

W

COMPREHENSIVE
WOMEN'S HEALTH

Pregnancy
HANDBOOK

Welcome.

We want to make this pregnancy a time you'll always remember as a wonderful beginning to your life as a parent. Our physicians, practitioners, nurses and staff will be working together with you for the next several months to ensure that you have the very best care possible during your pregnancy and beyond.

Connect with us.

Our main office number is (352)332-7222

- Our regular hours are 8:30-4:30 Monday-Thursday, 8:30-12:00 Friday (limited appointments available Friday PM).
- For non-emergent calls, you may leave a voicemail for the nurses or send a portal message.
- When leaving a voicemail, please be as specific as possible about the issue. Leave your full name, date of birth, and number where you can be reached. Non-emergent calls are usually returned the same day.
- Portal messages are usually responded to within 24 hours.
- If you are having an **emergency** (vaginal bleeding, contractions, you think your water broke, etc): **Press 2** this will direct you to the triage nurse.

To reach us after hours, dial our main office number, (352)332-7222. This will put you in touch with our answering service, and the doctor on call will be texted. If you do not receive a call back within thirty minutes, your doctor may be involved in a birth or an emergency, and we suggest that you call Labor & Delivery for assistance: (352)333-5300. If you believe you have a life-threatening emergency, go directly to the nearest Emergency Department or call 911!

*To reach our office at night or on
the weekends.*

DIAL (352) 332-7222

*Labor and Delivery at
HCA North Florida Hospital*

DIAL (352) 333-5300

**The number above will put you in
touch with our answering service,
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you call the number below for
assistance:**

Meet Our Physicians

Please visit our website at CWHFL.com for biographies and video clips of our wonderful physicians!

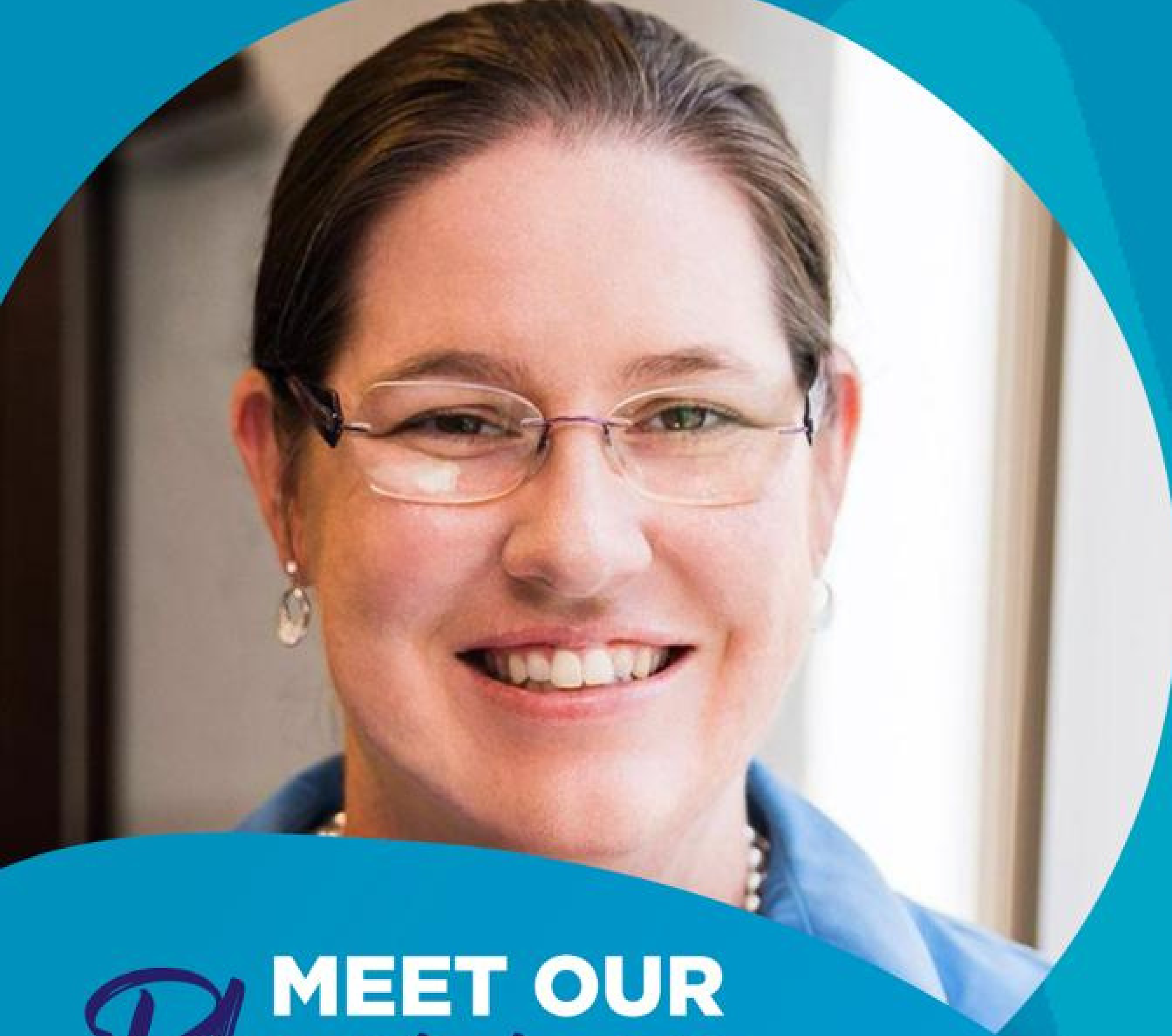
DR. RICHARD BRAZZEL

"Dr. Z," as he's lovingly known, has been with CWH since 2001. A Rhodes College graduate, he delayed medical school for a year to do research at St. Jude Children's Research Hospital. He completed medical school and his OB-GYN residency at the University of Tennessee in Memphis.

Dr. Z specializes in high and low risk obstetric patients, but also has a special interest in caring for women with abnormal pap smears, pre-conception counseling, contraceptive care, and performing minimally invasive surgery.



MEET OUR
Physicians



DR. KELLY CHAMBERLAIN

Dr. Chamberlain has been with CWH since 2008. A fourth-generation Floridian, she attended University of Florida, University of South Florida Medical School and completed her OB-GYN residency at Northwestern University in Chicago.

Dr. Chamberlain specializes in laparoscopic surgery and obstetrics.

MEET OUR
Physicians

DR. JULINE DEEN

From 2003 to 2007, Dr. Deen attended the University of Florida where she graduated with a Bachelors of Science in Food Science and Human Nutrition.

After graduation, she located to Tallahassee where she attended Florida State University College of Medicine and graduated in 2011. Returning to Gainesville, she completed her residency at UF Health.



MEET OUR
Physicians

DR. JILL DELKER

Dr. Delker was born and raised in the Panama Canal Zone, where her father was an engineer. She attended the University of Florida, University of Miami School of Medicine and completed her OB-GYN residency training at UF. She then served as faculty in the OB-GYN department of UF.

Dr. Delker specializes in obstetrics, hormone management, bioidentical therapy, performing minimally invasive surgery, managing abnormal pap smears and providing gynecology services from adolescence to menopause.



MEET OUR
Physicians



MEET OUR
Physicians

DR. ANN HATFIELD

Dr. Hatfield has been with CWH since 2014. Raised in Iowa, she graduated from the University of Notre Dame and lived in South Korea for a year as a Rotary Ambassadorial Scholar before attending Duke University Medical School. She completed her OB-GYN residency and became a faculty member at UF Health Jacksonville.

She specializes in adolescent gynecology, contraceptive management and caring for pregnant women.



MEET OUR
Physicians

DR. EDUARDO MARICHAL

Dr. Marichal has been with CWH since 1990. Born and raised in San Juan, Puerto Rico, he attended college at Princeton University, attended medical school at the University of Puerto Rico and completed his OB-GYN residency at Medical College of Georgia.

Dr. Marichal loves delivering babies, and specializes in minimally invasive laparoscopic surgery and helping women through menopause.



DR. ASHLEY WALSH

After completing an undergraduate degree at Florida State University, Dr. Walsh attended and graduated as an MD from the University of Florida's College of Medicine.

She completed her residency at Shands in Gainesville with a focus in obstetrics and minimally invasive gynecologic surgery.

MEET OUR
Physicians



DR. ALEXANDRA OTTO

Born and raised in Orlando, Florida, Dr. Otto obtained a B.S. in Biology from Georgia Southern University where she was an NCAA student-athlete. She attended medical school at Ross University School of Medicine and completed her OB-GYN residency at Riverside Regional Medical Center in Newport News, VA.

Her interests include minimally invasive surgery, obstetrical care, mental health, and the female athlete. In her free time, Dr. Otto likes to paint, visit small towns off the beaten path and practice yoga.

MEET OUR
Physicians

Pregnancy Care

Pregnancy is a normal process for women, but the possibility of complications always exists. Problems can happen with and without warning, often despite our best efforts to prevent them. Throughout your pregnancy, we will educate you and your partner so that you will be prepared in the unlikely event that you develop a serious problem.

A patient's lifestyle is an extremely important part of a woman's health, pregnant or not. Because of this, it is critical that you feel comfortable sharing your story with us, including details about smoking, illegal drug use, domestic violence, treatment for mental health problems, as well as knowing the particular details of any past medical, surgical and obstetric problems that preceded your current pregnancy. Your doctor or midwife needs this information to plan your care effectively, and by willingly sharing with your provider, he or she will be better able to give you the best care and birth experience. Even without a history of medical problems, obesity, poor eating habits and lack of exercise increase the risk of serious complications for both the mother and her developing fetus.

Patient Portal

The CWH patient portal is an efficient way to communicate with your doctor and nurse in a secure and confidential manner. Your message will come straight to your nurse and she will send you a written reply or call you back. Once you've registered and logged on, you'll be able to:

- Exchange messages with our nurses and providers
- Request an appointment
- Review personal health information
- Update your profile and contact information
- Review your billing statements

This portal is not for urgent requests. If you need immediate assistance,

Call 352-332-7222, Press 2

and ask to speak with your nurse right away.

Manging Nausea During Pregnancy

1. Eat small frequent meals—"graze" every 1½-2 hours so your stomach is never completely empty. Avoid large meals or eating quickly.
2. Keep crackers (or pretzels, dry bread or a bagel by your bedside—sometimes eating a little bit before getting up will help a lot.
3. Don't worry about adhering to a balanced diet unless you are diabetic, just eat whatever appeals to you until the nausea goes away. Greasy foods will make nausea worse!
4. You may notice nausea is worse when you brush your teeth. Switching toothpaste brands may help—bubble gum flavored toothpaste is often good. Try to avoid brushing your tongue.
5. Acupressure wrist bands sometimes help (sold in drug and health food stores).
6. Relaxation exercises and even hypnosis sometimes work well.
7. Prenatal vitamins can make your nausea worse; try taking them just before bed at night, and if that doesn't help, stop taking them until you feel better for a few days. Take vitamins with food.
8. Avoid perfumes, busy kitchens and other places where different odors may be strong. Lemon or peppermint is helpful—avoid having an empty stomach.
9. Do not put liquids in an empty stomach—food first! The same rule applies to activity—food first!
10. Try a protein snack at bedtime—half of a cheese or meat sandwich.
11. The "BRAT" diet may help: Bananas, rice, applesauce, toast. Bland, easy to digest carbohydrates are best tolerated for most people.
12. If you are bothered by too much salivation, sucking on lemon drop candies may help, or put some lemon juice in a glass of water.
13. Try Vitamin B6. Sometimes taking 25 mg three times a day can help (it's considered to be safe).
14. Don't try to push fluids until you can keep something solid down. Fluids alone often won't work. Remember, solids first, then liquids!

Most importantly, don't worry about nausea in pregnancy. It's harmless to both you and your baby. **If you aren't keeping anything down for 24 hours or more, give us a call and we'll help.**

To help prevent nausea and vomiting:

Vitamin B6 every 6-8 hours with Unisom 25 mg at bedtime.

*Choose Unisom TABLET, not GEL!! May also take ½ Unisom tablet in the morning.

Treating Minor Illnesses

There are several common illnesses you may experience while pregnant. This sheet offers some helpful suggestions for dealing with the aches and pains associated with colds, allergies, headaches, and some digestive problems. Certainly, we want you to call our office if these measures have not been helpful, or if you feel that a medication not listed here is indicated. The medications listed below appear to be safe in pregnancy. It is important to stress that there are a variety of steps to take in treating illnesses, many of which recommend changing behavior or dietary habits, rather than going directly to medications.

Fever: TYLENOL is always recommended for significant fever. Make sure you have a working thermometer! If your temperature is greater than 100.4°F, please call the office for instructions.

Headaches: Unfortunately, headaches are very common in pregnancy. Lying down in a quiet, dark place, using an ice pack and making time to rest are helpful for headaches. TYLENOL (2 regular or extra-strength tablets as directed) appears to be the safest of the pain medications and fever reducers in pregnancy. **Talk with your doctor if you are using Tylenol every day for headaches, since there are other safe medications that he or she may prescribe.

Muscle Strains: Alternating a heating pad with ice packs and resting the affected area will speed up recovery from muscle strains. TYLENOL is also helpful as well. Be sure to use proper body mechanics when lifting, bending and stretching to eliminate sources of muscle strains.

The Common Cold: Most people, pregnant or not, will get sick with a cold about once a year. Symptoms tend to last a little longer in pregnant women, so being patient is an important part of the treatment. The very best medicine for a cold is REST and FLUIDS (mostly water—at least 8 glasses per day). Be sure to monitor your temperature and call the office if you're not getting better.

Treating Minor Illnesses

Runny nose: In the early part of a cold, BENADRYL, ALAVERT, XYZAL, ZYRTEC, or CLARITIN can be very helpful for a runny nose that is clear and watery. Don't use more than one of these medicines at a time.

Congestion: If you're experiencing a stuffy nose, steamy showers twice a day, combined with increased fluid intake will help break up nasal congestion—Try using a NETTY POT – they can really help. Decongestants like SUDAFED or ACTIFED can improve congestion as well, but do not use these medications in the first 12 weeks of pregnancy or at any point if you have high blood pressure. AFRIN NASAL SPRAY (as directed) is immediately effective for nasal congestion but should not be used more than 1-2 times per day, and for no more than 2 consecutive days, or it will worsen the symptoms it was used for in the first place!

Sore throats: CHLORASEPTIC, CEPACOL, and SUCRETS are anesthetic sprays and lozenges that can be very soothing for sore throat pain. TYLENOL is also effective for severe sore throat pain.

Coughs: This is often the symptom of a cold that lasts the longest. Again, pushing fluids is very important, and standing in a steamy shower will help to loosen thick secretions. ROBITUSSIN DM or MUCINEX as directed are safe to use and will thin bronchial secretions and make a dry cough more productive.

Do NOT take any medication that is not on this list, unless you have been advised to do so by your provider.

Treating Minor Illnesses

Heartburn: This is a common problem in pregnancy—usually due to the high levels of progesterone your body is now producing. Also in late pregnancy, the enlarging uterus is pressing upward on the stomach and pushes acids back up into the esophagus. Several easy tips that really will help are:

- “Graze” on small, frequent meals instead of large overly filling ones. Avoid spicy, fatty and greasy foods. Dry crackers to snack on may neutralize the acid somewhat.
- Carry TUMS, MYLANTA, RIOPAN or MAALOX with you and use it as directed. Be careful—overusing some of these medications can cause diarrhea.
- To avoid acid reflux, do not eat before bedtime. Also, go to bed with your head elevated on several pillows, or try sleeping in a recliner chair. If heartburn becomes intolerable, you can try PEPCID-AC as directed.

Diarrhea: Diarrhea is best treated conservatively, since it is usually a selflimiting minor illness. Pushing water-based fluids, eliminating dairy products for a day or two, eating very bland foods (noodles, clear soups, bananas, rice and toast) and resting are recommended first. IMODIUM is a safe medication that can be used. If diarrhea is bloody, is accompanied by temperature >101°F, or is causing severe abdominal pain, you should call your provider right away.

Constipation: This common problem is best managed by changing dietary habits first! If you tend to have difficulty with constipation, you need to make a special point in pregnancy to include lots of fresh fruits and vegetables, accompanied by other good sources of fiber and lots and lots of water every day. These measures are critical to preventing constipation. Regular exercise is important as well, as is going to the bathroom as soon as you have the urge to go. In addition, METAMUCIL, CITRUCEL, FIBERCON (always with lots of water) are excellent sources of fiber, and COLACE is a stool-softener that can be taken 1-2 times daily. SENOKOT and MILK OF MAGNESIA are gentle laxatives that can be used occasionally if constipation becomes severe.

Treating Minor Illnesses

Hemorrhoids: Hemorrhoids are swollen and painful blood vessels in the anal area and are often aggravated by chronic constipation and pregnancy. Using the dietary recommendations in the above section and getting off your feet and lying down as often as possible is the best treatment for hemorrhoids. Soaking in a warm bath several times a day, applying ice packs and avoiding straining during bowel movements are very important. In addition, PREPARATION-H, ANUSOL, and TUCKS pads can be helpful.

Vaginal Yeast Infections: Symptoms of a vaginal yeast infection are itching and a thick yellow-white discharge. Cotton underwear and avoiding restrictive clothing are helpful in preventing yeast infections. Treatment is safe for both you and the baby, and includes MONISTAT, GYNE-LOTIMIN, and MYCELEX creams or suppositories. There are 3- and 7-day treatment options you can buy. The 1-day treatments are not recommended, and in fact, can be irritating. Douching is NOT recommended in pregnancy. If yeast is not improved by the above medications, there are other medications that your provider can prescribe. Some medications not described above can be used safely in pregnancy when prescribed by your provider. As a safety precaution for both you and your baby, always call the office first if you believe a medication not listed above will be helpful to you.

Do NOT take any medication that is not on this list, unless you have been advised to do so by your provider.

Nutritional Guidelines

- Limit use of caffeinated beverages to no more than 1-2 cups per day.
- Limit use of herbs, including herbal teas since some may have harmful side effects. (Garlic, peppermint, nutmeg, cinnamon, dill, ginger, saffron, juniper berries, & fenugreek may be used in normal food preparation, but not as a supplement)

DO NOT USE ANY TOBACCO OR ALCOHOL.

- Drink 64-96 oz of water per day.

To avoid gastrointestinal discomfort:

- Eat small, frequent meals rather than large meals.
- Choose low-fat protein-rich foods.
- Select easily digested carbohydrate foods such as fruit, pasta, potatoes, rice, ready-to-eat cereals, and breads.
- Drink fluids in between meals instead of with meals.
- Avoid fried and gas-forming foods.
- Have a bedtime snack (preferably protein)

To relieve constipation:

- Increase fluid intake up to 12 glasses per day.
- Slowly increase your intake of fiber by choosing whole grain cereals and breads, beans, fresh fruits and vegetables.
- Exercise regularly and get plenty of rest.

To prevent heartburn and reflux:

- Eat slowly and avoid large meals—especially before bedtime.
- Do not lie flat until at least 2-3 hours after eating.

Food Safety

- It is safe to use aspartame during pregnancy. Avoid saccharin.
- Wash hands, utensils, food and food preparation area before preparing foods.
- Wash hands thoroughly after touching raw meat.
- Cook food thoroughly. Use meat thermometers when roasting meats.
- Keep hot foods hot (>140 degrees F), and cold foods cold (<41 degrees F).
- Heat leftover foods thoroughly before eating.
- Avoid consumption of raw seafood and fish in order to prevent certain bacterial and viral illnesses.
- Avoid unpasteurized cheeses. These may be harmful to the baby.
- Perishable foods need to be thrown away if they have been sitting out for more than 2 hours (1 hour if >90 degrees out). Keep this in mind when taking leftovers home from restaurants.
- Avoid eating raw sprouts (like bean or alfalfa sprouts).
- Avoid drinking unpasteurized juices (like fresh squeezed juice sold by the glass).
- Avoid consuming undercooked eggs or foods that may contain raw or undercooked eggs.

Food Safety

Advice About Eating Fish What Pregnant Women & Parents Should Know.

Fish and other protein-rich foods have nutrients that can help your child's growth and development.

Use this chart!

You can use this chart to help you choose which fish to eat, and how often to eat them, based on their mercury levels. The "Best Choices" have the lowest levels of mercury.

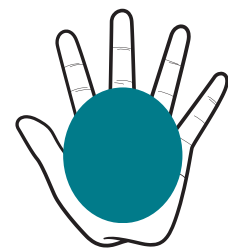
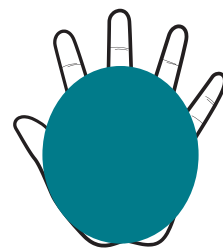
For women of childbearing age (about 16–49 years old), especially pregnant and breastfeeding women, and for parents and caregivers of young children.

- Eat 2 to 3 servings of fish a week from the "Best Choices" list OR 1 serving from the "Good Choices" list.
- Eat a variety of fish.
- Serve 1 to 2 servings of fish a week to children, starting at age 2.
- If you eat fish caught by family or friends, check for fish advisories. If there is no advisory, eat only one serving and no other fish that week.*

Best Choices EAT 2 TO 3 SERVINGS A WEEK			Good Choices EAT 1 SERVING A WEEK		
Anchovy	Herring	Sardine	Bluefish	Monkfish	Tilefish (Atlantic Ocean)
Atlantic croaker	Lobster, American and spiny	Scallop	Buffalofish	Rockfish	Tuna, albacore/white tuna, canned and fresh/frozen
Atlantic mackerel		Shad	Carp	Sablefish	Tuna, yellowfin
Black sea bass	Mullet	Shrimp	Chilean seabass/Patagonian toothfish	Sheepshead	Weakfish/seatrout
Butterfish	Oyster	Skate	Grouper	Snapper	White croaker/Pacific croaker
Catfish	Pacific chub mackerel	Smelt	Halibut	Spanish mackerel	
Clam		Sole	Mahi Mahi/dolphinfish	Striped bass (ocean)	
Cod	Perch, freshwater and ocean	Squid			
Crab		Tilapia			
Crawfish		Trout, freshwater			
Flounder	Pickrel	Tuna, canned light (includes skipjack)	Choices to Avoid HIGHEST MERCURY LEVELS		
Haddock	Plaice	Whitefish	King Mackerel	Shark	Tilefish (Gulf of Mexico)
Hake	Pollock	Whiting	Marlin	Swordfish	Tuna, bigeye
	Salmon		Orange roughy		

What is a serving?

Use the palm of your hand to find out!



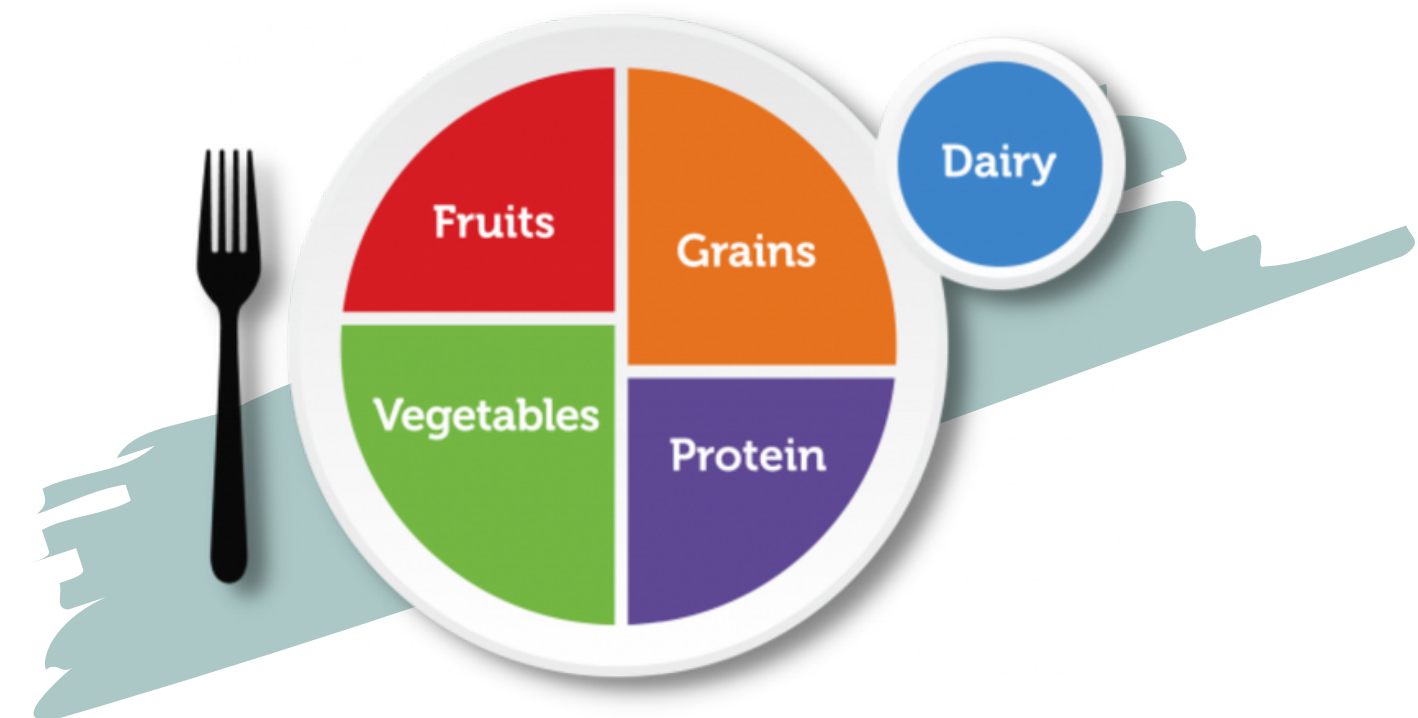
For an adult

about 4 oz.

Prenatal Weight Gain

Institute of Medicine Recommendations for Weight Gain in Pregnancy

Height for Weight	BMI Range	Recommended Weight Gain
Underweight	BMI < 18.5	28–40 lbs
Normal Weight	BMI 18.5–24.9	25–35 lbs
Overweight	BMI 25–29.9	15–25 lbs
Obese	BMI >30	11–20 lbs



Calendar of OB Vists

At your first visit with your doctor.	Complete physical examination, with Pap smear (if needed) and pelvic exam, review prenatal lab results, and discuss your plan of care with your provider. We will see you every 4 weeks, until you are 28 weeks pregnant.
11–18 weeks:	Genetic screening if desired—we'll give you lots more information about this with time for discussion with your provider. We screen all patients for depression during this time
20–22 weeks:	Screening ultrasound: We will e-mail you plenty of pictures! Pre-register for delivery at the Women's Center. You'll also get information about Childbirth Classes, pediatricians, and signs of pre-term labor at this visit.
24–28 weeks:	Review warning signs of preterm labor. Lab tests: glucose tolerance test, repeat Antibody Screen if you're Rh negative, and repeat blood test for anemia. It's now time to register for childbirth classes!
28 weeks:	Receive Rhogam injection if you're Rh negative and begin more bi-weekly office visits from now until delivery
35–37 weeks:	Vaginal culture for Group B strep (more information about this later), discuss signs of labor and what to expect at North Florida Reginal Medical Center Labor & Delivery and Postpartum. Visits become weekly until delivery

Obstetric care at Comprehensive Women's Health is carefully designed to meet your needs. This calendar is a basic overview of normal prenatal care routines. Your specific plan of care may be different.

Genetic Testing

TEST	WHAT IS IT FOR?	WHO IS IT FOR?	WHEN TO DO?	INSURANCE CPT CODES
Nuchal Translucency and PAPP-A (ultrasound and blood test)	Early screen for Down Syndrome	Anyone	11-13 weeks	76813 76815 84163 84702
Cell Free DNA (blood test)	Trisomy 18, 13 and Down Syndrome *baby's sex may also be determined	Patients age 35 or more, patients with personal or family history of any chromosomal abnormality *Some tests have no required criteria	Ideally 11-18 weeks	81420
AFP (blood test)	ONTD (spina bifida)	All patients who have had Nuchal Translucency or MaterniT21 Plus	15-20 weeks	82105
Quad Screen (blood test)	Trisomy 18, Down Syndrome and ONTD (spina bifida)	Anyone	15-22 weeks	82105 84702 82677 86336
Level I Ultrasound	Basic anatomy scan done in our office	All patients who have not had a Level II Ultrasound	Ideally, at 20 weeks	76805
Level II Ultrasound	Advanced anatomy scan	Patients age 35 or more, exposure to certain medications, or personal or family history of certain medical problems, or abnormal Level I Ultrasound	16-18 weeks	76811
Chorionic villus sampling "CVS"	*INVASIVE* test for SOME genetic problems or diseases	Anyone may request CVS or amniocentesis, but insurance may not cover the cost for low-risk pregnancy	Ideally 11-13 weeks	59015
Amniocentesis			Ideally 15-18 weeks	59000
Cystic Fibrosis Spinal Muscular Atrophy Fragile X	Blood test	Anyone—may wish to repeat testing if Cystic Fibrosis was done before 2008	Any	81220 81401 81243

There are several screening options for patients who wish to have genetic testing during pregnancy. “Screens” are not diagnostic tests and can have potentially false positive or negative results. Diagnostic tests (amniocentesis and chorionic villus sampling) approach 100% accuracy, but they are invasive and have certain risks associated with them.

Pricing depends on your insurance policy or lab fee, patient deductibles, and in some cases, your own particular risk factors. We cannot advise you about the cost of these tests and recommend checking with your insurance provider BEFORE requesting testing.

So, What's Next?

You will see your provider for most of your PRENATAL VISITS, but as labor approaches, you may get to meet some of the other providers in our group.

We have provided information about PRENATAL GENETIC TESTING. Please read this information with your partner, as it will answer many questions about these elective tests. You will be able to discuss these issues with your provider as the time for these decisions approaches.

An OBSTETRIC ULTRASOUND is typically done at 20–22 weeks during your pregnancy. This Level I survey of your baby is used to confirm your due date, and to visualize some (but not all) of your baby's internal structures. Typically, this examination is not repeated unless your provider has a particular concern for which ultrasound would be helpful.

It is very important that you PRE-REGISTER FOR DELIVERY by halfway through your pregnancy with the hospital's Admission Office on the first floor of the main hospital. This way, when you come to the hospital in labor, the maternity staff will have all your information readily available.

A GLUCOSE TOLERANCE TEST is performed at the lab on most patients at 24–28 weeks of pregnancy. You will be given a bottle of Glucola to drink an hour before this blood test is done. While this is not a fasting test, we recommend that you avoid foods/beverages high in sugar and carbohydrates on the day the test is done. You will get written instructions and your Glucola to take home at the appointment before this test will be done.

You will have several blood tests drawn at the lab. If you have a blood type that is RH NEGATIVE, you will receive RhoGAM in the 28th week of pregnancy. If you have any bleeding during pregnancy, it is important when you call, to tell the nurse that you have Rh negative blood. You will receive RhoGAM again after your baby is born if the baby's blood is Rh positive.

We ask that you discuss any OUT-OF-TOWN TRAVEL plans with your provider at an appointment near your upcoming trip. If you are planning to be more than 2 hours away from Gainesville during your pregnancy, we recommend that you ask us for a copy of your prenatal record, and also a signed medical records release form to take with you. Wearing a seat belt every time you are in a car is extremely important for both you and your baby, and you should wear the belt snugly across your hips (underneath your abdomen).

So, What's Next?

If you have a fall, car accident, or other **SERIOUS INJURY DURING PREGNANCY**, it is important to call the office as soon as possible, and speak with one of our nurses. Your provider may ask you to have a blood test and/or come to the hospital for fetal monitoring.

You will probably notice more **VAGINAL DISCHARGE** during pregnancy. This can be considered normal if the discharge is not bloody, does not have an odor, itch or burn, or soak your panties. If you are concerned about vaginal discharge, please call the office to speak with a nurse.

We encourage you to have a **REGULAR EXERCISE** plan during pregnancy. For most patients, following an exercise program that is already familiar to you is fine, but we recommend you avoid beginning strenuous new exercises that you are not already accustomed to. Aerobic exercise (walking, jogging, swimming) that increases your heart rate above 120 (but less than 140) beats per minute, for a 30-minute period, 3 or more times per week is a good rule for most patients. Your provider may modify or restrict exercising for patients who have certain health problems or complications of pregnancy. Please consult your provider if you have specific questions regarding your exercise regimen. It is important for pregnant women to avoid contact with cat litter and feces, since this can expose your baby to **TOXOPLASMOSIS**. Cats should not be allowed on kitchen counters where food is prepared. We also recommend careful handwashing with soap after handling raw meat.

OB Ultrasound

*ULTRASOUND STUDIES MAY NOT BE RECORDED OR VIDEOTAPED

Your provider will schedule an ultrasound (or sonogram) examination for you at approximately 20 weeks or about halfway through your pregnancy. Ultrasound images of your baby and surrounding structures are obtained by using sound waves. Ultrasound is not an x-ray.

“How is ultrasound useful in pregnancy?” With ultrasound, the sonographer can locate position, and measure the size of the baby. She can also visualize some (but not all) of the baby’s internal structures. While ultrasound is useful in the detection of SOME fetal abnormalities, it is important to emphasize that ultrasound cannot rule out ALL possible problems related to pregnancy. In other words, a normal ultrasound evaluation is not a guarantee that your baby will be born without any problems.

“Can ultrasound determine the sex of my baby?” Usually, a baby’s sex can be determined with ultrasound, if done after the 18th week of pregnancy. The size of the mother and the baby’s position in the uterus can make it difficult to visualize the baby’s gender. Therefore, sex determination by ultrasound should not be considered 100% accurate.

“How many ultrasounds will I have done?” We believe everyone should have one ultrasound examination at about 20 weeks’ gestation. Additional ultrasounds may be done to evaluate specific problems if they occur.

“I would love to have a copy of my OB ultrasound pictures.” Of course you would, and we’ve got you covered! You will receive several small paper pictures of your baby at your 20-week ultrasound appointment. Your sonographer will also text/e-mail digital copies for you to share with friends and family. We do not allow visitors to create their own videotape of ultrasound visits.

“May I have my family with me in the ultrasound room?” You are welcome to bring one adult into the ultrasound room with you. This room is a small area, and the ultrasound is a medical procedure that will take 30 minutes to complete. For this reason, we ask that you make other arrangements for childcare during this visit.

FMLA/Short Term Disability

Forms or other paperwork needing to be completed and signed by your provider are subject to an administrative fee and are processed in the order in which they are received by Comprehensive Women's Health. Preparation can take up to 15 days to complete, from the time the administrative fee is paid. Return-To-Work documentation is completed free of charge and is done upon receipt. Our administrative fee is currently \$25 PER FORM.

FMLA: The FMLA entitles eligible employees of covered employers to take job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave. Eligible employees are entitled to:

Twelve workweeks of leave in a 12-month period for:

the birth of a child and to care for the newborn child within one year of birth;

the placement with the employee of a child for adoption or foster care and to care for the newly placed child within one year of placement;

FMLA/Short Term Disability (cont'd)

to care for the employee's spouse, child, or parent who has a serious health condition;

a serious health condition that makes the employee unable to perform the essential functions of his or her job;

any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member on "covered active duty;"

OR

Twenty-six work weeks of leave during a single 12-month period to care for a covered service member with a serious injury or illness if the eligible employee is the service member's spouse, son, daughter, parent, or next of kin (military caregiver leave).

o Should be submitted for completion by the end of the 2nd trimester, in order to all for processing.

o ACOG's recommended leave amounts are as follows: 6 weeks for vaginal delivery and 8 weeks for cesarean delivery.

FMLA/Short Term Disability (cont'd)

DISABILITY: Short-term disability is an income replacement benefit that provides a percentage of pre-disability earnings on a weekly basis when employees are out of work on a disability claim. It typically covers off-the-job accidents and illnesses that workers' compensation would not cover.

- o Forms received via fax from insurance companies are subject to the admin fee and FMLA/Disability Request Form.

- o Can be completed in advance once a surgery/cesarean-section date is scheduled, otherwise, should be completed AFTER surgery.

An FMLA/Disability Request Form must accompany each request for FMLA and/or disability paperwork.

A Return-To-Work request form is required for fitness for duty, return to work, etc. The request form is to be filled out completely, including the middle name (or NMN), and leaving no blanks. The forms are included in this packet, and can also be downloaded from the forms section in the Patient Portal.

Printable forms can be found by going to the My Health tab on the left, then click Medical Forms.

Processed documents are printed two-sided to conserve paper. Originals are kept up to 6 months and then destroyed.

Questions? Contact us directly at 352-332-7222, extension 251.