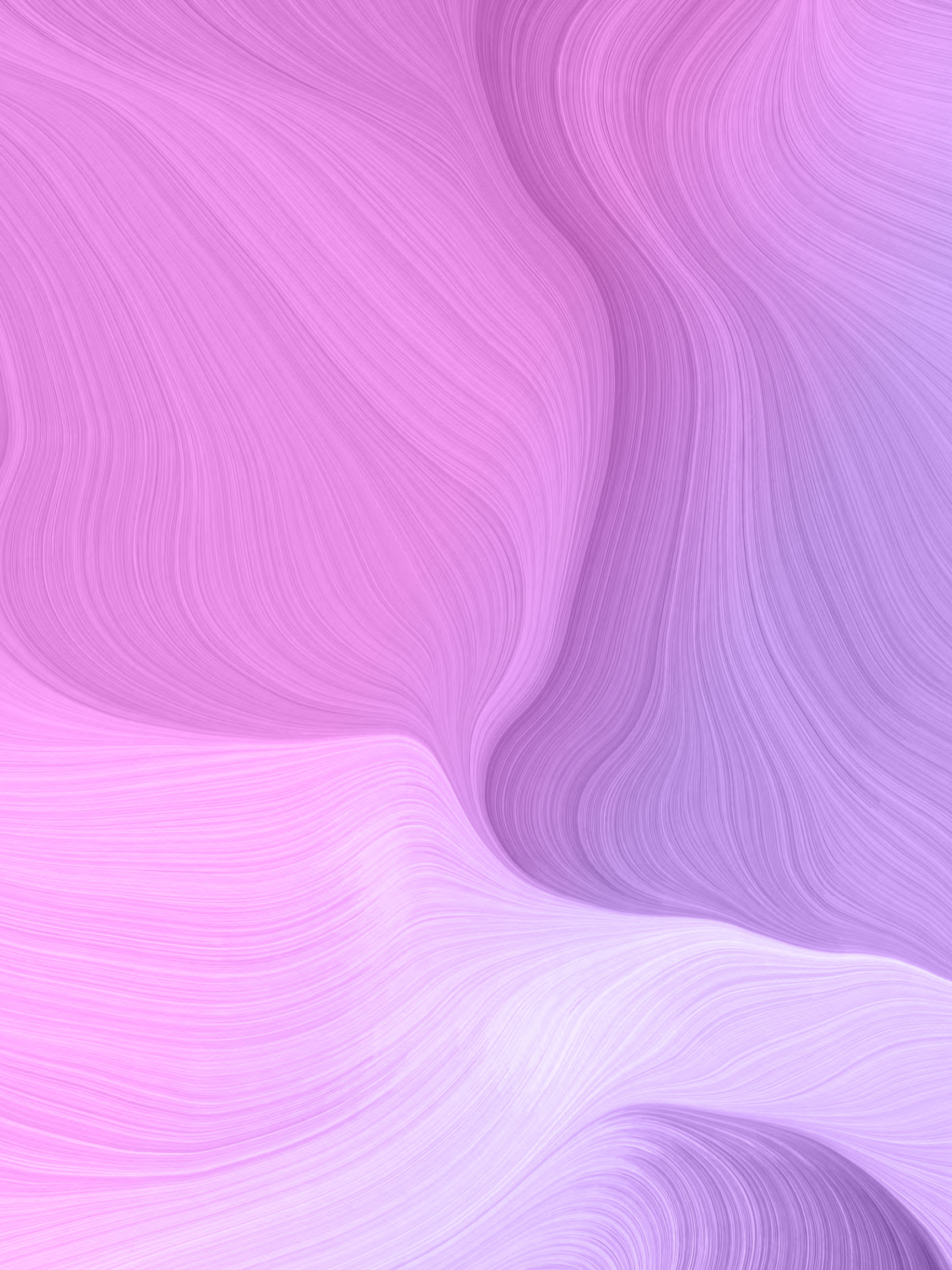
A national pregnancy specific smoker's quit line operated by the American Legacy Foundation.

TOBACCOFREEFLORIDA.COM

Free services, tools & tips to help stop smoking

QUITNOW.NET

Live chat with Quit Coach and other free services to help stop smoking





A WOMAN'S PLACE

(239) 513-0053

(239) 596-0900 (FAX)

**1660 Medical Boulevard, Suite 100 & 300
Naples, FL 34110**

**90 Cypress Way East, Suite 40
Naples, FL 34110**

OFFICE HOURS

Mondays thru **Thursdays** 8:00am - 4:30pm

Fridays 8:00am - 1:30pm

PHONE HOURS

Mondays thru **Thursdays** 8:00am - 12:00pm,
and 1:00pm - 4:00pm

Fridays 8:00am - 12:00pm

Use the PATIENT PORTAL to send messages

www.awpnaples.com

AFTER HOURS EMERGENCY

239-498-3227